

The Office of the County Counsel provides this third public report card about 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 OF CONSENT DECREES

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:

- | | |
|----------------------|---|
| <i>Cole</i> | <ul style="list-style-type: none"> • ADA Mobility Disability • ADA Construction and Renovation |
| <i>Chavez</i> | <ul style="list-style-type: none"> • 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 monitors utilize this same numbering system to render compliance determinations.

MONITORING PROCESS

The items in the remedial plans are monitored by experts jointly retained by the parties or the plaintiffs’ counsel, depending on the item. The monitors have expertise in the applicable subject matter area and are approved by the federal court. Every six months, the monitors independently 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 ready for monitoring.
Non-Compliant	The County is not compliant with the applicable remedial plan item.
Not Rated	The applicable monitor has not had the opportunity to monitor the item for various reasons. This rating is utilized primarily when on-site monitoring is required to evaluate the item, but for some reason, onsite monitoring did not occur (e.g., COVID-19).



The report card below contains the monitor’s rating based on a point-in-time that coincides with the monitor’s visit and review of information they have seen as of that date. Their reviews are typically based on data from up to six months before the monitor’s visit, which means that the rating does not necessarily reflect the current status of that item. It should be noted that it is possible the County or plaintiffs’ counsel dispute the monitors findings.

The implementation of the remedial plans is expected to take several years to fully implement and therefore the existence of areas of partial or noncompliance at this stage is expected. The monitors will continue to review the County’s compliance until the County achieves substantial compliance or unless otherwise agreed upon by the parties.

THE NEW FORMAT OF THE REPORT CARD

The Office of the County Counsel has adopted a new report card format for this third report out on the status of monitoring. Because the monitors have had the opportunity to review every item in the remedial plan (except for the cognitive disability plan), the County is no longer in the early stages of monitoring, and the parties are not hampered by complications of COVID-19, the monitors are on a regular cadence of conducting onsite monitoring visits. The new report card format is intended to clearly display the results of these monitoring visits.

It should be noted that the description of the remedial plan item is a summary of the language in the remedial plan. Please refer to the underlying remedial plan linked above for the complete text of the remedial plan item. The Office of the Counsel has provided the report cards to plaintiffs’ counsel, and they do not object to County Counsel’s description of the status of monitoring.

	= Substantial compliance
	= Partial Compliance
	= Non-compliant
	= Deferred/Not Rated

CHAVEZ REMEDIAL PLAN REPORT CARD



Medical (MD): Medical portions of the remedial plan are monitored by medical experts ("MD"). Certain medical and mental health remedial plan items are monitored by more than one expert ("MD/MH") who may have different determinations of compliance. The medical monitors have completed five visits, with the last monitoring visit in July 2023.

Mental Health (MH) and Suicide Prevention (SUI): The mental health and suicide prevention portions of the remedial plan are monitored by a mental health expert ("MH"). The mental health monitor has completed six visits, with the last visit in September 2023.


















































































Dental (Den): Dental is monitored by the medical monitors ("MD"). The monitors have completed five visits, with the last visit in July 2023.

Cognitive Disability (CD): The Cognitive Disability portions of the remedial plan is currently undergoing informal monitoring by Plaintiffs' counsel, the Prison Law Office ("PLO"), and the parties have an agreement to classify the County's status as partial compliance until formal monitoring begins, which is expected in 2024.

Vision, Hearing, Speech Disability (VHS): The VHS portions of the remedial plan were previously informally monitored by PLO. The VHS plan entered formal monitoring in January 2023.

Administrative and Disciplinary Management (ADM): The ADM portions of the remedial plan are monitored by MD, MH, and PLO. The last monitoring visit by PLO was in May 2023. The last monitoring visit by MD was in July 2023 and the last monitoring visit by MH was in September 2023.

Use of Force (UOF): The UOF portions of the remedial plan are monitored by two experts. The monitors have completed eight visits, with the last visit in June 2023.

Current Rating	No.	Remedial Item	Plan	Monitor	1st	2nd	3rd	4th	5th	6th	7th	8th
I. MEDICAL AND MENTAL HEALTH (RP 1-65)												
A. Staffing and Resources												
	1	Provide sufficient staff and resources to comply with Remedial Plan.	MD/MH	MD								
				MH								
	2	Provide 24/7 on call coverage.	MD/MH	MD								
				MH								
	3	Provide sufficient mental health treatment and programming space.	MH	MH								
B. Medical and Mental Health Records and Confidentiality												
	4	Implement one electronic medical record.	MD/MH	MD								
				MH								
	5	Track and reconcile outside medical records.	MD/MH	MD								
				MH								
	6	Only use healthcare staff for healthcare language translation.	MD	MD								
C. Intake Process												
	7	Provide reasonable sound privacy in the booking area.	MD/MH	MD								
				MH								
	8	Provide private physical exam area in the booking area.	MD	MD								
	9	Provide adequate policies for biohazard and isolation in booking area.	MD	MD								
	10	Use an agreed upon mental health screening assessment.	MD/MH	MD								
				MH								
	11	Train nursing staff on intake screening.	MD/MH	MD								
				MH								
	12	Complete a set vital signs, measure weight, and give inmates sufficient time to raise health care concerns during intake.	MD	MD								
	13	Triage and refer mental health concerns timely at intake.	MH	MH								
	14	Assess restrained persons with mental health concerns at intake within 4 hours.	MH	MH								
D. Medication Verification and Administration												
	15	Verify and continue intake medications within 72 hours.	MD/MH	MD								
				MH								
	16	Implement reliable mechanism to continue medications.	MD	MD								
	17	*Removed by Agreement with PLO										

Current Rating	No.	Remedial Item	Plan	Monitor	1st	2nd	3rd	4th	5th	6th	7th	8th
●	18	Order appropriate psychiatric medication and monitor labs.	MH	MH	●	●	●	●	●	●		
●	19	Reserve pill call for medication administration.	MD	MD	●	●	●	●	●			
●	20	Conduct mouth checks.	MD	MD	●	●	●	●	●			
●	21	Comply with community standards for withdrawal assessment and treatment protocols.	MD	MD	●	●	●	●	●			
E. Classification, Housing, and Management of Seriously Mentally Ill Inmates												
●	22	Classification system shall allow for housing assignment based on the needs of SMI inmates.	MH	MH	●	●	●	●	●	●		
●	23	SMI inmates shall receive least restrictive housing setting with certain exceptions.	MH	MH	●	●	●	●	●	●		
●	24	Establish SMUs for SMI inmates requiring a higher level of care.	MH	MH	●	●	●	●	●	●		
●	25	With certain exceptions, only mental health staff shall place SMI inmates in the APU or SMU.	MH	MH	●	●	●	●	●	●		
●	26	SMI inmates are generally permitted to have the same property and privileges as other similarly classified inmates.	MH	MH	●	●	●	●	●	●		
●	27	SMI inmates shall have comparable programming to inmates in similar classifications (except APU).	MH	MH	●	●	●	●	●	●		
●	28	With certain exceptions, APU inmates shall be offered a minimum 17 hours of out-of-cell time a week.	MH	MH	●	●	●	●	●	●		
●	29	Inmates in an SMU shall be offered a minimum 5 hours of structured out-of-cell time and 12 hours of unstructured out-of-cell time as week.	MH	MH	●	●	●	●	●	●		
●	30	Generally only mental health staff can transfer an SMI patient out of an SMU.	MH	MH	●	●	●	●	●	●		
●	31	Only mental health shall remove inmate's clothing in a self-harm situation.	MH	PLO	●	●	●	●	●	●		
F. Access to Care												
●	32	Implement a healthcare referral system that includes referrals by Custody and ACHS staff.	MD	MD	●	●	●	●	●			
●	33	Redesign the sick call form to provide feedback to patients.	MD	MD	●	●	●	●	●			
●	34	Sick call requests shall be readily available from officers and nurses.	MD	MD	●	●	●	●	●			
●	35	Inmates may securely submit sick call requests accessible only by ACHS staff.	MD	MD	●	●	●	●	●			
●	36	High security inmates may submit sick call requests to nursing staff at sick call.	MD	MD	●	●	●	●	●			
●	37	Nursing staff shall collect sick call request forms at least two times a day.	MD	MD	●	●	●	●	●			
●	38	Illiterate, non-English speaking, or incarcerated persons that are otherwise unable to submit a written sick call request may verbally request care from any staff.	MD	MD	●	●	●	●	●			
●	39	Process grievances or other forms containing healthcare requests as a sick call request.	MD	MD	●	●	●	●	●			
●	40	Sick call request shall be triaged by dedicated and trained nurse.	MD	MD	●	●	●	●	●			
●	41	Use an aging report to track the sick call process.	MD	MD	●	●	●	●	●			
●	42	Triage nurse shall conduct a brief face-to-face visit and assign an acuity level within 24 hours of receipt of sick call request.	MD	MD	●	●	●	●	●			
●	43	Sick call request shall be responded to as follows: emergent conditions = 4 hours; urgent conditions = 72 hours; routine issues = 2 weeks.	MD	MD	●	●	●	●	●			
G. System of Care												
●	44	Offer optometry services to qualifying patients and, where appropriate, provide glasses within 180 days.	MD	MD	●	●	●	●	●			
●	45	Revise nursing standardized protocols to be assessment protocols.	MD	MD	●	●	●	●	●			
●	46	Sort nursing protocols based on symptoms into low, medium, and high-risk categories.	MD	MD	●	●	●	●	●			
●	47	Track patients by diagnosis and generate reports to identify who needs to be seen.	MD	MD	●	●	●	●	●			
●	48	Evaluate the need for additional disease-based chronic care clinics.	MD	MD	●	●	●	●	●			
●	49	Stop utilizing short-acting sliding scale insulin as the sole management technique for insulin-dependent patients.	MD	MD	●	●	●	●	●			
●	50	Create a comprehensive diabetic management protocol.	MD	MD	●	●	●	●	●			
●	51	Timely see and manage the follow up care of chronic care patients.	MD	MD	●	●	●	●	●			
●	52	Develop timely initial treatment plans for patients in the APU.	MH	MH	●	●	●	●	●	●		
●	53	Develop timely continued treatment plan for patients in the APU.	MH	MH	●	●	●	●	●	●		
H. Discharge												
●	54	Provide access to essential medications at the time of discharge to those that qualify.	MD	MD	●	●	●	●	●			

Current Rating	No.	Remedial Item	Plan	Monitor	1st	2nd	3rd	4th	5th	6th	7th	8th
●	55	Provide discharge summaries to those that qualify.	MD	MD	●	●	●	●	●			
			MH	MH	●	●	●	●	●			
I. Training												
●	56	Provide 8 hours of training to mental health staff shall on medical-legal subjects.	MH	MH	●	●	●	●	●	●		
●	57	Revise training materials used to train Custody staff assigned to the APU and SMU with particular focus on de-escalation.	MH	MH	●	●	●	●	●	●		
●	58	Provide 4 hours of training to Custody staff on an annual basis on mental health issues in a correctional setting.	MH	MH	●	●	●	●	●	●		
●	59	Provide 4 hours of additional, more detailed pre-service training to Custody staff supervising SMI inmates and thereafter on a biennial basis.	MH	MH	●	●	●	●	●	●		
J. Quality Assurance and Quality Improvement (QA/QI)												
●	60	Provide clinical supervision or peer review to evaluate the quality of care of nursing staff.	MH	MH	●	●	●	●	●	●	●	
●	61	Develop tracking mechanisms to monitor processes of care.	MD/MH	MD	●	●	●	●	●	●		
●			MH	MH	●	●	●	●	●	●	●	
●	62	QA/QI methods shall be rigorous to arrive at statistically valid conclusions.	MD/MH	MD	●	●	●	●	●	●		
●			MH	MH	●	●	●	●	●	●	●	
●	63	QA/QI activities shall include representatives from all levels of the organization.	MD/MH	MD	●	●	●	●	●	●		
●			MH	MH	●	●	●	●	●	●	●	
●	64	QA/QI shall be published to staff.	MD/MH	MD	●	●	●	●	●	●		
●			MH	MH	●	●	●	●	●	●	●	
●	65	Implement a policy on reviewing sentinel/significant events.	MD/MH	MD	●	●	●	●	●	●		
●			MH	MH	●	●	●	●	●	●	●	
II. SUICIDE PREVENTION (RP 66-93)												
A. Staff Training												
●	66	Develop a 2 hour suicide curriculum incorporating remedial plan requirements.	SUI	MH	●	●	●	●	●	●	●	
●	67	Develop a 4 hour pre-service suicide curriculum.	SUI	MH	●	●	●	●	●	●	●	
●	68	All staff shall complete a 2 hour classroom-instructed suicide prevention training on a biennial basis.	SUI	MH	●	●	●	●	●	●	●	
●	69	Train all ACHS staff and contractors that utilize the Suicide Risk Evaluation form.	SUI	MH	●	●	●	●	●	●	●	
●	70	Train staff on the approved suicide prevention curriculum.	SUI	MH	●	●	●	●	●	●	●	
B. Intake Screening												
●	71	Incorporate key suicide screening questions into intake screening process.	MH	MH	●	●	●	●	●	●	●	
●	72	Initiate ongoing quality assurance plan to ensure that staff is asking all required suicide prevention questions at intake.	MH	MH	●	●	●	●	●	●	●	
●	73	Always initiate mental health screening at intake for documented suicidal behavior during the prior 12 months.	MH	MH	●	●	●	●	●	●	●	
●	74	Use the EMR to automatically advise intake staff of prior suicidal behavior based on available and documented information.	MH	MH	●	●	●	●	●	●	●	
●	75	Develop a mental health triage system based upon acuity.	MH	MH	●	●	●	●	●	●	●	
C. Housing												
●	76	Designate specific cells to house suicidal inmates.	MH	MH	●	●	●	●	●	●	●	
●	77	Implement an inspection program of the suicide-resistant cells.	MH	MH	●	●	●	●	●	●	●	
●	78	Only a mental health clinician can authorize safety smocks where a patient is at high risk of suicide.	MH	MH	●	●	●	●	●	●	●	
●	79	Revise suicide prevention policies.	MH	MH	●	●	●	●	●	●	●	
●	80	Decisions about removal of possessions and privileges shall be commensurate with the level of suicide risk.	MH	MH	●	●	●	●	●	●	●	
●	81	Safety smock and blanket shall be issued if clothing is removed for safety reasons.	MH	MH	●	●	●	●	●	●	●	
●	82	Issue mattresses to suicidal patients with certain exceptions.	MH	MH	●	●	●	●	●	●	●	
●	83	Provide routine privileges to those on suicide precautions unless mental health staff have determined otherwise or the inmate has lost those privileges as a result of a disciplinary sanction.	MH	MH	●	●	●	●	●	●	●	

Current Rating	No.	Remedial Item	Plan	Monitor	1st	2nd	3rd	4th	5th	6th	7th	8th
●	84	Inmates on suicide precautions shall not automatically be locked down or placed in restrictive housing.	MH	MH	●	●	●	●	●	●		
D. Supervision and Management												
●	85	Close Observation is reserved for the inmate who is not actively suicidal, but expresses suicidal ideation and/or has a recent prior history of self-destructive behavior and would be considered a low risk for suicide.	MH	MH	●	●	●	●	●	●		
●	86	Constant Observation is reserved for the inmate who is actively suicidal, either by threatening or engaging in self-injury, and considered a high risk for suicide.	MH	MH	●	●	●	●	●	●		
●	87	Length of stay on suicide precautions shall be based on the clinical judgment of mental health clinician based upon clinical judgment.	MH	MH	●	●	●	●	●	●		
●	88	SRE form shall include disposition, treatment, safety plan, and strategies to reduce future suicidal ideation.	MH	MH	●	●	●	●	●	●		
●	89	With certain exceptions, mental health clinicians shall complete the SRE form each time an inmate is referred for suicide behavior or suicide precautions discontinued.	MH	MH	●	●	●	●	●	●		
●	90	Suicide precautions follow-up assessments shall occur at specified intervals.	MH	MH	●	●	●	●	●	●		
E. Review Committee and Quality Improvement												
●	91	Custody Bureau and ACHS shall conduct a single multidisciplinary review for in-custody suicides and serious suicide attempts.	MH	MH	●	●	●	●	●	●		
●	92	ACHS shall perform continuous quality improvement analyses for suicide prevention.	MH	MH	●	●	●	●	●	●		
F. Monitoring												
●	93	The County shall audit implementation of the Suicide Prevention Remedial plan.	MH	MH	●	●	●	●	●	●		
III. DENTAL (RP 94-116)												
A. Scope and Timeline of Services												
●	94	For dental needs, provide oral screening, emergency care, urgent care, and other care.	Den	MD	●	●	●	●	●	●		
●	95	Screen patient for urgent/emergent dental issues and timely refer for services.	Den	MD	●	●	●	●	●	●		
●	96	Document intake dental screenings in EMR.	Den	MD	●	●	●	●	●	●		
●	97	An emergency dental condition is one that requires immediate evaluation and treatment to prevent death, severe or permanent disability, and/or disabling pain.	Den	MD	●	●	●	●	●	●		
●	98	Emergency dental care shall be provided immediately upon notice of the condition to staff.	Den	MD	●	●	●	●	●	●		
●	99	An urgent dental condition prevents inmate's ability to carry out essential activities of daily living or the presence of serious conditions.	Den	MD	●	●	●	●	●	●		
●	100	An urgent condition shall be evaluated by a licensed health professional within 24 hours.	Den	MD	●	●	●	●	●	●		
●	101	Staff shall provide appropriate pain management and referral to a dentist following an assessment.	Den	MD	●	●	●	●	●	●		
●	102	Urgent conditions shall be examined by a dentist within 5 days.	Den	MD	●	●	●	●	●	●		
●	103	Dental examination services shall be implemented by March 2020.	Den	MD	●	●	●	●	●	●		
●	104	Inmates incarcerated for one year may request a dental examination.	Den	MD	●	●	●	●	●	●		
●	105	Qualifying inmates shall have access to dentures.	Den	MD	●	●	●	●	●	●		
●	106	Inmates who refuse their dental appointments are responsible for rescheduling.	Den	MD	●	●	●	●	●	●		
B. Staffing												
●	107	Provide staff and services to comply with the dental portion of the remedial plan.	Den	MD	●	●	●	●	●	●		
C. Policies and Procedures												
●	108	Revise dental policies to reflect scope of services.	Den	MD	●	●	●	●	●	●		
●	109	Policy shall provide for access to certain dental supplies.	Den	MD	●	●	●	●	●	●		
D. Record Keeping												
●	110	Use the EMR.	Den	MD	●	●	●	●	●	●		
●	111	Use a standard tooth diagram in EMR.	Den	MD	●	●	●	●	●	●		
E. Facilities and Equipment												
●	112	Acquire and use an x-ray machine.	Den	MD	●	●	●	●	●	●		
●	113	Provide sufficient clinical access to ensure timelines are met.	Den	MD	●	●	●	●	●	●		

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F. Quality Improvement												
●	114	Study the dental refusal rate and prepare a corrective action plan to reduce that rate.	Den	MD	●	●	●	●	●			
●	115	Conduct QI study of intake dental referrals for timeliness (corrective action plan when timelines not met).	Den	MD	●	●	●	●	●			
●	116	Create an audit tool of the dental program compliance.	Den	MD	●	●	●	●	●			
IV. COGNITIVE DISABILITY PLAN (*Formal Monitoring is Expected in Spring 2024) (RP 117-138)												
A. Identification and Tracking												
●	117	Screen at intake for cognitive disabilities (CD).	CD	PLO	●							
●	118	Refer possible CD to appropriate staff and evaluate CDCR records.	CD	PLO	●							
●	119	Generate a list of specific adaptive behavioral supports needed for CD inmate.	CD	PLO	●							
●	120	Take reasonable steps to prevent a CD inmate's status from being revealed to other inmates.	CD	PLO	●							
●	121	Maintain CD adaptive supports in a secure location.	CD	PLO	●							
●	122	Provide each CD inmate with the adaptive supports.	CD	PLO	●							
B. Personal Safety												
●	123	House CD inmates in designated locations to account for safety concerns.	CD	PLO	●							
●	124	Implement housing policies to screen other inmates for predatory or abusive behavior.	CD	PLO	●							
●	125	Conduct private, weekly interviews of CD patients regarding any abuse or manipulation by other inmates.	CD	PLO	●							
C. Assistance												
●	126	Designated staff shall help CD inmates with reading and writing.	CD	PLO	●							
●	127	Certain CD inmates shall be offered help with reading and writing, no less than twice a week.	CD	PLO	●							
●	128	Designated staff shall be trained on these requirements.	CD	PLO	●							
●	129	Staff shall assist CD inmates for certain due process events.	CD	PLO	●							
●	130	Staff shall meet with CD inmate in advance and help them with the due process event in specific ways.	CD	PLO	●							
●	131	Staff shall help CD inmates with complex health care events.	CD	MD	●	●	●	●	●			
●	132	Staff shall log their interactions with the CD inmates related to medical and mental health care.	CD	PLO	●							
●	133	Staff shall regularly prompt CD inmates in need of help with Activities of Daily Living.	CD	PLO	●							
●	134	CD prompts shall be logged reviewed at least weekly by a supervisor or ADA Unit staff.	CD	PLO	●							
●	135	CD inmates shall be offered help with jail rules or need extra time when needed.	CD	PLO	●							
D. Disciplinary Infractions												
●	136	CD inmates shall not be disciplined for behavior that could have been prevented through the provision of the adaptive supports or through appropriate warnings.	CD	PLO	●							
●	137	Inadequate disciplinary documentation shall result in dismissal and no discipline shall be assessed against the CD inmate.	CD	PLO	●							
●	138	Adaptive supports are not relevant if the behavior involves violence or the credible threat of imminent violence.	CD	PLO	●							
V. VISION, HEARING, SPEECH DISABILITY REMEDIAL PLAN (RP 139-182)												
A. Intake and Orientation												
●	139	Inquire about VHS disability during intake.	VHS	PLO	●							
●	140	Begin the verification process of VHS disability through.	VHS	PLO	●							
●	141	With certain exceptions, issue VHS devices at intake if reasonable and possible.	VHS	PLO	●							
●	142	Orient VHS inmates during the intake process.	VHS	PLO	●							
●	143	Use a form of communication that ensures Effective Communication for VHS inmates at intake.	VHS	PLO	●							
B. Identification of VHS Disabilities After Intake												
●	144	Begin the verification process of whether an inmate has a VHS Disability after intake.	VHS	PLO	●							
●	145	The County is not required to continuously re-evaluate a VHS Disability without new grounds for reconsideration.	VHS	PLO	●							
C. Verification of VHS Disabilities												
●	146	Verify a VHS disability within 7 calendar days, unless the verification requires evaluation by a medical provider.	VHS	PLO	●							

Current Rating	No.	Remedial Item	Plan	Monitor	1st	2nd	3rd	4th	5th	6th	7th	8th
●	147	Offer temporary and reasonable accommodations pending medical verification, which shall occur within 30 days.	VHS	PLO	●							
●	148	Provide temporary and reasonable accommodations pending the outcome of the specialist medical appointment.	VHS	PLO	●							
D. Issuance, Retention, and Denial of Assistive Devices												
●	149	Implement policies and procedures for the ordering, retention, and denial/confiscation of VHS devices.	VHS	PLO	●							
●	150	Issue VHS devices as soon as reasonably practical after verification of the need for such a device.	VHS	PLO	●							
●	151	Transport VHS devices with the inmate upon transfer or release.	VHS	PLO	●							
●	152	Only specified persons under specified circumstances may deny the use of a VHS device.	VHS	PLO	●							
●	153	If a VHS is removed or denied, consult with medical staff about an appropriate alternative reasonable accommodation.	VHS	PLO	●							
●	154	A VHS device shall not be confiscated if another inmate is the source of the security threat.	VHS	PLO	●							
E. Documentation of Approval and/or Denial of Requests for Reasonable Accommodations												
●	155	Document any identified VHS Disabilities, any necessary accommodations or restrictions, and VHS devices that are issued.	VHS	PLO	●							
●	156	Only specified persons for specified reasons are authorized to deny a request for reasonable accommodation and shall record the basis for the denial.	VHS	PLO	●							
F. Housing												
●	157	House inmates with VHS Disabilities in facilities that reasonably accommodate their disabilities.	VHS	PLO	●							
●	158	Provide housing unit staff with a weekly report of VHS Disability inmates and any reasonable accommodations.	VHS	PLO	●							
G. Effective Communication and Program Access												
●	159	Provide inmates with a VHS Disability access to recreation, health and hygiene, telephone, visiting, and programs for which they are otherwise eligible.	VHS	PLO	●							
●	160	Implement policies requiring appropriate VHS Auxiliary Aids and Services to ensure Effective Communication with staff, other inmates, and, where applicable, the public.	VHS	PLO	●							
●	161	Provide for Effective Communication to ensure access to programs, services, and activities.	VHS	PLO	●							
●	162	Provide Effective Communication for notices and other written materials in the jails.	VHS	PLO	●							
●	163	Provide Effective Communication for visitation and mail.	VHS	PLO	●							
●	164	Provide Effective Communication for announcements on the housing unit.	VHS	PLO	●							
●	165	Provide Effective Communication for those who are unable to complete paperwork.	VHS	PLO	●							
●	166	Provide Effective Communication for those who need assistance during the disciplinary process.	VHS	PLO	●							
H. Sign Language Interpreters												
●	167	The provisions in this Section apply only when sign language is the inmate's primary or only means of Effective Communication.	VHS	PLO	●							
●	168	The County may explore with the inmate the use of alternative technologies for Effective Communication.	VHS	PLO	●							
●	169	Staff shall demonstrate the alternative technology to the inmate and discuss its potential use in various settings.	VHS	PLO	●							
●	170	An inmate may revoke the use of alternative SLI technology.	VHS	PLO	●							
●	171	With certain exceptions, use Sign Language Interpreters during intake; for all due process functions; health consultations; and programming.	VHS	PLO	●							
●	172	With certain exceptions, use Sign Language Interpreters for health care consultations of sufficient complexity.	VHS	PLO	●							
●	173	If Sign Language Interpreter is not available, staff shall employ the most effective form of communication available.	VHS	PLO	●							
●	174	Lip reading shall not be the sole source used by staff as a means of Effective Communication.	VHS	PLO	●							
●	175	Record use of Sign Language Interpreter.	VHS	PLO	●							
●	176	For certain required functions, record non-use of Sign Language Interpreter.	VHS	PLO	●							
I. Grievances												
●	177	Use an inmate grievance system that provides for prompt and equitable resolution of ADA complaints.	VHS	PLO	●							
●	178	Make grievance forms available in the housing units for inmates with a VHS Disability in 16-point font.	VHS	PLO	●							

Current Rating	No.	Remedial Item	Plan	Monitor	1st	2nd	3rd	4th	5th	6th	7th	8th
●	179	Review all ADA-related complaints, assign ADA-trained staff to investigate such complaints, and provide substantive responses using Effective Communication.	VHS	PLO	●							
J. Training and Management												
●	180	Provide 4 hours of ADA pre-service training.	VHS	PLO	●							
●	181	Provide 4 hours of ADA annual training.	VHS	PLO	●							
●	182	Train all Custody staff assigned to screen or review grievances on how to identify ADA based concerns.	VHS	PLO	●							
VI. ADMINISTRATIVE AND DISCIPLINARY MANAGEMENT REMEDIAL PLAN (RP 183-237)												
A. General Principles												
●	183	Classify incarcerated persons appropriately.	ADM	PLO	●	●						
●	184	Inmates assigned to Special Management Medical and Special Management Mental Health Units are not covered by this Plan.	ADM	PLO	●	●						
B. Use of Administrative Management												
●	185	Only the Classification Division can assign an inmate to AM.	ADM	PLO	●	●						
●	186	Use AM only in delineated circumstances.	ADM	PLO	●	●						
●	187	Only the Classification Captain shall have the authority to place inmates in AM for certain additional specified circumstances.	ADM	PLO	●	●						
●	188	Inmates that are so violent they cannot otherwise be managed may be held in more restrictive form of AM.	ADM	PLO	●	●						
●	189	Pregnant inmates shall not be placed in AM.	ADM	PLO	●	●						
●	190	SMI inmates will only be held in AM where necessary to address an extraordinary safety or security risk.	ADM	PLO	●	●						
C. Conditions in Administrative Management												
●	191	Unless imposed for disciplinary consequences, inmates in AM shall have access to privileges and services.	ADM	PLO	●	●						
●	192	Cell checks shall be conducted in AM at least every hour, at staggered intervals.	ADM	PLO	●	●						
D. Notice, Documentation, and Review of Administrative Management Designations												
●	193	Staff shall document the rationale for designating an inmate for AM.	ADM	PLO	●	●						
●	194	Classification staff shall attempt to down-class inmates to a lesser restrictive housing setting at the earliest possible opportunity.	ADM	PLO	●	●						
●	195	Inmates in AM shall receive notice and documentation of the reasons for AM designation and how to progress to a lesser restrictive housing setting.	ADM	PLO	●	●						
●	196	Classification Division staff shall privately meet with inmates in AM at specified intervals.	ADM	PLO	●	●						
●	197	The Classification Assistant Division Commander must approve the decision to designate an inmate for AM longer than 15 days.	ADM	PLO	●	●						
●	198	Document the reasons an inmate is retained in the same AM Phase.	ADM	PLO	●	●						
●	199	Classification Captain must approve the continued retention of an inmate in AM for longer than 90 days and reauthorize 90 days thereafter.	ADM	PLO	●	●						
E. Administrative Management Phases												
●	200	The phased system does not apply to AM inmates who are SMI.	ADM	PLO	●	●						
●	201	Develop and implement a phased system for inmates designated as AM to encourage placement in a less restrictive setting.	ADM	PLO	●	●						
●	202	AM Phase I is the most restrictive setting for inmates.	ADM	PLO	●	●						
●	203	Inmates in AM Phase I shall be offered a minimum of one hour per day out of cell time for a total of seven hours per week.	ADM	PLO	●	●						
●	204	Inmates in AM Phase I shall be offered an opportunity for Out-of-Cell Activities for at least five of the seven hours per week.	ADM	PLO	●	●						
●	205	Inmates in AM Phase I shall not remain in Phase I for longer than 15 days unless the inmate engages in new qualifying conduct.	ADM	PLO	●	●						
●	206	Inmates in AM Phase II shall be offered a minimum of 14 hours of out of cell time per week.	ADM	PLO	●	●						

Current Rating	No.	Remedial Item	Plan	Monitor	1st	2nd	3rd	4th	5th	6th	7th	8th
●	207	Inmates in AM Phase II shall be offered an opportunity for Out-of-Cell Activities for at least 10 of the 14 hours per week.	ADM	PLO	●	●						
●	208	Inmates in AM Phase II shall be offered the opportunity to program in larger groups.	ADM	PLO	●	●						
●	209	Inmates in AM Phase II who demonstrate good behavior shall be offered low-cost incentives.	ADM	PLO	●	●						
●	210	Inmates shall not remain in Phase II for longer than 30 days unless the inmate commits a serious behavioral violation.	ADM	PLO	●	●						
F. Disciplinary Management												
●	211	This section only applies where the inmate's violation of jail rules results in a disciplinary term served in a single cell; confinement in a cell for 23 hours per day, and deprivation of privileges available to inmates in the General Population.	ADM	PLO	●	●						
●	212	Inmates must get a disciplinary hearing for qualifying conduct.	ADM	PLO	●	●						
●	213	Develop a Disciplinary Management matrix with PLO.	ADM	PLO	●	●						
●	214	APU inmates who commit rule violations will not be designated for DM.	ADM	PLO	●	●						
●	215	For SMI inmates, Custody staff shall seek input from mental health in the disciplinary process.	ADM	MH	●	●	●	●	●	●		
●	216	Inmates in DM shall generally be provided at least one book (which may be regularly exchanged), legal documents, hygiene materials, legal phone calls, and legal visits.	ADM	PLO	●	●						
●	217	Implement a 30-day maximum term for any single or set of rule violations stemming from the same incident and prohibit return to DM for additional rule violations without a 15-day break from DM.	ADM	PLO	●	●						
●	218	If the inmate is retained in AM following the review, the reasons will be documented in the classification file.	ADM	PLO	●	●						
G. Medical and Mental Health Services for Inmates in Administrative or Disciplinary Management												
●	219	AM and DM inmates shall be screened by a mental health professional within 72 hours of placement.	ADM	MH	●	●	●	●	●	●		
●	220	Absent a current risk that necessitates the presence of Custody Staff and consistent with safety and security, the mental health screening shall occur in a private and confidential setting.	ADM	MH	●	●	●	●	●	●		
●	221	Mental health screening shall include consideration of specific factors.	ADM	MH	●	●	●	●	●	●		
●	222	Mental health staff shall notify Classification staff if a person in AM is SMI.	ADM	MH	●	●	●	●	●	●		
●	223	Document the mental health screening in the EMR.	ADM	MH	●	●	●	●	●	●		
●	224	AM and DM inmates shall receive daily ACHS contact.	ADM	MD	●	●	●	●	●	●		
●	225	AM and DM inmates shall receive weekly mental health check ins.	ADM	MH	●	●	●	●	●	●		
●	226	The check in shall include a brief conversation with each inmate, a visual observation of the cell, and an inquiry about additional health services.	ADM	MH	●	●	●	●	●	●		
●	227	If an AM or DM inmate suffers deterioration in mental health, the mental health professional shall report the findings to the Classification Division.	ADM	MH	●	●	●	●	●	●		
●	228	Medical and mental health staff shall advise Custody staff if they believe an inmate's continued designation of AM or DM is substantially affecting the inmate's health condition.	ADM	MH	●	●	●	●	●	●		
H. Additional Requirements for Administrative Management Inmates with an Excludable Diagnosis												
●	229	SMI inmates are not subject to the AM Phased System.	ADM	MH	●	●	●	●	●	●		
●			ADM	PLO	●	●						
●	230	SMI inmates shall be offered a minimum of 14 hours of out-of-cell time per week.	ADM	MH	●	●	●	●	●	●		
●			ADM	PLO	●	●						
●	231	SMI inmates in AM shall be offered the following services on a weekly basis.	ADM	MH	●	●	●	●	●	●		
●	232	Three encounters with mental health.	ADM	MH	●	●	●	●	●	●		
●	233	One hour of an individual or group therapy session with mental health.	ADM	MH	●	●	●	●	●	●		
●	234	Mental health staff shall assess and document, at least once a week, the mental health status and current functioning of each SMI inmates in AM.	ADM	MH	●	●	●	●	●	●		
●	235	Mental health staff shall provide Classification Division staff with weekly updates about the status of SMI inmates in AM.	ADM	MH	●	●	●	●	●	●		

Current Rating	No.	Remedial Item	Plan	Monitor	1st	2nd	3rd	4th	5th	6th	7th	8th
I. Documentation												
●	236	After implementation of JMS, the County shall collect certain data about AM and DM inmates.	ADM	PLO	●	●						
J. Training												
●	237	The Classification Division staff shall receive training regarding inmates with cognitive disabilities, mental illness, and the developing brain for inmates under the age of 21.	ADM	PLO	●	●						
VII. USE OF FORCE (RP 238-243) (New policy implemented August 2022)												
●	238	Implement the agreed upon use of force policy (9.01)	UOF	UOF	●	●	●	●	●	●	●	X
		Policy 513 (Eff. Aug '22)	UOF	UOF	Policy did not exist during these monitoring visits.							●
		Policy 511 (Eff. Aug. '22)	UOF	UOF								●
		Policy 512 (Eff. Aug. '22)	UOF	UOF								●
		Policy 514 (Eff. Aug. '22)	UOF	UOF								●
●	239	Integrate the Use of Force Policy into the Correctional Officer Academy Training.	UOF	UOF	●	●	●	●	●	●	●	●
●	240	Integrate the Use of Force Policy into the STC Perishable Skills Training; provide training for at least two hours every other year.	UOF	UOF	●	●	●	●	●	●	●	●
●	241	Provide all uniformed Custody staff with 16 hours of crisis intervention and conflict resolution training, with significant emphasis on interacting with mentally ill and suicidal inmates.	UOF	UOF	●	●	●	●	●	●	●	●
●	242	Provide staff that conduct use of force investigations with at least 16 hours of training on proper investigation techniques.	UOF	UOF	●	●	●	●	●	●	●	●
●	243	Obtain certification by STC or POST for all use of force trainings.	UOF	UOF	●	●	●	●	●	●	●	●

●	= Substantial compliance
●	= Not in substantial compliance
●	= Unrated

COLE REMEDIAL PLAN REPORT CARD



The Cole remedial plan is monitored by an ADA expert on operational implementation ("**Operational**") and an architectural expert that reviews the County's compliance with ADA structural renovations ("**Construction**"). Most construction is complete with the exception of minor nonstructural items (e.g., tables, phones, and exercise equipment). Construction items are not monitored on a regular basis and instead are monitored following the completion of construction.

The operational monitor completed their seventh monitoring visit in March 2023 and reviewed the County's compliance for the time period July 2022 to December 2022.

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
I. MOBILITY DISABILITIES										
A. Intake Process										
●	500	In a reasonably confidential setting, the County shall inquire during intake whether an inmate has a Mobility Disability using an agreed-upon screening tool.	Operational	●	●	●	●	●	●	●
●	501	The intake screening shall be conducted by a licensed registered nurse or, at the County's discretion, a Medical Provider.	Operational	●	●	●	●	●	●	●
●	502	During the intake screening, the County shall begin the verification process of whether an inmate has a Mobility Disability if: (1) the inmate self-reports a Mobility Disability; (2) the inmate's HealthLink or ADA Tracking System record contains documentation of a Mobility Disability; or (3) the screening tool indicates that the inmate might have a Mobility Disability.	Operational	●	●	●	●	●	●	●
●	503	If the intake process indicates that an inmate might have a Mobility Disability, the County shall utilize the agreed-upon screening tool to determine what type of reasonable modifications are necessary and available (e.g., changes to housing, lower bunk/lower tier) and shall provide such reasonable modifications while the inmate awaits verification.	Operational	●	●	●	●	●	●	●
●	504	The County will issue a Standard Mobility Device promptly to any inmate who is determined to possibly need a Mobility Device, subject to later verification, unless a Captain or Watch Commander determines and documents, based on a Safety-Security Assessment, that an inmate's possession of a Mobility Device constitutes an immediate risk of bodily harm to inmates or staff, or threatens the security of the facility. If providing an alternative Mobility Device would mitigate the risk, the Captain or Watch Commander shall direct that the inmate be provided with the designated alternative.	Operational	●	●	●	●	●	●	●
●	505	The County acknowledges its obligations to comply with California Penal Code section 2656 pertaining to retention of orthopedic and prosthetic appliances.	Operational	●	●	●	●	●	●	●
●	506	Subject to certain exceptions, inmates will be permitted to keep their Personal Mobility Device(s) during the intake process until the County issues a Standard or Generic (if available) Mobility Device, unless a Captain or Watch Commander determines and documents, based on a Safety-Security Assessment, that the Mobility Device constitutes an immediate risk of bodily harm to inmates or staff, or threatens the security of the facility. If providing an alternative Mobility Device would mitigate the risk, the Captain or Watch Commander shall direct that the inmate be provided with the designated alternative.	Operational	●	●	●	●	●	●	●
●	507	If an inmate arrives at the Jail with a Personal Mobility Device that is exchanged for a County-owned Mobility Device, the County shall store the Personal Mobility Device at the Jail at no cost to the inmate for return upon release and/or transfer from the Jail to another facility. Alternatively, the inmate may arrange for pick-up of the Mobility Device. The County will not store a Personal Mobility Device for more than ninety (90) days after an inmate has been released or transferred.	Operational	●	●	●	●	●	●	●
●	508	The County shall advise inmates of the results of the intake screening and notify the inmate of the right to request a physical examination by a Medical Provider to the extent the inmate disagrees with the results and/or reasonable modifications provided. The County shall further notify inmates of the right to request use of a Personal Mobility Device.	Operational	●	●	●	●	●	●	●

Highlighted items are no longer subject to monitoring due to Plaintiff's determination that the County has satisfied consent decree requirements.

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	509	The results of the intake screening shall be documented and promptly inputted into the County's ADA Tracking System.	Operational	●	●	●	●	●	●	●
●	510	As part of the intake process, all inmates shall be informed of the process by which they can request a reasonable modification while in custody, including the types of issues that can be reviewed by the County Jails' ADA Unit on an expedited basis.	Operational	●	●	●	●	●	●	●
B. Verification of an Inmate's Needs										
●	511	The County's policy is to issue County owned Mobility Devices in all instances unless: (a) an inmate's Personal Mobility Device is the only reasonable modification for the inmate's Mobility Disability; or (b) the nature of the inmate's Personal Mobility Device would pose particular difficulty and/or harm to the inmate to remove, and/or removal is otherwise unnecessary due to the origin or nature of the device (i.e., a hospital-issued sling or brace).	Operational	●	●	●	●	●	●	●
●	512	An inmate may make a request to the ADA Unit to be able to continue to use his/her Personal Mobility Device. The ADA Unit and/or Medical Provider (where necessary) will evaluate the request based on an individualized assessment.	Operational	●	●	●	●	●	●	●
●	513	An inmate's Personal Mobility Device may be retained by the County for a short period of time sufficient to inspect the device for contraband. In most cases the inspection should occur promptly, but in rare cases the inspection may take longer, in which case it shall be completed within 14 days.	Operational	●	●	●	●	●	●	●
●	514	The County's ADA Unit shall review whether an inmate has a Mobility Disability and/or what reasonable modification(s) are necessary for the inmate within 7 calendar days under the following circumstances: An inmate is designated during the intake screening as possibly having a Mobility Disability and/or the need for a reasonable modification.	Operational	●	●	●	●	●	●	●
●	515	The County's ADA Unit shall review whether an inmate has a Mobility Disability and/or what reasonable modification(s) are necessary for the inmate within 7 calendar days under the following circumstances: An inmate makes a request to the ADA Unit, including through an ADA Request or ADA-related grievance for evaluation of a Mobility Disability and/or the need for a reasonable modification.	Operational	●	●	●	●	●	●	●
●	516	The County's ADA Unit shall review whether an inmate has a Mobility Disability and/or what reasonable modification(s) are necessary for the inmate within 7 calendar days under the following circumstances: The inmate is referred by staff to the ADA Unit for evaluation of a Mobility Disability and/or the need for a reasonable modification.	Operational	●	●	●	●	●	●	●
●	517	The ADA Unit shall document a Mobility Disability and/or what reasonable modification(s) are necessary in the ADA Tracking System.	Operational	●	●	●	●	●	●	●
●	519	If the ADA Unit determines that an inmate requires a reasonable modification related to their housing assignment (e.g., ADA Accessible cell, grab bars, dining areas, showers, path of travel, lower bunk, lower tier and/or a housing reassignment in order to access work, educational or other programs), the inmate shall receive the reasonable modification within 24 hours.	Operational	●	●	●	●	●	●	●
●	520	If the ADA Unit determines that an inmate's Mobility Disability requires evaluation from a Medical Provider, the ADA Unit shall offer an inmate a reasonable modification on a temporary basis pending a medical appointment, which shall occur within 30 days.	Operational	●	●	●	●	●	●	●
●	521	The Parties agree that not all Mobility Disabilities and/or reasonable modifications will require an appointment with a Medical Provider to verify the Mobility Disability and/or the need for a reasonable modification. Further, an inmate's Mobility Disability and/or need for a reasonable modification could change over time and will be addressed based on an inmate's current status.	Operational	●	●	●	●	●	●	●

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	522	If the ADA Unit refers an inmate for evaluation, or if an inmate or Medical Provider first identifies a Mobility Disability at a medical encounter where the Medical Provider is able to assess the Mobility Disability, the Medical Provider shall verify whether the inmate has a Mobility Disability and/or determine what reasonable modification(s) are necessary for the inmate unless such a determination requires a specialist-medical appointment.	Operational	●	●	●	●	●	●	●
●	523	If the Medical Provider determines that an inmate requires a Mobility Device, the County shall issue it, and the County will issue to the inmate appropriate documentation authorizing possession of a Mobility Device.	Operational	●	●	●	●	●	●	●
●	524	If the Medical Provider determines that an inmate requires a reasonable modification related to their housing assignment (e.g., ADA Accessible cell, grab bars, dining areas, showers, path of travel, lower bunk, lower tier and/or a housing reassignment in order to access work, educational or other programs), the inmate shall receive the reasonable modification within 24 hours.	Operational	●	●	●	●	●	●	●
●	525	The County shall document the Medical Provider's determination in the ADA Tracking system and refer the inmate to the ADA Unit for follow-up.	Operational	●	●	●	●	●	●	●
●	526	If the Medical Provider determines that an inmate requires a specialist-medical appointment, the Medical Provider shall promptly request that appointment, and shall consult with the ADA Unit in order to provide a reasonable modification, such as a Mobility Device and/or a housing change on a temporary basis pending the outcome of the specialist-medical appointment.	Operational	●	●	●	●	●	●	●
●	527	If an inmate or Medical Provider first identifies a Mobility Disability at a medical or mental health appointment where the Medical Provider cannot assess the Mobility Disability (e.g., because the appointment is not conducted by the appropriate Medical Provider and/or is scheduled for a different purpose), the Medical Provider shall refer the inmate to the ADA Unit, and the County shall document the referral in the ADA Tracking System. The ADA Unit shall then conduct a review consistent with Section III.	Operational	●	●	●	●	●	●	●
●	528	Medical Providers evaluating an inmate's Mobility Disability and/or the need for a reasonable modification(s) may determine at an in-person evaluation that the inmate does not have a Mobility Disability and/or the inmate does not require a reasonable modification. If such a determination is made, the County shall document the rationale for the Medical Provider's finding in the ADA Tracking system.	Operational	●	●	●	●	●	●	●
C. Issuance, Retention, Maintenance, and Denial of Mobility Devices										
●	529	The County's policies and procedures for the ordering, retention, maintenance, and denial/confiscation of Mobility Devices shall be reviewed and amended or drafted, as necessary to be consistent with this Remedial Plan.	Operational	●	●	●	●	●	●	●
●	530	The County shall maintain a reasonable supply of Standard wheelchairs, walkers, canes, and crutches.	Operational	●	●	●	●	●	●	●
●	531	The County shall inspect its supply of Standard Mobility Devices on a quarterly basis to ensure sufficient operational quantities are available.	Operational	●	●	●	●	●	●	●
●	533	The ADA Unit and Medical Provider(s), in coordination with the Assistant Sheriff, shall determine the most appropriate manner to accommodate an inmate who requires a motorized Mobility Device in the exceptional circumstance where a Medical Provider or the ADA Unit have determined that a motorized Mobility Device is the only reasonable modification that would meet the needs of the inmate with a Mobility Disability.	Operational	●	●	●	●	●	●	●
●	534	The County shall consult with Plaintiffs' Counsel if the County determines that it will accommodate the inmate in need of motorized Mobility Device in some other manner than permitting the inmate to utilize the motorized Mobility Device in the Jail.	Operational	●	●	●	●	●	●	●

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	535	An inmate with a Mobility Disability in need of a Standard Mobility Device shall be issued a Standard Mobility Device within four (4) hours, absent extenuating circumstances, following the ADA Unit or the Medical Provider's determination that an inmate needs a Mobility Device.	Operational	●	●	●	●	●	●	●
●	536	Generic or Customized Mobility Devices may take time to order or design. If the required Generic Mobility Device is available on site, it shall be issued within four (4) hours, absent extenuating circumstances, following the ADA Unit or the Medical Provider's determination that an inmate needs a Mobility Device. For Customized Mobility Devices and Generic Mobility Devices not kept on site, Adult Custody Health Services shall either obtain the device or, if the device requires a special order, place the order for said device within three (3) business days of identification of need. The County shall inform the inmate of an estimated time that the Generic and/or Customized Mobility Device shall be provided. The County shall check on the status of the Generic or Customized Mobility Devices every 30 days and shall provide the inmate with a temporary reasonable modification to the extent necessary.	Operational	●	●	●	●	●	●	●
●	537	If an inmate's Mobility Device is operable but in need of maintenance or repair, and the inmate notifies the ADA Unit, the ADA Unit shall assess and address the maintenance or repair need within seven (7) days.	Operational	●	●	●	●	●	●	●
●	538	If an inmate's Standard Mobility Device becomes inoperable and the inmate reports the problem to custody staff, the County shall provide a replacement within twenty-four (24) hours.	Operational	●	●	●	●	●	●	●
●	539	If an inmate advises the ADA Unit and/or a Medical Provider that a Generic or Customized Mobility Device is in need of maintenance, repair, or replacement, the County shall coordinate maintenance, repair, or replacement as necessary. In the interim, the ADA Unit shall replace the Generic Mobility Device if such device is kept in stock on site or provide the inmate with a Standard Mobility Device on a temporary basis and evaluate the provision of other interim reasonable modification(s).	Operational	●	●	●	●	●	●	●
●	540	The County shall permit an inmate to keep a Mobility Device unless a Captain or Watch Commander determines and documents, based on a Safety-Security Assessment, that a Mobility Device constitutes an immediate risk of bodily harm to inmates or staff, or threatens the security of the facility.	Operational	●	●	●	●	●	●	●
●	541	If the Captain or Watch Commander makes such a determination, they shall document the decision, and reasons for it, as well as the date of decision, in writing, and shall promptly consult with a Medical Provider and the ADA Coordinator to determine if an appropriate alternative reasonable modification can be provided, in which case an alternative reasonable modification shall be provided. The Captain, Watch Commander, Medical Provider, or ADA Coordinator shall document the nature of any alternative reasonable modification(s) provided in the ADA Tracking System.	Operational	●	●	●	●	●	●	●
●	542	If the County removes an inmate's Mobility Device following a Safety-Security Assessment, the County shall reevaluate the Safety-Security Assessment as follows: The inmate must be reevaluated by the ADA Unit to determine if he or she can safely possess the Mobility Device a minimum of every seven (7) days if the device is removed during the intake process.	Operational	●	●	●	●	●	●	●
●	543	The inmate must be reevaluated by the ADA Unit to determine if he or she can safely possess the Mobility Device a minimum of every fourteen (14) days if the device is removed at any other time.	Operational	●	●	●	●	●	●	●
●	544	The ADA Unit shall make a recommendation to the Captain of the facility or his or her superiors regarding whether the Mobility Device should continue to be removed from the inmate and shall document the rationale in the ADA Tracking System.	Operational	●	●	●	●	●	●	●
●	545	Notwithstanding the provisions above, the County acknowledges its obligations to comply with California Penal Code section 2656 pertaining to retention of orthopedic and prosthetic appliances.	Operational	●	●	●	●	●	●	●

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
D. Classification and Housing of Inmates with Mobility Disabilities										
●	546	The County shall review its Classification Policies and Procedures and revise, as necessary, to be consistent with this Remedial Plan.	Operational	●	●	●	●	●	●	●
●	547	An inmate's need for a Mobility Device in a housing unit shall not be a basis for assignment to the infirmary, a medical unit, or a mental health housing unit.	Operational	●	●	●	●	●	●	●
●	548	That an inmate has a Mobility Disability and/or requires reasonable modifications for that disability (including the provision of Mobility Devices) shall not be a factor in determining an inmate's security classification.	Operational	●	●	●	●	●	●	●
●	549	Inmates identified as having a Mobility Disability shall be placed in housing that is consistent with their security classification and their accessibility needs. Not all inmates with a Mobility Disability require an ADA Accessible cell or unit, but may require reasonable modifications related to housing such as, but not limited to, a lower bunk/lower tier assignment, or access to ADA Accessible shower facilities.	Operational	●	●	●	●	●	●	●
●	550	This Remedial Plan recognizes that, while additional ADA Accessible housing is constructed pursuant to the Construction Remedial Plan, ADA Accessible housing may not be immediately available for every inmate needing such housing consistent with their classification. As ADA Accessible housing is completed and brought online under the Construction Remedial Plan, inmates in need of ADA Accessible housing shall be housed consistent with their needs. In the interim, the Parties agree that inmates with Mobility Disabilities who require ADA Accessible housing shall be housed as follows:	Operational	●	●	●	●	●	●	●
●	551	Male Inmates. Inmates determined to be a Level 1 classification shall be housed in Barracks 3 at the Elmwood Minimum Camp unless Barracks 3 is closed for repairs, construction, or other extenuating circumstances, in which case these inmates shall be housed in Special Housing.	Operational	●	●	●	●	●	●	●
●	552	Inmates who use wheelchairs, and who are determined to be Level 2, 3, or 4 security level inmates, shall be housed in Main Jail Unit 2B and/or Elmwood Unit M3.	Operational	●	●	●	●	●	●	●
●	553	Inmates who use Mobility Devices other than wheelchairs and who are determined to be Level 2, 3, or 4 security level inmates, shall be assessed on an individualized basis and housed as appropriate.	Operational	●	●	●	●	●	●	●
●	554	Female Inmates who can be appropriately housed in a dorm setting based on their security level shall be housed in W2. The ADA Unit will promptly conduct an individualized assessment to determine if additional reasonable modification(s) are necessary and develop a plan to address those needs.	Operational	●	●	●	●	●	●	●
●	555	Inmates who require cell-style housing based on their security level shall be housed in W4. The ADA Unit shall promptly conduct an individualized assessment to determine if additional reasonable modification(s) are necessary and develop a plan to address those needs. The County shall promptly consult with Plaintiffs' Counsel regarding the County's planned reasonable modifications for an inmate requiring cell-style housing who, the County has determined requires full-time use of a wheelchair.	Operational	●	●	●	●	●	●	●
●	556	If certain housing units are closed for repairs, construction, or other extenuating circumstances, the County shall promptly (1) notify Plaintiffs' Counsel of the closure(s), and (2) provide Plaintiffs' Counsel with a list of where inmates with Mobility Disabilities will be housed for the duration of the closure(s). During such closure(s), the ADA Unit shall promptly conduct an individualized assessment to determine if additional reasonable modifications are necessary for the affected inmates with Mobility Disabilities and develop a plan to address those needs.	Operational	●	●	●	●	●	●	●
E. Tracking Inmates with Mobility Disabilities										
●	557	The County shall use an ADA Tracking System to document and share internally information regarding inmates with Mobility Disabilities.	Operational	●	●	●	●	●	●	●

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	558	The ADA Tracking System shall identify and track all inmates with a Mobility Disability.	Operational	●	●	●	●	●	●	●
●	559	The ADA Tracking System shall have the following functional capabilities: 1. Code the type of Mobility Disability and the reasonable modifications an inmate requires for the Mobility Disability (e.g., Mobility Devices, lower bunks, ground floor housing). 2. Track all programs, services, and reasonable modifications offered to an inmate with a Mobility Disability throughout his/her incarceration.	Operational	●	●	●	●	●	●	●
●	560	The County shall designate staff that shall be responsible for using the ADA Tracking System. Designated Staff shall include Classification Staff, the ADA Coordinator and his or her staff, the Facility Watch Commander, Division Commander, Administrative Sergeant, Program Managers, and staff from Adult Custody Health Services ("Designated Staff").	Operational	●	●	●	●	●	●	●
●	561	Designated Staff, both during the intake and booking process and during clinical encounters, shall be responsible for adding or modifying information regarding the nature of an inmate's Mobility Disability and necessary reasonable modifications for that Mobility Disability.	Operational	●	●	●	●	●	●	●
●	562	Designated Staff shall be able and expected to view information in the system to ensure that the County provides reasonable modifications to inmates with Mobility Disabilities.	Operational	●	●	●	●	●	●	●
●	563	Designated Staff shall also be responsible for updating the system with information regarding the reasonable modifications provided during the inmate's incarceration and any subsequent returns to custody.	Operational	●	●	●	●	●	●	●
●	564	Housing unit, education, and program office staff shall be provided with a report listing all inmates with a Mobility Disability in the relevant unit or program, as well as those inmates' needing reasonable modifications for a Mobility Disability. The report shall be updated and provided in written form to such staff at least once per week. Additionally, information from the report shall be communicated in writing to staff whenever an inmate with a Mobility Disability is assigned to the unit or program.	Operational	●	●	●	●	●	●	●
●	565	All Designated Staff shall be trained to properly use the ADA Tracking System. The training shall occur on site over the course of six months after implementation begins.	Operational	●	●	●	●	●	●	●
●	566	The County shall develop and maintain appropriate policies outlining who can access and modify information in the ADA Tracking System.	Operational	●	●	●	●	●	●	●
F. Programs and Services										
●	567	The County's policies and procedures pertaining to programs and services shall be reviewed and amended or drafted, as necessary, to be consistent with this Remedial Plan.	Operational	●	●	●	●	●	●	●
●	568	The County shall ensure that an inmate with a Mobility Disability has equal access to all inmate programs and services for which an inmate would be eligible but for that Mobility Disability—including, but not limited to educational, vocational, work, recreational, visiting, medical, mental health, substance abuse, self-improvement, and religious programs, as well as early release programs such as the Custody Alternative Supervision Program (CASP)—on a space available basis, consistent with the inmate's security classification.	Operational	●	●	●	●	●	●	●
●	569	If an inmate's Mobility Disability interferes with his or her ability to participate in a program or service for which he or she is otherwise eligible, the ADA Coordinator shall first determine whether the inmate can participate in the program or service if the County provided a reasonable modification. If a non-structural reasonable modification will allow an inmate with a Mobility Disability to participate in a program, the County shall provide the non-structural reasonable modification and shall allow the inmate to participate in the program.	Operational	●	●	●	●	●	●	●
●	570	If a non-structural reasonable modification would result in a fundamental alteration of the program, the County must take actions that would not result in such an alteration but would nevertheless ensure that the inmate with a Mobility Disability receives the benefits or services offered by the County's program.	Operational	●	●	●	●	●	●	●

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	571	The County can refuse to provide a reasonable modification to an inmate with a Mobility Disability who is otherwise qualified for a program or service if: (1) the inmate's participation in the program would pose a direct threat to the health or safety of others, or (2) there is a reason for doing so that is reasonably related to a legitimate penological interest(s), as determined by the ADA Unit in coordination with the Assistant Sheriff. Refusal to provide a reasonable modification pursuant to either of the preceding exceptions shall be based on a Safety-Security Assessment. If providing an alternative Mobility Device would mitigate the risk, the County shall provide the inmate with the designated alternative as expeditiously as possible.	Operational	●	●	●	●	●	●	●
●	572	If the County relies upon any of the above exceptions to deny an inmate with a Mobility Disability the opportunity to participate in a program or service, the ADA Unit must document the basis for the determination in the ADA Tracking System.	Operational	●	●	●	●	●	●	●
●	573	Location of Programs and Services: The Parties have designated structural changes in the Construction Remedial Plan to provide program accessibility to inmates with Mobility Disabilities.	Operational	●	●	●	●	●	●	●
●	574	In order to address program accessibility, the County agrees to provide programming and services in the areas designated in the Construction Plan as the portions of the Construction Plan providing accessibility to programs and services are completed.	Operational	●	●	●	●	●	●	●
●	575	As an alternative to providing programming and services in areas designated in the Construction Plan, the County may continue to utilize nonstructural methods to provide accessibility to programs and services, including but not limited to acquisition or redesign of equipment, assignment of aides to inmates with Mobility Disabilities or, at the County's election, the provision of services at alternate accessible sites.	Operational	●	●	●	●	●	●	●
●	576	While the County is undertaking the construction described in this Remedial Plan, the Parties agree that the County shall take the following interim measures to provide accessibility to programs and service for inmates with Mobility Disabilities: The County may use inmates or Custody Staff to push inmates in wheelchairs to a program or service along paths of travel agreed upon by the Parties. Pending completion of physical modifications to the paths of travel, wheelchair pushers may be used as an interim measure. Wheelchair pushers used on an interim basis are subject to certain training requirements.	Operational	●	●	●	●	●	●	●
●	577	Assignment of aides to inmates with Mobility Disabilities.	Operational	●	●	●	●	●	●	●
●	578	Where the County cannot provide programs or services at the locations designated in the Construction Plan and cannot find nonstructural measures to provide accessibility to programs and services, the County may refuse to provide the program or service to an inmate with a Mobility Disability only upon a showing that doing so would result in a fundamental alteration in the nature of the program, service, or activity, or would result in undue financial and administrative burdens.	Operational	●	●	●	●	●	●	●
●	579	The County shall maintain ADA Accessible facilities in operable working condition. Isolated or temporary interruptions in access to these facilities due to maintenance or repairs are not prohibited if the County is exercising reasonable diligence in addressing the maintenance or repairs.	Operational	●	●	●	●	●	●	●
●	580	Once paths of travel are made compliant with this Remedial Plan, wheelchair pushers may continue to be used for inmates who need assistance traveling long distances, unless otherwise requested by the inmates. Appropriately screened inmates and/or Custody Staff chosen to assist inmates who use wheelchairs shall receive initial and periodic training as to their job duties and performance criteria. The training shall cover how to safely and properly assist inmates with Mobility Disabilities. The ADA Unit shall evaluate wheelchair pushers which shall include feedback from the inmates with Mobility Disabilities. Inmates with Mobility Disabilities have the right to refuse a wheelchair pusher, and in that circumstance, the ADA Unit shall determine an appropriate alternative reasonable modification.	Operational	●	●	●	●	●	●	●

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	581	If an inmate with a Mobility Disability requires transportation in a vehicle—e.g., to court or to a medical appointment at an outside facility—the vehicle used to transport the inmate must be ADA Accessible. Specifically, inmates who use wheelchairs on permanent bases and/or inmates who have difficulty navigating steps without assistance must be transported in vehicles equipped with a wheelchair lift and other safety equipment mandated by the Department of Motor Vehicles and the Department of Transportation. If the Department of Motor Vehicles and Department of Transportation standards conflict, the applicable standard that provides greater protections to individuals with a Mobility Disability shall govern.	Operational	●	●	●	●	●	●	●
G. Policy Review and Revision										
●	582	The County is reviewing and revising, as needed, all policies, procedures, Post Orders, and forms, including those for Adult Custody Health Services, and the Inmate Orientation book, to be consistent with the provisions in this Remedial Plan. Plaintiffs' Counsel shall be provided the opportunity to comment on these documents.	Operational	●	●	●	●	●	●	●
●	583	Policy Revision Process: Within 30 days of the execution of the Consent Decree, the Parties shall meet and confer to designate the policies that require revision to address key portions of this Remedial Plan.	Operational	●	●	●	●	●	●	●
●	584	The County shall provide Plaintiffs' Counsel with draft proposed revisions to the agreed upon policies within 120 days of the execution of the Consent Decree unless a longer timeframe is mutually agreed upon by the Parties.	Operational	●	●	●	●	●	●	●
●	585	The designated policies shall be finalized within one year of the execution of the Consent Decree unless the Parties agree to a longer time frame.	Operational	●	●	●	●	●	●	●
	586	The County shall train relevant Staff on new or revised policies and procedures.	Operational	●	●	●	●	●	●	●
H. ADA Coordinator										
●	587	The County has appointed a full-time ADA Coordinator, a lieutenant who reports directly to the Assistant Sheriff. The ADA Coordinator shall oversee all issues related to inmates with Mobility Disabilities, including, but not limited to, classification; housing; inspection, maintenance, provision, and removal of Mobility Devices; and responding to Mobility Disability-related requests and inmate grievances pursuant to County policy.	Operational	●	●	●	●	●	●	●
●	588	The County shall not modify the job description of the ADA Coordinator without consultation with Plaintiffs' Counsel.	Operational	●	●	●	●	●	●	●
●	589	As soon as practical, but under no circumstances more than ninety (90) days after an inmate has been identified as having a Mobility Disability, the ADA Coordinator and/or her or his staff shall personally meet with each new inmate housed in the Jail who is identified as having a Mobility Disability. The meeting with the ADA Coordinator shall be for the purpose of ensuring that the inmate is housed in a cell and unit that accommodates his or her Mobility Disability; has the appropriate Mobility Device(s) and/or other reasonable modifications; ensuring the inmate has equal access to Jail programs for which she or he is eligible but for his or her Mobility Disability; ensuring the inmate has access to grievance forms to raise disability-related issues; and to advise the inmate of personnel who can assist her or him with reasonable modification needs. For an inmate identified as having a Mobility Disability who remains in the Jails for more than six (6) months, the ADA Coordinator and/or her/his staff shall meet with the inmate at least once every six (6) months until the inmate is released from the Jail.	Operational	●	●	●	●	●	●	●
●	590	The ADA Coordinator is charged with facilitating ADA Mobility-Disability related training to Custody Staff and Adult Custody Health Services Staff, and with monitoring programs and work assignments to ensure meaningful access for all inmates with Mobility Disabilities. The ADA Coordinator shall have sufficient staffing (the "ADA Unit") to assist him or her regarding Mobility-Disability issues.	Operational	●	●	●	●	●	●	●

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	591	During any period where the ADA Coordinator is unavailable for more than thirty (30) days, a sergeant or higher-ranked individual shall fulfill the duties of the ADA Coordinator position until the ADA Coordinator becomes available or a replacement is appointed to the position.	Operational	●	●	●	●	●	●	●
●	592	The ADA Coordinator shall attend and complete a certificate-course designed for ADA coordinators and obtain a certification and maintain said certification with updates and continuing education courses. Any replacement ADA Coordinator or interim ADA Coordinator shall obtain his or her ADA certification within twelve (12) months of starting in the position.	Operational	●	●	●	●	●	●	●
I. Training										
●	593	The County provided eight (8) hours of mutually agreed upon ADA training to all DOC Academy Cadets, Custody Staff, and Adult Custody Health Services Staff members in 2015 and 2016.	Operational	●	●	●	●	●	●	●
●	594	Training on New Policies and Procedures: Within six (6) months of the finalization of the revised policies and procedures, the Parties shall select a mutually agreed upon trainer to train on the revised policies and procedures. Within the same six (6) month period, the selected trainer shall develop a curriculum for training Custody and Adult Custody Health Services Staff on the revised policies and procedures. The trainer shall then train Custody and Adult Custody Health Services Staff.	Operational	●	●	●	●	●	●	●
●	595	Within nine (9) months of the trainer's preparedness to conduct the training, the trainer shall train 90 percent of Custody and Adult Custody Health Services Staff, and make reasonable efforts to train all Custody and Adult Custody Health Services Staff, on new policies and procedures or revised policies and procedures adopted pursuant to relevant topics in this Agreement. Critical Staff, such as the ADA Coordinator, ADA Unit, Intake Staff, and Medical Providers shall be prioritized for training during the first three months.	Operational	●	●	●	●	●	●	●
●	596	On-Going Training to Custody and Adult Custody Health Services Staff: The County shall provide eight hours of ADA training to all DOC Academy classes	Operational	●	●	●	●	●	●	●
●	597	After completion of the initial training, the County shall provide a biennial training by a mutually agreed upon trainer to train Custody and Adult Custody Health Services Staff.	Operational	●	●	●	●	●	●	●
●	598	The County may engage a consultant to provide one 24-hour Train the Trainer (T4T) ADA training to prepare the County to take over the responsibility of providing ongoing ADA training and the responsibility of providing biennial refresher training.	Operational	●	●	●	●	●	●	●
●	599	The appropriate length, format, and method of the training for Staff, including different types of Staff, will be developed in consultation with Plaintiffs' counsel. Plaintiffs' Counsel shall have the right to comment on all of the above-listed training modules in advance of their roll-out and to observe any of the aforementioned trainings upon request.	Operational	●	●	●	●	●	●	●
J. Facility Modifications and Adjustments										
●	601	The County shall not house inmates with Mobility Disabilities at Main Jail South or Elmwood W1.	Operational	●	●	●	●	●	●	●
●	602	The County shall maintain ADA Accessible features required by this Agreement in operable working condition. This requirement does not prohibit isolated or temporary interruptions in service or access due to maintenance or repairs.	Operational	●	●	●	●	●	●	●
●	603 - 604	Construct new jail with sufficient ADA capacity.	Construction	Deferred						
●	605 - 612	ADA construction renovations to Main Jail basement.	Construction	Passed monitoring in December 2019 with the exception of minor non structural items.						
●	613	The Parties agree that in lieu of making one holding cell for women ADA Accessible, the County shall use the dress out area in the bathroom/shower for women with Mobility Disabilities.	Operational	●	●	●	●	●	●	●
●	614	ADA renovations to the transaction counter in the property release area.	Construction	Passed monitoring in April 2023.						
●	615	ADA renovations to ADA bench in the holding room.	Construction	Passed monitoring in October 2022.						

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	616	The Parties agree that in lieu of making the property release area restroom ADA Accessible, the County shall provide access, immediately upon request, to a restroom located in the lobby.	Operational	●	●	●	●	●	●	●
●	617 - 625; 627 - 632	ADA renovations to the second floor (general use medical area, special housing, and infirmary).	Construction	Passed monitoring in December 2019 (except minor non structural items: call button and exercise equipment), January 2020, February 2022, October 2022, March 2023.						
●	626	The Parties agree that in lieu of providing fixed benches in ADA Accessible showers, the County shall adopt a policy of providing a safe and secure shower chair which shall be readily accessible and provided immediately upon request to an inmate with a Mobility Disability.	Operational	●	●	●	●	●	●	●
●	633	The Parties agree that in lieu of providing fixed benches in ADA Accessible showers, the County shall adopt a policy of providing a safe and secure shower chair which shall be readily accessible and provided immediately upon request.	Operational	●	●	●	●	●	●	●
●	634 - 643	ADA renovations to fourth and fifth floor.	Construction	Passed monitoring in March 2019 (except minor non structural items: exercise equipment), December 2019.						
●	644 - 650	ADA renovations to the eighth floor.	Construction	Passed monitoring in January 2020 (except minor non structural items: shelf and desk clearance space), August 2020, August 2023.						
●	651	The Parties agree that in lieu of providing additional ADA Accessible cells on 8A, the County shall adopt a policy that shall require that an inmate with a Mobility Disability, who otherwise would be housed on 8A, be transferred to the County hospital if there is not appropriately accessible housing for the inmate's needs on 8A.	Operational	●	●	●	●	●	●	●
●	652	The Parties also agree that in lieu of providing additional ADA Accessible cells on 8B, the County shall adopt a policy that shall require that an inmate with a Mobility Disability, who otherwise would be housed on 8B, shall be housed in another appropriate accessible housing unit at the Jail and shall be provided with services equivalent to what the inmate would have received in 8B in that housing unit.	Operational	●	●	●	●	●	●	●
●	653 - 654	Installation of ADA accessible water fountains and path of travel at Elmwood.	Construction	Water fountains installed to date: Passed monitoring on March 2019, May 2021, October 2022, January 2023, July 2023, August 2023.						
●	655 - 656	ADA renovations to the processing area at Elmwood.	Construction	Passed monitoring in October 2022 (except one minor non structural item)						
●	657	The Parties agree that in lieu of making the holding cells ADA Accessible, the County shall adopt a policy of placing an inmate with a Mobility Disability outside of the holding cells either on or next to the seating area and shall ensure that the inmate with a Mobility Disability is moved directly to housing, limiting the amount of time in the processing area.	Operational	●	●	●	●	●	●	●
●	658	The Parties agree that in lieu of making the showers ADA Accessible, the County shall not use the showers unless needed for decontamination or biohazard cleanup in the rare circumstance where contamination or biohazard incident occurs in the immediate area, in which case the inmate shall be offered appropriate assistance. An inmate with a Mobility Disability has the right to refuse assistance, in which case the inmate shall be transported to an alternative ADA shower for decontamination.	Operational	●	●	●	●	●	●	●
●	659 - 660	ADA renovations to the information center at Elmwood.	Construction	Passed monitoring in October 2022.						
●	661	The Parties agree that the room for attorney visits located in the Information Center shall have a small table to allow sufficient clearance space for an inmate with a Mobility Disability. The County agrees to provide a small table and maintain sufficient clearance space at all times.	Operational	●	●	●	●	●	●	●
●	662 - 663	ADA renovations to M1 at Elmwood.	Construction	Passed monitoring in December 2019, March 2019, October 2022, August 2023.						

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	664	The Parties agree that in lieu of installing a bench in the X-ray changing room, the County shall adopt a policy of providing a chair for an inmate with a Mobility Disability. The County further commits to ensuring all movable furniture shall not be placed in paths of travel.	Operational	●	●	●	●	●	●	●
●	665 - 669	ADA renovations to the operational facilities at Elmwood.	Construction	Passed monitoring in May 2021, March 2023, October 2022, April 2023 (except minor non structural items: tables)						
●	670 - 673	ADA renovations to two minimum security housing units at Elmwood.	Construction	One minimum security housing unit passed in March 2019, second minimum housing unit estimated completion early 2024.						
●	674 - 678	ADA renovations to the dining hall and recreation yard at Elmwood.	Construction	Passed monitoring in December 2019, August 2020 (except minor non structural items)						
●	679 - 684	ADA renovations to medium security housing at Elmwood.	Construction	Passed monitoring in December 2022, January 2023, July 2023 (except minor non structural items: shower bench and curtain)						
●	685	The Parties agree that in lieu of providing additional ADA Accessible cells in M4 and/or M5, the County shall adopt a policy that shall require that an inmate with a Mobility Disability, who otherwise would be housed on M4 and/or M5, shall be housed in ADA Accessible dorm-style housing at the same security level or lower.	Operational	●	●	●	●	●	●	●
●	686 - 693	ADA renovations to dorm style housing at Elmwood.	Construction	Passed monitoring in March 2019, December 2019, May 2021, April 2023 (except minor non structural items: table and exercise equipment)						
●	694 - 699	ADA renovations to minimum and medium security housing at CCW.	Construction	Passed monitoring in December 2019 (except minor non structural items: table, exercise equipment, cane detector railing), August 2020.						
●	700 - 708	ADA renovations to medium and maximum security housing at CCW.	Construction	Passed monitoring in August 2020, May 2021, July 2023 (except minor non structural items: exercise equipment).						
	709	*Removed from monitoring	Construction							
●	710	ADA renovations to the modular classrooms at CCW.	Construction	Passed monitoring in May 2021 (except minor non structural items: braille signage, tables)						
K. Monitoring Plan										
●	711	The County shall develop a Monitoring Plan to ensure effective internal oversight and accountability procedures to comply with the non-construction related portions of this Agreement. Plaintiffs' Counsel shall be provided the opportunity to comment on the Monitoring Plan.	Operational	●	●	●	●	●	●	●
●	712	The County shall develop a construction schedule for the Construction Plan. Plaintiffs' Counsel shall be provided with an opportunity to comment on the plan.	Operational	●	●	●	●	●	●	●
L. Grievance and ADA Request System										
●	713	ADA Requests: The County will provide and maintain a readily available mechanism for inmates to make a request for reasonable modifications independent of the grievance system ("ADA Request").	Operational	●	●	●	●	●	●	●
●	714	The ADA Coordinator or a member of the ADA Unit shall review the ADA Request within seven (7) days of receipt of such a request and, where appropriate, provide the requested reasonable modification and/or begin the verification process.	Operational	●	●	●	●	●	●	●
●	715	Grievance System: The County shall provide and maintain an inmate grievance system that provides for prompt and equitable resolution of complaints by inmates with Mobility Disabilities who allege disability-related violations.	Operational	●	●	●	●	●	●	●

Current Rating	No.	Remedial Item	Monitor	1st	2nd	3rd	4th	5th	6th	7th
●	716	The County grievance form shall continue to include a checkbox or similar means to identify that the request and/or grievance is ADA-related. The County shall train grievance staff to route "ADA" grievances appropriately even if the inmate who filed the grievance did not check the "ADA" checkbox.	Operational	●	●	●	●	●	●	●
●	717	The ADA Coordinator or a member of the ADA Unit shall review all ADA-related complaints, assign an ADA-trained staff person to investigate the complaints, and/or interview the inmate to the extent his or her complaint or requested reasonable modification is unclear, and provide a substantive written response to the inmate. The total response time for all ADA-related grievances (but not appeals) shall be no more than 30 days from receipt.	Operational	●	●	●	●	●	●	●
●	718	All ADA-related grievances and responses, including provision of interim reasonable modifications, shall be documented and tracked in the ADA Tracking System.	Operational	●	●	●	●	●	●	●
●	719	Expedited ADA Unit Review of Urgent ADA Requests and Grievances: The ADA Unit shall screen ADA Requests and ADA-related grievances for ADA-related issues that, if true, would subject the inmate to a substantial risk of injury or other harm, which include: (a) unauthorized removal of an inmate's Mobility Device by Custody Staff; and (b) failures to provide housing-related reasonable modifications following a determination that the inmate requires such reasonable modification.	Operational	●	●	●	●	●	●	●
●	720	If the ADA Unit finds that the issue can be addressed through an interim modification, the ADA Unit shall provide such interim modification promptly, but in any case no later than seven (7) days from receipt of the ADA Request or Grievance. If the risk to health or safety cannot be addressed through an interim accommodation, within seven days from receipt of the ADA Request or Grievance, the ADA Unit shall, as appropriate: (1) confer with the Captain or his or her superior; and/or (2) arrange for a medical consultation with a Medical Provider for resolution of the ADA Request or Grievance. The ADA Unit shall also provide written notification to the inmate of the action(s) taken within the same seven-day period.	Operational	●	●	●	●	●	●	●