

**COUNTY OF SACRAMENTO  
CALIFORNIA**

For the Agenda of:  
September 14, 2010  
Timed: 10:30AM

To: Board of Supervisors

From: County Executive

Subject: Response To The 2009-2010 Grand Jury Final Report

Supervisory  
District: All

Contact: Sharon Dwight, Sr. Administrative Analyst, 874-5229

**Overview**

This is the annual response to the recommendations of the Grand Jury. Responses have been submitted from Child Support Services (CPS), Probation Department, Sheriff Department and County Executive Office.

**Recommendation**

1. Adopt this report as Sacramento County's response to recommendations contained in the 2009-2010 Grand Jury Final Report.
2. Direct the Clerk of the Board to forward a copy of this report to the Presiding Judge of the Superior Court and the Grand Jury Foreman.

**Measures/Evaluation**

Not applicable.

**Fiscal Impact**

The cost of responding to this report is approximately \$3,000. Staff from CPS, the Probation Department, the Sheriff Department and the County Executive Office contributed to this report. These costs were absorbed within each department.

**BACKGROUND**

Each year the Sacramento County Grand Jury concludes its work and releases its Final Report, typically the last week in June. The report, which can address a variety of activities, functions, and responsibilities of government, typically contains findings and recommendations with a response specifically directed to the Presiding Judge of the Superior Court. This response is required by October 1, 2010.

The form of the County's responses as required by law is as follows:

As to each Grand Jury finding, the responding person or entity shall indicate one of the following:

1. The respondent agrees with the finding.
2. The respondent disagrees wholly or partially with the finding in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons.

As to each Grand Jury recommendation, the responding person or entity shall report one of the following actions:

1. The recommendation has been implemented, with a summary regarding the implemented action.
2. The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
3. The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of the publication of the Grand Jury report.
4. The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation.

## **DISCUSSION**

The 2009-2010 Grand Jury Final Report required several responses from Sacramento County's Child Protective Services, Probation Department and Sheriff Department.

### Child Protective Services

In the chapter entitled The State of Foster Care in Sacramento County the report focused on Child Protective Services (CPS) and its ability to adequately provide for the safety and well-being of children in foster care. The report identified the following concerns:

- Too many placements per child;
- Too many social worker changes per child;
- Inadequate social worker visits;
- Lack of accurate health records;
- CPS social workers and supervisors not following policies and procedures;
- No database for available foster homes; and
- Other problems identified by former foster youth and foster parents.

In its report, the Grand Jury concludes there is no clear answer regarding CPS's ability to ensure the safety and well-being of children in out-of-home placement. The report emphasizes that children do not thrive in unstable environments and acknowledges CPS's efforts to restructure its

operations to provide more stability for children in care. Attachment 1 outlines the findings and recommendations.

Probation Department

In the chapter entitled Probation and Education at Juvenile Hall the report addressed issues relating to the provision of educational services within the Juvenile Hall which are provided by the Sacramento County Office of Education (SCOE). Findings and recommendations were addressed to both SCOE and the Probation Department. Attachment 2 provides responses to recommendations and Attachment 2A provides additional policy information as it relates to the Probation Department. SCOE will respond independently.

Sheriff Department

In the chapter entitled Rio Cosumnes Correctional Center (RCCC) the report addresses issues related to staffing levels, and safety of both inmates and staff in the aging facility. Attachment 3 provides responses to the findings and recommendations from the Sheriff and the Board of Supervisors.

**MEASURES/EVALUATION**

Not applicable.

**FINANCIAL ANALYSIS**

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Respectfully submitted,

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STEVEN C. SZALAY  
Interim County Executive

Attachments: Attachment 1 – Child Protective Services Responses  
Attachment 2 – Probation Department Responses  
Attachment 2A – Probation Policy Documents  
Attachment 3 – Sheriff Department Responses

COUNTY OF SACRAMENTO  
CALIFORNIA

Response To 2009-2010 Grand Jury Final Report

Department of Health and Human Services-Child Protective Services

***Finding 1.0*** *The average number of placements for each foster child in Sacramento County remains too high, which results in poor outcomes for these children. When compared to the twenty largest counties in California for placement stability for the foster children in care for 12 to 24 months, Sacramento ranks last.*

Partially concur. While it is true that the average number of placements for children remains high, placement stability for children in care for 12 to 24 months has improved from 44.5% in March 2008 to 59.3% in March 2010. The most recent SafeMeasures data shows this indicator at 60.2% for June 2010. The National Goal for this measure is 65.4%.

***Recommendation 1.1*** *CPS should accelerate the implementation and mandate the use of the Centralized Placement Support Unit (CPSU) for all initial placements and placement changes.*

The CPSU is currently serving the Emergency Response and Court Services programs by coordinating placements for children who come into care. Additionally, the CPSU is providing limited services to the Family Reunification and Permanency Services programs for children who experience a placement disruption.

Even though the CPSU is an important strategy to achieve better placement matching for children in out-of-home care, redirecting additional resources to the CPSU is very challenging at this time. A 34% reduction in CPS staff as a result of recent budget cuts has not only reduced capacity but has increased caseloads in some programs. Despite these issues, the Division is exploring resources to expand CPSU services to all placement programs by the end of 2010.

***Recommendation 1.2*** *The Sacramento County Board of Supervisors should appropriate funds to accomplish the full implementation of the CPSU which would include, but not be limited to, funding for adequate staff, facilities and equipment.*

The Board of Supervisors and the Department are hopeful that, under different economic circumstances, some of the budget cuts made to CPS may be restored.

***Recommendation 1.3*** *CPS should enforce the policy for Team Decision Making (TDM) meetings to occur prior to all placement changes.*

All initial placements and placement changes occurring in the Emergency Response (ER) and Court Services (CS) programs must go through the CPSU. A placement change request immediately triggers a TDM. Several tools are used to enable managers to monitor utilization of TDM within program. These tools include: 1) program managers are provided weekly updates on how many TDM's have occurred and a monthly report identifies the TDMs completed by workers within each program; 2) program managers also receive a monthly report listing placement changes within their programs with corresponding information on how many TDMs were completed. These tools enable managers to monitor the utilization of TDM within program.

This data is being reviewed regularly with social workers and included in the performance evaluation.

As TDMs continue to increase, the Division is faced with diminished capacity to schedule and facilitate TDM meetings. This is due to the unit's loss of staff as a result of recent budget cuts. The TDM unit has been reduced from nine facilitators to five and the number of schedulers has decreased from three to two. In light of this diminished capacity, CPS has prioritized TDM meetings for children who are at imminent risk of removal from their homes.

***Finding 2.0*** *The current organization of CPS results in too many social worker changes. This may be convenient for the organization, but it fails to effectively meet the individual human needs of the children.*

Concur. CPS's organizational structure is difficult for children and families to navigate. For this reason, CPS is reorganizing into a more responsive, child and family-centered and efficient operation in order to achieve improved safety, increased permanency and greater accountability. The reorganization, which is currently underway, incorporates four major elements: One worker per child during the life of a case; regionalization; vertical case management; and combined teams of social workers. The first phase of the reorganization was implemented in March of this year and the second phase will be completed by the end of March 2011.

***Recommendation 2.1*** *CPS should continue with the implementation of the change to the operational structure to have a single social worker follow a child throughout the CPS system.*

CPS has already implemented the first phase of the reorganization which reduced the number of social workers involved with a child when he/she first comes into care from four to one. The next phase involves restructuring the services provided to children from the time they are placed in out-of-home care until they exit the system or are placed in a permanent home. This restructuring will result in a child having one ongoing social worker during the time they are in foster care. These changes will be fully implemented by March 2011.

***Finding 3.0*** *Currently, a child who is in long-term placement and has a placement change, is visited once in the first few weeks, and then every six months thereafter.*

Clarification. The contact requirement in long-term placement is once a month, unless there is an approved waiver. Children are visited monthly unless they meet the waiver criteria for fewer visits. An example of one waiver exception is a stable placement with a relative where the child could be seen every six months.

***Recommendation 3.1*** *Children in long-term placement who have a placement change should be visited by their social worker at the same frequency as that on initial placement.*

CPS believes that best practice calls for more frequent contact with children who are in out-of-home placement. In addition, beginning in 2011, State regulation will require that all waivers be eliminated and children be visited monthly by the county social worker. The only exception to this rule will be children who are placed in Foster Family Agencies (FFAs), since they do receive ongoing monthly visits by the FFA social worker. Best practice policies are being developed to determine when the FFA waiver exceptions can be used, as it may not be appropriate for some

children. CPS program managers and supervisors will continue to monitor the frequency of visits via the SafeMeasures database. In addition, the Systems Improvement Plan (SIP) goal for timely social worker visits is 95%.

***Finding 4.0*** *CPS does not have a good system to recognize health concerns and physical injuries that might indicate abuse or neglect of the children under their care.*

CPS concurs with this finding and is revising the Health and Education Passport (HEP) policy and procedure to improve practice in this area. The target date for completing this revision is September 1, 2010.

***Recommendation 4.1*** *CPS should require each social worker to maintain a growth chart on each child in their care to help identify medical conditions or possible abuse or neglect. Any irregularities should be referred to the Public Health Nurses for review.*

Though CPS supports the principle of this recommendation, reductions in foster care social workers may prohibit implementation exactly as suggested. CPS is committed to developing a mechanism for monitoring children's growth and reviewing irregularities with the Child Health and Disability Prevention Program (CHDP) nurses. This review is currently under way.

***Recommendation 4.2*** *CPS should develop and implement a better system that tracks all injuries to a child.*

Several improvements are underway to address this recommendation. Standards are currently being revised to require contact with the care provider to obtain all new health and injury information. Procedures are being developed to ensure the HEP is updated to include this information and is provided regularly to the child's attorney. Additionally, standards for collateral contacts are being revised to require contact with the child's medical provider every six months to inquire about new medical care received, current growth and development rates, and review of illness and injury information from the foster parent. Any discrepancy between foster parent and medical provider information will be addressed and will result in a report to Community Care Licensing (CCL), if appropriate. The Juvenile Court will also be kept apprised of new health and injury information through a revised court report format. The revised court report format is currently moving through the Meet and Confer process with labor.

***Recommendation 4.3*** *CPS should explore the possibility of adopting a program having a single medical care provider for all foster children.*

Although having one provider of medical services for children while in foster care would help social workers obtain health-related information, this does not provide continuity of medical care for the child. On July 1, 2010 CPS implemented a change in practice to maintain children in their medical and dental homes whenever possible. This change was made in collaboration with the County Health Officer and the First 5 Sacramento Commission. In this new model, children entering the dependency system, who have established care providers and medical homes, will remain with the providers familiar with their diagnoses and medical needs throughout the removal and dependency period. These children will also continue to retain their primary provider at reunification and termination of dependency, a practice that will strengthen the child's safety net when returned to the parent's care and custody.

***Finding 5.0*** *The Health and Education Passport (HEP) is not kept current.*

Concur. CPS and CHDP are collaborating to revise the processes for HEP data entry. The new process will include dedicated clerical staff who will be centralized and assigned to input medical/dental information in collaboration with nurses and social workers. The first component of this change was implemented on July 4, 2010. The final component will be in place by September 15.

***Recommendation 5.1*** *CPS social workers should hold the foster parents accountable for taking the HEP with them for all medical, dental, counseling, and educational visits for the child, and having the provider update and correct it as required.*

Social workers will hold foster parents accountable for complying with medical, dental and mental health treatment plans. Foster parents who fail to comply will be reported to the appropriate licensing agency. In addition, social workers will utilize an interview template to obtain important child-related information including health information from foster parents during the required monthly contact. The interview template is currently under development with full implementation targeted for October 1, 2010. The HEP policy and procedure is being revised to ensure that medical and dental information received from the foster parent and medical provider is included in an updated HEP.

***Recommendation 5.2*** *CPS social workers should review the HEP record with the foster parent at least every six months.*

The HEP policy and procedure is in the process of being revised and will require social workers to review the HEP with foster parents during the monthly contact. Additionally, foster parents will be interviewed at monthly contact to obtain any new health and education information. The target date for completion of the revised HEP policy and procedure is September 1, 2010. Staff will be trained to the new HEP policy and procedure by September 15, 2010.

***Recommendation 5.3*** *CPS social workers should ensure that the data from the HEP is kept current in CWS/CMS. A copy of the updated HEP should be sent to the foster parent.*

The revised HEP guideline discussed above will include instruction on providing the updated HEP to foster parents. The target date for full implementation of the revised processes is September 1, 2010. Additionally, CPS will ensure that the HEP is kept current through quality assurance measures such as routine monitoring of the Child Welfare Services/Case Management System (CWS/CMS) HEP completion rates during monthly staff supervision meetings, weekly management data calls and targeted quality assurance reviews.

***Finding 6.0*** *Social workers work closely with foster parents and can lose objectivity when repeated allegations against a foster parent are made and determined to be unfounded.*

Concur. In order to reduce bias and increase consistency in how referrals are investigated, all referrals have been centralized in the Emergency Response (ER) programs. Testing of this new process began on January 4<sup>th</sup>, 2010 with consolidation of immediate response referrals. On March 1, ten-day referrals received by Family Reunification were reassigned to the ER programs

for investigation. On July 6<sup>th</sup> Permanency Services and Adoptions referrals were added. Under this new model, the Emergency Response worker now conducts all investigations and obtains pertinent case information from the social worker assigned to the case.

***Recommendation 6.1*** *When there are repeated allegations against a foster parent, a social worker from the CPS Foster Home Licensing Program should make an unannounced visit to the home to check on the welfare of the child and conditions in the home.*

CPS and Community Care Licensing (CCL) are developing protocols for a joint response and multi-agency review when two or more complaints are received against a foster home. These protocols will ensure coordinated early intervention to increase child safety as well as compliance with licensing regulations. The multi-agency review process is scheduled to launch on August 5<sup>th</sup>. Target date for completion of the joint response protocol is August 20, 2010 and will include unannounced home visits.

***Finding 7.0*** *Recent state regulations have limited the number of children in county licensed homes to a total of six children (biological, foster, step, guardian, kin or adopted). Foster Family Agency (FFA) homes are not currently included in these limitations.*

CPS concurs with this finding and supports extending the recent regulatory change limiting the number of children to be placed in a county licensed foster home to include FFA placements.

***Recommendation 7.1*** *CPS should apply this six-child limit to all new placements in FFA foster homes.*

CPS is meeting with the FFAs on this issue and will be implementing the six-child limit for FFA foster homes by September 1, 2010.

***Finding 8.0*** *Foster parents are not always given sufficient information about the children they are receiving.*

Concur. Information about the child at the beginning of the placement is often limited and has not been consistently communicated to the caregiver prior to placement.

***Recommendation 8.1*** *In all cases CPS should, prior to placement, fully disclose all known medical, behavioral, educational and special needs of foster children to foster parents.*

CPS agrees that full disclosure is necessary to ensure the best possible placement match occurs, and that caregivers are prepared to meet the needs of the children entering their care. The processes for obtaining medical, behavioral, educational and special needs information at time of removal and communicating directly to the prospective care provider prior to placement is under review and will be revised to close existing gaps. Target date for full implementation of the improved processes is October 1, 2010. The process for children ages 0-5 will see immediate improvement when the Health Education, Assessments, Referrals and Treatment Services (HEARTS) for Kids program, funded by the First 5 Sacramento Commission is implemented this summer. The HEARTS for Kids program includes medical clearance exams as well as dental and developmental screenings for children ages 0-5 entering care. Information gathered during the medical clearance exam and dental and developmental screenings will be provided to the



social worker and the caregiver. Furthermore, the program includes home visits by a public health nurse and a mental health early intervention clinician to help the caregiver better understand the needs of the child and help the child adjust better to the new placement.

***Finding 9.0*** *Foster parents need better training to help them care for children with special needs.*

Concur. As part of the HEARTS for Kids program, CPS will begin providing caregiver trainings on health-related topics including caring for medically fragile children. Trainings will occur quarterly with the first session scheduled to take place by November 1, 2010.

***Recommendation 9.1*** *CPS should survey foster parents to determine the topics in which they need additional training in caring for special needs children.*

Currently, CPS collaborates with American River College (ARC) to provide a “Medically Fragile” course for foster parents who care for children with severe medical needs. ARC is developing a survey to be distributed to foster parents in the fall of 2010 to assess their training needs and interests.

***Recommendation 9.2*** *CPS should develop and offer this training.*

As mentioned under Finding 9 and Recommendation 9.1 above, CPS is currently offering this training via a partnership with American River College. In addition, CPS has secured funding from First 5 Sacramento Commission to provide additional training sessions to caregivers on various health-related topics, including caring for medically fragile children.

***Finding 10.0*** *In some cases, CPS did not follow up when Community Care Licensing (CCL) and/or an FFA found violations in a foster home.*

Concur. Communication and collaboration with CCL has been fragmented in some instances. CPS and CCL are now working collaboratively to strengthen their partnership and to create mechanisms for responding jointly to reports of violations in a foster home. These mechanisms include: 1) ongoing monthly meetings between CPS and CCL, starting in May 2010; 2) written protocols for joint response to multiple licensing violations by a foster home including multi-agency staffings and utilization of the Specialized Assault and Forensic Evaluation (SAFE) Center for interviews when multiple agencies are involved; and 3) a new CPS policy and procedure for placing a hold on a county foster home and an alert on a certified foster family agency home. This new policy and procedure has been drafted and will be finalized by September 1. Staff training to this new policy and procedure will be completed by the same date. In addition, CPS has developed an electronic in-box to track concerns about a foster home that do not rise to the level of a violation. This in-box has been operational since May 19, 2010.

***Recommendation 10.1*** *All CCL or FFA reported violations should be sent to CPS and entered into the Child Welfare Services/Case Management System (CWS/CMS) file.*

CCL will be submitting to CPS reports of violations or other concerns involving foster homes. These reports will be screened and, if appropriate, sent to the social worker for information and/or follow-up. This new process will be included in the policy and procedure for placing a

hold on a county foster home and an alert on a certified foster family agency home. This policy and procedure will be finalized by September 1.

***Recommendation 10.2*** *CPS should personally review all CCL or FFA violations and ensure that a correction plan is developed and completed.*

As indicated under Finding 10.0 above, CPS and CCL are collaborating to strengthen mechanisms for responding to complaints raised against a foster home. These mechanisms will include ongoing meetings and communication between the two agencies as well as following up with foster homes to ensure corrective action is implemented.

***Finding 11.0*** *CPS Foster Care does not have an interactive electronic database to assist CPSU and social workers in the placement of foster children in the most appropriate foster home.*

Concur. Currently, the CPSU does not have access to a database to assist with coordination of placements. However, a database is under development thanks to a partnership between CPS, foster family agencies and the Sacramento County Office of Education (SCOE) (see Recommendation 11.1 below)

***Recommendation 11.1*** *CPS should develop a database that contains all the data needed to determine the best available foster home for each foster child. This can be developed in-house, contracted from another county, or a software developer.*

As stated under Finding 11.0 above, CPS is working collaboratively with foster families agencies and SCOE to develop a database to assist in finding appropriate foster homes within the school districts that serve foster youth. A Memorandum of Understanding has been executed between Sacramento County and SCOE to collaborate on this project. All foster family agency and county foster homes will be included in the database. Foster family agencies will be able to input information about their certified foster homes on the database for use by the CPSU. The database is scheduled to be ready for use by September 1, 2010..

***Recommendation 11.2*** *The Sacramento County Board of Supervisors should appropriate adequate funds for this development.*

The placement database is currently under development and it is scheduled to be ready for use by September 1, 2010.

***Finding 12.0*** *CPS is not consistently entering data into and utilizing CWS/CMS.*

Concur. Due to workload, data has not always been entered timely and in some cases documentation policies lack specificity regarding the content to be included in CWS/CMS contact entries. Policies and procedures are currently being revised to clarify data entry expectations.

***Recommendation 12.1*** *CPS management should require and enforce that all data concerning each foster child be entered into CWS/CMS as it becomes available.*

The required content, processes, and timelines for entering information into the electronic data base, including health and education data, are under review. Clerical resources are being redistributed to support timely data entry of health information. Implementation of improved documentation standards will also include quality assurance processes to ensure compliance with the requirements. Full implementation is scheduled for October 1, 2010.

***Finding 13.0*** *CPS supervisors and managers are not taking full advantage of SafeMeasures® to track social worker performance.*

Partially concur. While we agree that CPS staff has not yet fully tapped SafeMeasures®' capabilities, the use of this tool has increased over the past year. In May 2009 the system logged an average of 57.5 requests for data reports. The number of data requests logged in May 2010 was 131, which represents a 200% increase in use.

***Recommendation 13.1*** *CPS management should require and enforce greater utilization of SafeMeasures® and evaluate supervisors and managers on their use of the program.*

CPS program managers and supervisors are reviewing SafeMeasures® data at every supervision session. In addition, CPS leadership reviews SafeMeasures® data during weekly phone conferences to make sure all relevant safety, permanency and accountability indicators are being appropriately monitored. To ensure utilization of SafeMeasures®, CPS division and program managers receive a periodic report detailing staff's usage of SafeMeasures®. The latest report, issued in June 2010, analyzed the use of SafeMeasures® by supervisors in all CPS programs and identified those supervisors who did not meet required usage during the chosen month. The CPS performance evaluation tool includes an expectation that supervisors will use SafeMeasures® to monitor caseload activities and outcome compliance.

***Finding 14.0*** *The development of an online CPS Policies and Procedures Manual was started last year and considerable progress has been made, especially in the Emergency Response sections. The remaining sections including Foster Care are far from complete.*

Concur. As a result of the Division's emphasis on safety, policies and procedures related to Emergency Response were given priority in the revision process, as noted by the Grand Jury.

***Recommendation 14.1*** *CPS management should accelerate the effort to complete all sections of the CPS Policies and Procedures Manual.*

Due to the reorganization currently underway and the need to maximize efficiency, CPS will synchronize the remaining revision process with the different phases of the reorganization. Therefore, policies and procedures pertaining to the permanency phase will be updated as that phase is completed. This also allows for newly assigned policy and procedure staff to receive training in Information Mapping, as several of the staff previously trained are no longer with CPS due to budget cuts. The exception to this approach are policies and procedures related to health documentation and interview templates previously discussed. Guideline revisions related to these foster care areas are being prioritized.

COUNTY OF SACRAMENTO  
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Although having one provider of medical services for children while in foster care would help social workers obtain health-related information, this does not provide continuity of medical care for the child. On July 1, 2010 CPS implemented a change in practice to maintain children in their medical and dental homes whenever possible. This change was made in collaboration with the County Health Officer and the First 5 Sacramento Commission. In this new model, children entering the dependency system, who have established care providers and medical homes, will remain with the providers familiar with their diagnoses and medical needs throughout the removal and dependency period. These children will also continue to retain their primary provider at reunification and termination of dependency, a practice that will strengthen the child's safety net when returned to the parent's care and custody.

***Finding 5.0 The Health and Education Passport (HEP) is not kept current.***

Concur. CPS and CHDP are collaborating to revise the processes for HEP data entry. The new process will include dedicated clerical staff who will be centralized and assigned to input medical/dental information in collaboration with nurses and social workers. The first component of this change was implemented on July 4, 2010. The final component will be in place by September 15.

***Recommendation 5.1 CPS social workers should hold the foster parents accountable for taking the HEP with them for all medical, dental, counseling, and educational visits for the child, and having the provider update and correct it as required.***

Social workers will hold foster parents accountable for complying with medical, dental and mental health treatment plans. Foster parents who fail to comply will be reported to the appropriate licensing agency. In addition, social workers will utilize an interview template to obtain important child-related information including health information from foster parents during the required monthly contact. The interview template is currently under development with full implementation targeted for October 1, 2010. The HEP policy and procedure is being revised to ensure that medical and dental information received from the foster parent and medical provider is included in an updated HEP.

***Recommendation 5.2 CPS social workers should review the HEP record with the foster parent at least every six months.***

The HEP policy and procedure is in the process of being revised and will require social workers to review the HEP with foster parents during the monthly contact. Additionally, foster parents will be interviewed at monthly contact to obtain any new health and education information. The target date for completion of the revised HEP policy and procedure is September 1, 2010. Staff will be trained to the new HEP policy and procedure by September 15, 2010.

***Recommendation 5.3 CPS social workers should ensure that the data from the HEP is kept current in CWS/CMS. A copy of the updated HEP should be sent to the foster parent.***

The revised HEP guideline discussed above will include instruction on providing the updated HEP to foster parents. The target date for full implementation of the revised processes is September 1, 2010. Additionally, CPS will ensure that the HEP is kept current through quality assurance measures such as routine monitoring of the Child Welfare Services/Case Management System (CWS/CMS) HEP completion rates during monthly staff supervision meetings, weekly management data calls and targeted quality assurance reviews.

***Finding 6.0 Social workers work closely with foster parents and can lose objectivity when repeated allegations against a foster parent are made and determined to be unfounded.***

Concur. In order to reduce bias and increase consistency in how referrals are investigated, all referrals have been centralized in the Emergency Response (ER) programs. Testing of this new process began on January 4<sup>th</sup>, 2010 with consolidation of immediate response referrals. On March 1, ten-day referrals received by Family Reunification were reassigned to the ER programs

for investigation. On July 6<sup>th</sup> Permanency Services and Adoptions referrals were added. Under this new model, the Emergency Response worker now conducts all investigations and obtains pertinent case information from the social worker assigned to the case.

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CPS and Community Care Licensing (CCL) are developing protocols for a joint response and multi-agency review when two or more complaints are received against a foster home. These protocols will ensure coordinated early intervention to increase child safety as well as compliance with licensing regulations. The multi-agency review process is scheduled to launch on August 5<sup>th</sup>. Target date for completion of the joint response protocol is August 20, 2010 and will include unannounced home visits.

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CPS concurs with this finding and supports extending the recent regulatory change limiting the number of children to be placed in a county licensed foster home to include FFA placements.

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Concur. Information about the child at the beginning of the placement is often limited and has not been consistently communicated to the caregiver prior to placement.

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CPS agrees that full disclosure is necessary to ensure the best possible placement match occurs, and that caregivers are prepared to meet the needs of the children entering their care. The processes for obtaining medical, behavioral, educational and special needs information at time of removal and communicating directly to the prospective care provider prior to placement is under review and will be revised to close existing gaps. Target date for full implementation of the improved processes is October 1, 2010. The process for children ages 0-5 will see immediate improvement when the Health Education, Assessments, Referrals and Treatment Services (HEARTS) for Kids program, funded by the First 5 Sacramento Commission is implemented this summer. The HEARTS for Kids program includes medical clearance exams as well as dental and developmental screenings for children ages 0-5 entering care. Information gathered during the medical clearance exam and dental and developmental screenings will be provided to the



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***Recommendation 9.1*** *CPS should survey foster parents to determine the topics in which they need additional training in caring for special needs children.*

Currently, CPS collaborates with American River College (ARC) to provide a “Medically Fragile” course for foster parents who care for children with severe medical needs. ARC is developing a survey to be distributed to foster parents in the fall of 2010 to assess their training needs and interests.

***Recommendation 9.2*** *CPS should develop and offer this training.*

As mentioned under Finding 9 and Recommendation 9.1 above, CPS is currently offering this training via a partnership with American River College. In addition, CPS has secured funding from First 5 Sacramento Commission to provide additional training sessions to caregivers on various health-related topics, including caring for medically fragile children.

***Finding 10.0*** *In some cases, CPS did not follow up when Community Care Licensing (CCL) and/or an FFA found violations in a foster home.*

Concur. Communication and collaboration with CCL has been fragmented in some instances. CPS and CCL are now working collaboratively to strengthen their partnership and to create mechanisms for responding jointly to reports of violations in a foster home. These mechanisms include: 1) ongoing monthly meetings between CPS and CCL, starting in May 2010; 2) written protocols for joint response to multiple licensing violations by a foster home including multi-agency staffings and utilization of the Specialized Assault and Forensic Evaluation (SAFE) Center for interviews when multiple agencies are involved; and 3) a new CPS policy and procedure for placing a hold on a county foster home and an alert on a certified foster family agency home. This new policy and procedure has been drafted and will be finalized by September 1. Staff training to this new policy and procedure will be completed by the same date. In addition, CPS has developed an electronic in-box to track concerns about a foster home that do not rise to the level of a violation. This in-box has been operational since May 19, 2010.

***Recommendation 10.1*** *All CCL or FFA reported violations should be sent to CPS and entered into the Child Welfare Services/Case Management System (CWS/CMS) file.*

CCL will be submitting to CPS reports of violations or other concerns involving foster homes. These reports will be screened and, if appropriate, sent to the social worker for information and/or follow-up. This new process will be included in the policy and procedure for placing a

hold on a county foster home and an alert on a certified foster family agency home. This policy and procedure will be finalized by September 1.

***Recommendation 10.2*** *CPS should personally review all CCL or FFA violations and ensure that a correction plan is developed and completed.*

As indicated under Finding 10.0 above, CPS and CCL are collaborating to strengthen mechanisms for responding to complaints raised against a foster home. These mechanisms will include ongoing meetings and communication between the two agencies as well as following up with foster homes to ensure corrective action is implemented.

***Finding 11.0*** *CPS Foster Care does not have an interactive electronic database to assist CPSU and social workers in the placement of foster children in the most appropriate foster home.*

Concur. Currently, the CPSU does not have access to a database to assist with coordination of placements. However, a database is under development thanks to a partnership between CPS, foster family agencies and the Sacramento County Office of Education (SCOE) (see Recommendation 11.1 below)

***Recommendation 11.1*** *CPS should develop a database that contains all the data needed to determine the best available foster home for each foster child. This can be developed in-house, contracted from another county, or a software developer.*

As stated under Finding 11.0 above, CPS is working collaboratively with foster families agencies and SCOE to develop a database to assist in finding appropriate foster homes within the school districts that serve foster youth. A Memorandum of Understanding has been executed between Sacramento County and SCOE to collaborate on this project. All foster family agency and county foster homes will be included in the database. Foster family agencies will be able to input information about their certified foster homes on the database for use by the CPSU. The database is scheduled to be ready for use by September 1, 2010..

***Recommendation 11.2*** *The Sacramento County Board of Supervisors should appropriate adequate funds for this development.*

The placement database is currently under development and it is scheduled to be ready for use by September 1, 2010.

***Finding 12.0*** *CPS is not consistently entering data into and utilizing CWS/CMS.*

Concur. Due to workload, data has not always been entered timely and in some cases documentation policies lack specificity regarding the content to be included in CWS/CMS contact entries. Policies and procedures are currently being revised to clarify data entry expectations.

***Recommendation 12.1*** *CPS management should require and enforce that all data concerning each foster child be entered into CWS/CMS as it becomes available.*

The required content, processes, and timelines for entering information into the electronic data base, including health and education data, are under review. Clerical resources are being redistributed to support timely data entry of health information. Implementation of improved documentation standards will also include quality assurance processes to ensure compliance with the requirements. Full implementation is scheduled for October 1, 2010.

***Finding 13.0*** *CPS supervisors and managers are not taking full advantage of SafeMeasures® to track social worker performance.*

Partially concur. While we agree that CPS staff has not yet fully tapped SafeMeasures®' capabilities, the use of this tool has increased over the past year. In May 2009 the system logged an average of 57.5 requests for data reports. The number of data requests logged in May 2010 was 131, which represents a 200% increase in use.

***Recommendation 13.1*** *CPS management should require and enforce greater utilization of SafeMeasures® and evaluate supervisors and managers on their use of the program.*

CPS program managers and supervisors are reviewing SafeMeasures® data at every supervision session. In addition, CPS leadership reviews SafeMeasures® data during weekly phone conferences to make sure all relevant safety, permanency and accountability indicators are being appropriately monitored. To ensure utilization of SafeMeasures®, CPS division and program managers receive a periodic report detailing staff's usage of SafeMeasures®. The latest report, issued in June 2010, analyzed the use of SafeMeasures® by supervisors in all CPS programs and identified those supervisors who did not meet required usage during the chosen month. The CPS performance evaluation tool includes an expectation that supervisors will use SafeMeasures® to monitor caseload activities and outcome compliance.

***Finding 14.0*** *The development of an online CPS Policies and Procedures Manual was started last year and considerable progress has been made, especially in the Emergency Response sections. The remaining sections including Foster Care are far from complete.*

Concur. As a result of the Division's emphasis on safety, policies and procedures related to Emergency Response were given priority in the revision process, as noted by the Grand Jury.

***Recommendation 14.1*** *CPS management should accelerate the effort to complete all sections of the CPS Policies and Procedures Manual.*

Due to the reorganization currently underway and the need to maximize efficiency, CPS will synchronize the remaining revision process with the different phases of the reorganization. Therefore, policies and procedures pertaining to the permanency phase will be updated as that phase is completed. This also allows for newly assigned policy and procedure staff to receive training in Information Mapping, as several of the staff previously trained are no longer with CPS due to budget cuts. The exception to this approach are policies and procedures related to health documentation and interview templates previously discussed. Guideline revisions related to these foster care areas are being prioritized.

COUNTY OF SACRAMENTO  
CALIFORNIA

Response To 2009-2010 Grand Jury Final Report

Department of Health and Human Services-Child Protective Services

***Finding 1.0** The average number of placements for each foster child in Sacramento County remains too high, which results in poor outcomes for these children. When compared to the twenty largest counties in California for placement stability for the foster children in care for 12 to 24 months, Sacramento ranks last.*

Partially concur. While it is true that the average number of placements for children remains high, placement stability for children in care for 12 to 24 months has improved from 44.5% in March 2008 to 59.3% in March 2010. The most recent SafeMeasures data shows this indicator at 60.2% for June 2010. The National Goal for this measure is 65.4%.

***Recommendation 1.1** CPS should accelerate the implementation and mandate the use of the Centralized Placement Support Unit (CPSU) for all initial placements and placement changes.*

The CPSU is currently serving the Emergency Response and Court Services programs by coordinating placements for children who come into care. Additionally, the CPSU is providing limited services to the Family Reunification and Permanency Services programs for children who experience a placement disruption.

Even though the CPSU is an important strategy to achieve better placement matching for children in out-of-home care, redirecting additional resources to the CPSU is very challenging at this time. A 34% reduction in CPS staff as a result of recent budget cuts has not only reduced capacity but has increased caseloads in some programs. Despite these issues, the Division is exploring resources to expand CPSU services to all placement programs by the end of 2010.

***Recommendation 1.2** The Sacramento County Board of Supervisors should appropriate funds to accomplish the full implementation of the CPSU which would include, but not be limited to, funding for adequate staff, facilities and equipment.*

The Department is hopeful that, under different economic circumstances, some of the budget cuts made to CPS may be restored.

***Recommendation 1.3** CPS should enforce the policy for Team Decision Making (TDM) meetings to occur prior to all placement changes.*

All initial placements and placement changes occurring in the Emergency Response (ER) and Court Services (CS) programs must go through the CPSU. A placement change request immediately triggers a TDM. Several tools are used to enable managers to monitor utilization of TDM within program. These tools include: 1) program managers are provided weekly updates on how many TDM's have occurred and a monthly report identifies the TDMs completed by workers within each program; 2) program managers also receive a monthly report listing placement changes within their programs with corresponding information on how many TDMs were completed. These tools enable managers to monitor the utilization of TDM within program. This data is being reviewed regularly with social workers and included in the performance evaluation.

As TDMs continue to increase, the Division is faced with diminished capacity to schedule and facilitate TDM meetings. This is due to the unit's loss of staff as a result of recent budget cuts. The TDM unit has been reduced from nine facilitators to five and the number of schedulers has decreased from three to two. In light of this diminished capacity, CPS has prioritized TDM meetings for children who are at imminent risk of removal from their homes.

***Finding 2.0*** *The current organization of CPS results in too many social worker changes. This may be convenient for the organization, but it fails to effectively meet the individual human needs of the children.*

Concur. CPS's organizational structure is difficult for children and families to navigate. For this reason, CPS is reorganizing into a more responsive, child and family-centered and efficient operation in order to achieve improved safety, increased permanency and greater accountability. The reorganization, which is currently underway, incorporates four major elements: One worker per child during the life of a case; regionalization; vertical case management; and combined teams of social workers. The first phase of the reorganization was implemented in March of this year and the second phase will be completed by the end of March 2011.

***Recommendation 2.1*** *CPS should continue with the implementation of the change to the operational structure to have a single social worker follow a child throughout the CPS system.*

CPS has already implemented the first phase of the reorganization which reduced the number of social workers involved with a child when he/she first comes into care from four to one. The next phase involves restructuring the services provided to children from the time they are placed in out-of-home care until they exit the system or are placed in a permanent home. This restructuring will result in a child having one ongoing social worker during the time they are in foster care. These changes will be fully implemented by March 2011.

***Finding 3.0*** *Currently, a child who is in long-term placement and has a placement change, is visited once in the first few weeks, and then every six months thereafter.*

Clarification. The contact requirement in long-term placement is once a month, unless there is an approved waiver. Children are visited monthly unless they meet the waiver criteria for fewer visits. An example of one waiver exception is a stable placement with a relative where the child could be seen every six months.

***Recommendation 3.1*** *Children in long-term placement who have a placement change should be visited by their social worker at the same frequency as that on initial placement.*

CPS believes that best practice calls for more frequent contact with children who are in out-of-home placement. In addition, beginning in 2011, State regulation will require that all waivers be eliminated and children be visited monthly by the county social worker. The only exception to this rule will be children who are placed in Foster Family Agencies (FFAs), since they do receive ongoing monthly visits by the FFA social worker. Best practice policies are being developed to determine when the FFA waiver exceptions can be used, as it may not be appropriate for some children. CPS program managers and supervisors will continue to monitor the frequency of visits

via the SafeMeasures database. In addition, the Systems Improvement Plan (SIP) goal for timely social worker visits is 95%.

***Finding 4.0*** *CPS does not have a good system to recognize health concerns and physical injuries that might indicate abuse or neglect of the children under their care.*

CPS concurs with this finding and is revising the Health and Education Passport (HEP) policy and procedure to improve practice in this area. The target date for completing this revision is September 1, 2010.

***Recommendation 4.1*** *CPS should require each social worker to maintain a growth chart on each child in their care to help identify medical conditions or possible abuse or neglect. Any irregularities should be referred to the Public Health Nurses for review.*

Though CPS supports the principle of this recommendation, reductions in foster care social workers may prohibit implementation exactly as suggested. CPS is committed to developing a mechanism for monitoring children's growth and reviewing irregularities with the Child Health and Disability Prevention Program (CHDP) nurses. This review is currently under way.

***Recommendation 4.2*** *CPS should develop and implement a better system that tracks all injuries to a child.*

Several improvements are underway to address this recommendation. Standards are currently being revised to require contact with the care provider to obtain all new health and injury information. Procedures are being developed to ensure the HEP is updated to include this information and is provided regularly to the child's attorney. Additionally, standards for collateral contacts are being revised to require contact with the child's medical provider every six months to inquire about new medical care received, current growth and development rates, and review of illness and injury information from the foster parent. Any discrepancy between foster parent and medical provider information will be addressed and will result in a report to Community Care Licensing (CCL), if appropriate. The Juvenile Court will also be kept apprised of new health and injury information through a revised court report format. The revised court report format is currently moving through the Meet and Confer process with labor.

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***Finding 13.0*** *CPS supervisors and managers are not taking full advantage of SafeMeasures® to track social worker performance.*

Partially concur. While we agree that CPS staff has not yet fully tapped SafeMeasures®' capabilities, the use of this tool has increased over the past year. In May 2009 the system logged an average of 57.5 requests for data reports. The number of data requests logged in May 2010 was 131, which represents a 200% increase in use.

***Recommendation 13.1*** *CPS management should require and enforce greater utilization of SafeMeasures® and evaluate supervisors and managers on their use of the program.*

CPS program managers and supervisors are reviewing SafeMeasures® data at every supervision session. In addition, CPS leadership reviews SafeMeasures® data during weekly phone conferences to make sure all relevant safety, permanency and accountability indicators are being appropriately monitored. To ensure utilization of SafeMeasures®, CPS division and program managers receive a periodic report detailing staff's usage of SafeMeasures®. The latest report, issued in June 2010, analyzed the use of SafeMeasures® by supervisors in all CPS programs and identified those supervisors who did not meet required usage during the chosen month. The CPS performance evaluation tool includes an expectation that supervisors will use SafeMeasures® to monitor caseload activities and outcome compliance.

***Finding 14.0*** *The development of an online CPS Policies and Procedures Manual was started last year and considerable progress has been made, especially in the Emergency Response sections. The remaining sections including Foster Care are far from complete.*

Concur. As a result of the Division's emphasis on safety, policies and procedures related to Emergency Response were given priority in the revision process, as noted by the Grand Jury.

***Recommendation 14.1*** *CPS management should accelerate the effort to complete all sections of the CPS Policies and Procedures Manual.*

Due to the reorganization currently underway and the need to maximize efficiency, CPS will synchronize the remaining revision process with the different phases of the reorganization. Therefore, policies and procedures pertaining to the permanency phase will be updated as that phase is completed. This also allows for newly assigned policy and procedure staff to receive training in Information Mapping, as several of the staff previously trained are no longer with CPS due to budget cuts. The exception to this approach are policies and procedures related to health documentation and interview templates previously discussed. Guideline revisions related to these foster care areas are being prioritized.

COUNTY OF SACRAMENTO  
CALIFORNIA

Response To 2009-2010 Grand Jury Final Report

Probation Department

**Finding 2.0**

Students have missed classes because of Court dates and medical appointments.

**Response to Finding 2.0 – Concur**

**Recommendation 2.1**

The proposed idea of SCOE senior management to implement an evening education program needs to be immediately negotiated with SCOE staff, labor union and the Probation Department. If this plan is unworkable, another plan should be developed and negotiated immediately to ensure that all students at Juvenile Hall have appropriate educational services.

**Response**

Probation has made efforts to reduce the number of minors taken out of school to attend Court. Probation works with the Court to ensure that minors are only removed from school when they are actually *required* to appear lessening unnecessary wait times for minors. A report is generated in the morning for minors that are scheduled to appear in Court. Probation provides the bailiff with the Court list. Minors that have had an appearance waived or are not required to be in Court for that day will be removed from the list and will remain in program at the Juvenile Hall.

In regards to missed classes due to medical appointments, Probation has no control over medical treatment decisions for minors. Pursuant to Juvenile Title XV Regulations, Section 1401(Patient Treatment Decisions) “clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services.” Medical staff treat a wide range of issues within the institution; however, there are times that minors may require treatment outside of Juvenile Hall. During the last year, there has been an average of only 15 minors per month that required medical treatment outside of the facility.

The Juvenile Hall Division Chief and administrators from the SCOE are currently developing a plan of action to address this recommendation. A meeting was held with the two agencies on July 15, 2010 to begin the collaboration work necessary for the creation and implementation of changes related to this recommendation.

In an effort to provide improved education services to minors detained in Juvenile Hall, Probation also developed a policy with the Sacramento County Office of Education to manage the education of minors that are placed on Room Confinement (RC) and Administrative Room Confinement (ARC) (Attachment 2A Section A). The policy will be trained during July 2010 and will be implemented August 1, 2010.

All residents that are on RC or ARC shall attend school unless the presence of the resident in the classroom would jeopardize the safety of the student, other students or teachers. Probation will provide SCOE with a list of all residents that are on RC or ARC filling out Section B of the Room Confinement Verification Form indicating the resident is able to attend school for the day.

If a duty Supervisor determines a resident cannot attend school in his/her classroom due to the reasons stated above, Probation unit staff shall check the appropriate box on the Room Confinement Instruction Verification Form and document, in detail, the reasons for such determination.

Residents who are unable to attend school in the classroom because it has been determined their presence poses a safety risk, shall be provided with the opportunity to receive class assignments and individual instruction in the housing unit day space from the Sacramento County Office of Education.

Please see Attachment 2A - Attachment A for additional details of this policy.

**Finding 3.0**

Staff at the Sacramento County Probation Department and SCOE are mandated reporters and are required by law to report abuse or suspected abuse.

**Response to Finding 3.0 – Concur**

**Recommendation 3.1**

Annual training on mandated reporting for all Sacramento County Probation Department and SCOE personnel employed at Juvenile Hall needs to occur.

**Response**

Institution probation staff responsible for the supervision of minors initially complete a two week Probation Institutions Training (PIT) course, which includes information about the responsibilities of mandated reporters. Staff currently are required to review the Juvenile Hall Policy and Procedure Manual and sign an acknowledgement that this has been completed (Attachment 2A - Attachment B). The manual includes a specific policy on mandated reporting (Attachment 2A - Attachment C). Staff within the institution are required to review this manual annually within 30 days of the employee's hire date. The Juvenile Hall Training Unit also provides the Division Chief, Assistant Division Chiefs and supervisors with a list of employees that have not completed the annual review. Failure to adhere to these guidelines may result in discipline for the employee.

Currently, the Probation Department requires unit staff to review new, updated or specific existing policies at unit meetings, which are held once a month. After the review of a policy, staff sign an acknowledgement that they have read and understood the policy; a copy of the acknowledgement is placed in the personnel file and a copy is kept in a Master Binder specifically related to that major policy. To address this recommendation, the Mandatory Reporting of Child Abuse policy is being reviewed by Probation staff during July 2010 (See Attachment 2A – Attachment D for a sample of the acknowledgement being used), and thereafter, annually. A Master Binder for the Mandatory Reporting of Child Abuse policy has been created to track and ensure that this is completed.

Probation staff that are transferred into the Juvenile Hall from another Probation Division are provided modified training prior to working within the institution. Part of that training includes review of specific existing policies. Staff are required to read policy aloud, trainers answer questions and present scenarios and provide appropriate paperwork relative to policies. The

Mandated Reporting of Child Abuse policy (Attachment 2A - Attachment C) will now be included in this training.

Pursuant to Title XV, Section 1324(e), all support staff, contract employees, school and medical staff, program providers and volunteers shall receive an initial orientation relative to Juvenile Hall policy and procedures. The Juvenile Hall Training Unit provides orientation training for non-sworn staff that are new to the institution (Attachment 2A - Attachment E). This training includes basic security, confidentiality, emergency procedures, resident's rights, a tour of the facility, and information relative to the Prison Rape Elimination Act. The Juvenile Hall Training Coordinator will now include information regarding Probation's Mandatory Reporting of Child Abuse policy during this training.

**Recommendation 3.2**

To resolve confusion as to who should be reporting when multiple mandated reporters are aware of, or suspect abuse, a policy should be created and implemented for both the Sacramento County Probation Department and SCOE employees at Juvenile Hall.

**Response**

The Probation Department's existing policy (Attachment 2A - Attachment C) concerning mandated reporting of child abuse cases defines types of abuse, mandated reporters, the process to report cases relating to minors housed in Juvenile Hall, and duties of a mandated reporter. The policy also addresses the process for multiple mandated reporters with joint knowledge of suspected abuse. A representative from the SCOE indicated that agency has its own policy for mandated reporting of child abuse. A copy of Probation's policy was forwarded to the SCOE and it was also included on the July 28, 2010 agenda for the Juvenile Hall's Administrative Program Planning Meeting, which includes representatives from Probation, Medical Services, Mental Health and the SCOE (Attachment 2A - Attachment F).

## Table of Contents

**Attachment A** ..... Policy: Education Requirements for Minors on Room Confinement

**Attachment B** ..... Policy and Procedure Manual Review & Acknowledgement

**Attachment C** ..... Policy: Mandatory Reporting of Child Abuse

**Attachment D** ..... Policy Acknowledgement Form

**Attachment E** ..... Orientation Training: Non-Custodial Personnel

**Attachment F** ..... Administrative Program Planning Meeting Agenda

## Attachment A

Policy: Educational Requirements for  
Minors on Room Confinement



SACRAMENTO COUNTY PROBATION DEPARTMENT  
POLICY AND PROCEDURE – YOUTH DETENTION FACILITY

**EDUCATIONAL REQUIREMENTS FOR RESIDENTS ON  
ADMINISTRATIVE ROOM CONFINEMENT OR ROOM  
CONFINEMENT**

Discussion:

All residents under age 18 who do not possess a GED or high school diploma are required to attend school, including residents who are serving Administrative Room Confinement (ARC) or Room Confinement (RC). The following guidelines outline the process for ensuring that residents placed on ARC or RC are provided the opportunity to receive educational services.

Guidelines:

- I. Probation staff in each unit shall provide Sacramento County Office of Education (SCOE) staff a list of all residents in the unit who are on Room Confinement (RC) or Administrative Room Confinement (ARC). SCOE staff shall complete the top portion (Section A) of a Room Confinement Instruction Verification Form (*Form can be found on the Department's Intranet Site, under FORMS*), for each resident on RC or ARC. The form will be provided to Probation unit staff prior to the start of a.m. school.
- II. Residents placed on RC or ARC shall attend school unless the presence of the resident in the classroom would jeopardize the safety of him/herself, other students, or teachers (Consent Decree Section 13.9). Probation unit staff shall check the appropriate box in Section B of the Room Confinement Instruction Verification Form indicating that the resident is able to attend school in the classroom.
  - A. If a duty Supervisor determines a resident cannot attend school in his/her classroom due to the reasons stated above, Probation unit staff shall check the appropriate box in Section B on the Room Confinement Instruction Verification Form and document, in detail, the reasons for such determination (Consent Decree Section 13.9).
- III. Residents who are unable to attend school in the classroom because it has been determined their presence poses a safety risk, shall be provided with the opportunity to receive class assignments and individual instruction in the Housing Unit day space from the Sacramento County Office of Education. (SCOE Settlement Agreement Section 6). If a resident is able to receive instruction in the day space, Probation unit staff shall check the appropriate box in Section C of the Room Confinement Instruction Verification Form.
  - A. If Probation determines a resident's presence in the day space poses a safety risk, Probation shall check the appropriate box in Section C on the Room Confinement Instruction Verification Form and document, in detail, the reasons for such determination (SCOE Settlement Agreement Section 6).

JTG

Effective Date: July 1, 2010

Authority: Departmental Directive  
Consent Decree

SCOE Settlement Agreement

- B. The Sacramento County Office of Education is not obligated to provide educational services in the day space if the resident's presence outside of his or her room would be a danger to themselves or others (SCOE Settlement Agreement Section 6).
- IV. If Probation determines it is appropriate for a resident to receive educational services in the day space, the following procedures shall be followed:
- A. After arranging a suitable time with SCOE staff, Probation staff shall deliver the resident to the Housing Unit day space and instruct him/her to be seated at a table (SCOE Settlement Agreement Section 6).
  - B. Probation staff shall use their discretion when deciding which and how many residents may be in the day space at one time, and at which tables they may be seated.
  - C. Probation staff will position themselves so as to provide adequate supervision of the resident(s) receiving instruction in the day space as well as those residents in the classrooms.
  - D. The Sacramento County Office of Education shall provide each resident with class assignments and individual instructional assistance for a time period not less than 20 minutes per half school day during regular school hours, once during a.m. school and once during p.m. school, if applicable (SCOE Settlement Agreement Section 6).
  - E. If a resident receives instruction in the day space, SCOE staff shall complete Section D on the Room Confinement Instruction Verification Form.
  - F. A resident will be returned to his/her room if their continued presence is disruptive to other students in the day space, or residents in the unit classrooms.
- V. Distribution of the Room Confinement Instruction Verification Form:
- A. YDF Administrators
  - B. SCOE School Office
  - C. SCOE Teacher
  - D. Resident School File
  - E. Resident YDF File

NOTE: ONE FORM MAY BE USED TO DOCUMENT A RESIDENT WHO IS NOT PERMITTED TO RECEIVE INSTRUCTION IN THE CLASSROOM, OR RECEIVE INSTRUCTION IN THE DAYSPACE. IN THESE INSTANCES, BOTH CHECK BOXES MUST BE INDICATED, AND SEPARATE JUSTIFICATION MUST BE PROVIDED FOR EACH DETERMINATION.

JTG

Effective Date: July 1, 2010

Authority: Departmental Directive  
Consent Decree  
SCOE Settlement Agreement

## El Centro Jr. / Sr. High ROOM CONFINEMENT INSTRUCTION VERIFICATION FORM

**Section A: To be completed by SCOE Staff FOR ALL STUDENTS ON RC OR ARC:**

Student Name:		SCOE Staff Name:	
Date:	Time:	Unit:	Room:
Room Confinement Start Date/Time:			

**Section B: Probation Unit Staff shall complete FOR ALL STUDENTS ON RC OR ARC:**

Student able to attend school in the classroom	Student sent to Classroom at (Time):
Student unable to attend school in the classroom	Approving Duty Supervisor:
Document Specific Reason student is <u>unable</u> to attend school in the classroom:	
Probation Staff Completing Section A: (Signature)	

**Section C: Probation Unit Staff shall complete ONLY IF STUDENT DOES NOT attend school in the classroom:**

Student able to receive instruction/tutoring in the day space	
Student unable to receive instruction/tutoring in the day space	Approving Duty Supervisor:
Document Specific Reason student is <u>unable</u> to receive instruction/tutoring in the day space:	
Probation Staff Completing Section B: (Signature)	

**Section D: To be completed by SCOE staff ONLY when student receives instruction/tutoring in the day space:**

Class assignment and instruction assistance provided			
A.M Start Time	A.M End Time	P.M Start Time	P.M. End Time
Description (Optional):			
School Staff: (Print Name)	(Signature)	(Date)	

Distribution: Probation Administration, SCOE School Office, Teacher, Student File, YDF File

## Attachment B

# Policy and Procedure Manual Review & Acknowledgement

SACRAMENTO COUNTY PROBATION DEPARTMENT  
YOUTH DETENTION FACILITY  
POLICY AND PROCEDURE

POLICY & PROCEDURE MANUAL REVIEW & ACKNOWLEDGMENT

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

I have reviewed the Sacramento County Probation Department's Youth Detention Facility Policy and Procedure Manual and hereby acknowledge that I understand all of its contents.

Further, I am aware that failure to comply with the policies and procedures set forth in the Youth Detention Facility Policy and Procedure Manual may result in discipline, up to and including termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS/SUGGESTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this signed form to the Institutional Training Supervisor.

## Attachment C

### Policy: Mandatory Reporting of Child Abuse

**SACRAMENTO COUNTY PROBATION DEPARTMENT  
POLICY AND PROCEDURE – YOUTH DETENTION FACILITY**

**MANDATORY REPORTING OF CHILD ABUSE CASES**

Discussion:

The intent and purpose of the Legislature is to protect children from abuse. In any investigation of suspected child abuse, all persons participating in the investigation of the case shall consider the needs of the child victim and shall do whatever is necessary to prevent psychological harm to the child victim (Section 11174.5).

The Legislature recognizes that the reporting of child abuse and subsequent action by a child protective agency involves a delicate balance between the right of parents to control and raise their own children by imposing reasonable discipline and the social interest in the protection and safety of the child. Therefore, it is the intent of the Legislature to require the reporting of child abuse that is of a serious nature and is not conduct which constitutes reasonable parental discipline. All statutory references are to the Penal Code unless otherwise indicated.

Guidelines:

1. Definition of Terms:

**SECTION 11165**

- A. "Child" means a person under the age of 18 years.
- B. "Sexual Abuse" means sexual assault or sexual exploitation as defined by the following (Section 11165.1):
  - 1) "Sexual Assault" means conduct in violation of one or more of the following sections of this code: Section 261 (rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) of (b) of Section 288 (lewd or lascivious acts upon a child under 14 years of age), 288a (oral copulation), 289 (penetration of a genital or anal opening by a foreign object), or 647a (child molestation).
- C. "Sexual exploitation" refers to any of the following (Section 11165.1):
  - 1) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of Section 311.4 (employment of minor to perform obscene acts).
  - 2) Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or any parent or guardian of a child under his or her control who knowingly permits

or encourages a child to engage in, or assist others to engage in, prostitution or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, or live performance, involving obscene sexual conduct for commercial purposes.

- 3) Any person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, any film, photograph, videotape, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivision (c) and (e) of Section 311.3.

D. **"Neglect"** means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person (Section 11165.2).

- 1) **"Severe neglect"** means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as proscribed by subdivision (d), including the intentional failure to provide adequate food, clothing, shelter, or medical care.
- 2) **"General neglect"** means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.
- 3) For the purposes of this chapter, a child receiving treatment by spiritual means as provided in Section 16509.1 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by a parent or guardian after consultation with a physician or physicians who have examined the minor shall not constitute neglect.

E. **"Willful cruelty or unjustifiable punishment of a child"** means a situation where any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered (Section 11165.3).



- F. **"Corporal punishment or injury"** means a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition (Section 11165.4).
- G. **"Abuse in out-of-home care"** means a situation of physical injury on a child which is inflicted by other than accidental means, or of sexual abuse or neglect, or corporal punishment or injury, or the willful cruelty or unjustifiable punishment of a child, as defined in this article, where the person responsible for the child's welfare is a licensee, administrator, or employee of any facility licensed to care for children, or an administrator or employee of a public or private school or other institution or agency (Section 11165.5).
- H. **"Child abuse"** means a physical injury that is inflicted by other than accidental means on a child by another person. "Child abuse" also means the sexual abuse of a child or any act or omission proscribed by Section 273a (willful cruelty or unjustifiable punishment of a child) or 273d (corporal punishment or injury). "Child abuse" also means the neglect of a child or abuse in out-of-home care, as defined in this article (Section 11165.6).
- I. **"Child care custodian"** means a teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; a licensee, an administrator, or an employee of a community care facility licensed to care for children; head start teacher; a licensing worker or licensing evaluator; public assistance worker; an employee of a child care institution including, but not limited to, foster parents, group home personnel and personnel of residential care facilities; a social worker or a probation officer or any person who is an administrator or presenter of, or a counselor in, a child abuse presentation program in any public or private school (Section 11165.7).
- J. **"Medical practitioner"** means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, or a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code (Section 11165.8).
- K. **"Non-medical practitioner"** means a state or county public health employee who treats a minor for venereal disease or any other condition; a coroner, a marriage, family, or child counselor; or a religious practitioner who diagnoses, examines, or treats children (Section 11165.8).

- L. "Child protective agency" means a police or sheriff's department, a county probation department, or a county welfare department (Section 11165.9).
  - M. "Commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency (Section 11165.10).
2. Mandatory Duty of Employee of Probation Department to Report Knowledge or Observation of Child Abuse:
- A. Except as provided in subdivision (b), any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her capacity, or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse (Section 11166(a)).
  - B. A telephone report of a known or suspected instance of child abuse shall include the name of the person making the report, the name of the child, the present location of the child, the nature and extent of the injury, and any other information, including information that led that person to suspect child abuse, requested by the child protective agency (Section 11167(a)).
  - C. The written reports required by Section 11166 shall be submitted on forms adopted by the Department of Justice after consultation with representatives of the various professional medical associations and hospital associations and county probation or welfare departments. Such forms shall be distributed by the child protective agencies (Section 11168).
  - D. When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make such a report (Section 11166(e)).
  - E. The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit such reporting duties and no person

making such report shall be subject to any sanction for making such a report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided they are not inconsistent with the provisions of this article (Section 11166(f)).

3. Discretionary Duty to Report:

- A. Any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or its emotional well-being is endangered in any other way, may report such suspected instance of child abuse to a child protective agency (Section 11166(b)).

4. Mandatory Duty of Probation Department to Report Child Abuse Reported to It:

- A. A county probation or welfare department shall immediately or as soon as practically possible report by telephone to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, every known or suspected instance of child abuse, as defined in Section 11165, except omissions coming within the provisions of paragraph (2) subdivision (c) of Section 11165, which shall only be reported to the county welfare department. A county probation department or welfare department shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision (Section 11166(g)).

5. Reporting Cases Relating to Minors Currently Detained, Committed to or Housed at Juvenile Hall, Boys Ranch, Youth Center, and Neighborhood Alternative Center:

- A. An employee assigned to any of the Department's juvenile facilities who observes or is informed of abuse-neglect circumstances involving a detained minor and/or child member of his or her family or acquaintance shall immediately advise the Supervising Probation Officer on-duty of the situation. The Supervising Probation Officer will be administratively and personally responsible for compliance with the following procedures:
- 1) Immediately or as soon as practically possible, the Supervising Probation Officer shall report by telephone the circumstances of suspected child abuse to the law enforcement agency having jurisdiction, to the Child Protective Services 24-hour phone number 916-875-5437, and, if appropriate, to the law enforcement agency having jurisdiction. The telephone report should include:

- a. The name of the person making the report.
- b. The name of the child.
- c. The present location of the child.
- d. The nature and extent of the injury.
- e. Any other information, including information that led our personnel to suspect child abuse.

NOTE: GENERAL NEGLECT CONDITIONS ARE ONLY REQUIRED TO BE REPORTED TO CHILDREN'S PROTECTIVE SERVICES. IT MEANS THE NEGLIGENT FAILURE OF A PERSON HAVING THE CARE OR CUSTODY OF A CHILD TO PROVIDE ADEQUATE FOOD, CLOTHING, SHELTER, MEDICAL CARE, OR SUPERVISION WHERE NO PHYSICAL INJURY TO THE CHILD HAS OCCURRED (SECTION 11166(g)).

- 2) Within 36 hours of receiving the information on suspected child abuse and reporting it as noted abuse, the Supervising Probation Officer shall assist the reporting staff in completing and forwarding a written report to the above agencies using the form adopted and provided by the Department of Justice. A copy shall be placed in the Department's case file on the minor.
- 3) If a resident, dependent child, or minor on informal supervision is (1) a victim of child abuse or (2) the cause of or (3) involved in the suspected abuse, the Supervising Probation Officer shall additionally and immediately notify the currently assigned officer or social worker by telephone, following up with a copy of the written report. A copy shall be placed in the case file of the minor.

6. Reporting by Officers Assigned to Field Services, Juvenile Court Services, and Adult Court Services:

- A. Whenever officers assigned to these divisions observe during the course of their duties or are informed of circumstances of abuse as defined in Section 11165, the officer shall first evaluate the degree of harm or danger to the child in those cases where the officer personally observed the child. Protection and best interests of the child is the first and foremost consideration. In extreme cases, particularly life-threatening, the officer should immediately seek medical treatment for the child and report the circumstances to the appropriate law enforcement agency.
- B. In cases of suspected abuse, not life-threatening, but the totality of circumstances observed or known by the officer appears to warrant the child being taken into custody under Section 300, Welfare and Institutions Code, the officer should immediately report the situation to the appropriate law enforcement agency.

- C. In cases of suspected child abuse, neither life-threatening nor necessitating immediate removal from the home, the officer shall immediately report by telephone the prescribed information to the appropriate law enforcement agency and Child Protective Services' 24 hour phone number 916-875-5437.
- D. In any of the above situations where the suspected child abuse was first reported by telephone to the appropriate law enforcement agency and Child Protective Services, the officer must complete the prescribed Department of Justice form and forward it to these agencies within 36 hours of first learning of the circumstances involving abuse.

A copy shall be placed in the Department's case file on the minor.

7. Placement Officer Reporting Cases of Abuse Occurring in Foster Homes, Group Homes, and Private Institutions:

- A. Whenever a placement officer during the course of investigation or supervision of wards placed in foster homes, group homes or private institutions determines that any child in such a placement has or is being abused within the meaning of Section 11165, the circumstances shall be immediately reported by telephone and within 36 hours thereafter a written report forwarded to the appropriate law enforcement agency, Child Protective Services, and the State Department of Social Services, if the placement facility is licensed by that agency.

A copy of the report shall be placed in the Department's file if the minor is a ward of our Juvenile Court and, if not, the Placement Unit Supervisor shall retain a copy.

- B. The totality and urgency of observed or reasonably known circumstances should determine the proper course of action that the Placement Officer should take, keeping foremost in mind the protection and best interests of the child is the primary consideration.
- C. The Supervising Probation Officer, Placement Unit, shall cooperate and comply with any local or State investigation of placement cases involving child abuse reported under this law. (See Sections 11174 and 11174.1)

8. Failure to Report:

- A. Any person who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist, as required by this article, is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than one thousand dollars (\$1,000) or by both (Section 11172(e)).

Attachment D

Policy Acknowledgement Form



Sacramento County Probation Department  
3201 Florin Perkins Road Sacramento, CA 95826

Policy Acknowledgement Form

This document is a signed acknowledgment that probation employee \_\_\_\_\_  
(Last name/First Name)

has received a copy in hand, has read and understands the new policy and/or updated policy

Mandatory Reporting of Child Abuse, which went into effect on \_\_\_\_\_  
(Policy name) (Effective date)

The signing probation employee also acknowledges that he/she is aware of how to access departmental policies and procedures.

\_\_\_\_\_  
(Staff Signature) (Date signed)

## Attachment E

### Orientation Training: Non-Custodial Personnel



## ORIENTATION TRAINING: NON-CUSTODIAL PERSONNEL

### Discussion:

Pursuant to Title XV, Section 1324, subsection (e), all support staff; contract employees; school and medical staff; program providers and volunteers shall receive an initial orientation relative to the Youth Detention Policy and Procedures, including safety and security issues.

### Guidelines:

All new non-custodial staff, including volunteers and program providers shall receive orientation training. The orientation training shall include, but not be limited to the following:

- 1) A tour of the facility, including all related buildings;
- 2) An overview of the regulations and policies relating to the basic rights of residents;
- 3) Basic health, sanitation, and safety measures;
- 4) Security measures;
- 5) Emergency evacuation procedures;
- 6) Confidentiality;
- 7) Overview of services offered to residents, including medical, educational, and religious;
- 8) Review YDF Policy of Mandatory Report of Child Abuse Cases.
- 9) Review of the YDF Policy and Procedure Manual, and
- 10) Review of the County of Sacramento's Discrimination and Harassment Policies.

## Attachment F

# Administrative Program Planning Meeting Agenda



# COUNTY OF SACRAMENTO Probation Department

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Admin Program Planning Meeting  
July 28, 2010

## Announcements:

## Agenda Items:

### Clinic/Medical

- Operational Changes-Intake, Units and Pharmacy
- Medical Incident- Possible report to the state

### Mental Health

- Late PM calls (expectations and available resources)

### Probation

- Mandatory Reporting of Child Abuse Cases-Grand Jury Report, Policy discussion /distribution and responsibility of Probation (Supervising Probation Officer)
- Use of Force Incidents (Written reports)
- Medical transport notification process

### School

## Action Items:

## Parking Lot Items:

Next Meeting Date: 8-11-10

COUNTY OF SACRAMENTO  
CALIFORNIA

RESPONSE TO 2009-2010 GRAND JURY FINAL REPORT

Sacramento County Sheriff's Department

**Rio Cosumnes Correctional Center/ Correctional Health Services (pp131-136)**

**Finding #1**

The number of inmates in the minimum-security section at RCCC will likely continue to decrease as a percentage of the total inmate population as the court pursue alternatives to incarcerations for low-risk non-violent offenders. As a consequence an increase in the custody level of inmates will occur.

**Response to Finding #1: Concur**

It seems reasonable to assume as lower level offenders are released from custody that the percentage of those inmates will decrease. However, the release of sentenced inmates does not equate to an increase in custody level for all other inmates.

**Recommendation 1.1** The Sacramento County Board of Supervisors and the Sacramento County Sheriff should implement the management recommended conversion of the minimum security housing to medium security housing.

**Sheriff Response to Recommendation 1.1: Concur**

The inmate population is currently more violent and criminally sophisticated than those inmates traditionally housed on the Honor Facility (minimum security). Lower level offenders are now participating in alternative sentencing programs in the community. RCCC is in need of additional medium and maximum security housing units to handle the overflow pre-trial inmates from the Main Jail.

**Board of Supervisors Response to Recommendation 1.1:**

County Department of General Services, Facility Planning and Management Division, is in the process of resuming the RCCC Master Plan with the Sheriff's Department which will address the future expansion of RCCC based on population projections developed during the Infrastructure Study that was completed in 2009.

**Recommendation 1.2** The Sacramento County Board of Supervisors, the Sacramento County Sheriff, and RCCC should develop and adopt a long-term comprehensive plan, to address the needs of the changing inmate population.

**Sheriff Response to Recommendation 1.2: Concur**

Master Planning for the future is critical. The Main Jail reached its capacity several years ago and several buildings at RCCC are in excess of 50 years old. Major infrastructure

improvements will be necessary to support new facilities and support a growing inmate population.

**Board of Supervisors Response to Recommendation 1.2:**

County Department of General Services, Facility Planning and Management Division, is in the process of resuming the RCCC Master Plan with the Sheriff's Department which will address the future expansion of RCCC based on population projections developed during the Infrastructure Study that was completed in 2009.

**Finding #2:**

The aging infrastructure of RCCC, with its abundance of fences and key-locked gates, is labor intensive and requires higher staffing levels to insure the safety of staff and inmates.

**Response to Finding #2: Concur**

RCCC is old and has many antiquated features that require updating. Staffing levels are low and the updating of existing facilities will not mitigate that problem. New construction and facility designs can mitigate the need for additional staffing but will require resources currently not available.

**Recommendation 2.1** The Sacramento County Board of Supervisors and the Sacramento County Sheriff should staff RCCC to the level recommended by the Corrections Standards Authority, the Inspector General and internal management.

**Sheriff Response to Recommendation 2.1: Concur**

Several staffing audits have been completed over the past 5 years. In each audit, it has been reported that staffing at RCCC is grossly inadequate given the physical layout, types of housing units (turn-key) and number of programs and services staff is required to provide to the inmate population. Inadequate staffing has also resulted in millions of dollars in overtime expenditures annually.

**Board of Supervisors Response to Recommendation 2.1:**

As an elected official the Sheriff has independent authority to operate the department within the available resources. The Board of Supervisors lists law enforcement as its highest budget priority however declining resources in the past few years have placed limits on funding levels for all County departments.

**Finding #3:**

The modular classrooms are remote and deputy response to an emergency situation may not occur in sufficient time to avoid a major incident.

**Response to Finding #3: Concur**

Facility design, staffing limitations and funding for emergency equipment for assigned personnel will all be required to mitigate this problem.

**Recommendation 3.1** The RCCC Management Team should provide a personal alarm device for summoning assistance to the adult education teachers.

**Response to Recommendation 3.1: Concur**

Some teachers do currently have personal alarm devices. This is being explored as an option for all teachers.

**Finding #4:**

The Sandra Larson Facility for female inmates offers a vocational program not available at the SCMJ.

**Response to Finding #4: Concur**

Due to budget constraints, the Sandra Larson Facility has been closed and all female inmates are housed at the SCMJ. Inmates once enrolled in various vocational programs at RCCC will not have the same opportunities at the SCMJ. However, the Main Jail staff is exploring alternatives to previous programs as a means by which to provide similar opportunities.

**Recommendation 4.1** Funding to house female inmates and the vocational education program at the Sandra Larsen Facility should continue.

**Response to Recommendation 4.1: Concur**

The Sandra Larsen Facility is best suited for sentenced female inmates due to a variety of housing units, a medical housing unit, and access to educational and vocational programs. Additional funding would be necessary for SSD to staff the facility appropriately.