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17 UNITED STATES DISTRICT COURT
18 NORTHERN DISTRICT OF CALIFORNIA
19

20 JOHN ARMSTRONG, et al.,

21 Plaintiffs,

22 v.

23 GAVIN NEWSOM, et al.,

24 Defendants.

Case No. C94 2307 CW

**[REDACTED] DECLARATION OF
PATRICK BOOTH IN SUPPORT OF
PLAINTIFFS' MOTION TO
PROTECT ARMSTRONG CLASS
MEMBERS DURING COVID-19
PANDEMIC**

Judge: Claudia Wilken

1 I, Patrick Booth, declare:

2 1. I am an attorney licensed to practice before the courts of the State of
3 California. I am also an attorney at the Prison Law Office, counsel of record in *Armstrong*
4 *v. Newsom*. I have personal knowledge of the facts set forth herein, and if called as a
5 witness, I could competently so testify.

6 2. On March 4, 2020, California Governor Gavin Newsom issued a
7 Proclamation of a State of Emergency in response to the imminent dangers posed by the
8 novel coronavirus. Attached hereto as **Exhibit A** is a true and correct copy of California
9 Governor Gavin Newsom’s Proclamation of a State of Emergency, which I accessed on
10 July 11, 2020 at: [https://www.gov.ca.gov/2020/03/04/governor-newsom-declares-state-of-](https://www.gov.ca.gov/2020/03/04/governor-newsom-declares-state-of-emergency-to-help-state-prepare-for-broader-spread-of-covid-19/)
11 [emergency-to-help-state-prepare-for-broader-spread-of-covid-19/](https://www.gov.ca.gov/2020/03/04/governor-newsom-declares-state-of-emergency-to-help-state-prepare-for-broader-spread-of-covid-19/).

12 3. On March 11, 2020, World Health Organization Director-General Tedros
13 Adhanom declared the spread of COVID-19 a pandemic. Attached hereto as **Exhibit B** is a
14 true and correct copy of a transcription of the remarks, which I accessed on July 11, 2020
15 at: [https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-](https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020)
16 [the-media-briefing-on-covid-19---11-march-2020](https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020).

17 4. As of 3:00 PM on July 13, 2020, there were 329,162 reported COVID-19
18 infections in the State of California, as well as 7,040 reported COVID-related deaths in the
19 state. Attached hereto as **Exhibit C** is a true and correct copy of California’s official
20 COVID-19 infection and death totals, which I accessed on July 13, 2020 at:
21 <https://covid19.ca.gov>.

22 5. The Centers for Disease Control and Prevention (CDC) reported on April 7,
23 2020, that “some people with disabilities might be at a higher risk of infection or severe
24 illness because of their underlying medical conditions.” Although “[a]ll people seem to be
25 at higher risk of severe illness from COVID-19 if they have serious underlying chronic
26 medical conditions like chronic lung disease, a serious heart condition, or a weakened
27 immune system,” “adults with disabilities are **three times more likely** than adults without
28 disabilities to have heart disease, stroke, diabetes, or cancer than adults without

1 disabilities” (emphasis added). Attached hereto as **Exhibit D** is a true and correct copy of
2 the article, entitled “People with Disabilities,” which I accessed on July 10, 2020 at:
3 [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html)
4 [disabilities.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html).

5 6. The California Department of Corrections and Rehabilitation (CDCR)
6 reported the first case of COVID-19 among its incarcerated population on March 22, 2020.
7 The patient was incarcerated at California State Prison, Los Angeles County. Attached
8 hereto as **Exhibit E** is a true and correct copy of CDCR’s announcement, which I accessed
9 on July 13, 2020, at: [https://www.cdcr.ca.gov/news/2020/03/22/cdcr-and-cchcs-confirm-](https://www.cdcr.ca.gov/news/2020/03/22/cdcr-and-cchcs-confirm-first-inmate-tests-positive-for-covid-19/)
10 [first-inmate-tests-positive-for-covid-19/](https://www.cdcr.ca.gov/news/2020/03/22/cdcr-and-cchcs-confirm-first-inmate-tests-positive-for-covid-19/)

11 7. At least one incarcerated person has tested positive at 26 of the 35 CDCR
12 institutions. I determined this by using the CDCR webpage entitled, “Population COVID-
13 19 Tracking.” I selected the “Confirmed Table View” tab. Under the “Confirmed” column,
14 the “State Total” is 6,323, indicating that, as of July 13, 2020, 6,323 people in CDCR
15 custody have tested positive for virus. Under the “Deaths” column, the “State Total” is 34,
16 indicating the 34 people have died from COVID-19 while in CDCR custody. The table
17 also lists the number of positive cases recorded at each CDCR institution to date. I
18 manually counted how many institutions had recorded at least one positive test, and I
19 concluded that at least one incarcerated person has tested positive at 26 of the 35 CDCR
20 institutions. Attached hereto as **Exhibit F** is a true and correct copy of the expanded
21 “Confirmed Table View” on CDCR’s COVID-19 tracking website, which I accessed on
22 July 13, 2020 at: <https://www.cdcr.ca.gov/covid19/population-status-tracking>.

23 8. Between staff and the incarcerated population, each of CDCR’s 35
24 institutions have recorded at least one COVID-19 case. I determined this by using the
25 CDCR webpage entitled, “CDCR/CCHCS COVID-19 Employee Status.” The table lists
26 each of CDCR’s 35 institutions, plus the Richard A. McGee Correctional Training Center,
27 Galt (CTC), and the number of staff members at each institution that have reported a
28 positive COVID-19 test. At all 36 institutions listed, there has been at least one COVID-

1 positive CDCR/CCHCS staff member. Attached hereto as **Exhibit G** is a true and correct
2 copy of the CDCR webpage entitled, “CDCR/CCHCS COVID-19 Employee Status,”
3 updated July 10, 2020, which I accessed on July 12, 2020 at:

4 <https://www.cdcr.ca.gov/covid19/cdcr-cchcs-covid-19-status>.

5 9. Four prisons already have experienced devastating outbreaks involving at
6 least 900 incarcerated people, and ten institutions have had outbreaks involving over 100
7 incarcerated people. I determined this by using the CDCR webpage entitled, “Population
8 COVID-19 Tracking,” which I accessed on July 13, 2020 at:

9 <https://www.cdcr.ca.gov/covid19/population-status-tracking/>. I selected the “Confirmed
10 Table View” tab and sorted the table with the “Confirmed” column, leaving the institution
11 with the highest number of confirmed positives at the top of the table. According to the
12 table, San Quentin (1,923 confirmed cases), Chuckawalla Valley State Prison (1,032),
13 Avenal State Prison (948) and California Institution for Men (948) have each experienced
14 over 900 positive cases of COVID-19. Additionally, California Correctional Center (397
15 confirmed cases), California Rehabilitation Center (277), California Correctional
16 Institution (175), California Institution for Women (167), California State Prison, Corcoran
17 (161), and California State Prison, Los Angeles County (131) have each experienced over
18 100 confirmed positive COVID-19 cases.

19 10. Public health experts expect future outbreaks at California prisons. In a
20 report by AMEND and the Berkeley School of Public Health, dated June 15, 2020, experts
21 stated that other California prisons “are certain to experience an outbreak if they have not
22 already.” I accessed that report, entitled “Urgent Memo: COVID-19 Outbreak: San
23 Quentin Prison,” on July 13, 2020, at: [https://amend.us/wp-](https://amend.us/wp-content/uploads/2020/06/COVID19-Outbreak-SQ-Prison-6.15.2020.pdf)
24 [content/uploads/2020/06/COVID19-Outbreak-SQ-Prison-6.15.2020.pdf](https://amend.us/wp-content/uploads/2020/06/COVID19-Outbreak-SQ-Prison-6.15.2020.pdf). A true and correct
25 copy of that report is attached hereto as **Exhibit H**.

26 11. On July 2, 2020, at a Case Status Conference for *Plata v. Newsom*, No. 01-
27 cv-01351-JST (N.D. Cal.), Judge Tigar stated that outbreaks of the novel coronavirus “will
28 occur at every institution. It’s inevitable.” A true and correct copy of the transcript of that

1 case status conference is attached hereto as **Exhibit I**.

2 12. On June 12, 2020, Plaintiffs requested the Housing History Reports of class
3 members at CIM who had either a DPW or DPO code *and* had tested positive for COVID-
4 19 as of June 3, 2020. Eight of the 22 class members, or 36%, had been housed in at least
5 one inaccessible location between March 1, 2020, and June 15, 2020. Four of the 22 class
6 members, or 18%, had been housed in more than inaccessible location during the same
7 time period. We also requested Housing History Reports for seven other class members
8 with impacting-placement disabilities at CIM. Attached hereto as **Exhibit J** is a true and
9 correct copy of the Housing History Reports of 29 *Armstrong* class members, Defendants
10 produced to us on June 15, 2020.

11 13. As of July 7, 2020, 35 *Armstrong* class members were housed at outside
12 hospitals receiving advanced medical care. I determined this by reviewing a report entitled,
13 “Statewide Out to Hospital COVID Registry,” generated on July 10, 2020, by my
14 colleague Sophie Hart, a legal fellow at the Prison Law Office. A total of 80 names appear
15 on the registry, indicating that 80 people were receiving care at a hospital outside of CDCR
16 on July 10, 2020. One of the columns on the spreadsheet is labeled “DPP,” which indicates
17 whether the person is an *Armstrong* class member. I filtered the spreadsheet to include
18 only individuals that have a DPP code, and 35 names remained on the spreadsheet.
19 Attached hereto as **Exhibit K** is a true and correct copy of the report entitled, “Statewide
20 Out to Hospital COVID Registry,” generated on July 10, 2020.

21 14. Of the people who had tested positive for COVID-19 and were still in CDCR
22 custody on July 11, 2020, 589 were *Armstrong* class members. I determined this by
23 reviewing a report entitled, “Statewide COVID Monitoring Patient Registry.” The report
24 was created and sent to me by Ms. Hart on July 11, 2020. The report lists all individuals
25 currently in CDCR custody who have tested positive for COVID-19, which amounts to
26 5,855 patients. One of the columns on the spreadsheet is labeled “DPP,” which indicates
27 whether the person is an *Armstrong* class member. I filtered the spreadsheet to include
28 only individuals that have a DPP code, and 589 names remained on the spreadsheet.

1 Attached hereto as **Exhibit L** is a true and correct copy of the report entitled, “Statewide
2 COVID Monitoring Patient Registry,” generated on July 11, 2020.

3 15. Defendants primarily report the date a test was administered, and not the date
4 the test results were received, which can be several days later. According to CDCR’s
5 Population COVID-19 Tracking site, “[t]he date used for the test is the date in which the
6 sample was collected.” This information can be found by clicking on the “definitions” link
7 on the tracking site.

8 **CIM Population Statistics**

9 16. As of July 1, 2020, there were 592 *Armstrong* class members housed at CIM.
10 Among them, 316 have impacting-placement disability codes. Eighty people use
11 wheelchairs (codes DPW and DPO), and 17 people are blind (DPV). There are 216 people
12 with other serious mobility disabilities (DPM or DLT). There were class members on all
13 four facilities at CIM (A, B, C, and D). I determined this reviewing the July 1, 2020 DPP
14 Roster Report, a monthly report of all people at all institutions that CDCR has identified
15 with a Disability Placement Program code or learning disability. The report is produced to
16 Plaintiffs at the beginning of every month with a coversheet entitled, “Disability Inmate
17 Counts,” which identifies the total number of class members at each institution and
18 Reception Center. The list of class members at CIM begins on page 342 of the DPP Roster
19 Report. I manually counted the number of class members with impacting-placement
20 disability codes (DPW, DPO, DPM, DLT, DPV, DPH, and DPS). Attached hereto as
21 **Exhibit M** is an excerpt of the July 1, 2020 DPP roster report for CIM.

22 17. As of June 30, 2020, CIM housed 2,956 people. Attached hereto as **Exhibit**
23 **N** is a true and correct copy of the “Monthly Report of Population as of Midnight June 30,
24 2020” report, which I accessed on July 12, 2020, at: [https://www.cdcr.ca.gov/research/wp-](https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2020/07/Tpop1d2006.pdf)
25 [content/uploads/sites/174/2020/07/Tpop1d2006.pdf](https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2020/07/Tpop1d2006.pdf).

26 18. *Armstrong* class members with impacting-placement disability codes can be
27 housed on Facility A, Facility B, and Facility D at CIM. On Facility A, class members with
28 impacting placement mobility and vision codes may be housed only in Joshua Hall. On

1 Facility B, which includes the Reception Center and Administrative Segregation Unit,
2 class members with impacting placement mobility and vision codes may be housed in
3 Birch and Palm Halls. None of the housing units on Facility C are designated to house
4 people with impacting-placement mobility and vision codes. On Facility D, Alder, Cedar,
5 Elm, Juniper, Magnolia, Spruce and Willow Halls are designated for all disability codes.
6 West Dorm and South Dorm are not designated for class members with impacting
7 placement mobility and vision codes. This information is set forth in the February 20, 2020
8 DPP Designated Bed Attributes Report, which was produced by Defendants' counsel by
9 email on February 27, 2020. A true and correct copy of the February 20, 2020 DPP
10 Designated Bed Attributes Report is attached hereto as **Exhibit O**.

11 19. CIM's Oak Hall, which was reactivated for use as alternative housing, is not
12 designated for class members with impacting placement mobility and vision codes. This
13 information is set forth in a spreadsheet entitled "Key with codes," which was provided to
14 us by email from Defendants' counsel on June 10, 2020. Attached hereto as **Exhibit P** is a
15 true and correct copy of the spreadsheet entitled, "Key with codes."

16 20. According to Defendants' Institution Bed Audit, CIM's Facility A is a Level
17 II Programming Facility that consists of eight dormitory housing units. Facility B, Birch
18 Hall, is Level II Program Facility. Palm Hall is an Administrative Segregation Unit, and
19 Cypress, Madrone, and Sycamore Halls make up the Reception Center. All housing units
20 on Facility B are celled. Facility C is a Level II Programming Facility and consists of four
21 celled housing units. As of the June 11, 2020 Institution Bed Audit, ten housing units were
22 available for use on Facility D. Eight of the ten buildings are dormitories and two are
23 celled housing. Facility D is a Level I facility. Attached hereto as **Exhibit Q** is a true and
24 correct copy Defendants' Institution Bed Audit, dated June 11, 2020, which was produced
25 by *Plata* Defendants to my colleagues.

26 21. The first active case of COVID-19 at CIM was recorded on March 27, 2020.
27 I determined this by reviewing CDCR's webpage entitled, "Population COVID-19
28 Tracking" on July 11, 2020 (*see* ¶¶ 9, 10, *supra*). On the "Institution View" tab, I selected

1 “CA Institution for Men,” or CIM. On the “Active Cases in Custody” trend chart, there
2 were no cases on March 26, 2020, but there was one case on March 27, 2020. Therefore, I
3 concluded that the first active case at CIM was recorded on March 27, 2020.

4 22. Forty-one percent of class members at CIM had tested positive for COVID-
5 19 as of July 11, 2020. As of that date, 945 people at CIM had been infected with the virus,
6 and 17 people had died. I determined this by viewing the “Confirmed Table View” tab on
7 CDCR’s webpage entitled, “Population COVID-19 Tracking.” Using the registry
8 spreadsheet provided to me by my colleague on July 10, 2020 (*see* ¶ 14, *supra*), I
9 determined that 245 (or 41% of) *Armstrong* class members at CIM had tested positive, and
10 10 of those class members had died. I concluded that 41% of class members had tested
11 positive by dividing 245 by 592 total class members at CIM.

12 23. Three class members who previously were housed in Joshua Hall are
13 presently in outside hospitals and will need to be housed upon their return, and some of
14 the 23 class members who currently are receiving medical treatment in the OHU at CIM
15 likely also will be discharged and require accessible housing on the mainline. I determined
16 that 23 class members are currently receiving medical treatment in the OHU by manually
17 counting the number of class members at CIM with impacting placement codes (DPW,
18 DPO, DPM, DLT, DPV, DPH, and DPS) whose “Current Facility/Bed” is listed as “D
19 OHU,” (or Facility D, OHU) on the July 1, 2020 DPP Roster Report (*see* ¶ 16, *supra*). I
20 determined that three class members who were previously housed in Joshua Hall were
21 receiving medical care at an outside hospital on July 11, 2020, by reviewing the “Statewide
22 Out to Hospital COVID Registry,” generated on July 10, 2020 by my colleague, Ms. Hart
23 (*see* ¶ 13, *supra*). I filtered the report using the “Institution” column to include only
24 individuals who were housed at CIM before being sent to the hospital, and I filtered the
25 “DPP” column so that only *Armstrong* class members were included. I compared the
26 remaining 13 names to the July 1, 2020 DPP roster report to determine where each person
27 was housed prior to being sent to the hospital. Two class members that were at an outside
28 hospital on July 10, 2020, were housed in Joshua Hall on July 1, 2020. I determined that a

1 third class member had been housed inappropriately on Facility C before he was sent to the
2 hospital, but had been housed in Joshua Hall before that, as indicated by his medical
3 records. *See* Declaration of Gay Grunfeld in Support of Plaintiffs’ Motion, filed herewith,
4 at ¶¶ 16-22.

5 24. At CIM, and throughout CDCR institutions, Defendants utilize the ADA
6 worker program to meet the needs of *Armstrong* class members. Among other things,
7 ADA workers carry food trays in the dining hall, push people in wheelchairs on the yard,
8 serve as sighted guides for blind class members, and assist class members with reading and
9 writing. The many and varied duties of ADA workers are set forth in the CDCR
10 Memorandum, dated September 24, 2018, entitled “Revised Americans with Disabilities
11 Act Inmate Assistance Program,” signed by Connie Gipson, Director (A), Division of
12 Adult Institutions. A true and correct copy of the memorandum is attached as **Exhibit R**.

13 25. Other incarcerated people also provide assistance to *Armstrong* class
14 members. In May 2020, Melford Henson, a 65-year-old *Armstrong* class member, died
15 from COVID-19. Before he died, he told his family that he believed he contracted the
16 disease from a hard-of-hearing friend also incarcerated at CIM, whose wheelchair
17 Mr. Henson would push and to whom Mr. Henson would repeat conversations so his friend
18 would not feel so isolated due to his hearing disability. Attached hereto as **Exhibit S** is a
19 true and correct copy of a news article, dated May 17, 2020, by Jason Fagone, entitled *In*
20 *California’s crowded prison system, COVID-19 takes the vulnerable*, S.F. Chron., which
21 discusses Mr. Henson and is available at: [https://www.sfchronicle.com/bayarea/article/In-](https://www.sfchronicle.com/bayarea/article/In-California-s-crowded-prison-system-COVID-19-15273236.php)
22 [California-s-crowded-prison-system-COVID-19-15273236.php](https://www.sfchronicle.com/bayarea/article/In-California-s-crowded-prison-system-COVID-19-15273236.php).

23 26. As of July 10, 2020, 28 (or one third of) the 86 ADA workers at CIM had
24 tested positive for the virus. I determined this by reviewing the ADA worker rosters for
25 CIM dated May 15, 2020, which Defendants produced to us. The ADA rosters lists 86
26 ADA workers. I searched for each individual ADA worker by their CDCR number in the
27 July 10, 2020 registry. Twenty-eight ADA workers appeared on the registry. Attached
28 hereto as **Exhibit T** is a true and correct copy of the roster of non-skilled ADA workers at

1 CIM, as of May 15, 2020. Attached hereto as **Exhibit U** is a true and correct copy of the
2 roster of skilled ADA workers at CIM, as of May 15, 2020.

3 **Joshua Hall**

4 27. On July 1, 2020, 64 *Armstrong* class members were housed in Joshua Hall. I
5 determined this by reviewing the SOMS DPP Roster Report, with a run date of July 1,
6 2020, which was produced by Defendants (*see* ¶ 16, *supra*). I counted the number of class
7 members who were listed as living in Joshua Hall, which is indicated by “A JH” in the
8 “Current Facility/Bed” column. “A” refers to Facility A, and “JH” refers to Joshua Hall. I
9 counted a total of 64 *Armstrong* class members.

10 28. I next determined that *Armstrong* class members were housed in all 56 bunk
11 beds in Joshua Hall. I determined this by reviewing the bed number of each class member
12 listed in the “Current Facility/Bed” column to determine what bed each class member was
13 assigned to. Class members were housed in 56 different bunkbeds. I then reviewed the
14 layout of all bunkbeds currently in use in Joshua Hall, which is attached to the Declaration
15 of Rita Lomio as Exhibit M, and which lists 28 bunkbeds on each side of Joshua Hall for
16 use. The numbers of each bunkbed on the layout matched those of class members listed in
17 the SOMS DPP Roster Report on July 1, 2020.

18 29. Based on the information currently available to Plaintiffs, I do not believe we
19 are able to determine with certainty when the first person housed in Joshua Hall was
20 infected with the novel coronavirus.

21 30. On July 8, 2020, Vincent S. Cullen, Director, Corrections Services,
22 California Correctional Health Care Services, sent an Excel spreadsheet entitled, “A6 –
23 Joshua Hall.xlsx,” to Ed Swanson, Court Expert; Rita Lomio, Plaintiffs’ Counsel; Megan
24 Lynch, then an investigator in my office; and Adam Fouch, Assistant Deputy Director,
25 Program Operations, Division of Adult Institutions. Ms. Lomio shared a copy of the
26 spreadsheet with me. I do not have any information about how this spreadsheet was
27 created; no such information was provided to Plaintiffs.

28 31. The spreadsheet appears to contain information about the COVID-19 status

1 of people housed in Joshua Hall on July 8, 2020, based on the column “CURRENT
2 HOUSING” (which includes only people listed in “(A6) A JH”), and the internal date of
3 the document, which is listed as “7/8/2020.” It also contains information about people
4 whose “CURRENT HOUSING” is listed as either “PAROLED” or “DISCHARGED,” but
5 whose “PREVIOUS HOUSING” is listed as “(A6) A JH.”

6 32. According to the “DATE SWABBED” and “COVID Result” columns of the
7 spreadsheet, people housed in Joshua Hall tested positive after tests administered on May 8
8 (1 person), May 19 (1), May 20 (1), May 25 (1), May 26 (1), May 27 (1), May 28 (1), May
9 29 (2), and May 31 (1). All of those people are listed as having Joshua Hall as their
10 “ORIGINAL HOUSING.” Of these ten people, eight were *Armstrong* class members, and
11 all eight had impacting-placement disabilities. I determined this by again reviewing the
12 July 1, 2020 DPP Roster Report. By reviewing the “PREVIOUS HOUSING” column, I
13 determined that the class members who had tested positive in May 2020 had been moved
14 to either Mariposa Hall (Facility A), which is inaccessible, Colusa (Facility C), which is
15 inaccessible, or the Outpatient Hospital Unit (OHU).

16 33. By reviewing the “DATE SWABBED” column, I determined that two
17 additional people were tested on June 13, 2020. And according to the “COVID Result”
18 column, both people tested positive.

19 34. According to the spreadsheet, it appears that people in Joshua Hall were not
20 tested again until June 23, 2020. After those tests were administered, 23 people were
21 confirmed with the virus. By reviewing the July 1, 2020 DPP Roster Report, I determined
22 that 15 of these 23 people were *Armstrong* class members with impacting-placement
23 disabilities, after test results were received on June 25 (for 22 people) and June 26 (for the
24 remaining person). It appears that, after the test, all 23 people who had tested positive for
25 the virus either stayed in their existing bed in Joshua Hall or were moved to a different bed
26 in Joshua Hall, as they all have Joshua Hall listed in both the “ORIGINAL HOUSING”
27 and “CURRENT HOUSING” columns, and either Joshua Hall or no entry in the
28 “PREVIOUS HOUSING” column. It does not appear that anyone who tested positive was

1 moved out of Joshua Hall.

2 35. Attached hereto as **Exhibit V** is a true and correct copy of a spreadsheet
3 entitled “A6 – Joshua Hall,” produced via email by Mr. Cullen to Plaintiffs on July 8,
4 2020.

5 36. Also on July 8, 2020, Mr. Cullen emailed Mr. Swanson, Ms. Lomio,
6 Ms. Lynch, and Mr. Fouch to say that retesting in Joshua Hall discovered additional people
7 who had tested positive.

8 37. To determine who in Joshua Hall had tested positive, I reviewed a report
9 entitled, “COVID MONITORING Patient Registry CA Institution for Men,” which my
10 colleague Ms. Hart downloaded on July 8, 2020. Six people, including five *Armstrong*
11 class members, are listed as residing in Joshua Hall and having a “First Positive Test” of
12 7/6/2020. Four of them had impacting-placement disabilities.

13 38. I then reviewed the “Statewide COVID Monitoring Patient Registry” (*see* ¶
14 14, *supra*), which was generated on July 11, 2020, by Ms. Hart. Based on that Registry, I
15 determined that the four impacting-placement class members who had tested positive after
16 tests administered in Joshua Hall were, at least as of July 11, 2020, housed in “MH,” or
17 Mariposa Hall, which is not designated for people with impacting-placement disabilities.

18 39. I created a table to illustrate conditions in Joshua Hall on July 1, 2020. The
19 table contains information about all *Armstrong* class members (regardless of COVID-19
20 status), as well as all non-*Armstrong* class members who have tested positive for COVID-
21 19. Due to limits on information available to Plaintiffs, I did not have access to housing
22 information for non-class members who have not tested positive for the disease. But, for
23 all other people, I included in my table: their name, CDCR number, DPP code (if
24 applicable), age, COVID weighted risk score, COVID status as of June 30, 2020, first
25 positive COVID test, COVID risk factors, and bed number as of July 1, 2020.

26 40. To create this table, I used information from the following sources:

27 (a) The July 1, 2020 SOMS DPP Roster Report for names, CDCR
28 numbers, DPP code, and bed number for all *Armstrong* class

1 members.

2 (b) The report entitled, “CIM COVID Registry,” generated on June 30,
3 2020, by my colleague Sophie Hart, for all people who previously
4 tested positive for COVID-19, including current status and date of
5 first positive COVID-19 test and, for non-*Armstrong* class members,
6 also name, CDCR number, and bed number. For *Armstrong* class
7 members who did not appear on the registry, I listed their “COVID
8 Status” as “Negative” in my table. A true and correct copy of this
9 Registry is attached as **Exhibit W**.

10 (c) The spreadsheet entitled, “PLO High Risk Spreadsheet,” produced
11 by *Plata* Defendants to my colleagues on June 8, 2020, for age,
12 COVID weighted risk score, COVID-specific risk factors, as well as
13 other information. This spreadsheet is discussed in more detail in the
14 Declaration of Ernest Galvan in Support of Plaintiffs’ Motion, filed
15 herewith.

16 (d) The CDCR Inmate Locator: Public Inmate Locator System, available
17 at <https://inmatelocator.cdcr.ca.gov/>, for the age of any person not
18 listed in the PLO High Risk Spreadsheet.

19 (e) The “Statewide Out to Hospital Registry,” generated on June 30,
20 2020, by my colleague Sophie Hart. According to this Registry, the
21 class member who was listed in bed 180LW in the July 1, 2020
22 SOMS DPP Roster Report was in an outside hospital. As a result, I
23 removed him from my table. Attached hereto as **Exhibit X** is a true
24 and corrected copy of the report entitled, “Statewide Out to Hospital
25 Registry,” generated on June 30, 2020.

26 (f) Amber Norris, an investigator at my office, reviewed the recent
27 electronic medical records of a person who was listed on the June 30,
28 2020 CIM COVID Registry as housed in Joshua Hall, with a

1 “Confirmed Active” COVID-19 status, and with the date he first
2 tested positive listed as June 13, 2020. Ms. Norris found that medical
3 staff designated the person’s status as clinically resolved on June 27,
4 2020. Therefore, it appears that the June 30, 2020 CIM COVID
5 Registry was not up-to-date regarding his COVID-19 status. In my
6 table, I listed this person, who is housed in bed 125UP, as “Resolved.”

7 41. According to my table, on July 1, 2020, 23 people with confirmed, active
8 cases were housed in Joshua Hall, as were 40 *Armstrong* class members who had not tested
9 positive for the disease. Of the 40 *Armstrong* class members, 27 were in their 60s, 70s,
10 and 80s, and many had underlying conditions that put them at very high risk of dangerous
11 complications from a COVID-19 infection.

12 42. Based on bed numbers, “positive” and “negative” class members were
13 housed on the same side of the dorm, including in adjoining beds separated by a pony wall.

14 43. Attached hereto as **Exhibit Y** is a true and correct copy of the table that I
15 created.

16 **Armstrong Class Member Declarations**

17 44. From July 1, 2020 to July 13, 2020, Plaintiffs conducted telephonic
18 interviews of *Armstrong* class members housed at CIM. I participated in several of these
19 interviews. Attached to this declaration are declarations from 12 *Armstrong* class members
20 authored and signed during those interviews. Four of the declarations are from class
21 members who were housed in Joshua Hall as of July 10, 2020. Each class member
22 describes the recent conditions of Joshua Hall, where individuals with active cases of
23 COVID-19 were housed in the same dormitory as individuals who had tested negative.

24 45. Attached hereto as **Exhibit Z** is a true and correct copy of a declaration from
25 *Armstrong* class member [REDACTED], electronically signed on July 9, 2020.

26 46. Attached hereto as **Exhibit AA** is a true and correct copy of a declaration
27 from *Armstrong* class member [REDACTED], electronically signed on July 9, 2020.

28 47. Attached hereto as **Exhibit BB** is a true and correct copy of a declaration

1 from *Armstrong* class member [REDACTED], electronically signed on July 9, 2020.

2 48. Attached hereto as **Exhibit CC** is a true and correct copy of a declaration
3 from *Armstrong* class member [REDACTED], electronically signed on July 10, 2020.

4 49. One declaration is from an *Armstrong* class member who drew a diagram of
5 Joshua Hall in July 2018, which he sent to the Prison Law Office via U.S. mail. The
6 diagram was received by the Prison Law Office on July 5, 2018. In his declaration, the
7 class member describes why he drew the diagram and what physical features of the
8 building have been altered since he drew it. Attached hereto as **Exhibit DD** is a true and
9 correct copy of a diagram of Joshua Hall drafted by *Armstrong* class member [REDACTED]
10 [REDACTED], which was received by the Prison Law Office on July 5, 2018. Attached hereto
11 as **Exhibit EE** is a true and correct copy of a declaration from *Armstrong* class member
12 [REDACTED], electronically signed on July 10, 2020.

13 50. Six of the declarations are from class members with impacting placement
14 codes that were housed in inaccessible housing units. In one of the declarations, from
15 [REDACTED], the class member describes being moved from his accessible housing
16 unit on Facility D to a different inaccessible unit after he tested positive for COVID,
17 resulting in the class member falling and injuring himself on multiple occasions. Five of
18 the declarations are from class members who had been residing in Joshua Hall, but after
19 testing positive for coronavirus, each of the class members was moved to Mariposa Hall,
20 an inaccessible housing unit on Facility A. Each of the class members describes in his
21 declaration the difficulties that he experienced living in a housing unit that is not designed
22 for people with impacting placement codes.

23 51. Attached hereto as **Exhibit FF** is a true and correct copy of a declaration
24 from *Armstrong* class member [REDACTED], electronically signed on July 13, 2020.

25 52. Attached hereto as **Exhibit GG** is a true and correct copy of a declaration
26 from *Armstrong* class member [REDACTED], electronically signed on July 10, 2020.

27 53. Attached hereto as **Exhibit HH** is a true and correct copy of a declaration
28 from *Armstrong* class member [REDACTED], electronically signed on July 10, 2020.

1 54. Attached hereto as **Exhibit II** is a true and correct copy of a declaration from
2 *Armstrong* class member [REDACTED], electronically signed on July 10, 2020.

3 55. Attached hereto as **Exhibit JJ** is a true and correct copy of a declaration
4 from *Armstrong* class member [REDACTED], electronically signed on July 10, 2020.

5 56. Attached hereto as **Exhibit KK** is a true and correct copy of a declaration
6 from *Armstrong* class member [REDACTED], electronically signed on July 13, 2020.

7 57. Lastly, one declaration is from an *Armstrong* class member who worked as
8 ADA worker on Facility D. In his declaration, this class member describes his experience
9 continuing to assist people that had tested positive for the novel coronavirus, even though
10 he had tested negative. Several weeks later, this class member reports that he had become
11 infected with the virus. Attached hereto as **Exhibit LL** is a true and correct copy of a
12 declaration from *Armstrong* class member [REDACTED], electronically signed on July
13 1, 2020.

14 I declare under penalty of perjury under the laws of the United States of America
15 that the foregoing is true and correct, and that this declaration is executed at Berkeley,
16 California, this 13th day of July, 2020.

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DATED: July 13, 2020

/s/ Patrick Booth

Patrick Booth

EXHIBIT A

EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

PROCLAMATION OF A STATE OF EMERGENCY

WHEREAS in December 2019, an outbreak of respiratory illness due to a novel coronavirus (a disease now known as COVID-19), was first identified in Wuhan City, Hubei Province, China, and has spread outside of China, impacting more than 75 countries, including the United States; and

WHEREAS the State of California has been working in close collaboration with the national Centers for Disease Control and Prevention (CDC), with the United States Health and Human Services Agency, and with local health departments since December 2019 to monitor and plan for the potential spread of COVID-19 to the United States; and

WHEREAS on January 23, 2020, the CDC activated its Emergency Response System to provide ongoing support for the response to COVID-19 across the country; and

WHEREAS on January 24, 2020, the California Department of Public Health activated its Medical and Health Coordination Center and on March 2, 2020, the Office of Emergency Services activated the State Operations Center to support and guide state and local actions to preserve public health; and

WHEREAS the California Department of Public Health has been in regular communication with hospitals, clinics and other health providers and has provided guidance to health facilities and providers regarding COVID-19; and

WHEREAS as of March 4, 2020, across the globe, there are more than 94,000 confirmed cases of COVID-19, tragically resulting in more than 3,000 deaths worldwide; and

WHEREAS as of March 4, 2020, there are 129 confirmed cases of COVID-19 in the United States, including 53 in California, and more than 9,400 Californians across 49 counties are in home monitoring based on possible travel-based exposure to the virus, and officials expect the number of cases in California, the United States, and worldwide to increase; and

WHEREAS for more than a decade California has had a robust pandemic influenza plan, supported local governments in the development of local plans, and required that state and local plans be regularly updated and exercised; and

WHEREAS California has a strong federal, state and local public health and health care delivery system that has effectively responded to prior events including the H1N1 influenza virus in 2009, and most recently Ebola; and

WHEREAS experts anticipate that while a high percentage of individuals affected by COVID-19 will experience mild flu-like symptoms, some will have more serious symptoms and require hospitalization, particularly individuals who are elderly or already have underlying chronic health conditions; and

WHEREAS it is imperative to prepare for and respond to suspected or confirmed COVID-19 cases in California, to implement measures to mitigate the spread of COVID-19, and to prepare to respond to an increasing number of individuals requiring medical care and hospitalization; and

WHEREAS if COVID-19 spreads in California at a rate comparable to the rate of spread in other countries, the number of persons requiring medical care may exceed locally available resources, and controlling outbreaks minimizes the risk to the public, maintains the health and safety of the people of California, and limits the spread of infection in our communities and within the healthcare delivery system; and

WHEREAS personal protective equipment (PPE) is not necessary for use by the general population but appropriate PPE is one of the most effective ways to preserve and protect California's healthcare workforce at this critical time and to prevent the spread of COVID-19 broadly; and

WHEREAS state and local health departments must use all available preventative measures to combat the spread of COVID-19, which will require access to services, personnel, equipment, facilities, and other resources, potentially including resources beyond those currently available, to prepare for and respond to any potential cases and the spread of the virus; and

WHEREAS I find that conditions of Government Code section 8558(b), relating to the declaration of a State of Emergency, have been met; and

WHEREAS I find that the conditions caused by COVID-19 are likely to require the combined forces of a mutual aid region or regions to appropriately respond; and

WHEREAS under the provisions of Government Code section 8625(c), I find that local authority is inadequate to cope with the threat posed by COVID-19; and

WHEREAS under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this order would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes, including the California Emergency Services Act, and in particular, Government Code section 8625, **HEREBY PROCLAIM A STATE OF EMERGENCY** to exist in California.

IT IS HEREBY ORDERED THAT:

1. In preparing for and responding to COVID-19, all agencies of the state government use and employ state personnel, equipment, and facilities or perform any and all activities consistent with the direction of the Office of Emergency Services and the State Emergency Plan, as well as the California Department of Public Health and the Emergency Medical Services Authority. Also, all residents are to heed the advice of emergency officials with regard to this emergency in order to protect their safety.
2. As necessary to assist local governments and for the protection of public health, state agencies shall enter into contracts to arrange for the procurement of materials, goods, and services needed to assist in preparing for, containing, responding to, mitigating the effects of, and recovering from the spread of COVID-19. Applicable provisions of the Government Code and the Public Contract Code, including but not limited to travel, advertising, and competitive bidding requirements, are suspended to the extent necessary to address the effects of COVID-19.
3. Any out-of-state personnel, including, but not limited to, medical personnel, entering California to assist in preparing for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as prescribed in Government Code section 179.5, with respect to licensing and certification. Permission for any such individual rendering service is subject to the approval of the Director of the Emergency Medical Services Authority for medical personnel and the Director of the Office of Emergency Services for non-medical personnel and shall be in effect for a period of time not to exceed the duration of this emergency.
4. The time limitation set forth in Penal Code section 396, subdivision (b), prohibiting price gouging in time of emergency is hereby waived as it relates to emergency supplies and medical supplies. These price gouging protections shall be in effect through September 4, 2020.
5. Any state-owned properties that the Office of Emergency Services determines are suitable for use to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services for this purpose, notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.
6. Any fairgrounds that the Office of Emergency Services determines are suitable to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services pursuant to the Emergency Services Act, Government Code section 8589. The Office of Emergency Services shall notify the fairgrounds of the intended use and can immediately use the fairgrounds without the fairground board of directors' approval, and

notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.

7. The 30-day time period in Health and Safety Code section 101080, within which a local governing authority must renew a local health emergency, is hereby waived for the duration of this statewide emergency. Any such local health emergency will remain in effect until each local governing authority terminates its respective local health emergency.
8. The 60-day time period in Government Code section 8630, within which local government authorities must renew a local emergency, is hereby waived for the duration of this statewide emergency. Any local emergency proclaimed will remain in effect until each local governing authority terminates its respective local emergency.
9. The Office of Emergency Services shall provide assistance to local governments that have demonstrated extraordinary or disproportionate impacts from COVID-19, if appropriate and necessary, under the authority of the California Disaster Assistance Act, Government Code section 8680 et seq., and California Code of Regulations, Title 19, section 2900 et seq.
10. To ensure hospitals and other health facilities are able to adequately treat patients legally isolated as a result of COVID-19, the Director of the California Department of Public Health may waive any of the licensing requirements of Chapter 2 of Division 2 of the Health and Safety Code and accompanying regulations with respect to any hospital or health facility identified in Health and Safety Code section 1250. Any waiver shall include alternative measures that, under the circumstances, will allow the facilities to treat legally isolated patients while protecting public health and safety. Any facilities being granted a waiver shall be established and operated in accordance with the facility's required disaster and mass casualty plan. Any waivers granted pursuant to this paragraph shall be posted on the Department's website.
11. To support consistent practices across California, state departments, in coordination with the Office of Emergency Services, shall provide updated and specific guidance relating to preventing and mitigating COVID-19 to schools, employers, employees, first responders and community care facilities by no later than March 10, 2020.
12. To promptly respond for the protection of public health, state entities are, notwithstanding any other state or local law, authorized to share relevant medical information, limited to the patient's underlying health conditions, age, current condition, date of exposure, and possible contact tracing, as necessary to address the effect of the COVID-19 outbreak with state, local, federal, and nongovernmental partners, with such information to be used for the limited purposes of monitoring, investigation and control, and treatment and coordination of care. The


notification requirement of Civil Code section 1798.24, subdivision (i), is suspended.

13. Notwithstanding Health and Safety Code sections 1797.52 and 1797.218, during the course of this emergency, any EMT-P licensees shall have the authority to transport patients to medical facilities other than acute care hospitals when approved by the California EMS Authority. In order to carry out this order, to the extent that the provisions of Health and Safety Code sections 1797.52 and 1797.218 may prohibit EMT-P licensees from transporting patients to facilities other than acute care hospitals, those statutes are hereby suspended until the termination of this State of Emergency.

14. The Department of Social Services may, to the extent the Department deems necessary to respond to the threat of COVID-19, waive any provisions of the Health and Safety Code or Welfare and Institutions Code, and accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of facilities or homes within the Department's jurisdiction set forth in the California Community Care Facilities Act (Health and Safety Code section 1500 et seq.), the California Child Day Care Facilities Act (Health and Safety Code section 1596.70 et seq.), and the California Residential Care Facilities for the Elderly Act (Health and Safety Code section 1569 et seq.). Any waivers granted pursuant to this paragraph shall be posted on the Department's website.

I FURTHER DIRECT that as soon as hereafter possible, this proclamation be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this proclamation.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 4th day of March 2020.



GAVIN NEWSOM
Governor of California

ATTEST:

ALEX PADILLA
Secretary of State

EXHIBIT B



WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020

11 March 2020

Good afternoon.

In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled.

There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives.

Thousands more are fighting for their lives in hospitals.

In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher.

WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.

We have therefore made the assessment that COVID-19 can be characterized as a pandemic.

Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death.

Describing the situation as a pandemic does not change WHO's assessment of the threat posed by this virus. It doesn't change what WHO is doing, and it doesn't change what countries should do.

We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus.

And we have never before seen a pandemic that can be controlled, at the same time.

WHO has been in full response mode since we were notified of the first cases.

And we have called every day for countries to take urgent and aggressive action.

We have rung the alarm bell loud and clear.

===

As I said on Monday, just looking at the number of cases and the number of countries affected does not tell the full story.

Of the 118,000 cases reported globally in 114 countries, more than 90 percent of cases are in just four countries, and two of those – China and the Republic of Korea - have significantly declining epidemics.

81 countries have not reported any cases, and 57 countries have reported 10 cases or less.

We cannot say this loudly enough, or clearly enough, or often enough: all countries can still change the course of this pandemic.

If countries detect, test, treat, isolate, trace, and mobilize their people in the response, those with a handful of cases can prevent those cases becoming clusters, and those clusters becoming community transmission.

Even those countries with community transmission or large clusters can turn the tide on this virus.

Several countries have demonstrated that this virus can be suppressed and controlled.

The challenge for many countries who are now dealing with large clusters or community transmission is not whether they can do the same – it's whether they will.

Some countries are struggling with a lack of capacity.

Some countries are struggling with a lack of resources.

Some countries are struggling with a lack of resolve.

We are grateful for the measures being taken in Iran, Italy and the Republic of Korea to slow the virus and control their epidemics.

We know that these measures are taking a heavy toll on societies and economies, just as they did in China.

All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights.

WHO's mandate is public health. But we're working with many partners across all sectors to mitigate the social and economic consequences of this pandemic.

This is not just a public health crisis, it is a crisis that will touch every sector – so every sector and every individual must be involved in the fight.

I have said from the beginning that countries must take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.

Let me summarize it in four key areas.

First, prepare and be ready.

Second, detect, protect and treat.

Third, reduce transmission.

Fourth, innovate and learn.

I remind all countries that we are calling on you to activate and scale up your emergency response mechanisms;

Communicate with your people about the risks and how they can protect themselves – this is everybody's business;

Find, isolate, test and treat every case and trace every contact;

Ready your hospitals;

Protect and train your health workers.

And let's all look out for each other, because we need each other.

===

There's been so much attention on one word.

Let me give you some other words that matter much more, and that are much more actionable.

Prevention.

Preparedness.

Public health.

Political leadership.

And most of all, people.

We're in this together, to do the right things with calm and protect the citizens of the world. It's doable.

I thank you.

Subscribe to the WHO newsletter →

EXHIBIT C



COVID19.CA.GOV



Search

Select language ▾

Home

Get help ▾

Health information ▾

Working and living safely ▾

How you can help ▾

Your actions save lives

Keep California healthy.

Wear a mask, wash your hands, keep your distance.

California numbers

Total cases:

▲ **329,162** (+2.6% increase)


Total deaths:


▲ **7,040** (+ 0.3% increase)

Tests reported:

👤 **5,544,365**

Updated July 13, 2020 at 11:00 a.m. with data from July 12

 County map

 State summary

 COVID-19 data and tools

EXHIBIT D



Coronavirus Disease 2019 (COVID-19)

People with Disabilities

Updated April 7, 2020

[Print Page](#)

COVID-19 is a new disease and we are still learning how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.

Disability alone may not be related to higher risk for getting COVID-19 or having severe illness. Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19. However, some people with disabilities might be at a higher risk of infection or severe illness because of their underlying medical conditions. All people seem to be at higher risk of severe illness from COVID-19 if they have serious [underlying chronic medical conditions](#) like chronic lung disease, a serious heart condition, or a weakened immune system. Adults with disabilities are three times more likely than adults without disabilities to have heart disease, stroke, diabetes, or cancer than adults without disabilities.

You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

Disability groups and risk

If you have one of the disability types listed below, you might be at increased risk of becoming infected or having unrecognized illness. You should discuss your risk of illness with your healthcare provider.

- People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members
- People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing
- People who may not be able to communicate symptoms of illness

Protect yourself

If you or someone you care for are at [higher risk](#) of getting very sick from COVID-19, [take steps to prevent getting sick](#). In addition to practicing everyday preventive actions, people with disabilities who have direct support providers can help protect themselves from respiratory illness in the following ways:


- Ask your [direct support provider](#) if they are experiencing any symptoms of COVID-19 or if they have been in contact with someone who has COVID-19
- Tell your direct service provider to
 - Wash their hands when they enter your home and before and after touching you (e.g., dressing, bathing/showering, transferring, toileting, feeding), handling tissues, or when changing linens or doing laundry. [Learn more about proper handwashing](#).
 - Clean and disinfect frequently touched objects and surfaces (e.g., counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, bedside tables), and equipment such as wheelchairs, scooters, walkers, canes, oxygen tanks and tubing, communication boards and other assistive devices. Refer to [CDC's General Recommendations for Routine Cleaning and Disinfections of Households](#).

Prepare

There are some additional things people with disabilities can do to prepare during the COVID-19 outbreak:

- Plan what you will do if you or your direct support provider gets sick. Create a contact list of family, friends, neighbors and local service agencies that can provide support in case [you or your direct support provider becomes ill](#) or unavailable.
- Plan at least two ways of communicating from home and work that can be used rapidly in an emergency (e.g., landline phone, cell phone, text-messaging, email). Write down this information and keep it with you.
- Have enough household items and groceries so that you will be comfortable staying home for a few weeks, at least a 30-day supply of over the counter and prescription medicines and any medical equipment or supplies that you might need. Some health plans allow for a 90-day refill on prescription medications. Consider discussing this option with your healthcare provider. Make a photocopy of prescriptions, as this may help in obtaining medications in an emergency situation.

About COVID-19

- Coronavirus disease is a respiratory illness that can spread from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. For more information go to CDC’s Fact Sheet- [What you need to know about coronavirus disease 2019 \(COVID-19\)](#)  .
- Risk of infection with COVID-19 is higher for people who are in close contact with someone known to have COVID-19, such as healthcare workers, direct support providers, and household members. Other people at higher risk for infection are those who live or have recently been in an area with ongoing spread of COVID-19.

Prevention and treatment

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to [take everyday preventive actions](#), like avoiding close contact with people who are sick and washing your hands often. There is no specific antiviral treatment for COVID-19. [People with COVID-19](#) can seek medical care to help relieve symptoms.

More Information

People Who Need to Take Extra Precautions	Symptoms & Testing
People Who Are at Higher Risk for Severe Illness	If You Are Sick or Caring for Someone
Other At-Risk Populations	Cases and Updates
Direct Service Providers for People with Disabilities	

Page last reviewed: April 7, 2020

COVID-2019 Menu

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-  [Your Health](#)
-  [Community, Work & School](#)
-  [Healthcare Workers](#)
-  [Laboratories](#)
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-  [Cases, Data & Surveillance](#)
-  [More Resources](#)

EXHIBIT E

CDCR and CCHCS Confirm First Inmate Tests Positive for COVID-19

MARCH 22, 2020

SACRAMENTO – California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) today announced the first inmate within the California state prison system has tested positive for COVID-19, also known as the new coronavirus. The patient is in stable condition and is being treated on-site.

The patient, an inmate at California State Prison, Los Angeles County (LAC), has been in isolation since March 19 after he notified institution health care staff that he was not feeling well. He was tested for COVID-19 on March 20 and the positive test result was received March 22. The Agency will restrict movement at the institution while a contact investigation is underway and quarantine those deemed at-risk for an observation period. The Los Angeles County Department of Public Health has been notified.

The Agency has protocols in place that follow recommendations for quarantines set forth by the California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention. Any incarcerated individual who shows symptoms for COVID-19 will be tested for COVID-19 as appropriate. We are working to provide updated testing numbers on our website this week.

CDCR and CCHCS remain agile in response to any potential case of COVID-19 based on the factors and risk related to that case with the top priority being the safety and protection of staff, the population, volunteers, visitors and surrounding communities. We will continue to work closely with CDPH and our county partners to monitor and respond accordingly to the situation. LAC health care and custody professionals take the health and safety of staff and the incarcerated population very seriously and are taking all appropriate measures to minimize exposure to others.

Rehabilitative programs, group events, and in-person educational classes have been suspended at all institutions, along with expanded precautions for all who enter state prison for work. A timeline of COVID-19 preparedness updates can be found here (<https://www.cdcr.ca.gov/covid19/updates/>).

You can also follow CDCR and CCHCS COVID-19 status page (<https://www.cdcr.ca.gov/covid19/cdcr-cchcs-covid-19-status/>) for additional updates and information.

###

EXHIBIT F

Institution, Institution Name	Confirmed	New In Last 14 Days	Active In Custody	Released While Active	Resolved	Deaths
SQ, CA State Prison, San Quentin	1,925	717	1,437	32	446	10
CVSP, Chuckawalla Valley State Prison	1,032	19	239	17	774	2
ASP, Avenal State Prison	948	10	11	35	899	3
CIM, CA Institution for Men	948	44	58	30	843	17
CCC, CA Correctional Center	407	190	195	9	203	0
CRC, CA Rehabilitation Center	277	173	193	6	78	0
CCI, CA Correctional Institution	179	67	166	11	2	0
CIW, CA Institution for Women	167	3	4	0	162	1
COR, CA State Prison Corcoran	161	6	20	0	140	1
LAC, CA State Prison, LA County	131	3	3	1	127	0
WSP, Wasco State Prison	47	20	28	6	13	0
ISP, Ironwood State Prison	39	8	35	2	2	0
CEN, Centinela State Prison	23	6	13	0	10	0
CMC, CA Mens Colony	11	0	0	0	11	0
NKSP, North Kern State Prison	8	2	7	0	1	0
HDSP, High Desert State Prison	4	0	4	0	0	0
SAC, CA State Prison, Sacramento	4	0	3	0	1	0
CHCF, California Health Care Facility	3	3	3	0	0	0
SVSP, Salinas Valley State Prison	3	0	3	0	0	0
CAL, Calipatria State Prison	2	1	1	1	0	0
SOL, CA State Prison, Solano	2	1	1	0	1	0
CAC, California City Correctional Facility	1	0	0	0	1	0
FSP, Folsom State Prison	1	1	1	0	0	0
RJD, R.J. Donovan Corr. Fac. Rock Mtn.	1	0	1	0	0	0
SATF, Substance Abuse Treatment Facility	1	0	0	0	1	0
SCC, Sierra Conservation Center	1	0	0	0	1	0
CCWF, Central CA Women's Facility	0	0	0	0	0	0
CMF, CA Medical Facility	0	0	0	0	0	0
CTF, Correctional Training Facility	0	0	0	0	0	0
DVI, Deuel Vocational Institution	0	0	0	0	0	0
KVSP, Kern Valley State Prison	0	0	0	0	0	0
MCSP, Mule Creek State Prison	0	0	0	0	0	0
PBSP, Pelican Bay State Prison	0	0	0	0	0	0
PVSP, Pleasant Valley State Prison	0	0	0	0	0	0
VSP, Valley State Prison	0	0	0	0	0	0
Total	6,326	1,274	2,426	150	3,716	34

EXHIBIT G

CDCR/CCHCS COVID-19 Employee Status

Current number of active staff cases: 734

Updated July 10, 2020

Locations	Cumulative Confirmed	Staff Returned to Work
Avenal State Prison (ASP)	80	39
California City Correctional Facility (CAC)	8	3
Calipatria State Prison (CAL)	49	18
California Correctional Center (CCC)	8	0
California Correctional Institution (CCI)	88	9
Central California Women's Facility (CCWF)	8	2
Centinela State Prison (CEN)	69	22
California Health Care Facility (CHCF)	33	9
California Institution for Men (CIM)	102	65
California Institution for Women (CIW)	23	20
California Men's Colony (CMC)	6	2
California Medical Facility (CMF)	7	3
California State Prison, Corcoran (COR)	36	12
California Rehabilitation Center (CRC)	48	28
Richard A. McGee Correctional Training Center, Galt (CTC)	5	5
Correctional Training Facility (CTF)	2	2
Chuckawalla Valley State Prison (CVSP)	63	49
Deuel Vocational Institution (DVI)	4	2
Folsom State Prison (FSP)	4	4
High Desert State Prison (HDSP)	13	3
Ironwood State Prison (ISP)	95	56
Kern Valley State Prison (KVSP)	20	4
California State Prison, Los Angeles County (LAC)	58	43
Mule Creek State Prison (MCSP)	2	2
North Kern State Prison (NKSP)	75	8
Pelican Bay State Prison (PBSP)	2	2
Pleasant Valley State Prison (PVSP)	8	2
Richard J. Donovan Correctional Facility (RJD)	16	6
California State Prison, Sacramento (SAC)	9	6
Substance Abuse Treatment Facility (SATF)	13	7

Sierra Conservation Center (SCC)	1	1
California State Prison, Solano (SOL)	12	0
San Quentin State Prison (SQ)	205	50
Salinas Valley State Prison (SVSP)	5	1
Valley State Prison (VSP)	5	1
Wasco State Prison (WSP)	19	6
Northern California Youth Correctional Center (NCYCC)	4	2
OH Close Youth Correctional Facility (OH Close)	2	1
NA Chaderjian Youth Correctional Facility (NAC)	2	1
CDCR/CCHCS Worksite Location –Los Angeles County	7	5
CDCR/CCHCS Worksite Location—Kern County	1	0
CDCR/CCHCS Worksite Location—Sacramento County	15	4
CDCR/CCHCS Worksite Location—San Bernardino County	8	2
CDCR/CCHCS Worksite Location –San Diego County	1	0
CDCR/CCHCS Worksite Location – San Joaquin County	2	2
STATEWIDE TOTAL	1,243	509

EXHIBIT H



Urgent Memo

COVID-19 Outbreak: San Quentin Prison

June 15, 2020

San Quentin California State Prison is experiencing a rapidly evolving COVID-19 (SARS-CoV-2) outbreak with profoundly inadequate resources to keep it from developing into a full-blown local epidemic and health care crisis in the prison and surrounding communities. The urgent resources San Quentin requires range from human capital to environmental risk reduction and rapid testing. Failure to meet these urgent needs will have dire implications for the health of people incarcerated at San Quentin, custody, staff, and the healthcare capacity of Bay Area hospitals. This document provides suggested guidance on immediate actions needed to address the outbreak with emphasis on both the short- and longer-term health of people currently incarcerated at San Quentin.

Background

San Quentin arrives at this tenuous moment with several significant assets including a strong Chief Medical Executive (Dr. Alison Pachynski) and a Chief Physician and Surgeon (Dr. Shanon Garrigan) who have spent the past 3.5 months doing everything in their power to prepare for an unavoidable COVID-19 outbreak. However, these two physicians, even with the enormous assistance they have received from many other healthcare staff, including a strong public health nurse, and a notably excellent partnership with custody leadership (Acting Warden Ronald Broomfield and the recently arrived Health Care Chief Executive Clarence Cryer), is simply not enough to meet the needs at San Quentin. As a result, there are multiple vulnerabilities that we witnessed at San Quentin during our visit on June 13, 2020 which must be urgently addressed to protect the health and safety of the thousands of people incarcerated there as well as staff and surrounding community members.

Although this memo outlines the urgent needs of San Quentin Prison, it is our belief that most – if not all – of these recommendations are important for all California Prisons that are certain to experience an outbreak if they have not already.

Urgent needs and immediate actions required:

1. **Develop a COVID-19 Outbreak Emergency Response Team:** At present, the over-reliance on existing local medical and custody staff to develop an outbreak response plan means that they are tasked with making multiple acute decisions on a daily basis without adequate resources, options, or support to operationalize a centralized plan or long term strategy. This responsibility – overwhelming on its own – is then magnified with the additional necessity of providing



implementation oversight of the ad-hoc outbreak plan. Instead, local leadership should have a team of staff who can implement and recommend adjustments to the overarching central COVID-19 control strategy as needed on the local level. There simply do not appear to be sufficient on-the-ground staff who are not working from home. This daily management of the acute phase of the outbreak has the secondary effect of making the lead physicians less available to coordinate the care and treatment of patients incarcerated at San Quentin who become acutely ill in the facility and also increases the vulnerability of San Quentin to errors with potentially dire consequences. Minimum positions required for such a team are included below. Dr. Pachynski and Dr. Garrigan appear to be personally responsible for all of the tasks described below with insufficient tools to support their success. While there may be some central guidance and support offered, additional human capital is urgently needed to achieve the CCHCS's pandemic response goals.

Minimum Recommended Leadership Team Positions:

- **Environment of Care Leader.** This position would be responsible for evaluating and addressing immediate needs regarding the physical plant of the prison for ventilation, sanitation, path of patient flow (e.g., developing policies and procedures for how people incarcerated at San Quentin who become infected are transferred through and out of the institution for care) and planning for how to reconfigure and reimagine needed space for quarantine, general population, or medical isolation units depending on how the number of affected people increases or decreases over time. This position would also work with plant operations to ensure that all air vents are cleaned and well functioning and would organize the creation of (a) field hospital(s) or quarantine tents as needed.
- **Healthcare – Custody Coordination Leader.** This position would focus on coordinating with Custody (and working closely with the Staff Healthcare Liaison Leader, described below) to review current placement on a daily basis, and to determine the appropriate way to cohort people currently incarcerated at San Quentin, staff, and custody including developing quarantine areas (in partnership with the Environment of Care Leader) to minimize risk of infection. This position would also be responsible for ensuring that all transfers *into* San Quentin are halted and that appropriate and timely testing is done to facilitate transfer out of Medical Isolation and Quarantine within the facility, to the community, and – in certain circumstances - to other facilities if medically necessary.
- **COVID-19 Testing Leader.** This position would be responsible for coordinating with the testing center (at this moment, QUEST Diagnostics) including reaching out through public and private sources and coordinating with the state and local departments of public health to improve testing turnaround time, running the list with medical staff (and the Epidemiologist, described below) on a daily basis to determine who has – and who needs – testing, and coordinating contact tracing in response to testing results and reporting of symptoms throughout the facility.



- **Staff Healthcare Liaison Leader.** This position would work with custody leadership (and Union representatives, as appropriate) to cohort staff/custody, develop plans that eradicate staff/custody working within more than one unit in rapid succession, train and enforce PPE rules, support contact tracing and administrative leave needs among exposed and infected staff/custody, and investigate alternatives to potential staff/custody transmission opportunities such as shared vanpools. This position would also track daily staff movements in order to assist with contact tracing when needed.
 - **Epidemiologist Analyst Leader.** This position would be responsible for maintenance of a line listing of all active and resolved cases (people incarcerated at San Quentin and staff) and for all data analysis and reporting. This position would also be responsible for a “patient tracking process” of the facility including daily review of the COVID-19 Monitoring Registry to provide close scrutiny of who has tested positive or is in quarantine – where they are currently located (and were recently located), and the same for those who have tested negative. In addition, this position would assist the Environment of Care leader and the Healthcare – Custody Coordination Leader to manage patient movement to quickly clear people when they have tested negative and return them to the General Population and/or to the community. This position would also manage testing data (e.g., in the Reception Area, some have been tested 3-4 times and test results are coming in at different times).
2. **Address Unsafe Overcrowding.** There are currently 3547 people in total incarcerated at San Quentin, approximately ~1400 of whom have at least one COVID-19 risk factor (as do many, unknown, staff members). This means these individuals are at heightened risk of requiring ICU treatment and/or mortality if infected. We detail the units of most immediate concern below. Given the unique architecture and age of San Quentin (built in the mid 1800s and early 1900s), there is exceedingly poor ventilation, extraordinarily close living quarters, and inadequate sanitation. **We therefore recommend that the prison population at San Quentin be reduced to 50% of current capacity (even further reduction would be more beneficial) via decarceration;** this will allow every cell in North and West blocks to be single-room occupancy and would allow leadership at San Quentin to prioritize which units to depopulate further including the high-risk reception center and gymnasium environments. It is important to note that we spoke to a number of incarcerated people who were over the age of 60 and had a matter of weeks left on their sentences. **It is inconceivable that they are still in this dangerous environment.**

Housing units of most concern at San Quentin at present time:

- **North Block and West Block** have cells with open-grills, and are each 5-tier buildings with a capacity of 800 persons. Ventilation is poor – windows have been welded shut and the fan system does not appear to have been turned on for years; heat on the far side of the building can be stifling. Over 50% of those incarcerated in these units have at least 1 COVID-19 risk factor, and an alarming ~300 have 4 or more COVID-19 risk factors. An outbreak in North and West blocks could easily flood – and overwhelm – San Quentin as well as Bay



Area hospitals. (For example, see San Francisco hospital capacity:

<https://data.sfgov.org/stories/s/Hospital-Capacity/qtdt-yqr2/>)

- **Reception center** currently has ~500 persons. In the reception Center’s “Badger Unit” where people from CIM were transferred, the fear and outrage among the people incarcerated are palpable – people are yelling throughout the housing unit due to discontent about the COVID-19 situation including intake of transfers from CIM and loss of privileges/disruption to daily routine (thereby increasing the risk of COVID-19 spread throughout the tiers via respiratory droplets). It is hard to imagine that as a result of these conditions, that violent incidents will not occur—further threatening the safety and health of the people incarcerated in these units and staff alike.
 - **The Gymnasium**, which has been converted to a dorm. There is little to no ventilation in this unit creating high-risk for a catastrophic super spreader event.¹ At a minimum, the gymnasium beds should be spread out more to ensure additional distance between beds, and the second set of doors in the gymnasium dorm must be opened to ensure air turnover. **This unit should be prioritized for closure as a dorm, once sufficient population reduction has been achieved through release.**
 - **HVAC – in all units above and in other areas**, there is an immediate need to clean and turn on all fan and HVAC systems immediately (e.g., North Block, Gymnasium, Dorms) in order to maximize air exchange and ventilation as soon as possible. Of note, the exhaust pumps and filters appear dirty on visual inspection, and require clearing and cleaning. Since maximizing air exchange through better ventilation decreases COVID-19 transmission, doors and windows should be opened as much as possible (some have been welded shut and must be remediated). Note that the important aspect is *air exchange*, not the movement of air within the room. Fans that blow air around may help cool people, but they don’t decrease rebreathing aerosols unless they filter the air or increase air exchange (diluting the aerosol).
- 3. Immediately Improve Testing.** It is inconceivable that in the Bay Area the medical leadership at San Quentin is having to manage an outbreak in their massive antediluvian facilities with PCR tests on a 5-6 day turn-around time. We would argue that there is no higher testing priority for around 100 miles and resources need to be shifted immediately to respond or there will be a massive, uncontrollable outbreak (if it is not too late already). In addition (and this certainly goes without saying), **transfers into San Quentin must be halted immediately. Further, priority must be placed on reducing the prison population at San Quentin via decarceration as it will be extremely difficult to ensure the health and safety of all people in this extraordinarily old and**

¹ It is important to recognize that all of our recommendations regarding ventilation in different housing units at San Quentin were based on the observations of a team of public health professionals accompanying San Quentin medical staff. Although incarcerated persons and custody staff shared their understanding of the ventilation systems in the units and their operability, we neither had the opportunity to speak with any of the facilities staff nor were any members of our team experts in HVAC. We would strongly recommend seeking the advice of such experts and monitoring CO2 levels in different parts of the prison as one easy measure of the extent of rebreathing in a housing unit.



complex facility. The following recommendations both support these imperatives and, in some cases, are dependent on their implementation:

- **Liaise with testing laboratory to streamline testing**, including exploring observed self-collection of samples and alternate anatomic sites of testing (e.g. saliva, nares swabs).
- **Improve testing turnaround time at QUEST or go through other laboratories that will be able to improve turnaround time (5-6 days or more is completely unacceptable)**. As an example, CMC was able to rapidly respond to their outbreak with a turnaround testing time of 24 hours at some points in the outbreak. Large-scale testing with rapid receipt of results is essential to allow the medical team to minimize community spread. If tests are sent to laboratories other than QUEST, support must be provided to San Quentin to add these results to the EMR as the current process of scanning and manual entry is overly laborious and resulting delays may lead to medical decisions based on outdated data.
- **The California Department of Public Health** should be compelled to prioritize specimens from San Quentin given the potential for super-spreading in that environment.
- **Testing of symptomatic patients must be done with individual testing. Testing of asymptomatic patients to identify people who are shedding virus can be done with pools of samples. Without additional information, pools of 10 should be used.** This approach can be used for frequent retesting of people at especially high risk of spreading the virus (staff/custody and people incarcerated in larger units — i.e. almost all of San Quentin).
- **San Quentin requires on-site testing** – including cartridges and well-trained staff to conduct these (currently they have inadequate staffing to conduct mass swabbing). Sample transport just adds time. San Quentin will need high volume testing for many months, perhaps years. They should have testing capacity on-site and available round-the-clock.
- **Of note, because testing time is so slow, little to no contact tracing can happen. Furthermore, people incarcerated at San Quentin cannot be appropriately transferred within the prison based on test results if results are returned 6 days later and new exposure may have occurred in the interim.** As a result, *entire units are put on lockdown status for the span of a quarantine*. This is not a viable solution. In the long term, as this pandemic will last at least another year and likely longer, this will have profound physical and mental health consequences for the incarcerated population and staff alike.

4. Develop Additional Medical Isolation and Quarantine Housing.

Background: It is our understanding that on May 30, transfers from CIM arrived at San Quentin on five buses. Several among those who were transported on Bus 5 tested positive at arrival. While all transfers on Bus 1 and 3 initially tested negative, several later developed COVID-19 symptoms. At the time of our visit, there were no reports of symptoms or positive tests among those who traveled on Buses 2 and 4. At the advice of the local health



department, all individuals from the five CIM buses who tested positive or reported symptoms were placed in the Adjustment Center. Those who either tested negative or did not report symptoms were placed individually and in every other cell on the Reception Area's Badger and Donner Units 4th and 5th tiers (among people who were incarcerated at San Quentin prior to the transfer).

June 13 Visit: As of our visit, those requiring *Quarantine* (i.e., people with a credible exposure to COVID-19 who are asymptomatic) are in the Reception Area's Carson Unit. Those requiring *Medical Isolation* (who have tested positive for COVID-19 **or** who have symptoms suggestive of COVID-19 and are still awaiting testing) are in the Adjustment Center as this is the only unit at San Quentin that has single cells with solid doors. Per our notes, there are ~106 cells in the Adjustment Center, with ~80 occupied at the time of our visit.

Urgent Concerns:

1. A massive outbreak at San Quentin will significantly and quickly overwhelm the availability of these 106 Adjustment Center cells, and there will quickly be nowhere for infectious cases to be moved. Further, we cannot emphasize enough the incredible fear that residents we spoke with expressed about being moved to cells typically used for administrative segregation/punishment or "death row" – potentially resulting in short- and long-term mental health consequences. Especially given that early identification of suspected COVID-19 cases depends on reporting of symptoms, **quarantine strategies relying on the Adjustment Center or cells usually used for punishment may thwart efforts for outbreak containment as people may be reluctant to report their symptoms.** In addition, people with COVID-19 are known to experience rapid physical decompensation; it may therefore be particularly detrimental for a patient with COVID-19 to be behind a solid door in the most secure areas of the prison out of the sight of medical or nursing staff in the case of an emergency. This may be particularly risky if there are structural barriers to communicating distress to staff (e.g., if accommodations are not readily accessible for people with disabilities or who speak other languages, and/or there are multiple security stages to pass through).

Given San Quentin's antiquated facilities, poor ventilation, and overcrowding, **it is hard to identify any options at San Quentin where it is advisable to house high-risk people with multiple COVID-19 risk factors for serious morbidity or mortality.** Again, for these reasons it will be exceedingly hard for medical staff to keep people safe from contracting COVID-19 at San Quentin and, once infected, it will be very hard to ensure that they do not pass the infection on to others with high health risks or experience rapid health declines themselves. **San Quentin is an extremely dangerous place for an outbreak, everything should be done to decrease the number of people exposed to this environment as quickly as possible.**



Our recommendations for Quarantine and Medical Isolation are as follows:

- Immediately create a field hospital by **converting nearby chapels (there are 3) or even the chow hall**. This field hospital can be designated for all people with confirmed COVID-19 (“Medical Isolation Unit”) as there are not substantial risks to isolating infected patients together and these patients would then have access to supervising nurses who could regularly check their respiratory status and comfort levels. Such a unit could have different tiers of medical supervision as some people in medical isolation will be asymptomatic and will not require as close medical supervision. The chapels are large rooms with road access for ambulances and other transport. We recognize the plans for assigning units will become increasingly complex as people of multiple security levels require Quarantine or Medical Isolation. **This again reinforces the need for release** and a dedicated team leader (the **Healthcare – Custody Coordination Leader**) who oversees the work of partnering with custody to identify medically appropriate cohorting solutions.
- **For those currently in the Adjustment Center:** As individuals test negative (via recovery or because they never developed infection) they ideally should be moved out of the Adjustment Center as quickly as possible. However, with evidence of community spread at San Quentin, extreme caution must be exercised when moving persons out of the Adjustment Center who test negative for COVID-19 and who are at high risk for poor health outcomes if infected. For these individuals, we strongly recommend that central administration work with medical leaders at San Quentin to identify options for safer placement of individuals leaving the Adjustment Center (perhaps in temporary tents) or in other CDCR facilities (transfers would have to happen with exceptional caution given prior failure with transport including 2 weeks of quarantine on either side of transfer coupled with testing at the outset and end of 14-day quarantine in each site). Alternative housing options outside of San Quentin should also be explored, including nearby hotels or school dorms that can be converted in an effort to save lives. People at the Adjustment Center who test positive should be immediately moved to the new Medical Isolation Unit (e.g., in the converted chapels).
- **Physical and mental health during quarantine and medical isolation must be prioritized with adequate consideration for how need may vary across people incarcerated at San Quentin.** While awaiting testing results, people should receive resources to support their well-being as much as possible during isolation/14-day quarantine period (quarantine should not exceed 14 days after a single exposure). Such resources, at a minimum, should include free access to personal tablets with movies, increased access to free canteen items, personal effects and free phone calls, perhaps on state-owned cell phones, and daily opportunities for yard time. While some of these comforts may seem beyond the normal routine of prisons in California, they are simple, low-cost measures that are essential if there is any hope of minimizing the risk of adverse short- and long-term physical and mental health outcomes of isolation among those who are currently in the Adjustment Center for



quarantine or isolation. Alternatives for isolation or quarantine that do not involve the Adjustment Center must be immediately sought (e.g., quarantine tents or other areas of the prison where significant depopulation can allow for fewer occupied cells). **Ultimately, there are simply too few options for safe quarantine at San Quentin without prioritizing population reduction through release.**

5. **Improve General Prevention efforts throughout the facility.** In particular, we witnessed alarmingly suboptimal mask use by staff, and three “medical pass nurses” sitting in a work room without masks. Moreover, custody work stations are not set up to physically distance, no additional workstations appear to have been built yet. As a result, even with the best of efforts, officers wind up clustered near each other around a central podium. An infection control nurse and environmental assessment would go a long way towards identifying opportunities to partially alleviate these problems.
6. **Staff Cohorting is a necessity.** At present work shift plans are inadequate from a public health perspective. For example, we learned about staff who were working in the Medical Isolation Unit (Adjustment Center) during the shift and were scheduled to work the next shift in the dorms. This is an enormous risk for the spread of COVID-19 between units.
7. **Convene COVID-19 Inmates Council.** To ensure urgent health messaging is comprehensively communicated through trusted paths, we recommend that a COVID-19 Inmates Council be established (if one does not yet exist) in collaboration with any existing leadership groups/councils among people incarcerated at San Quentin. This council should be asked to provide critical feedback regarding all the above recommendations, how they may best be implemented and messaged to the population, and if there are considerations that have not been addressed that will maximize the urgent and long term health needs associated with this outbreak.
8. **Convene COVID-19 Inmate Family Council.** To ensure urgent health messaging is communicated to the families of people incarcerated at San Quentin, we recommend that a COVID-19 Inmate Family Council be established. This council may also provide critical feedback regarding all the above recommendations, how they may best be implemented, and if there are considerations that have not been addressed that will maximize the urgent and long term health needs associated with this outbreak.



Sandra McCoy, PhD, MPH, Associate Professor of Epidemiology & Biostatistics, The University of California, Berkeley School of Public Health

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Amend at UCSF is a health-focused correctional culture change program led by experts in medicine, infectious diseases, public health, and correctional health and policy that is providing correctional leaders, policymakers, and advocates the evidence-based tools they need to protect the health and dignity of those who live and work in jails and prisons during the COVID-19 pandemic.

The University of California, Berkeley School of Public Health is working on the leading edge of research, educating the public, and mobilizing to serve California's most vulnerable populations during the COVID-19 pandemic.

For more information:

<https://amend.us/covid>

EXHIBIT I

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

BEFORE THE HONORABLE JON S. TIGAR, JUDGE

MARCIANO PLATA, ET AL.,)	
)	
PLAINTIFFS,)	NO. C-01-1351 JST
)	
VS.)	THURSDAY, JULY 2, 2020
)	
GAVIN NEWSOM, ET AL.,)	OAKLAND, CALIFORNIA
)	
)	FURTHER CASE MANAGEMENT
)	CONFERENCE VIA ZOOM
DEFENDANTS.)	
_____)	

REPORTER'S TRANSCRIPT OF ZOOM PROCEEDINGS

APPEARANCES:

FOR PLAINTIFFS: PRISON LAW OFFICE
1917 FIFTH STREET
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BY: DONALD H. SPECTER, ESQUIRE
STEVEN FAMA, ESQUIRE
ALISON HARDY, ESQUIRE
SOPHIE HART, ESQUIRE

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BY: PAUL B. MELLO, ESQUIRE

(APPEARANCES CONTINUED)

REPORTED BY: DIANE E. SKILLMAN, CSR 4909, RPR, FCRR
OFFICIAL COURT REPORTER

TRANSCRIPT PRODUCED BY COMPUTER-AIDED TRANSCRIPTION

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FOR DEFENDANTS: DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
455 GOLDEN GATE AVENUE, STE. 11000
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BY: DAMON G. MCCLAIN, DEPUTY A.G.

**FOR INTERVENOR
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755 RIVERPOINT DRIVE STE. 200
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BY: DAVID A. SANDERS, ESQUIRE

**FOR RECEIVER
CLARK KELSO:** FUTTERMAN DUPREE DODD CROLEY MAIER
601 MONTGOMERY STREET, STE. 333
SAN FRANCISCO, CALIFORNIA 94111

BY: MARTIN H. DODD, ESQUIRE

ALSO PRESENT: CLARK KELSO, RECEIVER

1 THURSDAY, JULY 2, 2020

3:00 P.M.

2 Z O O M P R O C E E D I N G S

3 000

4 **THE COURT:** ALL RIGHT. WELCOME EVERYONE. MS. LEE,
5 CALL THE CASE, PLEASE.

6 **THE CLERK:** YES, SIR.

7 YOUR HONOR, NOW CALLING CIVIL MATTER 01-1351 MARCIANO
8 PLATA, ET AL. V. GAVIN NEWSOM, ET AL.

9 WILL COUNSEL, PLEASE, STATE YOUR APPEARANCES FOR THE
10 RECORD STARTING WITH PLAINTIFFS.

11 **MR. SPECTER:** THANK YOU. DONALD SPECTER FROM THE
12 PRISON LAW OFFICE FOR PLAINTIFFS.

13 **MR. FAMA:** STEVEN FAMA FOR PLAINTIFFS.

14 **MS. HARDY:** ALISON HARDY FOR PLAINTIFFS.

15 **MS. HART:** AND SOPHIE HART FOR PLAINTIFFS.

16 **MR. MELLO:** GOOD AFTERNOON. PAUL MELLO FOR
17 DEFENDANTS.

18 **MR. MCCLAIN:** GOOD AFTERNOON, DAMON MCCLAIN FOR
19 DEFENDANTS.

20 **MR. DODD:** GOOD AFTERNOON, YOUR HONOR. MARTIN DODD
21 FOR THE RECEIVER.

22 **MR. KELSO:** GOOD AFTERNOON. CLARK KELSO, RECEIVER.

23 **MR. SANDERS:** GOOD AFTERNOON. IT'S DAVID SANDERS FOR
24 CCPOA.

25 **THE COURT:** VERY GOOD. OKAY. WELCOME.

1 THANK YOU ALL FOR THE HARD WORK THAT YOU'VE ALL DONE.
2 SINCE OUR LAST CASE MANAGEMENT CONFERENCE, OUR STATE AND OUR
3 PRISON SYSTEM CONTINUE TO BE IN THE GRIP OF COVID. WE'RE
4 GOING TO ADDRESS THE ITEMS IN YOUR CASE MANAGEMENT STATEMENT
5 AS WE USUALLY DO. WE'RE GOING TO DO THAT OUT OF ORDER FOR
6 REASONS I'LL GET TO IN JUST A SECOND.

7 BEFORE WE ADDRESS THOSE ITEMS, I WANT TO PLACE TWO EX
8 PARTE CONTACTS ON THE RECORD AS I USUALLY DO.

9 ON SATURDAY, I RECEIVED A TEXT FROM STATE ASSEMBLYMAN ROB
10 BONTA. I DON'T KNOW MR. BONTA VERY WELL, BUT I KNOW HIM WELL
11 ENOUGH THAT HE HAS MY CELL PHONE NUMBER. AND I GOT AN EMAIL
12 INTO MY COURT STAFF EMAIL BOX FROM ASSEMBLYMAN MARC LEVINE. I
13 HAVE NOT SPOKEN TO EITHER OF THOSE GENTLEMEN. I SENT
14 ELECTRONIC RESPONSES TO EACH OF THEM THAT I DIDN'T FEEL IT WAS
15 APPROPRIATE FOR ME TO HAVE ONE-ON-ONE CONVERSATIONS WITH STATE
16 LEGISLATORS.

17 NEXT, I WOULD LIKE TO REPORT THAT ON MONDAY OF THIS WEEK,
18 I VISITED THE SOLANO STATE PRISON AND THE CALIFORNIA MEDICAL
19 FACILITY PRISON MYSELF. I WENT INTO THOSE FACILITIES. I SAW
20 THE DORMS. I SPOKE TO MEDICAL LEADERSHIP. I WAS TESTED FOR
21 COVID VERY SHORTLY BEFORE I WENT INTO THOSE FACILITIES FOR
22 OBVIOUS REASONS, AND I HAVE A FOLLOW-UP TEST ON MONDAY.

23 I WILL HAVE MORE TO SAY ABOUT THAT VISIT LATER IN THE
24 CONFERENCE. BECAUSE OF SOME CONCLUSIONS THAT I DREW FROM MY
25 VISITS, WE ARE GOING TO TAKE THE TOPICS OF THE HOUSING OF

1 MEDICALLY VULNERABLE INMATES AND THE TOPICS OF POPULATION
2 REDUCTION OUT OF ORDER.

3 WE ARE GOING TO ADDRESS THEM AT THE END OF THE CONFERENCE.
4 I HAVE SOME REMARKS TO MAKE ON THOSE TOPICS THAT ARISE FROM
5 THE CONCLUSIONS THAT I DREW HAVING MADE THOSE VISITS, AND I
6 WILL ASK THE PARTIES FORBEARANCE WHILE I MAKE THOSE REMARKS,
7 AND THEN WE CAN TURN TO THE REMAINDER OF THE SUBSTANCE OF
8 THOSE TWO TOPIC AREAS. BUT WE'LL GET TO THAT AT THE END OF
9 TODAY'S CONFERENCE.

10 SO, FOLLOWING THAT PLAYBOOK, THAT WOULD BRING US, JUST
11 GOING THROUGH THE CASE MANAGEMENT STATEMENT, TO THE TOPIC OF
12 INTAKE. I DON'T KNOW THAT THERE'S A GREAT DEAL TO BE SAID
13 ABOUT THAT. CDCR HAS SUSPENDED INTAKE FOR NOW, AND EVERYONE
14 AGREES THAT'S A SENSIBLE DECISION. AND THE REASONS FOR IT
15 SEEM RELATIVELY OBVIOUS.

16 DOES ANYBODY WANT TO SAY ANYTHING MORE ON THAT TOPIC,
17 MR. SPECTER?

18 **MR. SPECTER:** NO.

19 **THE COURT:** MR. MELLO?

20 **MR. MELLO:** NO, YOUR HONOR.

21 **THE COURT:** OKAY.

22 INMATE TRANSFERS: IN LIGHT OF EVENTS THAT HAVE HAPPENED
23 POST-TRANSFER, THIS TOPIC IS OBVIOUSLY VERY, VERY IMPORTANT.
24 IT APPEARS THAT THE INMATE TRANSFER POLICY IS STILL UNDER
25 DISCUSSION.

1 WITH THE VERY LIMITED EXCEPTIONS THAT ARE IDENTIFIED IN
2 THE CASE MANAGEMENT STATEMENT, IT'S OBVIOUSLY CRITICAL THAT NO
3 TRANSFERS TAKE PLACE UNTIL WE HAVE A FUNCTIONING,
4 WELL-REVIEWED TRANSFER POLICY AND MECHANISMS TO ENSURE THAT
5 THE POLICY IS FOLLOWED. AND I LOOK FORWARD TO THE OUTCOME OF
6 THOSE DISCUSSIONS, NOT JUST BETWEEN THE PARTIES, BUT WITH THE
7 INVOLVEMENT OF PUBLIC HEALTH EXPERTS.

8 MR. KELSO HAS STATED PUBLICLY, AND HE HAS STATED TO ME
9 SEPARATELY, THAT HE WILL MAKE SURE THAT THAT POLICY IS
10 REVIEWED BY PUBLIC HEALTH EXPERTS, AND THAT'S SORT OF WHERE WE
11 ARE RIGHT NOW.

12 DOES ANYBODY WANT TO SAY MORE ABOUT INMATE TRANSFERS?

13 MR. KELSO, YOU ARE ON MUTE, BY THE WAY.

14 **MR. KELSO:** YES. THANK YOU, YOUR HONOR.

15 I BELIEVE WE ARE VERY CLOSE TO THE POINT WHERE WE WILL BE
16 ABLE TO SHARE THE DRAFT THAT IS IN PROCESS WITH THE
17 PLAINTIFFS. MY INTENTION IS, AS SOON AS WE CAN, WE WILL SHARE
18 IT WITH PLAINTIFFS, EXPERTS AT THE DEPARTMENT OF PUBLIC
19 HEALTH, THE COURT'S ADVISORY BOARD, AND POSSIBLY OTHERS TO
20 SEEK REVIEW AND COMMENT. BECAUSE THIS IS PROBABLY THE MOST
21 IMPORTANT POLICY DOCUMENT THAT WE NEED TO GET EVERYONE'S INPUT
22 ON AND CLARITY ABOUT BEFORE WE CAN OPEN INTAKE OR BEGIN
23 TRANSFERS.

24 THIS SHOULD BE HAPPENING VERY SOON, YOUR HONOR.

25 **THE COURT:** THANK YOU.

1 THAT REMINDS ME, WHEN MR. KELSO MENTIONED THE ADVISORY
2 BOARD, YOU ALL KNOW THAT I HAVE AN ADVISORY BOARD AND I HAVE
3 MENTIONED THAT NUMEROUS TIMES, I HAVE INSTITUTED WEEKLY
4 MEETINGS WITH THE ADVISORY BOARD. THEY DON'T HAVE TO SHOW UP.
5 THESE ARE ZOOM MEETINGS, OBVIOUSLY. THEY ARE WELCOME TO DO
6 THAT IF THEY WANT TO.

7 I AM IN EITHER DIRECT OR INDIRECT COMMUNICATION PROBABLY
8 APPROXIMATELY TWICE A WEEK WITH DR. BERTOZZI AND DR. WILLIAMS.
9 DR. WILLIAMS ACCOMPANIED ME ON MY VISIT TO SOLANO AND CMF, AND
10 SHE HELPED ME SELECT THE INSTITUTIONS THAT I WOULD VISIT BASED
11 ON THE MAIN FACTORS OF THERE NOT BEING ANY COVID THAT WE KNEW
12 OF IN THE INSTITUTIONS. THEY ARE PROXIMATE ENOUGH THAT I
13 COULD VISIT THE INSTITUTION ON A SURPRISE BASIS AT THE
14 BEGINNING OF THE DAY WITHOUT HAVING TO SPEND THE NIGHT
15 SOMEWHERE. AND THEN I'M SURE HER BELIEF AS TO WHAT WOULD BE
16 MOST EDUCATIONAL FOR ME. SO SHE WAS WITH ME WHEN I CONDUCTED
17 THOSE VISITS.

18 THE NEXT ITEM IN THE PARTIES' STATEMENT IS SAFELY HOUSING
19 MEDICALLY VULNERABLE PEOPLE. AS I SAID, I WANT TO MOVE THAT
20 TOWARD THE END OF OUR CONFERENCE.

21 NEXT IS STAFF TESTING. AS YOU CAN TELL, BECAUSE YOU CAN
22 SEE MY HEAD GOING DOWN, I HAVE PREPARED MYSELF FOR TODAY'S
23 HEARING WITH AN OUTLINE AND SOMETIMES WITH SOME REMARKS.

24 I AM IN A LITTLE BIT OF A MUDDLE ON THIS ONE BECAUSE I'M
25 NOT REALLY SURE WHAT'S GOING ON. SO I'LL SUMMARIZE WHAT I

1 THINK IS HAPPENING, AND THEN I'LL HEAR FROM THE PARTIES.

2 I THOUGHT IT MIGHT BE HELPFUL TO GIVE THE STATE A LITTLE
3 BIT OF A KICK IN THE PANTS ON THE BASELINE TESTING, SO I DID
4 THAT. AND WHAT THEY SAID WAS, ESSENTIALLY, YOU DON'T NEED TO
5 KICK US IN THE PANTS, WE ARE DOING THIS ANYWAY. THERE WAS A
6 LITTLE BACK AND FORTH ABOUT THE DEADLINE; WE GOT THAT SORTED
7 OUT. NOW THERE'S GOING TO BE BASELINE TESTING EVERYWHERE.

8 I AM AWARE, AND I WAS AWARE BEFORE THE CASE MANAGEMENT
9 STATEMENT, OF WHAT THE CDC'S GUIDANCE IS ON BASELINE TESTING
10 FOR HEALTHCARE WORKERS, FOR NURSING HOMES, FOR ALL THE
11 DIFFERENT VARIETIES OF PERSONS THAT COME IN CONTACT WITH THE
12 DISEASE, SO IT JUST SEEMED OBVIOUS TO ME THAT BASELINE TESTING
13 WAS THE PLACE TO START. I THINK CDCR AND CCHCS HAD ALREADY
14 FIGURED THAT OUT, FRANKLY, SO NOW THAT'S UNDERWAY.

15 THAT BRINGS US TO THE QUESTION OF HOW FREQUENTLY AFTER
16 BASELINE TESTING SHOULD PEOPLE BE TESTED, WHICH IS A QUESTION
17 THAT HAS NOT YET BEEN RESOLVED IN THIS CASE THAT I'M AWARE OF.
18 I CERTAINLY AM NOT AWARE OF ANY RESOLUTION.

19 AND THERE IS A COMMENT ABOUT THAT IN THE CASE MANAGEMENT
20 STATEMENT. THERE WAS ALSO A SUPPLEMENTAL CASE MANAGEMENT
21 STATEMENT FILED TODAY JUST BY THE PLAINTIFFS, WHICH I READ.

22 SO, WHAT I'M UNDERSTANDING FROM PLAINTIFFS IS THAT, IN
23 THEIR VIEW, THE RECEIVER'S OFFICE, WHICH IS ALSO CALLED CCHCS,
24 ALTHOUGH THOSE TWO THINGS ARE NOT EXACTLY INTERCHANGEABLE, HAS
25 BEEN PRETTY FORTHCOMING AND THEY HAVE BEEN ABLE TO GET INTO

1 DISCUSSIONS WHEN THEY NEEDED TO, AND THEY ARE HAVING TROUBLE
2 WITH CDCR. I MAY NOT BE GETTING THAT EXACTLY RIGHT.

3 THE MORE IMPORTANT POINT IS, THAT THE PARTIES -- THE
4 PLAINTIFFS PERCEIVE THAT THEY ARE HAVING TROUBLE GETTING
5 QUESTIONS ANSWERED ABOUT THE STATE'S, EITHER WHAT IS THEIR
6 POSITION OR WHY THEY ARE TAKING A CERTAIN POSITION ON ASPECTS
7 OF STAFF TESTING.

8 NOW, I DON'T KNOW WHAT THE RIGHT ANSWERS ARE. I'M HOPING
9 THAT I DON'T HAVE TO MAKE THAT DECISION BECAUSE I DIDN'T GO TO
10 MEDICAL SCHOOL. BUT I DID THINK THAT ALL OF THE QUESTIONS
11 THAT THE PLAINTIFFS IDENTIFIED WERE REASONABLE QUESTIONS.

12 AND THEY, FOR THE MOST PART, TAKE THE FORM OF, WE LOOKED
13 AT THE CDC GUIDANCE. WE THINK THAT THE GUIDANCE FOR
14 COMPARABLE SITUATIONS IS X, WHY AREN'T YOU DOING X? THAT KIND
15 OF THING.

16 AND, AGAIN, I'M NOT SAYING WHAT THE FACTS ARE. I'M
17 SUMMARIZING WHAT THE PLAINTIFFS VIEW THE FACTS TO BE. WE
18 ASKED THESE QUESTIONS; MANY DAYS WENT BY, WE WERE FINALLY TOLD
19 WE WOULD GET AN ANSWER ON THE EVE OF THE CASE MANAGEMENT
20 CONFERENCE, AND THEN, ESSENTIALLY, WE DIDN'T.

21 NOW, I'LL STOP TALKING IN JUST A SECOND. WE ARE GOING TO
22 HAVE A HARD TIME GETTING THROUGH COVID IF I HAVE TO TELL THE
23 PARTIES HOW TO MEET AND CONFER. SO HOPEFULLY WHATEVER THIS --
24 WHATEVER HAS GOT THE HANDLE ON THE FAUCET STUCK HERE, WE CAN
25 UNSTICK IT TOGETHER.

1 LET ME HEAR FIRST FROM MR. MELLO AND THEN FROM WHOMEVER ON
2 THE PLAINTIFFS' SIDE WANTS TO ADDRESS THIS ISSUE. WHAT I'M
3 REALLY LOOKING FOR IS NOT A HE-SAID, SHE-SAID ABOUT HOW WE GOT
4 HERE, IT'S WHAT SHOULD THE COURT DO, IF ANYTHING, TO HELP GET
5 CLOSURE ON THIS ISSUE.

6 MR. MELLO?

7 **MR. MELLO:** SURE. THANK YOU, YOUR HONOR.

8 AND I APPRECIATE THE GUIDANCE AS TO WHAT YOU WOULD LIKE TO
9 HEAR. I DO THINK SOME BACKGROUND IS IMPORTANT. AND I DON'T
10 WANT TO GET INTO THE WEEDS, BUT WHEN CHARACTERIZATIONS ARE
11 MADE ABOUT THE PROCESS, I DO FEEL COMPELLED TO POINT OUT A
12 COUPLE OF THINGS, IF I MAY.

13 FIRST, THERE WERE SOME VERY GOOD QUESTIONS THAT WERE
14 PRESENTED, AND THEY ARE BEING CONVEYED TO AND COMMUNICATED
15 WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH.

16 IN ADDITION, WE ARE ENDEAVORING TO ARRANGE A MEETING
17 BETWEEN THEIR EXPERTS AND PUBLIC HEALTH REGARDING THESE
18 ISSUES. I'M NOT SURE THAT WILL HAPPEN, BUT WE ARE ENDEAVORING
19 TO MAKE SURE THAT THAT HAPPENS. SO THAT IS WHERE THINGS
20 STAND.

21 I DO THINK IT IS IMPORTANT THAT THE COURT UNDERSTANDS THE
22 CONTEXT. WE ARE REFERRING TO THESE AS "MEET AND CONFERS."
23 MEET AND CONFERS USUALLY OCCUR BETWEEN ATTORNEYS, NOT OPPOSING
24 COUNSEL AND YOUR CLIENTS. AND THESE MEETINGS FEEL VERY MUCH
25 LIKE PMK DEPOSITIONS, YOUR HONOR, WHERE SIX INDIVIDUALS ARE

1 QUESTIONING OUR WITNESSES, WHERE... TO THE EXTENT WE SEEK TO
2 CLARIFY QUESTIONS OR POINT OUT THAT SOMEBODY IN HR MIGHT NOT
3 BE THE PERSON WHO COULD DESCRIBE THE SCIENCE BEHIND A DECISION
4 THAT THEY RECEIVED FROM PUBLIC HEALTH AS TO HOW TO -- THE
5 AMOUNT OF TESTING, THE TIME BETWEEN TESTING, THE SAMPLE SIZES
6 WHERE IT IS PERFECTLY APPROPRIATE FOR A PERSON IN HUMAN
7 RESOURCES TO SAY, I DIDN'T MAKE THAT DECISION, WE DID IT IN
8 CONSULTATION WITH PUBLIC HEALTH, THAT SEEMS LIKE AN
9 APPROPRIATE ANSWER. BUT I CAN UNDERSTAND SOME FRUSTRATION.

10 BUT I THINK IT'S IMPORTANT TO NOTE THAT, AGAIN, MY CLIENTS
11 FEEL LIKE THEY ARE BEING DEPOSED WITHOUT THE BENEFIT OF THEIR
12 ATTORNEYS BEING ABLE TO CLARIFY QUESTIONS, INTERPOSE
13 OBJECTIONS. AND SO IT'S A VERY -- AND THE TONE IS OFTEN
14 TROUBLING, YOUR HONOR.

15 SO, I DO THINK THAT SOME BACKGROUND -- BUT AT THE END OF
16 THE DAY, AS I SAID AT THE BEGINNING, THEY DID RAISE SOME GOOD
17 QUESTIONS. WE GOT THOSE QUESTIONS A COUPLE OF HOURS BEFORE
18 THE MEETING. AGAIN, THEY HAVE TRIED TO DISCUSS THESE ISSUES
19 WITH US FOR SOME TIME. WE UNDERSTAND THAT, BUT LET'S THINK
20 ABOUT WHAT'S OCCURRED ALSO IN THE PROCESS, YOUR HONOR.

21 WE'VE CHANGED THE PLAN. WE'VE HAD AN OUTBREAK AT SAN
22 QUENTIN AS WELL AS WE CONDUCTED ALL THE TESTING SET FORTH IN
23 THE CMC STATEMENT. WE TAKE THIS VERY SERIOUSLY. THIS IS A
24 STATE AND A DEPARTMENT THAT VERY MUCH WANTS TO GET STAFF
25 TESTING RIGHT TO PROTECT THE INMATE CLASS, WHO WANTS TO GET

1 STAFF TESTING TO PROTECT THEIR WORKERS. AND STAFF WERE VERY
2 WORRIED ABOUT THESE ISSUES. AND THEY WANT TO GET STAFF
3 TESTING RIGHT BECAUSE AS A STATE, LIKE THE REST OF THE
4 COUNTRY, THAT IS LEARNING AND STRUGGLING WITH THIS CRISIS
5 EVERY SINGLE DAY.

6 SO WE WILL ENDEAVOR TO DO THAT. I DO THINK SOME
7 ACKNOWLEDGMENT OF THE BIG MOVES THAT HAVE BEEN MADE ON STAFF
8 TESTING, THERE'S ADDITIONAL INFORMATION I CAN SHARE, IF YOU
9 WOULD LIKE, AS TO WHERE WE'VE STARTED. WE WILL, IT APPEARS,
10 MEET THE 16TH DEADLINE THAT -- YOU KNOW, WE HAVE A STATEWIDE
11 CONTRACTOR NOW. SO THERE'S LOTS OF GOOD WORK THAT'S BEEN DONE
12 THERE.

13 IN ADDITION, STAFF TESTING IS MOVING. WE'VE SAID THAT ALL
14 ALONG. WE PROVIDED A PLAN BECAUSE THE COURT ORDERED US TO
15 PROVIDE THE PLAN TO PLAINTIFFS, AND WE SAID IT WOULD CHANGE.

16 FOR EXAMPLE, AT SAN QUENTIN, WE WILL BE TESTING EVERY
17 SEVEN DAYS THE STAFF AT SAN QUENTIN. SO THE PLAN COULD
18 CHANGE, YOUR HONOR. AND -- BUT I DO THINK SOME CONTEXT IS
19 APPROPRIATE. AND I DIDN'T THINK THAT THE COURT WANTED US TO
20 REPORT AND BRIEF OUR MEET-AND-CONFER SESSIONS, BUT IF THAT IS
21 HOW THE COURT WOULD LIKE IT TO GO IN THE FUTURE, WE ARE HAPPY
22 TO OBLIGE.

23 WITH THAT, I WILL STOP, YOUR HONOR. THANK YOU.

24 **THE COURT:** THANK YOU, MR. MELLO. THAT'S SOME VERY
25 USEFUL CONTEXT. I WILL SAY A COUPLE OF THINGS BEFORE I TURN

1 IT OVER TO PLAINTIFFS.

2 FIRST, YOU AND I BOTH KNOW, I DON'T WANT YOU TO REPORT ON
3 EVERY MEET AND CONFER, SO YOU DON'T HAVE TO WORRY ABOUT
4 UNDERTAKING THAT EFFORT.

5 IT'S ONLY HAPPENED A COUPLE OF TIMES, I THINK. IT HASN'T
6 HAPPENED THAT MANY TIMES, LET ME SAY, THAT PEOPLE HAVE BROUGHT
7 TO MY ATTENTION THAT THEY ARE GETTING STUCK ON PARTICULAR
8 ISSUES. AND WHAT I STARTED BY SAYING IS, I HOPE IT WON'T
9 HAPPEN OFTEN, BUT IT STILL MIGHT HAPPEN. BUT I ACKNOWLEDGE
10 THAT IT'S PROBABLY UNLIKELY THAT IT WON'T EVER HAPPEN AGAIN.
11 I AM JUST TRYING TO FIGURE OUT THIS ONE.

12 ALSO, I ALREADY HAD IN MY NOTES, AND SO IT'S EASY FOR ME
13 TO ACKNOWLEDGE YOUR POINT THAT I UNDERSTAND THAT IT IS NEITHER
14 CUSTOMARY NOR HELPFUL GENERALLY TO HAVE YOUR ADVERSARY IN THE
15 ROOM WHILE YOU ARE TRYING TO FORMULATE A POLICY, AND THAT'S
16 WHAT'S HAPPENING HERE.

17 I ALSO WOULD SAY THAT THE PARTIES IN THIS CASE, LAWYERS IN
18 THIS CASE, HAVE A LONG HISTORY WITH EACH OTHER. AND VERY,
19 VERY, VERY OCCASIONALLY IN THE WORLD, YOU WILL SEE CASES WHERE
20 OPPOSING COUNSEL GO TO BALLGAMES TOGETHER AND GO ON VACATIONS
21 TOGETHER, BUT THIS IS NOT THAT CASE. SO, I GET THAT ALSO.

22 AND WHEN YOU SAY THAT SOMETIMES THE ATMOSPHERE IN THESE
23 MEETINGS IS TENSE AND THAT YOUR CLIENTS FEEL LIKE THEY ARE
24 BEING CROSS-EXAMINED, I KNOW, JUST BASED ON MY OWN EXPERIENCE
25 IN THE CASE, THAT THAT'S PROBABLY CORRECT AT LEAST SOME OF THE

1 TIME. THEY PROBABLY HAVE A LEGITIMATE RIGHT TO FEEL THAT WAY.
2 SO I THINK ALL THOSE POINTS ARE LEGITIMATE.

3 I ALSO WILL ACKNOWLEDGE THAT THE STATE HAS MADE
4 SIGNIFICANT PROGRESS ON THIS ISSUE. THAT'S EASY. I CAN GIVE
5 YOU THAT ONE. THE TASK I WRESTLE WITH EVERY WEEK, EVERY DAY,
6 REALLY, IS TO STRIKE A BALANCE BETWEEN ACKNOWLEDGING WHEN THE
7 STATE HAS MADE PROGRESS SO THAT PEOPLE FEEL THEY ARE GETTING
8 CREDIT WHEN THEY DESERVE IT, WHICH THEY SHOULD, AND NOT
9 LETTING ANYBODY BECOME COMPLACENT.

10 ON THIS ISSUE, I WILL ACKNOWLEDGE TO YOU THAT I FEEL RIGHT
11 NOW I AM ABLE TO HAVE A FAIRLY LIGHT TOUCH ON THE STEERING
12 WHEEL AND A FAIRLY LIGHT TOUCH ON THE ACCELERATOR. I
13 APPRECIATE THAT.

14 WHAT I AM LOOKING FOR IS MAYBE A MECHANISM THAT SEEMS TO
15 BOTH SIDES LIKE IT MIGHT WORK, AND I COULD THROW OUT SOME
16 PROPOSALS AS TO WHAT THAT MIGHT BE. BUT REALLY, I THINK THE
17 PROPOSAL THAT'S GOING TO HAVE THE BEST CHANCE OF WORKING IS
18 SOMETHING THAT ONE OF YOU PROPOSES THAT YOU BELIEVE IN GOOD
19 FAITH WILL WORK FOR THE OTHER SIDE. AND MAYBE THAT'S NOT EVEN
20 SOMETHING THAT YOU CAN SAY OUT LOUD IN THE MIDDLE OF A HEARING
21 WITH, ACCORDING TO ZOOM, APPROXIMATELY 165 PARTICIPANTS.

22 BUT, FOR EXAMPLE, IT MAY BE THAT THERE'S A PERSONALITY
23 ISSUE. THIS HAPPENS ALL THE TIME IN LITIGATION. AND
24 SOMETIMES, PARTICULARLY WHEN THERE ARE LARGE TEAMS ON BOTH
25 SIDES, A WAY OF CUTTING THROUGH IT IS JUST TO SAY, OKAY, ON

1 THIS ISSUE, SO AND SO CAN BE IN THE ROOM AND SO AND SO CAN BE
2 IN THE ROOM BECAUSE THEY GET ALONG AND MAKE PROGRESS WITH EACH
3 OTHER, AND THEY WILL REPORT BACK WHAT HAPPENS IN THE ROOM.

4 I SAY THAT AS AN EXAMPLE, BUT IT'S SOMETHING THAT MIGHT
5 WORK HERE AND IT'S SOMETHING THAT NEITHER YOU NOR THE
6 PLAINTIFFS MAY WISH TO DISCUSS IN FRONT OF EVERYBODY. THAT'S
7 THE KIND OF THING I'M LOOKING FOR BECAUSE WE STILL HAVE TO
8 FIGURE OUT HOW TO EXTRACT ALL THE BENEFITS OF COLLABORATION
9 AND AVOID A LITIGATION LOG, IF WE CAN.

10 I WENT ON A LITTLE LONGER THAN I INTENDED HAD. WHO, FROM
11 PLAINTIFFS, WOULD LIKE TO ADDRESS THIS POINT?

12 **MR. SPECTER:** SOPHIE IS GOING TO ADDRESS IT, BUT I
13 JUST WANT TO SAY ONE THING, YOUR HONOR, WHICH IS THAT I DON'T
14 THINK IT'S APPROPRIATE HERE TO RESPOND IN DETAIL TO
15 MR. MELLO'S COMMENTS. OUR SOLE GOAL IS TO GET THE TESTING
16 RIGHT SO THAT IT PREVENTS AS MUCH AS POSSIBLE THE HARM TO BOTH
17 THE STAFF AND US.

18 AND AS YOU CAN SEE FROM OUR PLEADING, WE HAVE BEEN A
19 LITTLE TROUBLED BY THAT BECAUSE OF THE PEOPLE WHO DEFENDANTS
20 HAVE IN THE ROOM, BUT THAT'S ALL I'LL SAY.

21 MS. HART.

22 **MS. HART:** GOOD AFTERNOON, YOUR HONOR.

23 I DON'T HAVE TOO MUCH TO ADD. LIKE YOU, WE ARE VERY GLAD
24 THE ASSIGNED TESTING IS UNDERWAY. IN OUR VIEW, THE PLAN FOR
25 TESTING, WHICH CALLS FOR WHAT CDCR WILL DO IN RESPONSE TO THE

1 BASELINE TESTING, NEEDS TO BE FINALIZED AND IMPLEMENTED NOW,
2 OR VERY SOON.

3 AND WE'VE HAD CONCERNS ABOUT WHAT WE SEE AS SIGNIFICANT
4 HOLES IN THE PLAN FOR A COUPLE OF WEEKS NOW, AND WE HAVE BEEN
5 FIGURING OUT -- TRYING TO FIGURE OUT A WAY TO GET THOSE
6 CONCERNS CONVEYED TO CDCR AND ARE STRUGGLING TO DO SO.

7 SO WE WOULD APPRECIATE RESPONSES ON THOSE POINTS. AND WE
8 WOULD LIKE TO KNOW WHETHER OR NOT THEY ARE GOING TO MAKE
9 ADJUSTMENTS TO THEIR PLAN BASED ON THE QUESTIONS THAT WE HAVE
10 RAISED NOW IN A VARIETY OF DIFFERENT WAYS.

11 **THE COURT:** THANK YOU, MS. HART. THANK YOU,
12 MR. SPECTER.

13 TO MR. SPECTER'S POINT, I THINK BOTH OF THOSE THINGS CAN
14 BE TRUE SIMULTANEOUSLY. IN OTHER WORDS, PEOPLE CAN FEEL AS
15 THOUGH THEY ARE BEING CROSS-EXAMINED AND THE QUESTIONS CAN BE
16 MOTIVATED BY A SINCERE DESIRE TO GET THE TESTING RIGHT. THOSE
17 ARE LEGITIMATE REALITIES.

18 **MR. SPECTER:** YES, YOUR HONOR.

19 **THE COURT:** TO MS. HART'S POINT, I WOULD SAY,
20 MS. HART, ONE TIME I THINK BEFORE SINCE WE STARTED THIS --
21 SINCE WE HAVE BEEN HAVING VERY FREQUENT COVID-RELATED CASE
22 MANAGEMENT CONFERENCES, I DID ACTUALLY ORDER SOMEBODY TO
23 RESPOND BY A PARTICULAR DATE IN WRITING ABOUT A PARTICULAR
24 THING.

25 I'M NOT ANXIOUS TO CREATE INCENTIVES FOR A LOT OF THAT

1 BECAUSE THEN THAT'S WHAT WE WILL SPEND OUR TIME DOING. IT
2 DOESN'T MEAN, YOU KNOW, IF CORNERED, I'LL DO IT.

3 I GUESS MY QUESTION IS, WOULD IT WORK FOR YOU, AND IT
4 MIGHT EVEN BE YOUR FIRST CHOICE, IF I SIMPLY FOUND OUT FROM
5 THE STATE WHEN THEY THOUGHT THEY COULD HAVE THE NEXT DRAFT OF
6 THEIR PLAN? I DON'T SAY FINAL, BUT THE NEXT DRAFT OF YOUR
7 PLAN AND SHARE THAT WITH YOU. AND THEN YOU COULD LOOK AT THAT
8 AND SEE TO WHAT EXTENT IT INCORPORATED YOUR CONCERNS, AND THEN
9 THAT COULD BE THE NEXT STEP IN THE PROCESS. IF THAT DOESN'T
10 SOUND LIKE A GOOD NEXT STEP, WHAT DO YOU THINK IS A GOOD NEXT
11 STEP?

12 **MS. HART:** I THINK THAT SOUNDS LIKE A GOOD NEXT STEP.
13 I WOULD SAY IT WOULD BE BEST IF WE CAN GET THAT BEFORE JULY 16
14 WHEN THEY ARE SUPPOSED TO BE DONE WITH THE BASELINE TESTING SO
15 WE CAN WORK OUT ANY ISSUES, HOPEFULLY BEFORE THEN, ABOUT THE
16 SURVEILLANCE OF THE TESTING THAT WILL GO ON AFTER THE BASELINE
17 TESTING.

18 **THE COURT:** THAT'S TWO WEEKS FROM TODAY. THAT'S A
19 VERY, VERY REASONABLE THING THAT YOU SAID.

20 MR. MELLO, WHAT DO YOU THINK? ALL THEY WANT IS THE NEXT
21 DRAFT OF THE --

22 **MR. MELLO:** BY THE 16TH. AGAIN, I HAVEN'T CONSULTED
23 WITH MY --

24 **THE COURT:** HOLD ON.

25 (SIMULTANEOUS COLLOQUY.)

1 **MR. MELLO:** OF COURSE -- THAT IS A TENTATIVE, OF
2 COURSE, YOUR HONOR.

3 **THE COURT:** WELL, LET ME PUT IT TO YOU THIS WAY,
4 MR. MELLO.

5 **MR. MELLO:** UNDERSTOOD.

6 **THE COURT:** MS. HART WAS ATTEMPTING TO BE GENEROUS
7 WITH THE STATE WHEN SHE SAID JULY 16TH BECAUSE I THINK SHE WAS
8 HOPING TO STOP THE BIDDING. AND THEN WHAT I DID, SOMEWHAT
9 INTENTIONALLY, IS TO SIGNAL TO HER THAT I THOUGHT THAT
10 DEADLINE WAS VERY GENEROUS.

11 SO, I REALLY SEE A COUPLE OF DIFFERENT PATHS. ONE IS, WE
12 CAN SAY THE 16TH BUT IT'S NOT A, I'M GOING TO CHECK WITH
13 SOMEBODY. IT'S A HARD DEADLINE. IT'S A COURT ORDER. AND IF
14 YOU CAN GET IT DONE SOONER, THAT WOULD BE GREAT. AND THEN YOU
15 CAN MAKE THIS ISSUE -- IT'S NOT ABOUT MAKING MS. HART HAPPY OR
16 MR. SPECTER, OR EVEN ME. IT'S ABOUT HAVING A FINAL POLICY
17 ABOUT SOMETHING THAT IS ONE OF THE MOST IMPORTANT THINGS THAT
18 WE ARE DOING.

19 SO, IT WOULD BE GREAT IF WE HAD A POLICY IN PLACE TOMORROW
20 OR TODAY AT 4:15, BUT THAT'S NOT POSSIBLE. SO, IF IT
21 ABSOLUTELY HAS TO BE THE 16TH, OKAY. BUT IT WOULD BE GREAT IF
22 IT CAN BE DONE BEFORE THEN.

23 **MR. MELLO:** MAY I SPEAK?

24 **THE COURT:** PLEASE.

25 **MR. MELLO:** SO, I MEAN, AGAIN, I'VE HEARD -- WE'VE

1 GOT THIS NEW WORLD WHERE I CAN COMMUNICATE WITH MY CLIENTS
2 LIVE TIME. THE 16TH IS DOABLE. WE, OF COURSE, BELIEVE, AS I
3 TRIED TO AND APPARENTLY DIDN'T ARTICULATE WELL, THAT THIS IS
4 TERRIBLY IMPORTANT AND WE ARE TRYING TO GO AS FAST AS
5 POSSIBLE.

6 SO IF WE CAN DO IT SOONER, WE WILL DO IT SOONER. BUT THE
7 16TH WAS A VERY REASONABLE REQUEST BY MS. HART. AND IT
8 APPEARS TO BE DOABLE AS WE WORK WITH CALIFORNIA DEPARTMENT OF
9 PUBLIC HEALTH AND OUR PUBLIC HEALTH PARTNERS, YOUR HONOR, AND
10 WE WILL ENDEAVOR TO DO IT SOONER.

11 I JUST -- ONE CLARIFICATION. YOU USED THE WORD "FINAL."
12 AND I AM SO AFRAID OF THE WORD "FINAL."

13 **THE COURT:** NO, NO, FORGET I SAID IT. I WANT TO DO
14 THE THING THEY DO IN THE "MEN IN BLACK" MOVIE WHERE THEY POINT
15 THE DEVICE AND PEOPLE CAN NEVER REMEMBER THAT IT HAPPENED.

16 **MR. MELLO:** OKAY.

17 **THE COURT:** OKAY? NO INMATE TESTING POLICY, NO STAFF
18 TESTING POLICY, NO TRANSFER POLICY IS FINAL BECAUSE WE WILL
19 CONTINUE TO GET BETTER INFORMATION BASED ON OUR EXPERIENCE ON
20 THE GROUND AND PUBLIC HEALTH GUIDANCE AND THE EXPERIENCE OF
21 OUR MEDICAL STAFF, MEDICAL LEADERSHIP IN THE INSTITUTION. I
22 AGREE WITH YOU, AND I TAKE IT BACK.

23 I DO -- LET ME -- I'LL JUST ASK YOU. I STILL REMEMBER
24 WHAT IT WAS LIKE TO BE A LITIGATOR. BIG, IMPORTANT, HOTLY
25 CONTESTED CASES, HOW MUCH FUN THAT WAS.

1 MR. SPECTER, WITHOUT SAYING WHO THEY ARE, ARE SOME PEOPLE
2 ON THE STATE SIDE EASIER TO DEAL WITH THAN OTHERS?

3 IT'S A "YES" OR "NO" QUESTION.

4 MR. SPECTER: YES.

5 THE COURT: MR. MELLO, SAME QUESTION WITH REGARD TO
6 THE PLO.

7 MR. MELLO: YES.

8 THE COURT: OKAY. FROM NOW ON, HAVE THOSE PEOPLE
9 TALK TO EACH OTHER, AND HOPEFULLY -- WE WILL JUST KEEP OUR
10 FINGERS CROSSED.

11 I WANT TO SAY ONE MORE THING ABOUT TESTING. SOMETIMES THE
12 STATE PROVIDES STATISTICS; SOMETIMES THEY ARE REALLY HELPFUL.
13 I LIKE TO KNOW WHERE WE ARE ALL THE TIME. I'M CONSTANTLY
14 ASKING MR. KELSO, WHERE ARE WE. I GO ON EVERY WEBSITE I CAN
15 FIND. MR. KELSO JUST SENT ME ANOTHER ONE TODAY THAT'S
16 ACTUALLY PRETTY SCARY ABOUT PREDICTIONS, WHAT'S GOING TO
17 HAPPEN STATEWIDE.

18 BUT ANYWAY, ON PAGE 11 AND 12 OF THE CASE MANAGEMENT
19 STATEMENT, A RECITATION OF HOW MANY STAFF HAVE BEEN TESTED AT
20 CERTAIN INSTITUTIONS; I DON'T KNOW HOW MANY STAFF OVERALL ARE
21 AT THE INSTITUTIONS, SO THAT DOESN'T TELL ME PERCENTAGES.

22 SO, I WOULD JUST SAY TO THE STATE, YOU DON'T HAVE TO TELL
23 ME THAT, YOU DIDN'T HAVE TO TELL ME THAT, BUT IF YOU ARE GOING
24 TO TELL ME, IF I CAN GET A SENSE OF HOW MANY PEOPLE -- WHAT
25 PERCENTAGE OF STAFF WERE TESTED, THAT WOULD MAKE THAT MORE

1 HELPFUL.

2 MR. MELLO: YOUR HONOR, MAY I SPEAK TO THAT?

3 THE COURT: SURE.

4 MR. MELLO: THIS WAS A VERY GOOD POINT RAISED BY
5 PLAINTIFFS IN YESTERDAY'S MEET-AND-CONFER AGENDA THAT THEY
6 PREPARED, WHICH IS HOW WILL IT BE REPORTED.

7 AS YOU KNOW, WE HAVE A GREAT DEAL OF INFORMATION ON OUR
8 COVID WEB PAGE, CDCR'S COVID WEB PAGE, AND I THINK WE ARE
9 STRUGGLING WITH THREE DIFFERENT VENDORS AND HOW WE REPORT THE
10 STAFF TESTING RESULTS. BUT THAT IS A FAIR POINT AND A GOOD
11 POINT. AGAIN, INFORMATION IS POWER, AND SO WE AGREE WITH YOUR
12 HONOR AND WE WILL TRY TO REPORT IT BOTH TO THE PUBLIC AND TO
13 YOU AS USEFULLY AS POSSIBLE.

14 THE COURT: I WANT TO SAY SOMETHING ABOUT THAT
15 WEBSITE. I DON'T KNOW IF I'VE SAID IT BEFORE. I THINK THAT
16 WEBSITE IS TERRIFIC. I CONGRATULATE THE STATE POSTING IT.

17 IT DOESN'T MATTER IF THE NUMBERS ARE GOOD, ARE TERRIBLE,
18 OR SOMETHING GOOD HAPPENED RECENTLY, OR SOMETHING TERRIBLE
19 HAPPENED RECENTLY. THE STATE HAS THE WEBSITE THERE, AND
20 EVERYBODY CAN SEE WHAT'S HAPPENING IN ALL THESE INSTITUTIONS.
21 I DON'T KNOW IF OTHER STATES ARE DOING THAT, BUT I'M GLAD THE
22 STATE DOES IT.

23 AS I THINK I DID TELL THE PARTIES, THAT WEBSITE IS THE
24 FIRST THING I LOOK AT EVERY MORNING WHEN I GET TO WORK. AND I
25 AM GLAD IT'S STILL THERE.

1 OKAY. LET'S TURN TO INMATE TESTING FOR A SECOND.

2 MR. FAMA, YOU PUT YOUR HAND UP. WAS THAT A ZOOM THING? IT
3 WAS A ZOOM THING. OKAY.

4 SO, I THINK INMATE TESTING IS KIND OF COMPLICATED. I HAD
5 SOME SIDE CONVERSATIONS WITH MEDICAL LEADERSHIP AT TWO
6 DIFFERENT PRISONS THIS WEEK. AS THE PARTIES KNOW, I HAVE
7 PUBLIC HEALTH AND PRISON HEALTH PEOPLE I TALK TO. THE
8 POSITION IS THAT THERE SHOULD BE BASELINE TESTING OF EVERY
9 INMATE AT EVERY INSTITUTION, AND I'M NOT ACTUALLY SURE THAT'S
10 RIGHT. I'M NOT SAYING IT ISN'T RIGHT; I'M JUST SAYING I
11 HAVEN'T SEEN THE SAME CASE MADE FOR THAT THAT I'VE SEEN FOR
12 STAFF TESTING, BASELINE STAFF TESTING.

13 FIRST, WE HAVE TO ACKNOWLEDGE SOME INMATES REFUSE TO BE
14 TESTED. THAT'S NOT THE BIGGEST POINT, BUT IT IS A POINT. AND
15 OBVIOUSLY WHEN THE REFUSALS REACH A CERTAIN LEVEL WITHIN A
16 CERTAIN BUILDING OR A CERTAIN INMATE GROUP, THAT CAN MAKE YOUR
17 TESTING LIFE AND YOUR DATA LIFE DIFFICULT.

18 BUT MORE IMPORTANTLY, I'M NOT SURE THE PUBLIC HEALTH
19 PEOPLE WOULD SAY YOU NEED A HUNDRED PERCENT. I THINK THEY
20 WOULD SAY YOU NEED TO DO A CERTAIN PERCENTAGE, WHICH MIGHT BE
21 HIGHER THAN WHAT WE'RE DOING NOW TO GET TO AN ADEQUATE
22 CONFIDENCE LEVEL. AND I KNOW THAT THE PARTIES' PUBLIC HEALTH
23 PEOPLE ARE IN COMMUNICATION WITH EACH OTHER.

24 AND MY THOUGHTS ON THIS ARE A LITTLE UNFORMED, BUT I GUESS
25 I'M WAITING TO HEAR MORE FROM THE PARTIES IF THE PUBLIC HEALTH

1 PEOPLE DISAGREE ABOUT THIS, WE CAN RESOLVE THE DISAGREEMENT.
2 BUT I -- I DIDN'T SEE A PUBLIC HEALTH OPINION ABOUT THIS IN
3 THE CASE MANAGEMENT STATEMENT. AS I SAY, I'M NOT SURE THE
4 ANSWER ACTUALLY IS A HUNDRED PERCENT.

5 I THINK STATISTICIANS ALSO MIGHT BE PART OF THE ANSWER.
6 AT THIS POINT WE HAVE ACCESS TO STATISTICIANS AT THE BERKELEY
7 SCHOOL OF PUBLIC HEALTH, I THINK. I THINK THEY WOULD LEAN IN
8 ON THIS. AND I THINK THE STANFORD SCHOOL OF MEDICINE ALSO
9 WOULD IF WE ASKED THEM TO.

10 SO, THOSE THOUGHTS ARE A LITTLE INCHOATE. DOES ANYONE
11 WANT TO SAY ANYTHING MORE ABOUT INMATE TESTING?

12 MR. SPECTER, YOU ARE ON MUTE.

13 **MR. SPECTER:** I WILL TURN IT OVER TO MR. FAMA.

14 **THE COURT:** VERY GOOD.

15 **MR. FAMA:** THANK YOU, YOUR HONOR. GOOD AFTERNOON.

16 I THINK IT IS, OF COURSE, A GOOD IDEA TO HAVE THE EXPERTS
17 TALK TO ONE ANOTHER WITH REGARDS TO THE QUESTION OF BASELINE
18 TESTING.

19 IF I MAY, IT REMINDS ME, WHILE IT IS GOOD THAT THE STATE
20 WILL GIVE US A PLAN ON THE STAFF TESTING BY THE 16TH, I THINK
21 IT WOULD STILL BE A GOOD IDEA -- I HOPE MR. MELLO AND HIS
22 CLIENTS AGREE AND YOUR HONOR, OF COURSE, AS WELL, THAT IT
23 WOULD BE A GOOD IDEA FOR THE EXPERTS TO TALK ABOUT THAT AS
24 WELL.

25 AND WE HAD SUGGESTED THAT AND THE STATE HAD SAID THEY

1 WOULD TRY TO ARRANGE IT, AND I HOPE THAT GOES FORWARD, TOO,
2 BECAUSE I THINK THAT'S A GOOD IDEA.

3 **THE COURT:** MR. KELSO? I'M GOING TO ASK YOU A
4 QUESTION.

5 HEIDI BAUER WORKS FOR YOU. COULD YOU -- MR. FAMA, CAN YOU
6 REMIND ME OF THE NAME OF THE PLAINTIFFS' PUBLIC HEALTH EXPERT
7 AGAIN?

8 **MR. FAMA:** WELL, WE'VE HAD A COUPLE, YOUR HONOR.
9 THERE'S DR. REINGOLD.

10 **THE COURT:** REINGOLD --

11 **MR. FAMA:** THERE'S ANOTHER WE HAVE BEEN USING. AND
12 WE MENTIONED --

13 **THE COURT:** THAT'S OKAY. MR. FAMA, IT'S JUST GOING
14 TO BE A HYPOTHETICAL. I JUST NEEDED ONE --

15 **MR. FAMA:** VERY GOOD. I'M SORRY.

16 **THE COURT:** MR. KELSO, IF DR. REINGOLD JUST CALLED
17 HEIDI BAUER, WOULD SHE PICK UP THE PHONE?

18 **MR. KELSO:** YES.

19 **THE COURT:** THERE WE GO.

20 SO... YES. WHAT I WOULD SAY, MR. FAMA, IS I PREVIOUSLY
21 GAVE LICENSE TO THE EXPERTS JUST TO TALK TO EACH OTHER. I
22 WOULD URGE THEM TO DO THAT. IF BY THE NEXT -- I MEAN,
23 OBVIOUSLY CDCR IS DEVELOPING AN INMATE POLICY ANYWAY.

24 IF BY THE NEXT CONFERENCE YOU FIND YOURSELF FEELING JUST
25 AS STUCK AS YOU DID ABOUT STAFF TESTING -- LET ME ASK YOU THIS

1 QUESTION: WOULD IT SATISFY YOU IF I SAID, IF YOU FIND
2 YOURSELF FEELING JUST AS STUCK THEN AS YOU DID TODAY ON STAFF
3 TESTING, HAVING THE COURT GET INVOLVED, WOULD THAT BE
4 ADEQUATE?

5 **MR. FAMA:** I THINK SO, YES, YOUR HONOR. WE ARE ALSO
6 LOOKING FORWARD, AND WE'RE NOT SURE OF THE TIMING, BUT
7 MR. KELSO'S TEAM IS REDOING ITS OWN PATIENT STAFF TESTING
8 PROTOCOLS. THAT'S, OF COURSE, IMPORTANT.

9 WE TRIED TO HIGHLIGHT PARTICULAR MATTER ABOUT WHICH WE ARE
10 CONCERNED ABOUT, WHICH IS THE RETESTING OF THOSE PATIENTS WHO
11 INITIALLY TEST NEGATIVE AT PRISONS WITH OUTBREAKS, AND WE'RE
12 HOPEFUL THAT THAT WILL BECOME CLEARER AND MANDATORY IN THEIR
13 POLICY. BUT, AGAIN, WE'RE HOPEFUL THAT THAT'S GOING TO COME
14 IN THE NEXT TWO WEEKS, I WOULD THINK --

15 **THE COURT:** DO YOU FEEL THAT THOSE DISCUSSIONS ARE
16 PRODUCTIVE IN THE SENSE THAT THERE'S ACTIVE DISCUSSION BETWEEN
17 YOUR OFFICE AND THE RECEIVER'S OFFICE?

18 **MR. FAMA:** THERE IS CERTAINLY ACTIVE DISCUSSION.
19 IT'S NOT CLEAR TO US THAT THE RECEIVER'S PEOPLE AGREE WITH US
20 ON OUR POSITION, WHICH, OF COURSE, THEY DON'T -- THEY CAN
21 AND -- BUT WE ARE NOT ENTIRELY SATISFIED WITH THE EXPLANATION
22 OF THE REASON FOR THE DISAGREEMENT, WHICH IS WHY IT MAY BE
23 IMPORTANT TO SEE WHAT ULTIMATELY THEY DECIDE. IF THEY DON'T
24 GO THE WAY THAT WE THINK THAT THEY OUGHT TO WITH REGARDS TO
25 RETESTING OF PEOPLE AT PRISONS WITH YARDS OR HOUSING UNITS

1 WITH OUTBREAKS, BUT WE DO THINK IT'S A VERY IMPORTANT ISSUE
2 THAT NEEDS TO BE RESOLVED SOONER THAN LATER.

3 **THE COURT:** UNDENIABLY IMPORTANT, UNDENIABLY TIME
4 SENSITIVE.

5 **MR. KELSO:** YOUR HONOR.

6 **THE COURT:** MR. KELSO.

7 **MR. KELSO:** THE ISSUE, AT LEAST TO ME, DIDN'T GET
8 CRYSTALLIZED OR AT LEAST SORT OF PARTIALLY FRAMED UNTIL OUR
9 CALL THIS WEEK, PARTICULARLY WITH RESPECT TO CCC (SIC). SO I
10 ACTUALLY NEED TO ENGAGE IN A GREATER LEVEL OF DETAIL THAN I
11 HAVE ON PRECISELY WHETHER THERE IS EVEN A DISAGREEMENT; IT'S
12 NOT EXACTLY CLEAR TO ME.

13 I DO KNOW ON THE SPECIFICS OF RETESTING AT CCC, WE HAVE
14 DIRECTED RETESTING OF THE PATIENTS AT CCC, WHICH WAS THE
15 INITIAL -- I'M SORRY, AT CIM, WHICH I BELIEVE WAS THE ISSUE
16 THAT CAME UP ON TUESDAY. AND SO WE WILL GET THIS ISSUE
17 RESOLVED BY THE TIME OF, I WOULD THINK, WHENEVER IS OUR NEXT
18 TELECONFERENCE WITH PLO.

19 MORE GENERALLY ON PATIENT TESTING, I HAVE ALREADY
20 CONCLUDED -- I CONCLUDED ABOUT A WEEK AGO, MAYBE TWO WEEKS AGO
21 NOW, THAT THE SAMPLE SIZES THAT WE HAVE BEEN USING FOR
22 SURVEILLANCE TESTING ARE TOO SMALL. AND HEIDI BAUER AND HER
23 TEAM ARE WORKING ON TRYING TO READJUST TO FIGURE OUT WHAT WE
24 CAN DO THAT WILL DO A BETTER JOB OF TRYING TO IDENTIFY PRISONS
25 THAT HAVE THE PRESENCE OF COVID IN THE INMATE POPULATION. OUR

1 CURRENT SAMPLE SIZE SIMPLY DOESN'T IDENTIFY FOR US WITH ENOUGH
2 SPECIFICITY.

3 AND, AGAIN, WE UNDERSTAND THE CRITICAL TIME NATURE OF
4 THAT, BUT I'VE GOT TO LET THE EPIDEMIOLOGISTS DO THEIR THING,
5 AND THEN WE HAVE TO CONSULT, WHICH WE WILL BE DOING AS QUICKLY
6 AS WE CAN.

7 **THE COURT:** MR. MELLO, I HAVE BEEN LETTING THE
8 RECEIVER'S OFFICE SPEAK FOR THEMSELVES -- LET THE RECEIVER
9 SPEAK FOR HIMSELF. IS THERE ANYTHING YOU WANT TO ADD ON THIS
10 TOPIC?

11 **MR. MELLO:** JUST THAT WE WILL WORK WITH OUR PARTNER
12 CCHCS INMATE TESTING, AND WE'RE VERY SUPPORTIVE OF THE
13 APPROPRIATE AMOUNT OF INMATE TESTING, BUT THIS IS... SOUNDS
14 WRONG, BUT THIS IS A RECEIVER ISSUE, AND HE IS ON THE LEAD OF
15 THIS ISSUE WITH RESPECT TO INMATE TESTING. AND SO I'LL LEAVE
16 IT AT THAT, YOUR HONOR.

17 **THE COURT:** MR. FAMA?

18 **MR. FAMA:** PLAINTIFFS JUST WOULD LIKE TO THANK
19 MR. KELSO FOR THE REPORT JUST GIVEN, ESPECIALLY THE
20 INFORMATION THAT THE PATIENTS AT THE CALIFORNIA INSTITUTION
21 FOR MEN, THE DIRECTION HAS BEEN GIVEN TO RE-TEST THOSE
22 PATIENTS.

23 THANK YOU, MR. KELSO.

24 **THE COURT:** ACTUALLY, I LIKE THE JUXTAPOSITION OF THE
25 CONVERSATION WE JUST HAD WITH OUR PRIOR DISCUSSIONS BECAUSE IT

1 IS AN EXAMPLE OF HOW THINGS CAN WORK WHEN THEY ARE WORKING
2 REALLY WELL. SOMETIMES THEY ARE NOT GOING TO WORK WELL. I
3 GET THAT. NOT EVERYTHING IS ALWAYS GOING TO WORK THAT
4 SMOOTHLY.

5 THE DREAM, THE DREAM CASE MANAGEMENT CONFERENCE, IS ONE IN
6 WHICH WE ESSENTIALLY HAVE INFORMATIONAL ITEMS LIKE THAT, THE
7 PARTIES APPRISE ME OF THEIR PROGRESS, AND IT APPEARS THAT THEY
8 ARE MAKING GOOD PROGRESS.

9 OKAY. I DON'T HAVE -- BY THE WAY, IN MY NOTES I DON'T
10 HAVE EVERY SINGLE TOPIC THAT WAS ADDRESSED IN THE CASE
11 MANAGEMENT STATEMENT, SO IF I SKIP OVER SOMETHING AND IT IS
12 SOMETHING THAT YOU REALLY FEEL WE NEED TO ADDRESS IN GROUP,
13 PLEASE JUST SAY THAT.

14 THE NEXT ITEM IN MY NOTES, THOUGH, IS PRISON SPECIFIC
15 UPDATES. I DON'T HAVE A GREAT DEAL TO SAY HERE. THESE WERE
16 PRESENTED MOSTLY AS INFORMATIONAL ITEMS. THERE IS ONE BIG
17 EXCEPTION TO THAT WHICH IS THE SITUATION AT CIM, BUT MY OWN
18 COMMENTS ON THAT SUBJECT WILL BE ROLLED INTO MY COMMENTS ABOUT
19 POPULATION REDUCTION AND MEDICALLY VULNERABLE INMATES, WHICH
20 WILL COME IN JUST A FEW MINUTES.

21 SO, I ALSO WANT TO SAY A LITTLE BIT ABOUT THE MAGNITUDE OF
22 THE RELEASES AT SAN QUENTIN BUT, AGAIN, I WILL ROLL THAT INTO
23 MY COMMENTS LATER. I DON'T HAVE ANYTHING MYSELF TO SAY ON
24 THIS TOPIC.

25 MR. SPECTER, IS THERE ANYTHING THAT THE PLAINTIFFS WANTED

1 TO SAY WITH REGARD TO UPDATES ON ANYTHING SPECIFIC --

2 **MR. SPECTER:** I DON'T THINK SO, YOUR HONOR, UNLESS
3 MR. FAMA HAS ANYTHING. I THINK WE PUT THE INFORMATION IN
4 THERE TO ASSIST YOU IN UNDERSTANDING OUR PERCEPTIONS OF THE
5 STATE OF THE WORLD.

6 **THE COURT:** I'M GLAD YOU DID THAT. I WAS NOT AWARE
7 OF THE SITUATION AT CIM. I'M NOT OFTEN SURPRISED BY THAT
8 LEVEL OF FACTUAL DETAIL BY THESE STATEMENTS, BUT I WAS NOT
9 AWARE OF THOSE PARTICULAR CIRCUMSTANCES. SO I APPRECIATE YOU
10 PUTTING THEM IN THERE.

11 **MR. SPECTER:** SURE.

12 **THE COURT:** MR. FAMA, DID YOU WANT TO SAY ANYTHING
13 FURTHER ABOUT THESE PARTICULAR FACILITIES?

14 **MR. FAMA:** THANK YOU FOR ASKING, YOUR HONOR, BUT NO.

15 **THE COURT:** MR. MELLO, DID THE DEFENDANTS WANT TO SAY
16 ANYTHING FURTHER ABOUT THESE FACILITIES?

17 **MR. MELLO:** NOT AT THIS TIME. THANK YOU.

18 **THE COURT:** OKAY.

19 DISCIPLINE OF CDCR AND CCHCS STAFF FOR FAILURE TO WEAR
20 MASKS, THAT ITEM IS GROUPED WITH A BUNCH OF OTHER ITEMS BUT
21 WITHIN THAT GROUP IT'S THE ONLY ONE I WANTED TO SAY ANYTHING
22 ABOUT.

23 I REALLY APPRECIATE THE STATE'S CLARIFICATION ON THIS
24 POINT. I REALLY FEEL HEARD. IT'S FUNNY FOR A JUDGE TO SAY HE
25 FEELS HEARD, BUT I JUST FELT LIKE THE STATE TOOK THIS ISSUE ON

1 DIRECTLY, THEY TOLD ME EXACTLY WHAT PROGRESSIVE DISCIPLINE
2 LOOKED LIKE. I HAD SOME FAMILIARITY WITH THAT ALREADY, BUT I
3 THOUGHT IT WAS GREAT IT WAS PART OF THE RECORD.

4 I PARTICULARLY APPRECIATE THAT DISCIPLINE HAS ACTUALLY
5 BEEN IMPOSED, NOT BECAUSE I ENJOY SEEING DISCIPLINE IMPOSED, I
6 DON'T, BUT IT MEANS THE POLICY IS ACTUALLY BEING ENFORCED.

7 SO HAVING THE STATE PROVIDE ME WITH SPECIFIC, NOT JUST
8 HERE'S THE DISCIPLINE STRUCTURE, BUT HERE ARE THE SPECIFIC
9 INSTANCES IN WHICH DISCIPLINE HAS BEEN IMPOSED, I THOUGHT WAS
10 VERY HELPFUL. I DON'T HAVE A LOT MORE TO SAY ABOUT THAT.

11 AS YOU ALL KNOW, BECAUSE MANY OF YOU HAVE BEEN ON PRISON
12 VISITS WITH ME, ACTUALLY ALMOST ALL OF YOU HAVE, I DON'T MAKE
13 THOSE VISITS IN ORDER TO DO ANY KIND OF FACT FINDING OR
14 AUDITING, OR ANYTHING LIKE THAT. I THINK IT'S IMPORTANT FOR
15 FACILITIES NOT TO SEE ME AS AN AUDITOR, BUT I WILL SAY THAT AT
16 BOTH SOLANO AND CMF, STAFF WERE WEARING MASKS. AND THEY
17 OBVIOUSLY KNEW I WAS IN THE BUILDING. I'M SURE WORD WENT OUT
18 WHEN I GOT THERE, BUT STAFF WERE WEARING MASKS AND THEY WERE
19 PRACTICING GOOD PRACTICES WITH THE HAND SANITIZER AND
20 DISTANCING AND ALL THAT STUFF. SO THAT WAS GOOD FOR ME TO SEE
21 THAT.

22 IS THERE ANYTHING ANYBODY WANTS TO SAY EITHER ABOUT THAT
23 TOPIC OR THE OTHER TOPICS WITH WHICH IT WAS GROUPED?

24 **THE COURT:** MR. SPECTER IS SHAKING HIS HEAD NO.

25 **MR. SPECTER:** NO, THANK YOU, YOUR HONOR.

1 **THE COURT:** MR. MELLO?

2 **MR. MELLO:** NO, YOUR HONOR.

3 **THE COURT:** WELL, WE ARE ALMOST GETTING TO THE END OF
4 THE STATEMENT. THERE WAS A PORTION DEVOTED TO SITE VISITS AND
5 DOCUMENT PRODUCTION, BUT THOSE ITEMS SEEM PARTICULARLY
6 INFORMATIONAL TO THE COURT, AND I DON'T HAVE ANYTHING TO SAY.

7 MR. SPECTER, ANYTHING ON THOSE ITEMS?

8 **MR. SPECTER:** NO, YOUR HONOR.

9 **THE COURT:** MR. MELLO?

10 **MR. MELLO:** NO, YOUR HONOR.

11 **THE COURT:** OKAY. SO I DO WANT TO MAKE SOME COMMENTS
12 ABOUT THE TOPICS I IDENTIFIED EARLIER.

13 BEFORE I DO THAT, WHY DON'T WE SET OUR NEXT DATE JUST TO
14 GET THAT OUT OF THE WAY. WE ACTUALLY HAD IT ON CALENDAR THAT
15 WE WOULD HAVE A CONFERENCE ON JULY 20TH. THIS IS WHEN I
16 THOUGHT I WAS ONLY GOING TO HAVE THREE CONFERENCES OR FOUR
17 CONFERENCES IN 2020. THAT SEEMS A LITTLE FAR AWAY TO ME.

18 I AM GOING TO BE UNAVAILABLE FOR A FEW DAYS, BUT I GET
19 BACK ON JULY 16TH. SO I WAS HOPING WE COULD HAVE A CONFERENCE
20 THAT MORNING OF JULY 16TH AT 10:00 A.M., IF THAT'S CONVENIENT
21 FOR PEOPLE.

22 **MR. SPECTER:** THAT'S FINE, YOUR HONOR.

23 **THE COURT:** OKAY. AND THE STATEMENT WILL BE DUE ON
24 JULY 15TH AT 2:00 P.M.

25 OKAY. NOW I WOULD LIKE TO MAKE A FEW REMARKS. THESE WILL

1 LAST A FEW MINUTES MORE, MAYBE, THAN SOME OF THE OTHER REMARKS
2 THAT I'VE MADE. AND I WANT TO SAY A FEW WORDS ON THE SUBJECT
3 OF INMATE RELEASE AND MEDICALLY VULNERABLE INMATES BASED ON MY
4 VISIT THIS WEEK TO THE CALIFORNIA MEDICAL FACILITY PRISON AND
5 THE SOLANO PRISON.

6 YOU WILL SEE THAT I USE TERMS LIKE "MEDICALLY VULNERABLE"
7 AND "ELDERLY," "INTERCHANGEABLY;" NOT BECAUSE THOSE ARE
8 EXACTLY THE SAME INMATES, BUT BECAUSE THESE ARE THE KINDS OF
9 INMATES WHO ARE PARTICULARLY VULNERABLE TO COVID. AND SO WHEN
10 I USE THOSE TERMS, IT'S REALLY THAT CONCEPT THAT I'M TRYING TO
11 GET AT.

12 WHAT I SAW AT CMF WAS GRAVELY CONCERNING. PEOPLE AT CMF
13 ARE LIVING ON TOP OF EACH OTHER. MANY OF THEM IN THERE USE
14 WHEELCHAIRS OR WALKERS. SOME OF THEM NEED HELP BREATHING.
15 IT'S HARD FOR ME TO IMAGINE LIVING IN A DORM WITH THOSE
16 CONDITIONS UNDER THE BEST OF CIRCUMSTANCES, BUT WITH THE
17 THREAT OF COVID, THE LIVING CONDITIONS AT CMF FOR DISABLED AND
18 ELDERLY INMATES HAVE BECOME UNIMAGINABLE.

19 I DON'T HAVE THE POWER MYSELF TO ORDER THE RELEASE OF
20 MEDICALLY VULNERABLE INMATES, AND I DON'T JUST MEAN AT CMF, I
21 MEAN ANYWHERE, UNILATERALLY, BUT THE STATE DOES HAVE THAT
22 POWER. AND IT IS IMPERATIVE THAT THE STATE EXERCISE THAT
23 POWER IMMEDIATELY.

24 IF WE DON'T HAVE LARGE-SCALE RELEASES OF
25 MEDICALLY-VULNERABLE INMATES, GREATLY IN EXCESS OF ANYTHING

1 THAT HAS BEEN PROPOSED TO DATE, AND I INCLUDE THE SAN QUENTIN
2 NUMBERS IN THAT COMMENT, WE WILL NOT HAVE THE EMPTY CELLS AND
3 THE EMPTY BEDS WE NEED TO QUARANTINE AND ISOLATE INMATES WHEN
4 OUTBREAKS OCCUR.

5 AND THEY WILL OCCUR AT EVERY INSTITUTION. IT'S
6 INEVITABLE. WE HAVE ALREADY SEEN AT SAN QUENTIN WHAT HAPPENS
7 WHEN YOU DON'T HAVE ENOUGH SPACE. THE DISEASE SPREADS OUT OF
8 CONTROL. AND WHERE THE INMATES ARE ELDERLY, OR OTHERWISE
9 PARTICULARLY VULNERABLE, OR WHERE THE ARCHITECTURE OF THE
10 PRISON MAKES OUTBREAKS DIFFICULT TO CONTROL, AS IS TRUE AT SAN
11 QUENTIN, RELEASE BECOMES PARTICULARLY URGENT.

12 THE STATE'S NEW POLICY JUST CROSSED MY DESK ON THE RELEASE
13 OF INMATES -- THE RELEASE OF INMATES WHO ARE AT HIGH MEDICAL
14 RISK. I'M VERY GRATEFUL, I'M VERY GLAD THAT THE STATE HAS
15 ADOPTED A POLICY OF IDENTIFYING INMATES WITH HIGH RISK MEDICAL
16 NEEDS FOR EXPEDITED RELEASE.

17 BUT ACCORDING TO THAT POLICY, THE STATE WILL DO SO ONLY
18 FOR INMATES WHO ARE WITHIN FIVE YEARS OF RELEASE AND WHO DO
19 NOT HAVE CERTAIN OFFENSES OF CONVICTION, AMONG OTHER
20 CONDITIONS.

21 I DON'T KNOW HOW MANY INMATES WILL BE RELEASED UNDER THAT
22 POLICY. I ACTUALLY SUSPECT THAT THE VERY LIMITED NUMBER OF
23 INMATES WHO ARE GOING TO BE RELEASED FROM SAN QUENTIN ARE AN
24 INDICATION OF HOW A FEW INMATES WILL BE RELEASED UNDER THAT
25 POLICY, BUT IN ANY EVENT, I WORRY THAT IT WILL NOT BE ENOUGH

1 TO PROVIDE THE SPACE OUR DOCTORS NEED TO PROTECT INMATE AND
2 STAFF HELP.

3 THE TARGETS FOR INMATE RELEASE NEED TO BE BASED ON PUBLIC
4 HEALTH CONSIDERATIONS, AND THAT'S THE WAY IT NEEDS TO BE
5 CONSTRUCTED. THERE NEED TO BE TARGETS FOR RELEASE, AND WE
6 NEED TO HIT THOSE TARGETS. IF CDCR DOESN'T RELEASE ENOUGH
7 INMATES TO CREATE PHYSICAL DISTANCE AT ITS MOST VULNERABLE
8 FACILITIES, IT WILL FACE ADDITIONAL OUTBREAKS LIKE THE ONE AT
9 SAN QUENTIN, AND THERE WILL BE NEEDLESS INFECTION AND DEATH.

10 THERE MUST BE EMPTY CELLS TO MOVE INMATES INTO OR OUR
11 DOCTORS CANNOT STOP THE SPREAD OF THE DISEASE, AND THE CELLS
12 THAT ARE AVAILABLE HAVE TO BE APPROPRIATE CELLS TO THE
13 PURPOSE.

14 THE POINT OF RELEASING THESE INMATES IS NOT JUST TO
15 PROTECT THEIR HEALTH, ALTHOUGH THAT IS A PURPOSE. AN EQUALLY
16 IMPORTANT PURPOSE IS TO PROVIDE SPACE WITHIN THE INSTITUTION
17 SO THAT MEDICAL STAFF CAN PROTECT OTHER INMATES, STAFF, AND
18 THE COMMUNITY AROUND THE PRISON.

19 WHEN AN INMATE GETS SICK, STAFF MUST BE ABLE TO ISOLATE
20 AND QUARANTINE THAT INMATE AWAY FROM HEALTHY INMATES. THAT
21 MEANS MOVING INMATES WITHIN THE INSTITUTION TO EMPTY CELLS.
22 RIGHT NOW PRISONS ARE SO CROWDED THAT THOSE CELLS ARE NOT
23 AVAILABLE, AND STAFF DO NOT HAVE GOOD OPTIONS THAT ALLOW THEM
24 TO CREATE ZONES OF SAFETY THAT CAN STOP THE SPREAD OF
25 COVID-19. AND THAT SHORTAGE OF CELLS, BY THE WAY, CAN EVEN

1 OCCUR AT AN INSTITUTION LIKE CMF, WHICH IS NOT TECHNICALLY
2 OVERCAPACITY, BECAUSE YOU NEED TO HAVE PLAY IN THE JOINTS.

3 AS AN EXAMPLE OF THIS, PLAINTIFFS STATE IN THEIR PORTION
4 OF THE CASE MANAGEMENT STATEMENT, WITHOUT CONTRADICTION, THAT
5 AT CIM, THE CALIFORNIA INSTITUTION FOR MEN, A GROUP OF MORE
6 THAN 20 PATIENTS NEWLY DIAGNOSED WITH COVID IN THE LAST 10
7 DAYS, REMAIN IN THE SAME DORM AS PATIENTS WHO HAVE TESTED
8 NEGATIVE BECAUSE THE PRISON HAS NO APPROPRIATE HOUSING
9 AVAILABLE FOR EITHER GROUP.

10 HOW CAN THAT BE HAPPENING? PARTICULARLY IN PRISONS WITH
11 HIGH PERCENTAGES OF MEDICALLY-VULNERABLE INMATES, THE
12 CONSEQUENCES OF CROWDING WILL BE TRAGIC FOR INMATES, PRISON
13 STAFF, AND PERSONS IN THE SURROUNDING COMMUNITIES.

14 LET ME GIVE YOU A FEW EXAMPLES OF THE KIND OF MEDICALLY
15 VULNERABLE AND ELDERLY INMATES I'M TALKING ABOUT. THESE ARE
16 COMPOSITE CASES OF THE CATEGORY OF INMATES I'M TALKING ABOUT
17 AS OPPOSED TO THE SPECIFIC FACTS OF INDIVIDUAL INMATES SO THAT
18 I DON'T INVADE ANYONE'S PRIVACY, BUT THE INDIVIDUAL FACTS DO
19 COME FROM REAL INMATES.

20 A 72-YEAR-OLD MAN WITH RECTAL CANCER WHO'S HAD A
21 COLOSTOMY. HE SUFFERS FROM ARTHRITIS AND HEARING LOSS. HE'S
22 BEEN INCARCERATED FOR 42 YEARS. HE'S BEEN APPROVED FOR PAROLE
23 MORE THAN ONCE BY THE PAROLE BOARD, BUT EACH TIME PAROLE HAS
24 BEEN OVERRULED BY THE GOVERNOR.

25 AN 89-YEAR-OLD MAN WITH HYPERTENSION AND LUNG DISEASE;

1 HE'S FRAIL. HE'S BEEN INCARCERATED FOR 37 YEARS DURING WHICH
2 TIME HE HAS RECEIVED ONLY ONE WRITE-UP, AND THAT WAS FOR
3 SMOKING A CIGARETTE RIGHT AFTER THEY WERE BANNED.

4 A 35-YEAR-OLD MAN WITH A VERY COMPLEX LEFT VENTRICULAR
5 ASSIST DEVICE WHO WOULD DIE IMMEDIATELY WITHOUT THAT DEVICE.
6 HE'S HAD NO BEHAVIORAL ISSUES AFTER THREE YEARS OF LIVING ON A
7 MEDICAL UNIT, AND HE'S VERY UNLIKELY TO SURVIVE A COVID
8 INFECTION.

9 A 64-YEAR-OLD MAN WITH ATRIAL FIBRILLATION, CORONARY
10 ARTERY DISEASE, CONGESTIVE HEART FAILURE, CHRONIC LUNG
11 DISEASE, STAGE 3 KIDNEY FAILURE, OBSTRUCTIVE SLEEP APNEA, AND
12 SARCOIDOSIS. HE USES A DEFIBRILLATOR. HE'S BEEN INCARCERATED
13 FOR 41 YEARS, DURING WHICH TIME HE HAS HAD NO WRITE-UPS FOR
14 VIOLENCE.

15 ONE CONCERN THAT HAS BEEN EXPRESSED IS WHETHER INMATES
16 HAVE SOMEWHERE TO GO IF THEY'RE RELEASED. THESE MEN ALL HAVE
17 FAMILY WAITING FOR THEM, AND SO DO MANY OTHER INMATES.

18 TO BE CLEAR, I DON'T KNOW THE OFFENSES OF CONVICTION OF
19 THESE MEN, AND THE INFORMATION WAS PROVIDED TO ME IN COMPOSITE
20 FORM. PERHAPS THESE ARE NOT THE PRECISE MEN OR WOMEN WHO NEED
21 TO BE RELEASED. PERHAPS THE FACTS THAT I WAS GIVEN ARE NOT
22 ASSOCIATED WITH THE PRECISE MEN WHO NEED TO BE RELEASED.

23 MY POINT IS THAT THERE ARE MANY ELDERLY AND SICK AND
24 DISABLED MEN AND WOMEN JUST LIKE THEM IN CUSTODY, AND I KNOW
25 THAT A LARGE NUMBER OF SUCH INMATES CAN BE SAFELY RELEASED

1 BACK INTO THEIR COMMUNITIES. OR IF THE STATE IS NOT WILLING
2 TO DO THAT, INTO NEW FACILITIES REQUISITIONED FOR THAT
3 PURPOSE.

4 TO REPEAT: THE RELEASE OF MEDICALLY-VULNERABLE INMATES
5 SHOULD BE DRIVEN BY POPULATION TARGETS SET BY PUBLIC HEALTH
6 DOCTORS AND BY HEALTHCARE STAFF WITHIN THE FACILITIES WHO KNOW
7 HOW MUCH ROOM THEY NEED TO KEEP EVERYBODY SAFE. OUR GOAL
8 SHOULD BE TO ACHIEVE THOSE TARGETS AS SOON AS POSSIBLE AND NOT
9 BEING LIMITED BY ARTIFICIAL CONSTRAINTS THAT ARE NOT ACTUALLY
10 DESIGNED TO PROTECT THE PUBLIC SAFETY. THE STAFF IN YOUR
11 PRISONS KNOW WHO THESE PRISONERS ARE. ASK THEM AND THEY WILL
12 TELL YOU.

13 I KNOW THAT MANY IN STATE GOVERNMENT ARE FOCUSED ON PUBLIC
14 SAFETY. I AM TOO. I SHARE THE GOVERNOR'S AND THE SECRETARY'S
15 CONCERN FOR PUBLIC SAFETY. I'VE BEEN A JUDGE IN MY COMMUNITY
16 FOR MORE THAN 18 YEARS. FIRST AS A STATE COURT TRIAL JUDGE
17 AND NOW ON THE FEDERAL BENCH.

18 WHEN IT WAS APPROPRIATE, I'VE SENTENCED CRIMINAL
19 DEFENDANTS TO LONG STRETCHES OF TIME, INCLUDING LIFE
20 SENTENCES, IN ORDER TO PROTECT MY COMMUNITY. I ALSO RECOGNIZE
21 THAT PUNISHMENT HAS A LEGITIMATE ROLE IN THE SENTENCING OF
22 CRIMINAL DEFENDANTS.

23 BUT I SIMPLY CANNOT BELIEVE THAT ALL THE RESTRICTIONS THAT
24 HAVE BEEN PLACED ON THE RELEASE OF MEDICALLY-VULNERABLE
25 INMATES ARE REQUIRED TO PROTECT THE PUBLIC SAFETY. AN ELDERLY

1 MAN WHO HAS BEEN IN CUSTODY FOR DECADES, WHO HAS DEMONSTRATED
2 HIS REHABILITATION, AND WHO IS NOW DISABLED OR MEDICALLY
3 COMPROMISED IS A LOW RISK TO THE COMMUNITY. BUT HIS PRESENCE
4 IN A CROWDED PRISON MAKES HIM A HIGH RISK FOR ILLNESS AND
5 MORBIDITY TO HIMSELF, THE INMATES AND STAFF AROUND HIM, AND
6 THE PERSONS IN THE COMMUNITY --

7 EXCUSE ME. SOMEONE IS ENTERING THE ROOM SO I NEED TO PUT
8 ON A MASK.

9 -- AND THE PERSONS IN THE COMMUNITY WHO INTERACT WITH
10 THOSE STAFF. SO WE NEED SPACE. AND THE NUMBER OF INMATE
11 RELEASES NEEDS TO BE MEANINGFUL AND IT NEEDS TO BE DRIVEN BY
12 PUBLIC HEALTH CONSIDERATIONS.

13 WE CANNOT BE FOCUSED ON INSTITUTIONAL PARITY. SOME
14 INSTITUTIONS WILL NEED TO RELEASE MORE INMATES THAN OTHERS
15 BECAUSE OF THE NUMBER OF INMATES WHO ARE THERE, THE KIND OF
16 INMATES, OR THE CELLS AND DORMS THAT ARE AVAILABLE.

17 IN THE FUTURE, CDCR WILL BE ABLE TO RESUME TRANSFERS OF
18 INMATES BETWEEN INSTITUTIONS TO ACHIEVE POPULATION BALANCE.
19 BUT FOR RIGHT NOW, TRANSFERS BETWEEN PRISONS ARE NOT SAFE AND
20 CDCR HAS VIRTUALLY CEASED DOING THEM. SO SOME INSTITUTIONS
21 WILL NEED MORE RELEASES THAN OTHERS.

22 FURTHERMORE, I CANNOT SAY THIS STRONGLY ENOUGH: THESE
23 RELEASES NEED TO HAPPEN IMMEDIATELY. THERE SIMPLY IS NO TIME
24 TO WAIT. BY THE TIME AN INSTITUTION, LIKE CMF, HAS ITS FIRST
25 CASE, IT'S TOO LATE. YOU NEED TO CREATE A SPACE NOW SO THAT

1 THE SPACE IS THERE WHEN COVID ARRIVES IN THE PRISON. AND WE
2 DON'T KNOW WHETHER THAT WILL BE TWO MONTHS FROM NOW OR NEXT
3 WEEK OR TOMORROW MORNING. THE ONLY THING WE DO KNOW IS THAT
4 COVID WILL ARRIVE AT SOME POINT, AND OUR MEDICAL STAFF NEED TO
5 BE READY.

6 TO THOSE WHO OPPOSE THE LARGE-SCALE RELEASE OF MEDICALLY
7 VULNERABLE OR ELDERLY INMATES, I WOULD SAY, IF YOU DON'T THINK
8 IT IS NECESSARY, GO INTO THE PRISONS AND SEE FOR YOURSELF.
9 THAT'S WHAT I DID.

10 IF YOU VISIT CMF, YOU WILL COME TO THE SAME CONCLUSION I
11 HAVE. IF GOVERNOR NEWSOM TOURS, HE WILL COME TO THE SAME
12 CONCLUSION I HAVE. IF LEGISLATORS VISIT CMF, THEY WILL COME
13 TO THE SAME CONCLUSION I HAVE. ANYONE WHO TOURS CMF WILL COME
14 TO THE SAME CONCLUSION.

15 AND IT'S NOT JUST CMF. IT'S SAN QUENTIN, IT'S MANY OF OUR
16 OVERCROWDED INSTITUTIONS, PARTICULARLY THOSE WITH
17 DISPROPORTIONATELY OLDER AND SICK AND DISABLED INMATES.

18 I WOULDN'T WANT TO BE THE PERSON WHO HAS TO EXPLAIN TO THE
19 FAMILY OF A CORRECTIONAL OFFICER OR A PRISON NURSE THAT THEIR
20 LOVED ONE DIED DOING THEIR JOB BECAUSE WE DIDN'T THINK IT WAS
21 A GOOD IDEA TO RELEASE AN ELDERLY INMATE. I DON'T WANT ANYONE
22 TO BE THAT PERSON BECAUSE I DON'T WANT IT TO HAPPEN IN THE
23 FIRST PLACE.

24 SO I SAY TO THE STATE: PLEASE, RELEASE ENOUGH INMATES,
25 PARTICULARLY MEDICALLY-VULNERABLE INMATES, TO GIVE OUR PRISON

1 HEALTH WORKERS A CHANCE TO PROTECT INMATES, STAFF, AND OUR
2 COMMUNITIES. I KNOW THAT REPRESENTATIVES OF THE GOVERNOR'S
3 OFFICE ARE LISTENING TO THIS HEARING, AND I THANK THEM FOR
4 THEIR ATTENTION.

5 I APPRECIATE EVERYONE LISTENING WHILE I CONCLUDED MY
6 SOMEWHAT LONGER REMARKS. AND LET ME OPEN THE FLOOR UP TO
7 ANYBODY WHO WANTS TO ADDRESS ANY OF THE TOPICS THAT I MOVED TO
8 THE END OF OUR AGENDA.

9 MR. SPECTER.

10 **MR. SPECTER:** I CAN'T EXPRESS HOW MUCH WE AGREE WITH
11 YOUR REMARKS, YOUR HONOR. SO I HAVE NOTHING FURTHER TO ADD
12 BECAUSE WE THINK YOU CAPTURED THE SITUATION PERFECTLY.

13 THANK YOU.

14 **THE COURT:** MR. MELLO?

15 **MR. MELLO:** I WOULD JUST SAY THAT WE ARE WORKING
16 TIRELESSLY TO ADDRESS THESE ISSUES, AND YOUR HONOR HAS BEEN
17 HEARD BY MY CLIENTS IN THE PAST AND WE CONTINUE TO LISTEN TO
18 YOUR HONOR.

19 THOSE ARE VERY IMPORTANT ISSUES. PEOPLE -- YOU SAY THE
20 FIRST THING YOU LOOK AT, THESE PEOPLE ARE LIVING IT EVERY DAY
21 LOOKING AT THAT TRACKER AND TRYING TO FIGURE OUT HOW TO
22 ADDRESS SOMETHING THAT THE WHOLE COUNTRY IS STRUGGLING WITH,
23 BUT YOU WERE HEARD, YOUR HONOR. I'LL LEAVE IT WITH THAT.

24 **THE COURT:** THANK YOU, MR. MELLO.

25 THAT CONCLUDES THIS CONFERENCE. SEE YOU IN A COUPLE OF

1 WEEKS.

2 (PROCEEDINGS CONCLUDED AT 3:56 P.M.)

3
4
5 CERTIFICATE OF REPORTER

6 I, DIANE E. SKILLMAN, OFFICIAL REPORTER FOR THE
7 UNITED STATES COURT, NORTHERN DISTRICT OF CALIFORNIA, HEREBY
8 CERTIFY THAT THE FOREGOING IS A CORRECT TRANSCRIPT FROM THE
9 RECORD OF PROCEEDINGS IN THE ABOVE-ENTITLED MATTER.

10
11 

12 DIANE E. SKILLMAN, CSR 4909, RPR, FCRR

13 MONDAY, JULY 6, 2020
14
15
16
17
18
19
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22
23
24
25

EXHIBIT J
FILED ENTIRELY
UNDER SEAL

EXHIBIT K



COVID MONITORING

Patient Registry

[Registry Definition](#)

Statewide or Multiple Institutions

Patient Count: 80

Identification & Housing									COVID Status				Disability	
Current Institution	First Testing Institution	CDCR#	Last Name	Age	Care Team	Housing Facility	Cell Bed	MHLOC	COVID Status	COVID Risk Factor Count	COVID Weighted Risk Score	First Positive Test	DDP	DPP
SQ	SQ			60	Other	Other			Confirmed Active	0	0	7/7/2020		
SQ	SQ			72	Other	Other			Confirmed Active	3	7	7/6/2020		
SQ	SQ			79	Other	Saint Mary's			Confirmed Active	5	11	7/5/2020		
SQ	SQ			62	Other	Other		CCCMS	Confirmed Active	1	2	7/3/2020		DNH
SQ	SQ			65	Other	Other			Confirmed Active	2	5	7/3/2020		
SQ	SQ			64	Other	Other			Confirmed Active	0	0	7/1/2020		
SQ	SQ			47	Other	Saint Mary's			Confirmed Active	1	1	6/30/2020		DNH
SQ	SQ			55	Other	Other		CCCMS	Confirmed Active	0	0	6/30/2020		
SQ	SQ			58	Other	Other			Confirmed Active	2	2	6/29/2020		
SQ	SQ			59	Other	Other			Confirmed Active	0	0	6/29/2020		
SQ	SQ			41	Other	Other			Confirmed Active	0	0	6/29/2020		
SQ	SQ			73	Other	Other		CCCMS	Confirmed Active	6	12	6/29/2020		
SQ	SQ			61	Other	Other			Confirmed Active	0	0	6/29/2020		
SQ	SQ			60	Other	Other			Confirmed Active	1	1	6/29/2020		
SQ	SQ			65	Other	Other		CCCMS	Confirmed Active	1	4	6/29/2020	TABE < 4.0	DNH
SQ	SQ			69	Other	Other			Confirmed Active	2	5	6/29/2020		
SQ	SQ			62	Other	Other			Confirmed Active	0	0	6/29/2020		
SQ	SQ			67	Other	Other		CCCMS	Confirmed Active	1	4	6/29/2020		
SQ	SQ			61	Other	Other			Confirmed Active	1	2	6/29/2020		
SQ	SQ			48	Other	Other			Confirmed Active	1	1	6/28/2020		
CIM	CIM			67	Other	Umo Valley			Confirmed Active	1	4	6/28/2020	TABE < 4.0	DNH
SQ	SQ			72	Other	Other		CCCMS	Confirmed Active	4	8	6/28/2020		DPM, DNH
CIM	CIM			73	Other	Riverside			Confirmed Active	4	7	6/28/2020		DNM, DNH
SQ	SQ			66	Other	Other			Confirmed Active	1	4	6/26/2020		
SQ	SQ			53	Other	Other		CCCMS	Confirmed Active	0	0	6/26/2020		
SQ	SQ			65	Other	Other			Confirmed Active	4	7	6/26/2020		DNM
SQ	SQ			65	Other	Other			Confirmed Active	1	4	6/26/2020		DNM
SQ	SQ			73	Other	Other		CCCMS	Confirmed Active	4	10	6/25/2020		
SQ	CIM			74	Other	UC San			Confirmed Active	2	5	6/25/2020		
SQ	SQ			75	Other	Saint Mary's		CCCMS	Confirmed Active	4	7	6/25/2020		DPO, DNH
SQ	SQ			66	Other	Other		CCCMS	Confirmed Active	3	7	6/25/2020		DNM
SQ	SQ			37	Other	Other		CCCMS	Confirmed Active	1	2	6/25/2020		
CIM	CIM			72	Other	Riverside			Confirmed Active	1	4	6/24/2020		
SQ	SQ			84	Other	Other			Confirmed Active	5	10	6/24/2020		DNH

Multiple Institution(s):
 All
 Care Team(s):
 All
 Housing/Facility:
 Report run:
 California Correctional Health Care Services

[Registry Definition](#)

COVID MONITORING

Patient Registry

Statewide or Multiple Institutions

Patient Count: 80

SQ	SQ	55	Other	Utner		Confirmed Active	2	3	6/24/2020		
SQ	SQ	59	Other	Utner		Resolved	2	2	6/24/2020		
SQ	SQ	61	Other	Utner	CCCMS	Confirmed Active	2	4	6/24/2020		
SQ	SQ	66	Other	UC San		Confirmed Active	1	4	6/23/2020	TABE < 4.0	DNH
SQ	SQ	40	Other	Utner	CCCMS	Confirmed Active	2	2	6/23/2020		
SQ	SQ	62	Other	Utner		Confirmed Active	0	0	6/23/2020		
CIM	CIM	74	Other	Riverside		Confirmed Active	5	9	6/23/2020		DPM
SQ	SQ	61	Other	Saint Mary's		Confirmed Active	2	3	6/23/2020	TABE < 4.0	
SQ	SQ	50	Other	Utner		Confirmed Active	0	0	6/23/2020		DLT
SQ	SQ	76	Other	Utner		Confirmed Active	2	5	6/23/2020	TABE < 4.0	DNM, DNH
SQ	SQ	69	Other	Kaiser	CCCMS	Confirmed Active	3	8	6/22/2020		DNM
SQ	SQ	63	Other	Saint Mary's		Confirmed Active	5	7	6/22/2020		
SQ	SQ	58	Other	Utner		Confirmed Active	2	3	6/21/2020		
SQ	SQ	70	Other	Utner	CCCMS	Confirmed Active	2	5	6/21/2020		DNM
SQ	SQ	68	Other	Utner	CCCMS	Confirmed Active	5	9	6/21/2020		DPO, DNH
SQ	SQ	55	Other	Kaiser	EOP	Confirmed Active	0	0	6/19/2020		
SQ	SQ	61	Other	Utner	CCCMS	Confirmed Active	0	0	6/19/2020		DNH
SQ	SQ	47	Other	Utner	EOP	Confirmed Active	0	0	6/18/2020	TABE < 4.0	
SQ	SQ	67	Other	Kaiser		Confirmed Active	1	4	6/18/2020		DPM, DNH
SQ	SQ	64	Other	UC San	CCCMS	Confirmed Active	1	1	6/18/2020		DLT
SQ	SQ	90	Other	Saint Mary's		Confirmed Active	2	6	6/18/2020		DPO, DNH
SQ	SQ	70	Other	Saint Mary's	CCCMS	Confirmed Active	1	4	6/18/2020		DNM
SQ	SQ	63	Other	Kaiser		Confirmed Active	3	6	6/18/2020		DPO
SQ	SQ	63	Other	Utner		Confirmed Active	1	1	6/16/2020		
SQ	SQ	71	Other	Utner	EOP	Confirmed Active	2	5	6/15/2020		DPO
CIM	CIM	73	Other	Utner		Resolved	2	6	6/10/2020		
CVSP	CVSP	62	Other	Riverside		Confirmed Active	0	0	6/9/2020	TABE < 4.0	
CIM	CIM	69	Other	Umo Valley		Confirmed Active	1	4	6/7/2020	TABE < 4.0	
ASP	ASP	57	Other	Adventist	CCCMS	Confirmed Active	0	0	6/6/2020		
CIM	CIM	39	Other	Riverside	CCCMS	Resolved	1	2	6/6/2020		
CIM	CIM	75	Other	In City		Resolved	3	8	6/3/2020		DNM, DNH
CIM	CIM	74	Other	Umo Valley	CCCMS	Confirmed Active	2	5	6/2/2020		
CIM	CIM	84	Other	Riverside		Confirmed Active	2	5	5/31/2020		DNM, DNH
CIM	CIM	84	Other	Coora		Confirmed Active	3	6	5/31/2020		DPM, DNH
CIM	CIM	71	Other	Riverside		Confirmed Active	2	5	5/29/2020	TABE < 4.0	DNM
CIM	CIM	82	Other	In City		Confirmed Active	1	4	5/29/2020	DD2	DPO, DNH, DPV
ASP	ASP	51	Other	Adventist		Confirmed Active	0	0	5/29/2020		
CIM	CIM	79	Other	In City		Confirmed Active	3	7	5/29/2020	TABE < 4.0	DPO, DNH

Multiple Institution(s):
 All Care Team(s):
 All Housing/Facility:
 Report run:
 California Correctional Health Care Services

[Registry Definition](#)



COVID MONITORING

Patient Registry

Statewide or Multiple Institutions

Patient Count: 80

CIM	CIM		65	Other	Unino valley Medical		Confirmed Active	3	6	5/28/2020	TABE < 4.0	
CVSP	CVSP		52	Other	Modier		Confirmed Active	1	2	5/25/2020		
CIM	CIM		73	Other	Unino valley Medical		Confirmed Active	3	6	5/20/2020	DD1	DPW, DNH
CIM	CIM		72	Other	Unino valley Medical		Confirmed Active	4	8	5/20/2020		DPM
CIM	CIM		75	Other	Unino valley Medical	CCCMS	Confirmed Active	2	6	5/19/2020		DNM
CVSP	CVSP		35	Other	Unino valley Medical		Resolved	0	0	5/18/2020	TABE < 4.0	
CIM	CIM		64	Other	Unino valley Medical	CCCMS	Confirmed Active	0	0	5/5/2020	TABE < 4.0	DPM
CIM	CIM		39	Other	San Antonio Hospital		Confirmed Active	3	4	5/1/2020		

Multiple
 Institution(s):
 All
 Care Team(s):
 All
 Housing/Facility:
 Report run:
 California Correctional Health Care Services

EXHIBIT L



COVID MONITORING

[Registry Definition](#)

Statewide or Multiple Institutions

Patient Registry

Patient Count: 5855

Identification & Housing								COVID Status					Disability	
Current Institution	First Testing Institution	CDCR#	Last Name	Age	Care Team	Housing Facility	Cell Bed	MHLOC	COVID Status	COVID Risk Factor Count	COVID Weighted Risk Score	First Positive Test	DDP	DPP
CIM	CIM			44	Clinic A 80-99	CIM-A		CCCMS	Confirmed Active	3	4	7/9/2020		
CIM	CIM			70	Clinic A 20-39	CIM-A			Confirmed Active	1	4	7/8/2020		
CIM	CIM			68	Clinic A 60-79	CIM-A			Confirmed Active	4	8	7/8/2020		DLT, DNV
CIM	CIM			69	Clinic A 60-79	CIM-A		CCCMS	Confirmed Active	2	6	7/8/2020		
CIM	CIM			74	Clinic A 40-59	CIM-A			Confirmed Active	1	4	7/8/2020	TABE < 4.0	
CIM	CIM			72	Clinic A 40-59	CIM-A			Confirmed Active	1	4	7/6/2020		
CIM	CIM			58	Clinic A 80-99	CIM-A			Confirmed Active	0	0	7/6/2020	TABE < 4.0	DPM
CIM	CIM			59	Clinic A 20-39	CIM-A		CCCMS	Confirmed Active	2	4	7/6/2020		DPM, DNH
CIM	CIM			59	Clinic A 80-99	CIM-A		CCCMS	Confirmed Active	3	4	7/6/2020		
CIM	CIM			51	Clinic A 20-39	CIM-A		CCCMS	Confirmed Active	0	0	7/6/2020		
CIM	CIM			39	Clinic A 40-59	CIM-A		CCCMS	Confirmed Active	1	1	7/6/2020		
CIM	CIM			47	Clinic A 60-79	CIM-A		CCCMS	Confirmed Active	2	2	7/6/2020		
CIM	CIM			63	Clinic A 00-19	CIM-A		CCCMS	Confirmed Active	5	7	7/6/2020		DLT
CIM	CIM			63	Clinic A 80-99	CIM-A			Confirmed Active	2	3	7/6/2020		DNH
CIM	CIM			77	Clinic A 80-99	CIM-A			Confirmed Active	4	8	7/6/2020		DNM, DNH
CIM	CIM			69	Clinic A 40-59	CIM-A			Confirmed Active	2	5	7/6/2020		
CIM	CIM			76	Clinic A 80-99	CIM-A			Confirmed Active	2	5	7/6/2020		DNM, DNH
CIM	CIM			58	Clinic A 20-39	CIM-A		CCCMS	Confirmed Active	2	4	7/6/2020		DPM
CIM	CIM			77	Clinic A 00-19	CIM-A			Confirmed Active	4	7	7/6/2020		
CIM	CIM			64	Clinic A 00-19	CIM-A		CCCMS	Confirmed Active	3	3	7/6/2020	TABE < 4.0	DLT
CIM	CIM			68	Clinic A 40-59	CIM-A			Confirmed Active	2	5	7/6/2020	TABE < 4.0	
CIM	CIM			67	Clinic A 20-39	CIM-A			Confirmed Active	1	4	7/6/2020		
CIM	CIM			57	Clinic A 80-99	CIM-A			Confirmed Active	1	2	7/6/2020	TABE < 4.0	
CIM	CIM			82	Clinic A 80-99	CIM-A			Confirmed Active	2	6	7/6/2020	TABE < 4.0	
CIM	CIM			22	Clinic B Ad Seg	CIM-B			Confirmed Active	0	0	7/5/2020		
CIM	CIM			49	Clinic A 80-99	CIM-A		CCCMS	Confirmed Active	0	0	7/2/2020	DD2	DNM, DNH
CIM	CIM			65	Clinic A 80-99	CIM-A			Confirmed Active	3	6	7/2/2020		
CIM	CIM			58	Clinic A 00-19	CIM-A			Confirmed Active	0	0	7/2/2020		
CIM	CIM			35	Clinic A 20-39	CIM-A			Confirmed Active	0	0	7/2/2020		
CIM	CIM			51	Clinic A 80-99	CIM-A			Confirmed Active	0	0	7/2/2020		
CIM	CIM			29	Clinic A 60-79	CIM-A		CCCMS	Confirmed Active	0	0	7/2/2020	DD2	

CIM	CIM		25	Clinic A 20-39	CIM-A	CCCMS	Confirmed Active	0	0	7/2/2020	DD2, TABE < 4.0	
CIM	CIM		53	Clinic A 00-19	CIM-A	CCCMS	Confirmed Active	3	4	7/2/2020	DD2, TABE < 4.0	
CIM	CIM		43	Clinic A 60-79	CIM-A		Confirmed Active	2	3	7/2/2020	TABE < 4.0	
CIM	CIM		52	Clinic B 00-49	CIM-B	CCCMS	Confirmed Active	2	2	7/1/2020		
CIM	CIM		47	Clinic B 00-49	CIM-B	CCCMS	Confirmed Active	0	0	7/1/2020		
CIM	CIM		41	Clinic B 00-49	CIM-B	CCCMS	Confirmed Active	1	2	7/1/2020		
CIM	CIM		54	Clinic B 50-99	CIM-B		Confirmed Active	0	0	7/1/2020		
CIM	CIM		59	Clinic A 20-39	CIM-A		Confirmed Active	2	2	6/30/2020		
CIM	CIM		50	Clinic D 60-79	CIM-D		Confirmed Active	0	0	6/30/2020		
CIM	CIM		34	Clinic D 60-79	CIM-D		Confirmed Active	0	0	6/30/2020		
CIM	CIM		83	Clinic A 80-99	CIM-A		Confirmed Active	1	4	6/30/2020	TABE < 4.0	DNH
CIM	CIM		67	Other	Chino Valley Medical		Confirmed Active	1	4	6/28/2020	TABE < 4.0	DNH
CIM	CIM		71	Clinic A 20-39	CIM-A		Confirmed Active	1	4	6/28/2020	TABE < 4.0	
CIM	CIM		49	Clinic A 40-59	CIM-A		Resolved	1	1	6/27/2020	TABE < 4.0	
CIM	CIM		42	Clinic B Ad Seg	CIM-B	CCCMS	Resolved	0	0	6/26/2020		
CIM	CIM		30	Clinic A 20-39	CIM-A		Resolved	1	1	6/26/2020		
CIM	CIM		72	OHU 50-99	CIM-D		Resolved	2	5	6/25/2020		DNM
CIM	CIM		71	Clinic A 40-59	CIM-A		Resolved	1	4	6/25/2020		
CIM	CIM		45	Clinic D 40-59	CIM-D		Confirmed Active	4	5	6/25/2020	LD	DPO
CIM	CIM		80	Clinic A 40-59	CIM-A		Resolved	1	4	6/25/2020	TABE < 4.0	
CIM	CIM		64	Clinic A 40-59	CIM-A	CCCMS	Resolved	2	3	6/24/2020		DNM
CIM	CIM		87	Clinic A 40-59	CIM-A		Resolved	2	5	6/23/2020	TABE < 4.0	DPM, DNH
CIM	CIM		74	Clinic A 80-99	CIM-A		Resolved	4	8	6/23/2020	TABE < 4.0	DPM
CIM	CIM		77	Clinic A 00-19	CIM-A		Resolved	3	6	6/23/2020		DPM, DNH
CIM	CIM		73	Clinic A 00-19	CIM-A		Resolved	2	5	6/23/2020		DNH
CIM	CIM		61	Clinic A 60-79	CIM-A		Resolved	2	2	6/23/2020		
CIM	CIM		60	Clinic A 00-19	CIM-A		Resolved	0	0	6/23/2020		
CIM	CIM		59	Clinic A 80-99	CIM-A	CCCMS	Resolved	1	2	6/23/2020		
CIM	CIM		50	Clinic A 80-99	CIM-A		Resolved	0	0	6/23/2020	TABE < 4.0	DPS
CIM	CIM		67	Clinic A 20-39	CIM-A		Resolved	4	8	6/23/2020		DPM
CIM	CIM		70	Clinic A 00-19	CIM-A	CCCMS	Resolved	6	11	6/23/2020	DD2	DPM
CIM	CIM		54	Clinic A 00-19	CIM-A	CCCMS	Resolved	0	0	6/23/2020		DPM
CIM	CIM		71	Clinic A 40-59	CIM-A		Resolved	5	9	6/23/2020		DPW, DNH
CIM	CIM		72	Clinic A 00-19	CIM-A		Resolved	1	4	6/23/2020		
CIM	CIM		57	Clinic A 80-99	CIM-A		Resolved	0	0	6/23/2020		
CIM	CIM		57	Clinic A 40-59	CIM-A		Resolved	3	5	6/23/2020	TABE < 4.0	DNM, DPV
CIM	CIM		71	Clinic A 00-19	CIM-A		Resolved	1	4	6/23/2020		DNH
CIM	CIM		72	Clinic A 00-19	CIM-A	CCCMS	Resolved	4	7	6/23/2020		DPO
CIM	CIM		67	Clinic A 20-39	CIM-A		Resolved	4	7	6/23/2020		DPM

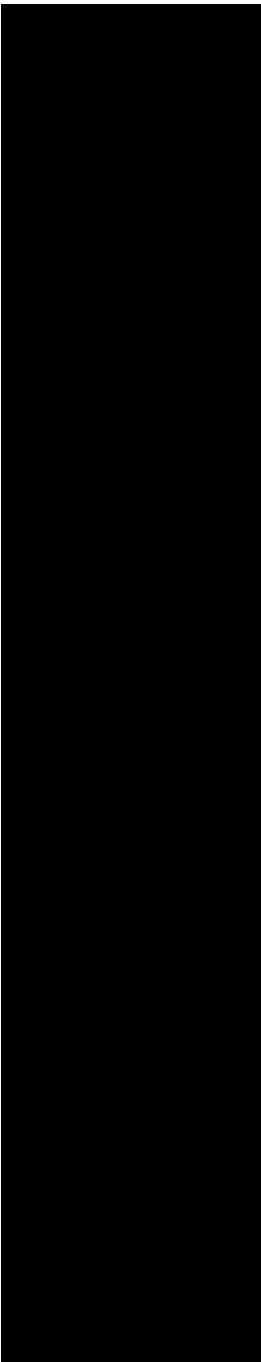
CIM	CIM		79	Clinic A 40-59	CIM-A		Resolved	2	5	6/23/2020		DPM
CIM	CIM		60	Clinic A 00-19	CIM-A	CCCMS	Resolved	1	1	6/23/2020		DPM
CIM	CIM		68	Clinic A 00-19	CIM-A		Resolved	2	5	6/23/2020		
CIM	CIM		48	Clinic A 00-19	CIM-A		Resolved	0	0	6/23/2020		
CIM	CIM		77	Clinic A 60-79	CIM-A		Resolved	1	4	6/23/2020		DPM
CIM	CIM		51	Clinic A 00-19	CIM-A	CCCMS	Resolved	0	0	6/23/2020		
CIM	CIM		58	Clinic A 40-59	CIM-A		Resolved	4	5	6/23/2020	DD2, TABE < 4.0	DPM
CIM	CIM		39	Clinic A 80-99	CIM-A		Resolved	1	2	6/23/2020		
CIM	CIM		52	Clinic A 80-99	CIM-A		Resolved	1	2	6/20/2020		
CIM	CIM		54	Clinic D 20-39	CIM-D		Resolved	3	3	6/20/2020		DNH
CIM	CIM		75	Clinic A 80-99	CIM-A		Resolved	2	6	6/20/2020	DD1, TABE < 4.0	DNH
CIM	CIM		57	Clinic D 40-59	CIM-D	CCCMS	Resolved	1	1	6/20/2020		DNH
CIM	CIM		67	Clinic A 60-79	CIM-A		Resolved	1	4	6/20/2020		
CIM	CIM		64	Clinic A 60-79	CIM-A		Resolved	3	3	6/19/2020	TABE < 4.0	
CIM	CIM		53	Clinic B 00-49	CIM-B		Resolved	2	2	6/19/2020		
CIM	CIM		52	Clinic B 00-49	CIM-B	CCCMS	Resolved	3	3	6/19/2020		DNM
CIM	CIM		73	Clinic A 20-39	CIM-A		Resolved	2	5	6/19/2020	TABE < 4.0	
CIM	CIM		56	Clinic B 50-99	CIM-B		Resolved	1	2	6/19/2020		
CIM	CIM		59	Clinic B 50-99	CIM-B		Resolved	0	0	6/19/2020		
CIM	CIM		31	Clinic B 00-49	CIM-B		Resolved	1	1	6/19/2020		
CIM	CIM		45	Clinic B 50-99	CIM-B		Resolved	0	0	6/19/2020		
CIM	CIM		53	Clinic B 50-99	CIM-B		Resolved	2	2	6/19/2020	TABE < 4.0	
CIM	CIM		72	Clinic A 60-79	CIM-A		Resolved	3	7	6/19/2020	TABE < 4.0	DNM
CIM	CIM		42	Clinic B 00-49	CIM-B	CCCMS	Resolved	1	1	6/19/2020	TABE < 4.0	
CIM	CIM		54	Clinic B 50-99	CIM-B		Resolved	1	2	6/19/2020		
CIM	CIM		49	Clinic A 80-99	CIM-A	CCCMS	Resolved	2	2	6/18/2020		DNM
CIM	CIM		56	Clinic A 40-59	CIM-A	CCCMS	Resolved	0	0	6/17/2020		
CIM	CIM		59	Clinic A 60-79	CIM-A		Resolved	1	2	6/17/2020		DLT
CIM	CIM		31	Clinic A 60-79	CIM-A	CCCMS	Resolved	2	2	6/17/2020		
CIM	CIM		47	Clinic A 60-79	CIM-A	CCCMS	Resolved	0	0	6/16/2020		
CIM	CIM		69	Clinic A 80-99	CIM-A	CCCMS	Resolved	3	6	6/16/2020		
CIM	CIM		65	Clinic A 80-99	CIM-A	CCCMS	Resolved	3	6	6/16/2020		
CIM	CIM		67	Clinic A 60-79	CIM-A		Resolved	2	5	6/16/2020	TABE < 4.0	DNH
CIM	CIM		40	Clinic A 40-59	CIM-A		Resolved	0	0	6/15/2020		
CIM	CIM		68	Clinic C 68-99	CIM-C		Resolved	1	4	6/15/2020		
CIM	CIM		38	Clinic A 20-39	CIM-A		Resolved	1	1	6/15/2020	TABE < 4.0	
CIM	CIM		73	Clinic A 60-79	CIM-A		Resolved	1	4	6/15/2020	TABE < 4.0	
CIM	CIM		58	Clinic A 60-79	CIM-A		Resolved	1	1	6/13/2020	TABE < 4.0	DNV
CIM	CIM		75	Clinic A 40-59	CIM-A		Resolved	2	5	6/13/2020	TABE < 4.0	DNM, DNH

CIM	CIM		77	Clinic A 20-39	CIM-A		Resolved	4	8	6/13/2020	TABE < 4.0	
CIM	CIM		63	Clinic A 60-79	CIM-A	CCCMS	Resolved	0	0	6/13/2020		
CIM	CIM		71	Clinic A 60-79	CIM-A		Resolved	3	6	6/13/2020		DNM, DNH
CIM	CIM		68	Clinic A 00-19	CIM-A		Resolved	1	4	6/13/2020		
CIM	CIM		48	Clinic A 20-39	CIM-A	CCCMS	Resolved	0	0	6/13/2020		
CIM	CIM		32	Clinic A 40-59	CIM-A		Resolved	0	0	6/13/2020		
CIM	CIM		75	Clinic A 60-79	CIM-A		Resolved	3	7	6/13/2020	TABE < 4.0	DNM
CIM	CIM		72	Clinic A 00-19	CIM-A		Resolved	2	6	6/13/2020		
CIM	CIM		55	Clinic A 20-39	CIM-A		Resolved	1	1	6/13/2020		
CIM	CIM		63	Clinic A 40-59	CIM-A		Resolved	1	1	6/13/2020		
CIM	CIM		28	Clinic A 80-99	CIM-A	CCCMS	Resolved	1	1	6/13/2020		
CIM	CIM		35	Clinic A 80-99	CIM-A		Resolved	1	1	6/13/2020		
CIM	CIM		44	Clinic A 20-39	CIM-A		Resolved	1	1	6/13/2020		
CIM	CIM		72	Clinic A 60-79	CIM-A		Resolved	1	4	6/13/2020	TABE < 4.0	
CIM	CIM		33	Clinic A 40-59	CIM-A	CCCMS	Resolved	1	1	6/13/2020		
CIM	CIM		48	Clinic A 40-59	CIM-A	CCCMS	Resolved	1	1	6/13/2020		
CIM	CIM		40	Clinic A 40-59	CIM-A	CCCMS	Resolved	1	1	6/13/2020	TABE < 4.0	
CIM	CIM		32	Clinic A 80-99	CIM-A	CCCMS	Resolved	0	0	6/13/2020		
CIM	CIM		54	Clinic A 20-39	CIM-A		Resolved	1	1	6/13/2020		
CIM	CIM		48	Clinic A 00-19	CIM-A		Resolved	3	4	6/13/2020		DNM
CIM	CIM		55	Clinic A 60-79	CIM-A		Resolved	1	2	6/13/2020		
CIM	CIM		47	Clinic A 60-79	CIM-A		Resolved	0	0	6/13/2020	TABE < 4.0	
CIM	CIM		44	Clinic A 60-79	CIM-A	CCCMS	Resolved	0	0	6/13/2020	TABE < 4.0	
CIM	CIM		71	Clinic A 60-79	CIM-A		Resolved	1	4	6/13/2020		
CIM	CIM		77	Clinic A 00-19	CIM-A		Resolved	3	7	6/12/2020	DD2, TABE < 4.0	
CIM	CIM		75	OHU 00-49	CIM-D	CCCMS	Resolved	2	5	6/12/2020	DD2	
CIM	CIM		42	Clinic A 00-19	CIM-A	CCCMS	Resolved	2	2	6/11/2020		
CIM	CIM		72	Clinic A 00-19	CIM-A	CCCMS	Resolved	3	7	6/11/2020	TABE < 4.0	
CIM	CIM		67	Clinic A 80-99	CIM-A		Resolved	2	5	6/11/2020		
CIM	CIM		80	OHU 00-49	CIM-D		Resolved	3	7	6/11/2020		DNM
CIM	CIM		73	Clinic A 20-39	CIM-A		Resolved	5	10	6/11/2020	TABE < 4.0	
CIM	CIM		58	Clinic A 40-59	CIM-A		Resolved	1	2	6/10/2020		
CIM	CIM		73	Clinic A 40-59	CIM-A		Resolved	2	5	6/10/2020		
CIM	CIM		71	Clinic A 00-19	CIM-A	CCCMS	Resolved	2	6	6/10/2020	DD2	DLT
CIM	CIM		58	Clinic A 40-59	CIM-A		Resolved	0	0	6/9/2020		
CIM	CIM		75	OHU 50-99	CIM-D		Resolved	2	5	6/9/2020		
CIM	CIM		71	Clinic A 40-59	CIM-A		Resolved	3	6	6/9/2020		
CIM	CIM		76	Clinic A 00-19	CIM-A	CCCMS	Resolved	2	5	6/9/2020	DD2	
CIM	CIM		58	Clinic D 00-19	CIM-D	CCCMS	Resolved	4	5	6/9/2020		DLT

CIM	CIM		65	Clinic A 60-79	CIM-A		CCCMS	Resolved	2	5	6/9/2020	DD2, TABE < 4.0	DNH
CIM	CIM		73	Clinic A 00-19	CIM-A			Resolved	4	9	6/9/2020	DD3	DNH
CIM	CIM		55	Clinic D 00-19	CIM-D		CCCMS	Resolved	1	1	6/8/2020		DLT, DPV
CIM	CIM		56	Clinic D 60-79	CIM-D			Resolved	0	0	6/8/2020		
CIM	CIM		37	Clinic A 60-79	CIM-A		CCCMS	Resolved	3	3	6/8/2020		
CIM	CIM		61	Clinic A 80-99	CIM-A		CCCMS	Resolved	2	3	6/8/2020		DNM, DNH
CIM	CIM		60	Clinic A 00-19	CIM-A			Resolved	0	0	6/8/2020		
CIM	CIM		53	Clinic D 00-19	CIM-D		CCCMS	Resolved	1	2	6/8/2020		
CIM	CIM		63	Clinic D 20-39	CIM-D			Resolved	1	1	6/8/2020		DPV
CIM	CIM		56	Clinic D 20-39	CIM-D			Resolved	2	3	6/8/2020		DPV
CIM	CIM		67	Clinic D 20-39	CIM-D			Resolved	1	4	6/8/2020		
CIM	CIM		69	Other	Chino Valley Medical			Confirmed Active	1	4	6/7/2020	TABE < 4.0	
CIM	CIM		59	Clinic B 50-99	CIM-B			Resolved	0	0	6/6/2020		
CIM	CIM		49	Clinic B 50-99	CIM-B			Resolved	2	2	6/6/2020		
CIM	CIM		65	Clinic A 20-39	CIM-A			Resolved	3	6	6/6/2020	DD2	
CIM	CIM		53	Clinic B 00-49	CIM-B		CCCMS	Resolved	0	0	6/6/2020		
CIM	CIM		54	Clinic B 50-99	CIM-B			Resolved	1	1	6/6/2020		
CIM	CIM		58	Clinic B 50-99	CIM-B			Resolved	1	2	6/6/2020		
CIM	CIM		56	Clinic B 00-49	CIM-B			Resolved	1	2	6/6/2020		
CIM	CIM		60	Clinic B 00-49	CIM-B			Resolved	2	4	6/6/2020		
CIM	CIM		47	Clinic B 00-49	CIM-B			Resolved	1	2	6/6/2020		
CIM	CIM		57	Clinic A 60-79	CIM-A			Resolved	1	2	6/6/2020		
CIM	CIM		47	Clinic B 00-49	CIM-B			Resolved	0	0	6/6/2020		
CIM	CIM		51	Clinic B 00-49	CIM-B			Resolved	1	2	6/6/2020		
CIM	CIM		54	Clinic B 50-99	CIM-B		CCCMS	Resolved	5	6	6/6/2020		
CIM	CIM		45	Clinic B 00-49	CIM-B		CCCMS	Resolved	2	2	6/6/2020	TABE < 4.0	DNM
CIM	CIM		45	Clinic B 50-99	CIM-B		CCCMS	Resolved	2	3	6/6/2020		
CIM	CIM		60	Clinic B 00-49	CIM-B		CCCMS	Resolved	1	2	6/6/2020		DNM, DNH
CIM	CIM		55	Clinic B 50-99	CIM-B			Resolved	0	0	6/6/2020		
CIM	CIM		59	Clinic B 00-49	CIM-B		CCCMS	Resolved	2	2	6/6/2020	TABE < 4.0	
CIM	CIM		49	Clinic B 00-49	CIM-B			Resolved	1	2	6/6/2020	TABE < 4.0	
CIM	CIM		42	Clinic B 50-99	CIM-B			Resolved	1	1	6/6/2020		
CIM	CIM		52	Clinic B 00-49	CIM-B		CCCMS	Resolved	0	0	6/6/2020	TABE < 4.0	
CIM	CIM		57	Clinic B 00-49	CIM-B		CCCMS	Resolved	2	3	6/6/2020		
CIM	CIM		43	Clinic B 00-49	CIM-B		CCCMS	Resolved	0	0	6/6/2020		
CIM	CIM		56	Clinic B 00-49	CIM-B			Resolved	1	2	6/6/2020		
CIM	CIM		57	Clinic B 50-99	CIM-B		CCCMS	Resolved	2	2	6/6/2020		
CIM	CIM		57	Clinic B 00-49	CIM-B			Resolved	4	7	6/6/2020		
CIM	CIM		45	Clinic B 50-99	CIM-B		CCCMS	Resolved	0	0	6/6/2020		

CIM	CIM		51	Clinic B 50-99	CIM-B		Resolved	1	1	6/6/2020	TABE < 4.0	
CIM	CIM		48	Clinic B 50-99	CIM-B	CCCMS	Resolved	1	1	6/6/2020		
CIM	CIM		39	Clinic B 50-99	CIM-B		Resolved	2	3	6/6/2020		
CIM	CIM		39	Clinic B 50-99	CIM-B	CCCMS	Resolved	1	2	6/6/2020		
CIM	CIM		39	Clinic A 20-39	CIM-A	CCCMS	Resolved	0	0	6/6/2020	DD1	DNH
CIM	CIM		43	Clinic B 00-49	CIM-B		Resolved	2	2	6/6/2020		
CIM	CIM		52	Clinic B 00-49	CIM-B		Resolved	2	2	6/6/2020		
CIM	CIM		55	Clinic B 50-99	CIM-B		Resolved	2	2	6/6/2020	TABE < 4.0	
CIM	CIM		51	Clinic B 00-49	CIM-B		Resolved	1	1	6/6/2020	TABE < 4.0	
CIM	CIM		58	Clinic A 00-19	CIM-A		Resolved	2	3	6/6/2020	TABE < 4.0	
CIM	CIM		56	Clinic B 50-99	CIM-B	CCCMS	Resolved	1	1	6/6/2020		
CIM	CIM		37	Clinic B 00-49	CIM-B	CCCMS	Resolved	0	0	6/6/2020	TABE < 4.0	
CIM	CIM		45	Clinic B 00-49	CIM-B		Resolved	1	2	6/6/2020		
CIM	CIM		32	Clinic B 00-49	CIM-B	CCCMS	Resolved	0	0	6/6/2020		
CIM	CIM		39	Clinic B 50-99	CIM-B		Resolved	2	3	6/6/2020		
CIM	CIM		45	Clinic B 00-49	CIM-B		Resolved	1	2	6/6/2020		
CIM	CIM		61	Clinic B 50-99	CIM-B	CCCMS	Resolved	1	1	6/6/2020	TABE < 4.0	DLT
CIM	CIM		43	Clinic B 00-49	CIM-B		Resolved	1	2	6/6/2020	TABE < 4.0	
CIM	CIM		34	Clinic B 50-99	CIM-B		Resolved	0	0	6/6/2020	TABE < 4.0	
CIM	CIM		66	Clinic A 60-79	CIM-A	CCCMS	Resolved	2	6	6/5/2020	TABE < 4.0	DNM
CIM	CIM		78	Clinic C 68-99	CIM-C		Resolved	3	7	6/5/2020		DNH
CIM	CIM		76	OHU 50-99	CIM-D		Resolved	1	4	6/4/2020		DNM, DNH
CIM	CIM		60	Clinic A 60-79	CIM-A		Resolved	3	5	6/4/2020		
CIM	CIM		75	Clinic A 00-19	CIM-A		Resolved	1	4	6/4/2020		DNH
CIM	CIM		46	Clinic A 20-39	CIM-A		Resolved	2	3	6/4/2020		
CIM	CIM		72	Clinic A 20-39	CIM-A		Resolved	1	4	6/3/2020	TABE < 4.0	
CIM	CIM		61	Clinic A 40-59	CIM-A		Resolved	3	4	6/3/2020	TABE < 4.0	
CIM	CIM		57	Clinic A 80-99	CIM-A		Resolved	2	2	6/3/2020		
CIM	CIM		58	Clinic A 20-39	CIM-A	CCCMS	Resolved	2	4	6/2/2020	DD1	
CIM	CIM		69	Clinic A 80-99	CIM-A		Resolved	1	4	6/2/2020	TABE < 4.0	
CIM	CIM		73	Clinic A 60-79	CIM-A	CCCMS	Resolved	2	5	6/2/2020	DD1	DNM
CIM	CIM		51	Clinic A 80-99	CIM-A	CCCMS	Resolved	0	0	6/2/2020	DD1, TABE < 4.0	
CIM	CIM		76	Clinic A 20-39	CIM-A		Resolved	4	7	6/2/2020		DPM
CIM	CIM		69	Clinic A 80-99	CIM-A		Resolved	2	5	6/2/2020		
CIM	CIM		74	Other	Chino Valley Medical	CCCMS	Confirmed Active	2	5	6/2/2020		
CIM	CIM		58	OHU 50-99	CIM-D	CCCMS	Resolved	2	3	6/2/2020	TABE < 4.0	
CIM	CIM		54	Clinic A 20-39	CIM-A	CCCMS	Resolved	1	1	6/2/2020		
CIM	CIM		52	Clinic A 40-59	CIM-A		Resolved	0	0	6/2/2020	TABE < 4.0	
CIM	CIM		31	Clinic A 40-59	CIM-A	CCCMS	Resolved	0	0	6/2/2020	DD2	

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63	Clinic A 80-99	CIM-A
77	Clinic B 00-49	CIM-B
73	Clinic A 80-99	CIM-A
53	Clinic A 00-19	CIM-A
52	OHU 00-49	CIM-D
72	Clinic A 00-19	CIM-A
71	Clinic A 20-39	CIM-A
65	Clinic C 00-33	CIM-C
70	Clinic A 60-79	CIM-A
64	OHU 00-49	CIM-D
60	Clinic A 60-79	CIM-A
76	Clinic A 00-19	CIM-A
58	Clinic A 40-59	CIM-A
70	Clinic A 20-39	CIM-A
51	Clinic A 80-99	CIM-A
74	Clinic A 20-39	CIM-A
54	Clinic A 60-79	CIM-A
49	Clinic B 50-99	CIM-B
77	Clinic A 00-19	CIM-A
56	Clinic C 00-33	CIM-C
34	Clinic A 20-39	CIM-A
70	Clinic A 80-99	CIM-A
58	Clinic A 40-59	CIM-A
76	Clinic A 40-59	CIM-A
83	Clinic C 00-33	CIM-C
65	Clinic A 40-59	CIM-A
55	Clinic A 60-79	CIM-A
50	Clinic A 00-19	CIM-A
74	Clinic A 60-79	CIM-A
67	Clinic A 20-39	CIM-A
55	OHU 00-49	CIM-D
65	Other	Chino Valley Medical
66	Clinic C 34-67	CIM-C
71	Clinic A 00-19	CIM-A
69	Clinic A 20-39	CIM-A
75	Clinic A 00-19	CIM-A
68	Clinic A 40-59	CIM-A
61	Clinic A 60-79	CIM-A
57	Clinic A 40-59	CIM-A



CCCMS	Resolved	3	5	6/2/2020	DD1	
	Resolved	2	5	6/2/2020	DD3, TABE < 4.0	DPO
	Resolved	2	5	6/2/2020	TABE < 4.0	
	Resolved	2	2	6/1/2020		
CCCMS	Resolved	2	2	6/1/2020		DPO
	Resolved	1	4	6/1/2020	TABE < 4.0	DLT, DNH
CCCMS	Resolved	2	6	5/31/2020		DNH
	Resolved	1	4	5/31/2020		
CCCMS	Resolved	2	6	5/31/2020		
	Resolved	2	2	5/31/2020		
	Resolved	2	3	5/31/2020		DNV
	Resolved	1	4	5/31/2020	TABE < 4.0	
CCCMS	Resolved	1	2	5/31/2020		
	Resolved	1	4	5/31/2020	TABE < 4.0	
CCCMS	Resolved	0	0	5/31/2020	DD1, TABE < 4.0	
	Resolved	3	6	5/31/2020	TABE < 4.0	
	Resolved	1	2	5/31/2020		
	Resolved	0	0	5/30/2020		DPW
	Resolved	2	5	5/30/2020	DD1	DNM
	Resolved	2	2	5/30/2020		
CCCMS	Resolved	0	0	5/30/2020	TABE < 4.0	
	Resolved	4	8	5/30/2020	TABE < 4.0	
CCCMS	Resolved	1	1	5/29/2020		
	Resolved	2	6	5/29/2020		DPM
CCCMS	Resolved	2	5	5/29/2020		DLT
	Resolved	2	5	5/29/2020		
CCCMS	Resolved	2	2	5/29/2020		DPM
	Resolved	4	4	5/29/2020		DPO, DNH
CCCMS	Resolved	1	4	5/29/2020		DPM, DNH
	Resolved	2	5	5/29/2020		
	Resolved	4	5	5/28/2020		DPM
	Confirmed Active	2	5	5/28/2020	TABE < 4.0	
CCCMS	Resolved	4	9	5/28/2020		DPM, DNH
	Resolved	2	5	5/28/2020		
	Resolved	1	4	5/28/2020	TABE < 4.0	DNH
	Resolved	3	6	5/27/2020	TABE < 4.0	DPM, DNH
	Resolved	1	4	5/27/2020		
	Resolved	1	1	5/27/2020	TABE < 4.0	
	Resolved	0	0	5/26/2020	TABE < 4.0	

CIM	CIM		63	Clinic A 00-19	CIM-A		Resolved	1	1	5/26/2020	TABE < 4.0	DPM
CIM	CIM		44	Clinic D 80-99	CIM-D		Resolved	2	2	5/26/2020		
CIM	CIM		51	Clinic A 80-99	CIM-A		CCCMS Resolved	2	2	5/26/2020		
CIM	CIM		74	Clinic A 00-19	CIM-A		Resolved	4	8	5/26/2020		DNH
CIM	CIM		53	Clinic A 80-99	CIM-A		Resolved	2	4	5/26/2020	TABE < 4.0	DPW
CIM	CIM		52	Clinic A 60-79	CIM-A		Resolved	1	2	5/26/2020		
CIM	CIM		52	Clinic A 00-19	CIM-A		Resolved	2	3	5/25/2020		
CIM	CIM		58	Clinic A 00-19	CIM-A		Resolved	1	2	5/25/2020		
CIM	CIM		31	Clinic A 80-99	CIM-A		CCCMS Resolved	1	2	5/25/2020		
CIM	CIM		43	Clinic A 80-99	CIM-A		Resolved	2	2	5/25/2020	TABE < 4.0	
CIM	CIM		66	Clinic A 60-79	CIM-A		CCCMS Resolved	1	4	5/24/2020		DNM, DPH
CIM	CIM		47	Clinic B 00-49	CIM-B		CCCMS Resolved	2	2	5/24/2020		DPW, DNH
CIM	CIM		56	Clinic A 60-79	CIM-A		CCCMS Resolved	3	4	5/22/2020		
CIM	CIM		30	Clinic B Ad Seg	CIM-B		EOP Resolved	0	0	5/22/2020	DD2, TABE < 4.0	
CIM	CIM		43	Clinic D 00-19	CIM-D		Resolved	0	0	5/22/2020		
CIM	CIM		65	Clinic A 20-39	CIM-A		Resolved	2	6	5/21/2020	TABE < 4.0	DNH
CIM	CIM		51	Clinic A 20-39	CIM-A		CCCMS Resolved	3	4	5/21/2020		
CIM	CIM		41	Clinic A 00-19	CIM-A		CCCMS Resolved	1	1	5/21/2020		
CIM	CIM		80	Clinic A 00-19	CIM-A		Resolved	4	8	5/20/2020		DPO, DPV
CIM	CIM		54	Clinic A 00-19	CIM-A		Resolved	1	1	5/20/2020		DNH
CIM	CIM		52	Clinic A 40-59	CIM-A		CCCMS Resolved	1	1	5/20/2020		DPW
CIM	CIM		61	Clinic C 00-33	CIM-C		CCCMS Resolved	2	3	5/20/2020	DD1	DPM, DNH
CIM	CIM		72	Other	Chino Valley Medical		Resolved	4	8	5/20/2020		DPM
CIM	CIM		43	Clinic A 60-79	CIM-A		Resolved	1	1	5/19/2020		
CIM	CIM		41	Clinic A 00-19	CIM-A		CCCMS Resolved	1	1	5/19/2020		
CIM	CIM		24	Clinic B 50-99	CIM-B		CCCMS Resolved	0	0	5/19/2020		
CIM	CIM		78	Clinic A 20-39	CIM-A		Resolved	1	4	5/19/2020	DD3	DNH
CIM	CIM		36	Clinic A 40-59	CIM-A		Resolved	1	1	5/19/2020	TABE < 4.0	
CIM	CIM		55	Clinic C 34-67	CIM-C		Resolved	1	2	5/18/2020		
CIM	CIM		60	Clinic A 20-39	CIM-A		Resolved	0	0	5/18/2020		
CIM	CIM		67	Clinic D 80-99	CIM-D		Resolved	2	6	5/18/2020		
CIM	CIM		54	Clinic A 60-79	CIM-A		Resolved	1	1	5/17/2020		
CIM	CIM		45	Clinic C 00-33	CIM-C		Resolved	1	1	5/17/2020		
CIM	CIM		48	Clinic C 68-99	CIM-C		Resolved	1	2	5/17/2020		
CIM	CIM		52	Clinic A 40-59	CIM-A		CCCMS Resolved	0	0	5/16/2020		
CIM	CIM		46	Clinic D 40-59	CIM-D		Resolved	0	0	5/16/2020		
CIM	CIM		74	Clinic A 00-19	CIM-A		Resolved	1	4	5/16/2020		
CIM	CIM		53	Clinic D 00-19	CIM-D		CCCMS Resolved	1	1	5/16/2020		DLT
CIM	CIM		50	Clinic D 00-19	CIM-D		Resolved	1	2	5/15/2020	TABE < 4.0	
CIM	CIM		37	Clinic D 60-79	CIM-D		Resolved	0	0	5/15/2020		

CIM	CIM		60	Clinic D 60-79	CIM-D		Resolved	1	1	5/15/2020			
CIM	CIM		53	Clinic D 00-19	CIM-D		Resolved	1	1	5/15/2020			
CIM	CIM		56	Clinic D 60-79	CIM-D		Resolved	1	2	5/15/2020			
CIM	CIM		35	Clinic B Ad Seg	CIM-B		CCCMS	Resolved	0	0	5/15/2020		
CIM	CIM		45	Clinic D 80-99	CIM-D			Resolved	1	2	5/15/2020		
CIM	CIM		34	Clinic B 00-49	CIM-B		CCCMS	Resolved	0	0	5/15/2020	TABE < 4.0	
CIM	CIM		40	Clinic D 20-39	CIM-D			Resolved	0	0	5/15/2020		
CIM	CIM		39	Clinic D 80-99	CIM-D			Resolved	1	1	5/15/2020		
CIM	CIM		62	Clinic D 00-19	CIM-D			Resolved	1	2	5/15/2020		
CIM	CIM		36	Clinic D 60-79	CIM-D			Resolved	0	0	5/15/2020	TABE < 4.0	
CIM	CIM		65	Clinic D 20-39	CIM-D			Resolved	3	7	5/15/2020		
CIM	CIM		59	Clinic D 60-79	CIM-D			Resolved	1	2	5/15/2020		
CIM	CIM		43	Clinic D 20-39	CIM-D			Resolved	0	0	5/15/2020	TABE < 4.0	
CIM	CIM		50	Clinic D 40-59	CIM-D			Resolved	1	2	5/15/2020		
CIM	CIM		40	Clinic D 80-99	CIM-D			Resolved	0	0	5/15/2020		
CIM	CIM		59	Clinic D 60-79	CIM-D			Resolved	0	0	5/15/2020	TABE < 4.0	
CIM	CIM		56	Clinic D 60-79	CIM-D			Resolved	1	1	5/15/2020	TABE < 4.0	
CIM	CIM		39	Clinic D 20-39	CIM-D			Resolved	1	1	5/15/2020	TABE < 4.0	
CIM	CIM		62	Clinic D 00-19	CIM-D			Resolved	0	0	5/15/2020		
CIM	CIM		34	Clinic D 20-39	CIM-D		CCCMS	Resolved	1	1	5/14/2020		
CIM	CIM		38	Clinic D 00-19	CIM-D			Resolved	0	0	5/14/2020	TABE < 4.0	
CIM	CIM		58	Clinic D 60-79	CIM-D			Resolved	1	2	5/14/2020	TABE < 4.0	
CIM	CIM		41	Clinic D 20-39	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		53	Clinic D 00-19	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		33	Clinic D 80-99	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		42	Clinic D 20-39	CIM-D			Resolved	1	2	5/14/2020		
CIM	CIM		41	Clinic D 80-99	CIM-D			Resolved	0	0	5/14/2020	TABE < 4.0	
CIM	CIM		35	Clinic D 80-99	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		28	Clinic D 20-39	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		41	Clinic D 20-39	CIM-D			Resolved	1	1	5/14/2020		
CIM	CIM		30	OHU 50-99	CIM-D		ACUTE	Resolved	1	1	5/14/2020	TABE < 4.0	
CIM	CIM		46	Clinic D 60-79	CIM-D		CCCMS	Resolved	1	1	5/14/2020	TABE < 4.0	
CIM	CIM		34	Clinic D 60-79	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		24	Clinic D 20-39	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		41	Clinic D 40-59	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		44	Clinic D 20-39	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		36	Clinic D 20-39	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		30	Clinic D 00-19	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		72	Clinic D 60-79	CIM-D		CCCMS	Resolved	2	5	5/14/2020		DPM

CIM	CIM		44	Clinic D 40-59	CIM-D		CCCMS	Resolved	2	2	5/14/2020		
CIM	CIM		59	Clinic D 80-99	CIM-D			Resolved	1	2	5/14/2020		
CIM	CIM		28	Clinic D 00-19	CIM-D			Resolved	0	0	5/14/2020	TABE < 4.0	DPM
CIM	CIM		32	Clinic D 40-59	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		27	Clinic B Ad Seg	CIM-B			Resolved	1	1	5/14/2020	TABE < 4.0	
CIM	CIM		46	Clinic D 20-39	CIM-D			Resolved	2	2	5/14/2020		
CIM	CIM		48	Clinic D 80-99	CIM-D		CCCMS	Resolved	1	1	5/14/2020		
CIM	CIM		40	Clinic D 00-19	CIM-D		CCCMS	Resolved	1	1	5/14/2020		DPV
CIM	CIM		55	Clinic D 60-79	CIM-D			Resolved	0	0	5/14/2020	TABE < 4.0	
CIM	CIM		30	Clinic D 20-39	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		63	Clinic D 60-79	CIM-D		CCCMS	Resolved	3	3	5/14/2020	TABE < 4.0	
CIM	CIM		61	Clinic D 40-59	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		58	Clinic D 00-19	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		33	Clinic D 40-59	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		48	Clinic D 80-99	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		30	Clinic D 60-79	CIM-D		CCCMS	Resolved	1	1	5/14/2020		
CIM	CIM		52	Clinic D 60-79	CIM-D		CCCMS	Resolved	0	0	5/14/2020	TABE < 4.0	
CIM	CIM		43	Clinic D 80-99	CIM-D			Resolved	0	0	5/14/2020	TABE < 4.0	
CIM	CIM		59	Clinic D 80-99	CIM-D		CCCMS	Resolved	0	0	5/14/2020		DLT
CIM	CIM		36	Clinic D 20-39	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		50	Clinic D 00-19	CIM-D			Resolved	1	1	5/14/2020		
CIM	CIM		37	Clinic D 00-19	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		60	Clinic D 00-19	CIM-D		CCCMS	Resolved	3	4	5/14/2020		DNM
CIM	CIM		39	Clinic D 40-59	CIM-D			Resolved	1	1	5/14/2020		DNH
CIM	CIM		39	Clinic D 80-99	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		38	Clinic D 40-59	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		28	Clinic D 00-19	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		36	Clinic D 20-39	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		27	Clinic B 00-49	CIM-B		EOP	Resolved	0	0	5/14/2020	TABE < 4.0	
CIM	CIM		73	Clinic D 40-59	CIM-D			Resolved	4	9	5/14/2020		DNH
CIM	CIM		43	Clinic D 80-99	CIM-D			Resolved	2	2	5/14/2020		
CIM	CIM		61	Clinic D 00-19	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		27	Clinic D 80-99	CIM-D		CCCMS	Resolved	1	1	5/14/2020		
CIM	CIM		37	Clinic D 20-39	CIM-D			Resolved	1	2	5/14/2020		
CIM	CIM		37	Clinic D 20-39	CIM-D		CCCMS	Resolved	1	1	5/14/2020		
CIM	CIM		60	Clinic D 60-79	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		51	Clinic D 40-59	CIM-D		CCCMS	Resolved	1	2	5/14/2020		DNM
CIM	CIM		46	Clinic D 40-59	CIM-D			Resolved	1	1	5/14/2020		
CIM	CIM		34	Clinic D 80-99	CIM-D			Resolved	0	0	5/14/2020	TABE < 4.0	

CIM	CIM		42	Clinic D 40-59	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		24	Clinic D 60-79	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		41	Clinic C 34-67	CIM-C		CCCMS	Resolved	2	3	5/14/2020	TABE < 4.0	DPM
CIM	CIM		43	Clinic D 80-99	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		60	Clinic D 80-99	CIM-D		CCCMS	Resolved	1	1	5/14/2020		
CIM	CIM		33	Clinic D 20-39	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		27	Clinic D 00-19	CIM-D			Resolved	0	0	5/14/2020		DPW
CIM	CIM		52	Clinic D 80-99	CIM-D			Resolved	2	3	5/14/2020		DLT
CIM	CIM		37	Clinic D 00-19	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		67	Clinic D 00-19	CIM-D			Resolved	2	5	5/14/2020		
CIM	CIM		38	Clinic D 60-79	CIM-D		CCCMS	Resolved	0	0	5/14/2020		DPW
CIM	CIM		70	Clinic D 00-19	CIM-D			Resolved	2	5	5/14/2020	TABE < 4.0	
CIM	CIM		33	Clinic D 60-79	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		51	Clinic D 20-39	CIM-D			Resolved	3	5	5/14/2020		DNM
CIM	CIM		52	Clinic D 40-59	CIM-D			Resolved	1	2	5/14/2020		
CIM	CIM		53	Clinic D 20-39	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		62	Clinic D 60-79	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		31	Clinic D 00-19	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		30	Clinic D 40-59	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		69	Clinic D 20-39	CIM-D			Resolved	5	10	5/14/2020		DLT
CIM	CIM		35	Clinic D 60-79	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		55	Clinic D 00-19	CIM-D			Resolved	0	0	5/14/2020	TABE < 4.0	
CIM	CIM		50	Clinic D 80-99	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		41	Clinic D 00-19	CIM-D			Resolved	1	2	5/14/2020		
CIM	CIM		47	Clinic A 40-59	CIM-A			Resolved	0	0	5/14/2020		
CIM	CIM		25	Clinic D 00-19	CIM-D			Resolved	1	1	5/14/2020	TABE < 4.0	
CIM	CIM		57	Clinic D 80-99	CIM-D			Resolved	2	2	5/14/2020		
CIM	CIM		48	Clinic D 80-99	CIM-D			Resolved	3	3	5/14/2020		
CIM	CIM		49	Clinic D 40-59	CIM-D			Resolved	1	1	5/14/2020	TABE < 4.0	
CIM	CIM		49	Clinic D 80-99	CIM-D			Resolved	1	2	5/14/2020		
CIM	CIM		29	Clinic D 20-39	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		64	Clinic D 20-39	CIM-D			Resolved	2	3	5/14/2020		DLT
CIM	CIM		46	Clinic D 60-79	CIM-D			Resolved	0	0	5/14/2020		
CIM	CIM		55	Clinic D 40-59	CIM-D		CCCMS	Resolved	0	0	5/14/2020		
CIM	CIM		58	Clinic D 40-59	CIM-D			Resolved	1	1	5/14/2020	TABE < 4.0	
CIM	CIM		60	Clinic D 20-39	CIM-D			Resolved	3	5	5/14/2020	TABE < 4.0	
CIM	CIM		52	Clinic D 20-39	CIM-D			Resolved	1	1	5/14/2020		
CIM	CIM		64	Clinic D 60-79	CIM-D			Resolved	1	1	5/14/2020	TABE < 4.0	DLT
CIM	CIM		58	Clinic D 60-79	CIM-D		CCCMS	Resolved	3	5	5/14/2020		

CIM	CIM		73	Clinic D 00-19	CIM-D		Resolved	2	6	5/14/2020		
CIM	CIM		58	Clinic C 68-99	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		57	Clinic C 34-67	CIM-C		Resolved	3	4	5/13/2020		
CIM	CIM		43	Clinic C 00-33	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		66	Clinic C 68-99	CIM-C		Resolved	1	4	5/13/2020		
CIM	CIM		39	Clinic C 68-99	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		57	Clinic C 34-67	CIM-C	CCCMS	Resolved	2	2	5/13/2020		
CIM	CIM		37	Clinic C 00-33	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		41	Clinic C 34-67	CIM-C		Resolved	1	2	5/13/2020		
CIM	CIM		73	Clinic C 00-33	CIM-C		Resolved	2	6	5/13/2020	TABE < 4.0	DNM, DNH
CIM	CIM		39	Clinic C 00-33	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		68	Clinic A 40-59	CIM-A		Resolved	2	5	5/13/2020		
CIM	CIM		58	Clinic C 68-99	CIM-C	CCCMS	Resolved	0	0	5/13/2020		
CIM	CIM		74	Clinic C 34-67	CIM-C		Resolved	1	4	5/13/2020		
CIM	CIM		50	Clinic C 34-67	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		53	Clinic C 34-67	CIM-C		Resolved	4	6	5/13/2020		DLT
CIM	CIM		43	Clinic C 68-99	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		48	Clinic C 34-67	CIM-C		Resolved	1	2	5/13/2020		
CIM	CIM		55	Clinic C 34-67	CIM-C	CCCMS	Resolved	2	3	5/13/2020		
CIM	CIM		68	Clinic C 68-99	CIM-C	CCCMS	Resolved	2	6	5/13/2020		
CIM	CIM		61	Clinic C 00-33	CIM-C	CCCMS	Resolved	4	6	5/13/2020		
CIM	CIM		35	Clinic C 68-99	CIM-C		Resolved	1	2	5/13/2020		
CIM	CIM		48	Clinic C 68-99	CIM-C	CCCMS	Resolved	0	0	5/13/2020		
CIM	CIM		53	Clinic C 34-67	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		54	Clinic C 34-67	CIM-C		Resolved	1	2	5/13/2020		
CIM	CIM		65	Clinic C 34-67	CIM-C		Resolved	2	6	5/13/2020		DLT
CIM	CIM		69	Clinic C 34-67	CIM-C		Resolved	1	4	5/13/2020		
CIM	CIM		62	Clinic C 34-67	CIM-C	CCCMS	Resolved	1	1	5/13/2020		
CIM	CIM		70	Clinic C 68-99	CIM-C		Resolved	3	8	5/13/2020		
CIM	CIM		51	Clinic C 68-99	CIM-C		Resolved	0	0	5/13/2020	TABE < 4.0	
CIM	CIM		75	Clinic C 68-99	CIM-C		Resolved	3	8	5/13/2020	TABE < 4.0	
CIM	CIM		74	Clinic C 34-67	CIM-C	CCCMS	Resolved	2	6	5/13/2020		
CIM	CIM		69	Clinic C 68-99	CIM-C	CCCMS	Resolved	4	7	5/13/2020		
CIM	CIM		29	Clinic C 34-67	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		31	Clinic C 00-33	CIM-C		Resolved	2	2	5/13/2020		
CIM	CIM		32	Clinic A 00-19	CIM-A		Resolved	1	2	5/13/2020		
CIM	CIM		45	Clinic C 00-33	CIM-C		Resolved	2	3	5/13/2020		
CIM	CIM		64	Clinic C 00-33	CIM-C	CCCMS	Resolved	2	3	5/13/2020		
CIM	CIM		40	Clinic C 00-33	CIM-C	CCCMS	Resolved	0	0	5/13/2020		

CIM	CIM		30	Clinic C 00-33	CIM-C	CCCMS	Resolved	0	0	5/13/2020		
CIM	CIM		31	Clinic B Ad Seg	CIM-B	CCCMS	Resolved	2	4	5/13/2020		
CIM	CIM		34	Clinic C 34-67	CIM-C	CCCMS	Resolved	0	0	5/13/2020		
CIM	CIM		59	Clinic C 34-67	CIM-C	CCCMS	Resolved	0	0	5/13/2020		
CIM	CIM		35	Clinic C 34-67	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		34	Clinic C 00-33	CIM-C	CCCMS	Resolved	0	0	5/13/2020		
CIM	CIM		65	Clinic C 00-33	CIM-C		Resolved	3	6	5/13/2020		
CIM	CIM		48	Clinic C 34-67	CIM-C	CCCMS	Resolved	0	0	5/13/2020		
CIM	CIM		70	Clinic C 68-99	CIM-C		Resolved	4	7	5/13/2020	TABE < 4.0	
CIM	CIM		71	Clinic C 00-33	CIM-C		Resolved	3	6	5/13/2020		
CIM	CIM		67	Clinic C 34-67	CIM-C	CCCMS	Resolved	3	6	5/13/2020		
CIM	CIM		39	Clinic A 00-19	CIM-A		Resolved	1	1	5/13/2020		
CIM	CIM		59	Clinic C 68-99	CIM-C	CCCMS	Resolved	3	3	5/13/2020		DNM
CIM	CIM		68	Clinic C 34-67	CIM-C		Resolved	2	5	5/13/2020		DLT, DNH
CIM	CIM		48	Clinic C 68-99	CIM-C		Resolved	0	0	5/13/2020	TABE < 4.0	
CIM	CIM		30	Clinic C 68-99	CIM-C	CCCMS	Resolved	0	0	5/13/2020		
CIM	CIM		34	Clinic C 34-67	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		50	Clinic C 00-33	CIM-C		Resolved	0	0	5/13/2020		
CIM	CIM		68	Clinic C 00-33	CIM-C		Resolved	2	5	5/12/2020	TABE < 4.0	
CIM	CIM		59	Clinic A 20-39	CIM-A		Resolved	2	2	5/12/2020		
CIM	CIM		31	Clinic A 60-79	CIM-A		Resolved	2	2	5/12/2020	TABE < 4.0	
CIM	CIM		61	Clinic B 00-49	CIM-B	CCCMS	Resolved	1	1	5/11/2020		
CIM	CIM		30	Clinic A 00-19	CIM-A		Resolved	0	0	5/11/2020		
CIM	CIM		75	Clinic A 80-99	CIM-A		Resolved	2	5	5/11/2020		
CIM	CIM		56	Clinic C 34-67	CIM-C		Resolved	3	4	5/11/2020	TABE < 4.0	
CIM	CIM		49	Clinic A 00-19	CIM-A	CCCMS	Resolved	0	0	5/8/2020		
CIM	CIM		49	Clinic B 00-49	CIM-B	CCCMS	Resolved	0	0	5/8/2020	TABE < 4.0	
CIM	CIM		42	Clinic A 20-39	CIM-A		Resolved	2	3	5/8/2020		
CIM	CIM		52	Clinic A 40-59	CIM-A		Resolved	2	2	5/8/2020	TABE < 4.0	
CIM	CIM		68	Clinic A 20-39	CIM-A		Resolved	3	7	5/8/2020		
CIM	CIM		58	Clinic A 20-39	CIM-A		Resolved	4	5	5/8/2020		
CIM	CIM		54	Clinic A 40-59	CIM-A	CCCMS	Resolved	2	3	5/8/2020	TABE < 4.0	DNM
CIM	CIM		61	Clinic A 60-79	CIM-A	CCCMS	Resolved	1	2	5/8/2020	TABE < 4.0	DPO
CIM	CIM		58	Clinic A 00-19	CIM-A		Resolved	0	0	5/8/2020		
CIM	CIM		56	Clinic A 60-79	CIM-A		Resolved	1	2	5/8/2020		
CIM	CIM		60	Clinic C 34-67	CIM-C		Resolved	1	2	5/8/2020		
CIM	CIM		54	Clinic A 20-39	CIM-A		Resolved	4	5	5/8/2020		DNH
CIM	CIM		54	Clinic B 00-49	CIM-B		Resolved	2	2	5/8/2020		
CIM	CIM		60	Clinic B 50-99	CIM-B		Resolved	2	2	5/8/2020		

CIM	CIM		55	Clinic A 60-79	CIM-A		CCCMS	Resolved	3	4	5/8/2020		
CIM	CIM		58	Clinic A 20-39	CIM-A			Resolved	5	6	5/8/2020	TABE < 4.0	
CIM	CIM		68	Clinic A 40-59	CIM-A			Resolved	4	8	5/8/2020		DPO
CIM	CIM		25	Clinic A 00-19	CIM-A			Resolved	1	1	5/8/2020		
CIM	CIM		72	Clinic A 00-19	CIM-A			Resolved	5	10	5/8/2020		
CIM	CIM		58	Clinic A 80-99	CIM-A			Resolved	2	3	5/8/2020	TABE < 4.0	DLT
CIM	CIM		61	Clinic A 20-39	CIM-A		CCCMS	Resolved	2	4	5/8/2020		DPM
CIM	CIM		76	Clinic A 60-79	CIM-A			Resolved	3	7	5/7/2020		
CIM	CIM		73	Clinic A 00-19	CIM-A			Resolved	1	4	5/7/2020		
CIM	CIM		60	Clinic A 00-19	CIM-A		CCCMS	Resolved	2	3	5/7/2020		
CIM	CIM		67	Clinic A 00-19	CIM-A			Resolved	1	4	5/7/2020	TABE < 4.0	
CIM	CIM		68	Clinic A 40-59	CIM-A			Resolved	1	4	5/7/2020		
CIM	CIM		42	Clinic A 80-99	CIM-A			Resolved	0	0	5/7/2020		
CIM	CIM		57	Clinic A 80-99	CIM-A		CCCMS	Resolved	0	0	5/7/2020		
CIM	CIM		62	Clinic C 00-33	CIM-C			Resolved	1	2	5/7/2020		
CIM	CIM		73	Clinic A 00-19	CIM-A			Resolved	2	6	5/7/2020		
CIM	CIM		54	Clinic A 00-19	CIM-A			Resolved	1	2	5/7/2020		
CIM	CIM		58	Clinic A 60-79	CIM-A			Resolved	2	2	5/7/2020		
CIM	CIM		74	Clinic A 20-39	CIM-A			Resolved	5	9	5/7/2020		DNM, DNH
CIM	CIM		61	Clinic A 60-79	CIM-A			Resolved	2	4	5/7/2020		
CIM	CIM		82	Clinic A 60-79	CIM-A		CCCMS	Resolved	4	9	5/7/2020		DNM, DNH
CIM	CIM		66	Clinic A 60-79	CIM-A			Resolved	2	6	5/7/2020		DLT
CIM	CIM		63	Clinic A 00-19	CIM-A		CCCMS	Resolved	2	4	5/7/2020		
CIM	CIM		77	Clinic A 40-59	CIM-A			Resolved	2	5	5/7/2020	TABE < 4.0	
CIM	CIM		64	Clinic A 60-79	CIM-A		CCCMS	Resolved	2	2	5/7/2020		
CIM	CIM		71	Clinic A 60-79	CIM-A			Resolved	1	4	5/7/2020		
CIM	CIM		62	Clinic A 80-99	CIM-A			Resolved	3	4	5/7/2020		
CIM	CIM		67	Clinic A 80-99	CIM-A			Resolved	2	5	5/7/2020		
CIM	CIM		68	Clinic A 80-99	CIM-A			Resolved	4	8	5/7/2020		DNM, DNH
CIM	CIM		68	Clinic A 00-19	CIM-A			Resolved	2	6	5/7/2020		DNM
CIM	CIM		24	Clinic A 00-19	CIM-A		CCCMS	Resolved	1	1	5/7/2020		
CIM	CIM		35	Clinic A 20-39	CIM-A		CCCMS	Resolved	0	0	5/7/2020		
CIM	CIM		60	Clinic A 20-39	CIM-A			Resolved	0	0	5/7/2020		
CIM	CIM		77	Clinic A 00-19	CIM-A			Resolved	2	5	5/7/2020	TABE < 4.0	
CIM	CIM		38	Clinic A 40-59	CIM-A		CCCMS	Resolved	1	2	5/7/2020		
CIM	CIM		32	Clinic A 60-79	CIM-A		CCCMS	Resolved	0	0	5/7/2020		
CIM	CIM		44	Clinic A 00-19	CIM-A			Resolved	1	1	5/7/2020		
CIM	CIM		79	Clinic A 40-59	CIM-A			Resolved	2	6	5/7/2020	TABE < 4.0	
CIM	CIM		72	Clinic A 20-39	CIM-A			Resolved	1	4	5/7/2020		

CIM	CIM		47	Clinic A 20-39	CIM-A	CCCMS	Resolved	0	0	5/7/2020		DNH
CIM	CIM		72	Clinic A 40-59	CIM-A		Resolved	1	4	5/7/2020	TABE < 4.0	
CIM	CIM		54	Clinic A 40-59	CIM-A		Resolved	0	0	5/7/2020		
CIM	CIM		72	Clinic D 60-79	CIM-D		Resolved	1	4	5/7/2020		DPM
CIM	CIM		80	Clinic A 40-59	CIM-A		Resolved	1	4	5/7/2020		
CIM	CIM		58	Clinic A 80-99	CIM-A		Resolved	2	4	5/7/2020	TABE < 4.0	
CIM	CIM		73	Clinic A 00-19	CIM-A		Resolved	3	7	5/7/2020		DNM
CIM	CIM		71	Clinic A 80-99	CIM-A		Resolved	2	5	5/7/2020		
CIM	CIM		64	Clinic A 60-79	CIM-A	CCCMS	Resolved	0	0	5/7/2020		
CIM	CIM		54	Clinic A 60-79	CIM-A		Resolved	0	0	5/6/2020		
CIM	CIM		49	Clinic B 00-49	CIM-B		Resolved	1	1	5/6/2020	TABE < 4.0	
CIM	CIM		65	Clinic C 34-67	CIM-C		Resolved	3	6	5/6/2020	TABE < 4.0	
CIM	CIM		73	Clinic D 40-59	CIM-D		Resolved	2	5	5/5/2020		
CIM	CIM		66	Clinic D 60-79	CIM-D		Resolved	3	7	5/5/2020		DPO, DNH
CIM	CIM		81	Clinic A 80-99	CIM-A		Resolved	2	6	5/5/2020		DNM, DNH
CIM	CIM		57	Clinic A 80-99	CIM-A		Resolved	2	3	5/5/2020		
CIM	CIM		51	Clinic D 00-19	CIM-D		Resolved	2	2	5/5/2020		DNM
CIM	CIM		72	OHU 50-99	CIM-D		Resolved	3	6	5/5/2020	TABE < 4.0	DPM
CIM	CIM		74	Clinic D 60-79	CIM-D	CCCMS	Resolved	4	7	5/5/2020		DPM
CIM	CIM		55	Clinic D 20-39	CIM-D		Resolved	2	2	5/5/2020		
CIM	CIM		50	Clinic D 60-79	CIM-D	CCCMS	Resolved	1	1	5/5/2020		
CIM	CIM		61	Clinic D 20-39	CIM-D		Resolved	1	1	5/5/2020		DPM
CIM	CIM		54	Clinic D 60-79	CIM-D		Resolved	1	2	5/5/2020		DLT
CIM	CIM		77	Clinic D 00-19	CIM-D	CCCMS	Resolved	2	5	5/5/2020		DNH
CIM	CIM		61	Clinic D 20-39	CIM-D		Resolved	2	3	5/5/2020		DPM
CIM	CIM		75	Clinic D 60-79	CIM-D		Resolved	2	6	5/5/2020		DPM
CIM	CIM		50	Clinic D 20-39	CIM-D		Resolved	3	3	5/5/2020		DNH
CIM	CIM		61	Clinic D 00-19	CIM-D	CCCMS	Resolved	1	1	5/5/2020		DNM
CIM	CIM		44	Clinic D 80-99	CIM-D	CCCMS	Resolved	0	0	5/5/2020		DNM
CIM	CIM		50	Clinic D 00-19	CIM-D	CCCMS	Resolved	0	0	5/5/2020		DLT, DNH
CIM	CIM		39	Clinic D 60-79	CIM-D	CCCMS	Resolved	1	1	5/5/2020		DPM
CIM	CIM		42	Clinic D 80-99	CIM-D	CCCMS	Resolved	0	0	5/5/2020		DLT
CIM	CIM		54	Clinic D 80-99	CIM-D	CCCMS	Resolved	3	4	5/5/2020		DPO
CIM	CIM		40	Clinic D 60-79	CIM-D	CCCMS	Resolved	0	0	5/5/2020		
CIM	CIM		48	Clinic D 20-39	CIM-D	CCCMS	Resolved	1	1	5/5/2020		DLT
CIM	CIM		63	Clinic D 60-79	CIM-D		Resolved	2	4	5/5/2020	TABE < 4.0	
CIM	CIM		38	Clinic D 00-19	CIM-D		Resolved	0	0	5/5/2020		DPH
CIM	CIM		49	Clinic D 20-39	CIM-D		Resolved	1	1	5/5/2020		DPM
CIM	CIM		32	Clinic D 40-59	CIM-D		Resolved	0	0	5/5/2020	TABE < 4.0	DPH, DPS

CIM	CIM		53	Clinic D 00-19	CIM-D		CCCMS	Resolved	1	1	5/5/2020		DLT
CIM	CIM		60	Clinic D 80-99	CIM-D			Resolved	4	4	5/5/2020		
CIM	CIM		55	Clinic D 40-59	CIM-D		CCCMS	Resolved	4	5	5/5/2020		DPM, DPV
CIM	CIM		60	Clinic D 80-99	CIM-D			Confirmed Active	1	2	5/5/2020		DLT, DNH
CIM	CIM		47	Clinic D 40-59	CIM-D		CCCMS	Resolved	3	3	5/5/2020	TABE < 4.0	
CIM	CIM		36	Clinic D 20-39	CIM-D			Resolved	3	4	5/5/2020		DPM
CIM	CIM		67	Clinic D 00-19	CIM-D			Resolved	2	6	5/5/2020		DLT
CIM	CIM		41	Clinic D 60-79	CIM-D		CCCMS	Resolved	1	1	5/5/2020		
CIM	CIM		39	Clinic D 20-39	CIM-D			Resolved	1	1	5/5/2020	TABE < 4.0	DLT
CIM	CIM		64	Clinic D 60-79	CIM-D			Resolved	1	2	5/5/2020		DPM, DPV
CIM	CIM		75	Clinic D 60-79	CIM-D			Resolved	2	5	5/5/2020		
CIM	CIM		56	Clinic D 20-39	CIM-D			Resolved	4	5	5/5/2020		DLT
CIM	CIM		78	Clinic D 00-19	CIM-D			Resolved	1	4	5/5/2020	TABE < 4.0	DNM
CIM	CIM		63	Clinic D 40-59	CIM-D		CCCMS	Resolved	1	1	5/5/2020		DPO
CIM	CIM		53	Clinic D 60-79	CIM-D		CCCMS	Resolved	0	0	5/5/2020		DLT
CIM	CIM		56	Clinic D 60-79	CIM-D			Resolved	0	0	5/5/2020		DPM
CIM	CIM		58	Clinic D 00-19	CIM-D		CCCMS	Resolved	0	0	5/5/2020	TABE < 4.0	DPM
CIM	CIM		61	Clinic D 00-19	CIM-D			Resolved	1	2	5/5/2020		DPV
CIM	CIM		62	Clinic D 20-39	CIM-D			Resolved	2	2	5/5/2020		DNH
CIM	CIM		47	Clinic D 60-79	CIM-D			Resolved	1	2	5/5/2020		DPM
CIM	CIM		54	Clinic D 80-99	CIM-D			Resolved	3	3	5/5/2020		DPM
CIM	CIM		33	Clinic D 60-79	CIM-D			Resolved	0	0	5/5/2020	TABE < 4.0	DPM
CIM	CIM		52	Clinic D 60-79	CIM-D		CCCMS	Resolved	2	2	5/5/2020		
CIM	CIM		42	Clinic D 80-99	CIM-D		CCCMS	Resolved	1	1	5/5/2020	TABE < 4.0	
CIM	CIM		68	Clinic D 00-19	CIM-D			Resolved	2	5	5/5/2020	TABE < 4.0	DPW
CIM	CIM		40	Clinic D 00-19	CIM-D			Resolved	0	0	5/5/2020		
CIM	CIM		64	Clinic D 40-59	CIM-D			Resolved	1	2	5/5/2020		DPM, DNH
CIM	CIM		55	Clinic D 60-79	CIM-D			Resolved	1	1	5/5/2020		
CIM	CIM		63	Clinic D 20-39	CIM-D			Resolved	1	1	5/4/2020		
CIM	CIM		39	Clinic B Ad Seg	CIM-B		CCCMS	Resolved	0	0	5/3/2020	TABE < 4.0	DPH
CIM	CIM		69	Clinic C 68-99	CIM-C			Resolved	1	4	5/2/2020		
CIM	CIM		49	Clinic D 00-19	CIM-D			Resolved	0	0	5/2/2020		DLT
CIM	CIM		48	Clinic C 34-67	CIM-C			Resolved	0	0	5/2/2020		
CIM	CIM		59	Clinic A 00-19	CIM-A			Resolved	2	2	5/1/2020	TABE < 4.0	
CIM	CIM		54	Clinic A 40-59	CIM-A			Resolved	1	1	5/1/2020	TABE < 4.0	DLT
CIM	CIM		56	Clinic A 00-19	CIM-A		CCCMS	Resolved	2	4	5/1/2020		
CIM	CIM		72	Clinic A 40-59	CIM-A			Resolved	1	4	5/1/2020		DNM, DNH
CIM	CIM		60	Clinic A 60-79	CIM-A			Resolved	2	2	5/1/2020		
CIM	CIM		69	Clinic A 60-79	CIM-A			Resolved	3	6	5/1/2020		

CIM	CIM		46	Clinic A 20-39	CIM-A		Resolved	1	1	5/1/2020		
CIM	CIM		76	Clinic A 80-99	CIM-A		Resolved	2	6	5/1/2020		
CIM	CIM		41	Clinic A 40-59	CIM-A		Resolved	1	2	5/1/2020		
CIM	CIM		77	Clinic A 40-59	CIM-A		Resolved	3	6	5/1/2020		
CIM	CIM		66	Clinic A 00-19	CIM-A		CCCMS Resolved	1	4	5/1/2020	TABE < 4.0	
CIM	CIM		55	Clinic A 20-39	CIM-A		Resolved	3	4	5/1/2020		
CIM	CIM		61	Clinic A 80-99	CIM-A		CCCMS Resolved	2	3	5/1/2020		DNV
CIM	CIM		58	Clinic A 80-99	CIM-A		Resolved	1	2	5/1/2020		
CIM	CIM		81	Clinic A 40-59	CIM-A		Resolved	1	4	5/1/2020		
CIM	CIM		73	Clinic A 80-99	CIM-A		Resolved	1	4	5/1/2020		
CIM	CIM		61	Clinic D 60-79	CIM-D		CCCMS Resolved	0	0	5/1/2020		DPO
CIM	CIM		49	Clinic A 60-79	CIM-A		CCCMS Resolved	0	0	5/1/2020	TABE < 4.0	
CIM	CIM		37	Clinic A 20-39	CIM-A		Resolved	1	2	5/1/2020		
CIM	CIM		67	Clinic B 00-49	CIM-B		CCCMS Resolved	2	5	5/1/2020		
CIM	CIM		62	Clinic A 40-59	CIM-A		CCCMS Resolved	1	1	5/1/2020		
CIM	CIM		72	Clinic B 50-99	CIM-B		Resolved	2	5	5/1/2020	TABE < 4.0	
CIM	CIM		72	Clinic A 80-99	CIM-A		CCCMS Resolved	5	9	5/1/2020		DNM, DNH
CIM	CIM		41	Clinic A 00-19	CIM-A		Resolved	1	2	5/1/2020		
CIM	CIM		56	Clinic A 20-39	CIM-A		Resolved	2	3	5/1/2020		
CIM	CIM		67	Clinic A 60-79	CIM-A		CCCMS Resolved	1	4	5/1/2020		
CIM	CIM		44	Clinic A 40-59	CIM-A		Resolved	0	0	5/1/2020		
CIM	CIM		47	Clinic A 60-79	CIM-A		CCCMS Resolved	0	0	5/1/2020		DNM
CIM	CIM		71	Clinic A 80-99	CIM-A		Resolved	2	6	5/1/2020		DNM
CIM	CIM		48	Clinic A 80-99	CIM-A		CCCMS Resolved	1	2	5/1/2020		
CIM	CIM		73	Clinic A 20-39	CIM-A		CCCMS Resolved	3	7	5/1/2020		
CIM	CIM		56	Clinic A 60-79	CIM-A		Resolved	3	3	5/1/2020		
CIM	CIM		68	Clinic A 80-99	CIM-A		Resolved	1	4	5/1/2020	TABE < 4.0	
CIM	CIM		42	Clinic A 20-39	CIM-A		Resolved	1	2	5/1/2020		
CIM	CIM		71	Clinic A 20-39	CIM-A		CCCMS Resolved	3	8	5/1/2020		DNM
CIM	CIM		54	Clinic A 80-99	CIM-A		CCCMS Resolved	1	1	5/1/2020		
CIM	CIM		60	Clinic A 40-59	CIM-A		CCCMS Resolved	3	4	5/1/2020		DNM, DNH
CIM	CIM		37	Clinic D 60-79	CIM-D		Resolved	0	0	5/1/2020		
CIM	CIM		72	Clinic A 60-79	CIM-A		Resolved	1	4	5/1/2020		
CIM	CIM		53	Clinic A 80-99	CIM-A		Resolved	2	2	5/1/2020	TABE < 4.0	
CIM	CIM		77	Clinic A 80-99	CIM-A		Resolved	2	5	5/1/2020		
CIM	CIM		68	Clinic A 20-39	CIM-A		CCCMS Resolved	1	4	5/1/2020		DLT, DNH
CIM	CIM		56	Clinic A 80-99	CIM-A		Resolved	1	1	5/1/2020	TABE < 4.0	
CIM	CIM		60	Clinic A 00-19	CIM-A		Resolved	2	4	5/1/2020		
CIM	CIM		58	Clinic A 40-59	CIM-A		CCCMS Resolved	1	2	5/1/2020		DNM

CIM	CIM		77	Clinic A 80-99	CIM-A		Resolved	1	4	5/1/2020		
CIM	CIM		64	Clinic A 20-39	CIM-A	CCCMS	Resolved	0	0	5/1/2020		DPM
CIM	CIM		72	Clinic A 00-19	CIM-A	CCCMS	Resolved	4	9	5/1/2020		DNM, DNH
CIM	CIM		70	Clinic A 00-19	CIM-A		Resolved	2	6	5/1/2020		
CIM	CIM		46	Clinic D 40-59	CIM-D	CCCMS	Resolved	3	3	5/1/2020		
CIM	CIM		36	Clinic D 60-79	CIM-D		Resolved	0	0	5/1/2020		
CIM	CIM		52	Clinic D 80-99	CIM-D	CCCMS	Resolved	0	0	5/1/2020		
CIM	CIM		31	Clinic D 00-19	CIM-D	CCCMS	Resolved	1	1	5/1/2020		
CIM	CIM		53	Clinic D 80-99	CIM-D		Resolved	1	1	5/1/2020		DLT
CIM	CIM		59	Clinic D 20-39	CIM-D	CCCMS	Resolved	2	2	5/1/2020		DPM
CIM	CIM		39	Clinic D 60-79	CIM-D	CCCMS	Resolved	1	2	5/1/2020		
CIM	CIM		36	Clinic D 00-19	CIM-D		Resolved	0	0	5/1/2020		
CIM	CIM		52	Clinic D 00-19	CIM-D	CCCMS	Resolved	0	0	5/1/2020		
CIM	CIM		55	Clinic D 80-99	CIM-D	CCCMS	Resolved	1	2	5/1/2020	TABE < 4.0	
CIM	CIM		36	Clinic D 40-59	CIM-D	CCCMS	Resolved	0	0	5/1/2020		
CIM	CIM		68	Clinic A 80-99	CIM-A		Resolved	3	7	5/1/2020		DNM
CIM	CIM		53	Clinic D 80-99	CIM-D		Resolved	0	0	5/1/2020		DPW
CIM	CIM		65	OHU 50-99	CIM-D	CCCMS	Resolved	2	5	5/1/2020	DD3, TABE < 4.0	
CIM	CIM		57	Clinic D 40-59	CIM-D	CCCMS	Resolved	1	1	5/1/2020		
CIM	CIM		56	Clinic D 00-19	CIM-D	CCCMS	Resolved	0	0	5/1/2020		
CIM	CIM		38	Clinic D 80-99	CIM-D	CCCMS	Resolved	1	1	5/1/2020		DPW
CIM	CIM		67	Clinic A 00-19	CIM-A	CCCMS	Resolved	3	6	5/1/2020		
CIM	CIM		60	Clinic C 00-33	CIM-C		Resolved	2	3	5/1/2020		
CIM	CIM		28	Clinic B 50-99	CIM-B	EOP	Resolved	2	2	5/1/2020	DD1, TABE < 4.0	
CIM	CIM		50	Clinic A 20-39	CIM-A	CCCMS	Resolved	0	0	5/1/2020		
CIM	CIM		52	Clinic D 60-79	CIM-D	CCCMS	Resolved	2	2	5/1/2020		
CIM	CIM		52	Clinic A 40-59	CIM-A		Resolved	0	0	5/1/2020		
CIM	CIM		58	Clinic A 40-59	CIM-A	CCCMS	Resolved	1	2	5/1/2020	TABE < 4.0	
CIM	CIM		33	Clinic D 40-59	CIM-D	CCCMS	Resolved	0	0	5/1/2020		
CIM	CIM		27	Clinic A 20-39	CIM-A	CCCMS	Resolved	1	1	5/1/2020		
CIM	CIM		34	Clinic D 00-19	CIM-D	CCCMS	Resolved	0	0	5/1/2020		
CIM	CIM		70	Clinic B 00-49	CIM-B		Resolved	1	4	5/1/2020		
CIM	CIM		58	Clinic A 20-39	CIM-A	CCCMS	Resolved	2	3	5/1/2020		
CIM	CIM		30	Clinic D 00-19	CIM-D	CCCMS	Resolved	0	0	5/1/2020		
CIM	CIM		53	Clinic A 40-59	CIM-A		Resolved	1	1	5/1/2020		
CIM	CIM		27	Clinic A 60-79	CIM-A		Resolved	2	2	5/1/2020		
CIM	CIM		66	Clinic A 80-99	CIM-A		Resolved	2	6	5/1/2020		DNH
CIM	CIM		60	Clinic A 00-19	CIM-A		Resolved	2	2	5/1/2020	TABE < 4.0	
CIM	CIM		64	Clinic D 00-19	CIM-D		Resolved	1	1	5/1/2020	TABE < 4.0	DPO

CIM	CIM		82	Clinic A 20-39	CIM-A		Resolved	3	8	5/1/2020		DNM, DNH, DNV
CIM	CIM		69	Clinic A 20-39	CIM-A		Resolved	1	4	5/1/2020		
CIM	CIM		59	Clinic A 20-39	CIM-A	CCCMS	Resolved	2	3	5/1/2020		
CIM	CIM		45	Clinic D 60-79	CIM-D		Resolved	4	4	5/1/2020		DPO
CIM	CIM		50	Clinic A 40-59	CIM-A	CCCMS	Resolved	1	1	5/1/2020		
CIM	CIM		33	Clinic D 40-59	CIM-D		Resolved	3	3	5/1/2020	TABE < 4.0	
CIM	CIM		27	Clinic A 20-39	CIM-A	CCCMS	Resolved	1	1	5/1/2020		
CIM	CIM		34	Clinic D 60-79	CIM-D		Resolved	0	0	5/1/2020		
CIM	CIM		67	Clinic A 80-99	CIM-A		Resolved	1	4	5/1/2020		
CIM	CIM		50	Clinic A 80-99	CIM-A	CCCMS	Resolved	1	1	5/1/2020		
CIM	CIM		46	Clinic A 60-79	CIM-A	CCCMS	Resolved	1	1	5/1/2020		
CIM	CIM		72	Clinic A 20-39	CIM-A		Resolved	2	5	5/1/2020	TABE < 4.0	
CIM	CIM		36	Clinic D 40-59	CIM-D	CCCMS	Resolved	0	0	5/1/2020		
CIM	CIM		33	Clinic A 20-39	CIM-A		Resolved	1	2	5/1/2020		
CIM	CIM		30	Clinic A 00-19	CIM-A		Resolved	0	0	5/1/2020		
CIM	CIM		68	Clinic A 60-79	CIM-A		Resolved	3	7	5/1/2020	TABE < 4.0	
CIM	CIM		70	Clinic A 80-99	CIM-A		Resolved	2	6	5/1/2020		
CIM	CIM		67	Clinic A 20-39	CIM-A		Resolved	1	4	5/1/2020	TABE < 4.0	
CIM	CIM		52	Clinic D 40-59	CIM-D	CCCMS	Resolved	0	0	5/1/2020	DD2, TABE < 4.0	
CIM	CIM		36	Clinic D 40-59	CIM-D		Resolved	0	0	5/1/2020	TABE < 4.0	
CIM	CIM		49	Clinic A 80-99	CIM-A		Resolved	3	3	5/1/2020		
CIM	CIM		33	Clinic D 80-99	CIM-D		Resolved	0	0	5/1/2020		
CIM	CIM		54	Clinic A 20-39	CIM-A		Resolved	1	1	5/1/2020	TABE < 4.0	
CIM	CIM		44	Clinic A 60-79	CIM-A		Resolved	1	2	5/1/2020	TABE < 4.0	
CIM	CIM		45	Clinic B 50-99	CIM-B		Resolved	1	1	5/1/2020	TABE < 4.0	
CIM	CIM		71	Clinic A 00-19	CIM-A		Resolved	1	4	5/1/2020	TABE < 4.0	
CIM	CIM		55	Clinic A 20-39	CIM-A		Resolved	1	2	5/1/2020		
CIM	CIM		52	Clinic A 40-59	CIM-A		Resolved	1	1	5/1/2020		
CIM	CIM		70	Clinic A 40-59	CIM-A		Resolved	3	7	5/1/2020	TABE < 4.0	
CIM	CIM		67	Clinic A 00-19	CIM-A		Resolved	1	4	5/1/2020	TABE < 4.0	
CIM	CIM		71	Clinic A 80-99	CIM-A		Resolved	1	4	5/1/2020		DNH
CIM	CIM		74	Clinic A 20-39	CIM-A		Resolved	1	4	5/1/2020		DNM
CIM	CIM		39	Clinic A 40-59	CIM-A		Resolved	1	2	5/1/2020	TABE < 4.0	
CIM	CIM		76	Clinic A 00-19	CIM-A		Resolved	1	4	5/1/2020		
CIM	CIM		58	Clinic D 60-79	CIM-D		Resolved	4	4	4/30/2020		DPM
CIM	CIM		71	Clinic D 20-39	CIM-D		Resolved	2	6	4/30/2020		DNH
CIM	CIM		73	Clinic D 20-39	CIM-D		Resolved	1	4	4/30/2020		
CIM	CIM		34	Clinic C 34-67	CIM-C		Resolved	0	0	4/30/2020		
CIM	CIM		60	Clinic D 80-99	CIM-D		Resolved	0	0	4/30/2020		

CIM	CIM		61	Clinic D 20-39	CIM-D		Resolved	2	4	4/30/2020		DLT
CIM	CIM		38	Clinic C 68-99	CIM-C		Resolved	0	0	4/30/2020	TABE < 4.0	
CIM	CIM		67	Clinic D 40-59	CIM-D		Resolved	4	7	4/30/2020		DLT
CIM	CIM		35	Clinic C 68-99	CIM-C	CCCMS	Resolved	1	1	4/29/2020		
CIM	CIM		73	Clinic D 60-79	CIM-D		Resolved	1	4	4/29/2020	TABE < 4.0	
CIM	CIM		32	Clinic C 00-33	CIM-C		Resolved	0	0	4/29/2020	TABE < 4.0	
CIM	CIM		43	Clinic A 00-19	CIM-A		Resolved	0	0	4/28/2020		
CIM	CIM		65	Clinic A 20-39	CIM-A		Resolved	6	11	4/28/2020		
CIM	CIM		72	OHU 00-49	CIM-D		Resolved	1	4	4/28/2020		
CIM	CIM		67	Clinic A 80-99	CIM-A		Resolved	3	8	4/28/2020		DNH
CIM	CIM		74	Clinic C 34-67	CIM-C		Resolved	3	7	4/28/2020	TABE < 4.0	
CIM	CIM		45	Clinic D 60-79	CIM-D	CCCMS	Resolved	1	1	4/27/2020		DNM
CIM	CIM		50	Clinic C 68-99	CIM-C		Resolved	1	2	4/27/2020		
CIM	CIM		68	Clinic D 40-59	CIM-D		Resolved	5	9	4/27/2020		
CIM	CIM		46	Clinic B Ad Seg	CIM-B		Resolved	0	0	4/27/2020	DD1	
CIM	CIM		61	Clinic D 20-39	CIM-D	CCCMS	Resolved	0	0	4/27/2020		
CIM	CIM		33	Clinic D 20-39	CIM-D	CCCMS	Resolved	1	1	4/27/2020		
CIM	CIM		40	Clinic D 40-59	CIM-D		Resolved	0	0	4/26/2020		
CIM	CIM		77	Clinic D 60-79	CIM-D		Resolved	1	4	4/26/2020		
CIM	CIM		31	Clinic D 40-59	CIM-D		Resolved	0	0	4/25/2020		
CIM	CIM		65	Clinic D 80-99	CIM-D		Resolved	3	8	4/25/2020		
CIM	CIM		51	Clinic D 00-19	CIM-D	CCCMS	Resolved	1	1	4/25/2020		
CIM	CIM		78	Clinic C 34-67	CIM-C		Resolved	3	7	4/25/2020		
CIM	CIM		47	Clinic D 80-99	CIM-D	CCCMS	Resolved	1	2	4/25/2020		
CIM	CIM		45	Clinic C 00-33	CIM-C		Resolved	0	0	4/24/2020		
CIM	CIM		59	Clinic C 00-33	CIM-C	CCCMS	Resolved	1	1	4/24/2020		
CIM	CIM		56	Clinic C 00-33	CIM-C		Resolved	3	3	4/24/2020		DLT
CIM	CIM		50	Clinic D 40-59	CIM-D	CCCMS	Resolved	0	0	4/24/2020		
CIM	CIM		50	Clinic D 20-39	CIM-D		Resolved	1	2	4/24/2020		
CIM	CIM		58	Clinic D 20-39	CIM-D		Resolved	4	6	4/24/2020		DNM
CIM	CIM		34	Clinic D 00-19	CIM-D	CCCMS	Resolved	0	0	4/24/2020		
CIM	CIM		52	Clinic C 00-33	CIM-C	CCCMS	Resolved	0	0	4/23/2020		
CIM	CIM		47	OHU 50-99	CIM-D		Resolved	2	2	4/23/2020	TABE < 4.0	
CIM	CIM		51	Clinic D 80-99	CIM-D	CCCMS	Resolved	2	2	4/23/2020		DNH
CIM	CIM		75	Clinic C 34-67	CIM-C	CCCMS	Resolved	1	4	4/23/2020		
CIM	CIM		54	Clinic D 80-99	CIM-D	CCCMS	Resolved	1	1	4/23/2020		
CIM	CIM		42	Clinic D 40-59	CIM-D	CCCMS	Resolved	3	4	4/23/2020	DD2, TABE < 4.0	
CIM	CIM		46	Clinic D 60-79	CIM-D		Resolved	1	1	4/22/2020		
CIM	CIM		57	Clinic C 34-67	CIM-C		Resolved	0	0	4/22/2020		

CIM	CIM		57	Clinic D 40-59	CIM-D		Resolved	0	0	4/22/2020		
CIM	CIM		47	Clinic D 20-39	CIM-D	CCCMS	Resolved	1	2	4/22/2020	DD1	DNH
CIM	CIM		69	Clinic D 60-79	CIM-D		Resolved	2	5	4/22/2020		DPW
CIM	CIM		46	Clinic D 80-99	CIM-D	CCCMS	Resolved	1	1	4/22/2020	DD1, TABE < 4.0	
CIM	CIM		31	Clinic D 80-99	CIM-D	CCCMS	Resolved	1	1	4/22/2020	DD1, TABE < 4.0	
CIM	CIM		44	Clinic D 80-99	CIM-D		Resolved	3	3	4/22/2020	DD1, TABE < 4.0	DPM
CIM	CIM		59	Clinic D 60-79	CIM-D	CCCMS	Resolved	0	0	4/22/2020	DD2	
CIM	CIM		39	Clinic C 00-33	CIM-C	CCCMS	Resolved	0	0	4/21/2020		
CIM	CIM		75	Clinic C 00-33	CIM-C		Resolved	5	10	4/20/2020	TABE < 4.0	DLT
CIM	CIM		63	Clinic D 40-59	CIM-D	CCCMS	Resolved	3	4	4/20/2020	TABE < 4.0	DPM
CIM	CIM		51	Clinic D 80-99	CIM-D		Resolved	2	3	4/19/2020		
CIM	CIM		62	Clinic D 20-39	CIM-D	CCCMS	Resolved	2	3	4/19/2020		
CIM	CIM		58	Clinic D 00-19	CIM-D	CCCMS	Resolved	0	0	4/18/2020	TABE < 4.0	
CIM	CIM		58	Clinic D 20-39	CIM-D		Resolved	1	1	4/18/2020		
CIM	CIM		60	Clinic D 60-79	CIM-D		Resolved	2	3	4/17/2020		
CIM	CIM		37	Clinic D 40-59	CIM-D	CCCMS	Resolved	1	1	4/17/2020	TABE < 4.0	
CIM	CIM		53	Clinic D 60-79	CIM-D		Resolved	0	0	4/16/2020		
CIM	CIM		50	Clinic D 60-79	CIM-D	CCCMS	Resolved	0	0	4/16/2020		
CIM	CIM		40	Clinic D 00-19	CIM-D	CCCMS	Resolved	0	0	4/16/2020		DLT
CIM	CIM		64	Clinic D 80-99	CIM-D		Resolved	5	5	4/15/2020		DPM
CIM	CIM		64	Clinic B 50-99	CIM-B	CCCMS	Resolved	3	5	4/15/2020		
CIM	CIM		27	Clinic D 80-99	CIM-D	CCCMS	Resolved	0	0	4/14/2020		
CIM	CIM		54	Clinic D 00-19	CIM-D		Resolved	4	5	4/13/2020		DPM
CIM	CIM		51	Clinic D 60-79	CIM-D	CCCMS	Resolved	1	1	4/13/2020		
CIM	CIM		49	Clinic D 80-99	CIM-D		Resolved	1	2	4/13/2020		
CIM	CIM		37	Clinic D 20-39	CIM-D		Resolved	0	0	4/13/2020		
CIM	CIM		45	Clinic D 60-79	CIM-D		Resolved	0	0	4/13/2020	TABE < 4.0	
CIM	CIM		32	Clinic D 60-79	CIM-D		Resolved	0	0	4/12/2020		
CIM	CIM		29	Clinic D 20-39	CIM-D		Resolved	0	0	4/12/2020		
CIM	CIM		37	Clinic D 20-39	CIM-D	CCCMS	Resolved	0	0	4/12/2020	TABE < 4.0	
CIM	CIM		32	Clinic D 40-59	CIM-D		Resolved	0	0	4/12/2020		DLT
CIM	CIM		49	Clinic D 20-39	CIM-D	CCCMS	Resolved	2	2	4/11/2020		
CIM	CIM		51	Clinic D 40-59	CIM-D		Resolved	1	2	4/11/2020		
CIM	CIM		70	Clinic D 20-39	CIM-D	CCCMS	Resolved	2	6	4/11/2020		DLT, DNH
CIM	CIM		57	Clinic D 40-59	CIM-D		Resolved	1	2	4/11/2020		DPM
CIM	CIM		33	Clinic D 80-99	CIM-D	CCCMS	Resolved	1	1	4/10/2020		
CIM	CIM		32	Clinic D 20-39	CIM-D	CCCMS	Resolved	1	1	4/10/2020		
CIM	CIM		68	Clinic D 80-99	CIM-D		Resolved	1	4	4/10/2020		
CIM	CIM		58	Clinic D 80-99	CIM-D	CCCMS	Resolved	1	1	4/10/2020	TABE < 4.0	DLT

CIM	CIM		46	Clinic D 20-39	CIM-D		Resolved	0	0	4/9/2020		DLT
CIM	CIM		43	Clinic D 60-79	CIM-D	CCCMS	Resolved	0	0	4/9/2020	TABE < 4.0	
CIM	CIM		61	Clinic D 80-99	CIM-D		Resolved	0	0	4/9/2020		
CIM	CIM		53	Clinic D 20-39	CIM-D	CCCMS	Resolved	3	4	4/9/2020		DPW
CIM	CIM		54	Clinic D 20-39	CIM-D		Resolved	3	3	4/8/2020		DPO
CIM	CIM		31	Clinic D 20-39	CIM-D		Resolved	0	0	4/8/2020	TABE < 4.0	
CIM	CIM		60	Clinic D 60-79	CIM-D		Resolved	2	3	4/8/2020	TABE < 4.0	DNH
CIM	CIM		61	Clinic D 20-39	CIM-D		Resolved	0	0	4/7/2020		
CIM	CIM		27	Clinic D 20-39	CIM-D	CCCMS	Resolved	0	0	4/7/2020		
CIM	CIM		39	Clinic D 00-19	CIM-D		Resolved	2	2	4/6/2020	TABE < 4.0	DNM
CIM	CIM		58	Clinic D 40-59	CIM-D	CCCMS	Resolved	1	1	4/6/2020		DPM
CIM	CIM		35	Clinic D 80-99	CIM-D	CCCMS	Resolved	0	0	4/5/2020		
CIM	CIM		35	Clinic D 60-79	CIM-D	CCCMS	Resolved	0	0	4/4/2020		
CIM	CIM		44	Clinic D 60-79	CIM-D		Resolved	2	2	4/4/2020		
CIM	CIM		73	Clinic D 20-39	CIM-D	CCCMS	Resolved	2	5	4/4/2020		DLT
CIM	CIM		54	Clinic B Ad Seg	CIM-B	CCCMS	Resolved	1	2	4/3/2020		DLT
CIM	CIM		47	Clinic D 80-99	CIM-D		Resolved	3	4	4/3/2020		
CIM	CIM		35	Clinic D 60-79	CIM-D		Resolved	0	0	4/2/2020		
CIM	CIM		40	Clinic B Ad Seg	CIM-B		Resolved	1	1	4/2/2020		
CIM	CIM		40	Clinic D 80-99	CIM-D		Resolved	3	5	4/2/2020		
CIM	CIM		39	Clinic D 40-59	CIM-D	CCCMS	Resolved	0	0	4/1/2020		

EXHIBIT M

FILED ENTIRELY UNDER SEAL

EXHIBIT N

California Department of Corrections and Rehabilitation
 Division of Correctional Policy Research and Internal Oversight
 Office of Research
 July 1, 2020

Monthly Report of Population
 As of Midnight June 30, 2020

Total CDCR Population						
Population	Felon/ Other	Change Since Last Month	Change Since Last Year	Design Capacity	Percent Occupied	Staffed Capacity
A. Total In-Custody/CRPP Supervision	113,403	-2,794	-12,069			
I. In-State	113,403	-2,794	-12,069			
(Men, Subtotal)	108,682	-2,576	-11,099			
(Women, Subtotal)	4,721	-218	-970			
1. Institution/Camps	108,393	-2,679	-9,289	89,663	120.9	125,358
Institutions	105,410	-2,475	-9,421	85,083	123.9	121,124
Camps(CCC, CIW, and SCC)	2,983	-204	+132	4,580	65.1	4,234
2. In-State Contract Beds	3,880	-146	-2,525			
Public Community Correctional Facilities	1,508	-85	-253			
Community Prisoner Mother Program	15	-2	-7			
California City Correctional Facility	2,160	-41	-281			
Female Community ReEntry Facility, McFarland	197	-18	-45			
3. Department of State Hospitals	283	-5	+93			
4. CRPP Supervision	847	+36	-348			
Alternative Custody Program	110	+22	-50			
Custody to Community Treatment Reentry Program	267	-25	-116			
Male Community Reentry Program	442	+39	-186			
Medical Parole	28	0	+4			
B. Parole	53,427	-101	+2,605			
Community Supervision	51,808	-58	+2,858			
Interstate Cooperative Case	1,619	-43	-253			
C. Non-CDCR Jurisdiction	1,073	-20	-10			
Other State/Federal Institutions	305	+3	-18			
Out of State Parole	726	-7	+9			
Out of State Parolee at Large	15	+1	+2			
DJJ-W&IC 1731.5(c) Institutions	17	-1	-13			
County Jail	10	-16				
D. Other Populations	7,054	+356	+807			
Temporary Release to Court and Hospital	1,678	+107	+142			
Escaped	199	0	0			
Parolee at Large	5,177	+249	+665			
Total CDCR Population	174,957	-2,559	-8,667			

This report contains the latest available reliable population figures from SOMS. They have been carefully audited, but are preliminary, and therefore subject to revision.

California Department of Corrections and Rehabilitation
 Division of Correctional Policy Research and Internal Oversight
 Office of Research
 July 1, 2020

Monthly Report of Population
 As of Midnight June 30, 2020

Monthly Institution Population Detail

Institutions	Felon/ Other	Design Capacity	Percent Occupied	Staffed Capacity
Male Institutions				
Avenal State Prison (ASP)	4,044	2,920	138.5	4,719
Calipatria State Prison (CAL)	3,113	2,308	134.9	3,451
California Correctional Center (CCC)	3,798	3,883	97.8	4,752
California Correctional Institution (CCI)	3,715	2,783	133.5	4,085
Centinela State Prison (CEN)	3,346	2,308	145.0	3,446
California Health Care Facility - Stockton (CHCF)	2,679	2,951	90.8	3,111
California Institution for Men (CIM)	2,956	2,976	99.3	4,350
California Men's Colony (CMC)	3,637	3,838	94.8	4,407
California Medical Facility (CMF)	2,354	2,361	99.7	2,861
California State Prison, Corcoran (COR)	3,572	3,116	114.6	4,476
California Rehabilitation Center (CRC)	3,096	2,491	124.3	3,262
Correctional Training Facility (CTF)	4,860	3,312	146.7	4,941
Chuckawalla Valley State Prison (CVSP)	2,213	1,738	127.3	2,578
Deuel Vocational Institution (DVI)	1,675	1,681	99.6	2,413
Folsom State Prison (FOL)	2,839	2,066	137.4	2,986
High Desert State Prison (HDSP)	3,572	2,324	153.7	3,461
Ironwood State Prison (ISP)	3,205	2,200	145.7	3,300
Kern Valley State Prison (KVSP)	3,700	2,448	151.1	3,622
California State Prison, Los Angeles County (LAC)	3,101	2,300	134.8	3,400
Mule Creek State Prison (MCSP)	3,992	3,284	121.6	4,207
North Kern State Prison (NKSP)	2,229	2,694	82.7	4,011
Pelican Bay State Prison (PBSP)	2,524	2,380	106.1	3,361
Pleasant Valley State Prison (PVSP)	3,200	2,308	138.6	3,535
RJ Donovan Correctional Facility (RJD)	3,804	2,992	127.1	4,038
California State Prison, Sacramento (SAC)	2,363	1,828	129.3	2,545
California Substance Abuse Treatment Facility (SATF)	4,836	3,424	141.2	5,111
Sierra Conservation Center (SCC)	4,028	3,836	105.0	4,570
California State Prison, Solano (SOL)	3,698	2,610	141.7	4,010
San Quentin State Prison (SQ)	3,462	3,082	112.3	4,044
Salinas Valley State Prison (SVSP)	2,896	2,452	118.1	3,509
Valley State Prison (VSP)	3,021	1,980	152.6	2,954
Wasco State Prison (WSP)	2,649	2,984	88.8	4,447
Male Total	104,177	85,858	121.3	119,963
Female Institutions				
Central California Women's Facility (CCWF)	2,519	2,004	125.7	2,988
California Institution for Women (CIW)	1,477	1,398	105.7	1,877
Folsom State Prison (FOL)	220	403	54.6	530
Female Total	4,216	3,805	110.8	5,395
Institution Total	108,393	89,663	120.9	125,358

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Division of Correctional Policy Research and Internal Oversight
Office of Research
July 1, 2020

Monthly Report of Population
As of Midnight June 30, 2020

Notes

- Felon/Other counts are felons, county contract boarders, federal boarders, state boarders, safekeepers, county diagnostic cases, Department of Mental Health boarders, and Division of Juvenile Justice boarders.
- Interstate Cooperative Cases are parolees from other states being supervised in California.
- Non-CDCR Jurisdiction are California cases being confined in or paroled to other states or jurisdictions.
- Welfare and Institution Code (W&IC) 1731.5(c) covers persons under the age of 21 who were committed to CDCR, had their sentence amended, and were incarcerated at the Division of Juvenile Justice for housing and program participation.
- Other Population includes inmates temporarily out-to-court, inmates in hospitals, escapees, and parolees at large.

EXHIBIT O

CIM	CIM-Facility D	D WD N1	West Dorm	PF	I		X	X			X		
CIM	CIM-Facility D	D WD N2	West Dorm	PF	I			X			X		
CIM	CIM-Facility D	D WD S1	West Dorm	PF	I		X	X			X		
CIM	CIM-Facility D	D WD S2	West Dorm	PF	I			X			X		
CIM	CIM-Facility D	D WH 1	Willow	PF	I		X	X	X	X	X	X	

EXHIBIT P

SOMS Alternative Housing with Disability Codes

Institution Name	Facility Name	Building ID	Building Name	Bed Program	Security Level	No Code	DLT	DPH	DPM	DPO	DPS	DPV	DPW	DKD
ASP	ASP-Facility B	B GYM 1	GYM	PF	II		X							
CIM	CIM-Facility C	C GYM 1	GYM	PF	II		X							
CIM	CIM-Facility D	D OH A1	Oak	PF	I		X							
CIM	CIM-Facility D	D OH B1	Oak	PF	I		X							
CIM	CIM-Facility D	D OH C1	Oak	PF	I		X							
CIM	CIM-Facility D	D OH D1	Oak	PF	I		X							
CTF	CTF-Facility D	D GYM 1	GYM	PF	I		X							
LAC	LAC-Facility C	C GYM 1	GYM	PF	III		X							
MCSP	MCSP-Facility A	A GYM 1	GYM	SNY	NA		X							
MCSP	MCSP-Facility B	B GYM 1	GYM	SNY	NA		X							
MCSP	MCSP-Facility C	C GYM 1	GYM	SNY	NA		X							
PVSP	PVSP-Facility A	A GYM 1	GYM	SNY	III		X							
PVSP	PVSP-Facility B	B GYM 1	GYM	GP	III		X							
PVSP	PVSP-Facility D	D GYM 1	GYM	SNY	III		X							
SOL	SOL-Facility C	C GYM 1	GYM	GP	NA		X							
SQ	SQ-Central Service	S GYM 1	GYM	PF	NA									
CHCF	CHCF-Facility E	E 302 A	DAYROOM *the bed number will begin with 999	PF	NA		X							
CHCF	CHCF-Facility E	E 302 B	DAYROOM *the bed number will begin with 999	PF	NA		X							
CHCF	CHCF-Facility E	E 303 A	DAYROOM *the bed number will begin with 999	PF	NA		X							
CHCF	CHCF-Facility E	E 303 B	DAYROOM *the bed number will begin with 999	PF	NA		X							
CHCF	CHCF-Facility E	E 304 A	DAYROOM *the bed number will begin with 999	PF	NA		X							
CHCF	CHCF-Facility E	E 304 B	DAYROOM *the bed number will begin with 999	PF	NA		X							
CHCF	CHCF-Facility E	E 305 A	DAYROOM *the bed number will begin with 999	PF	NA		X							
CHCF	CHCF-Facility E	E 305 B	DAYROOM *the bed number will begin with 999	PF	NA		X							

EXHIBIT Q

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Institution Bed Audit

Time run: 6/11/2020 12:06:01 PM

This report is based on SOMS Bed Data, utilizing the bed status and bed program use. "Empty beds" takes into consideration Single-Celled inmates, and therefore only reflects "vacant" status beds.

ASP - Avenal State Prison Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ASP-Central Service	FIR	S FIR 1	Dorm	10	0	0	10	8	2	80%
ASP-Central Service Total				10	0	0	10	8	2	80%
Grand Total				10	0	0	10	8	2	80%

ASP - Avenal State Prison Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ASP-Facility A	110	A 110 1	270 Dorm	68	68	0	136	94	42	138%
		A 110 2	270 Dorm	62	62	0	124	94	30	152%
	120	A 120 1	270 Dorm	68	68	0	136	96	40	141%
		A 120 2	270 Dorm	62	62	0	124	96	28	155%
	130	A 130 1	Dorm	100	100	0	200	134	66	134%
	140	A 140 1	270 Cell	50	50	0	100	72	27	144%
A 140 2		270 Cell	50	50	0	100	98	1	196%	
ASP-Facility A Total				460	460	0	920	684	234	149%
ASP-Facility B	210	B 210 1	270 Dorm	68	68	0	136	89	47	131%
		B 210 2	270 Dorm	62	62	0	124	95	29	153%
	220	B 220 1	Dorm	100	100	0	200	135	65	135%
	230	B 230 1	270 Dorm	68	68	0	136	100	36	147%
		B 230 2	270 Dorm	62	62	0	124	93	31	150%
	250	B 250 1	270 Dorm	68	68	0	136	97	39	143%
B 250 2		270 Dorm	62	62	0	124	94	29	152%	
ASP-Facility B Total				490	490	0	980	703	276	143%
ASP-Facility C	310	C 310 1	270 Dorm	68	68	0	136	96	40	141%
		C 310 2	270 Dorm	62	62	0	124	95	29	153%
	320	C 320 1	Dorm	100	100	0	200	131	69	131%
	330	C 330 1	270 Dorm	68	68	0	136	93	43	137%
		C 330 2	270 Dorm	62	62	0	124	94	30	152%
	350	C 350 1	270 Dorm	68	68	0	136	87	49	128%
C 350 2		270 Dorm	62	62	0	124	95	29	153%	
ASP-Facility C Total				490	490	0	980	691	289	141%
ASP-Facility D	410	D 410 1	270 Dorm	68	68	0	136	81	55	119%
		D 410 2	270 Dorm	62	62	0	124	67	57	108%
	420	D 420 1	Dorm	100	100	0	200	118	81	118%
	430	D 430 1	270 Dorm	68	68	0	136	94	42	138%
		D 430 2	270 Dorm	62	62	0	124	81	41	131%
	450	D 450 1	270 Dorm	68	68	0	136	88	46	129%
D 450 2		270 Dorm	62	62	0	124	64	59	103%	
ASP-Facility D Total				490	490	0	980	593	381	121%
ASP-Facility E	510	E 510 1	270 Dorm	68	68	0	136	97	39	143%
		E 510 2	270 Dorm	62	62	0	124	95	29	153%
	520	E 520 1	Dorm	100	100	0	200	127	73	127%
	530	E 530 1	270 Dorm	68	68	0	136	94	42	138%
		E 530 2	270 Dorm	62	62	0	124	94	29	152%
	550	E 550 1	270 Dorm	62	62	0	124	88	36	142%
E 550 2		270 Dorm	62	62	0	124	91	33	147%	
ASP-Facility E Total				484	484	0	968	686	281	142%
ASP-Facility F	610	F 610 1	270 Dorm	64	64	0	128	95	33	148%
		F 610 2	270 Dorm	61	61	0	122	92	30	151%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ASP-Facility F	630	F 630 1	270 Dorm	68	68	0	136	92	44	135%
		F 630 2	270 Dorm	62	62	0	124	93	31	150%
	640	F 640 1	Dorm	100	100	0	200	134	66	134%
	650	F 650 1	270 Dorm	68	68	0	136	87	49	128%
		F 650 2	270 Dorm	62	62	0	124	91	33	147%
ASP-Facility F Total				485	485	0	970	684	286	141%
Grand Total				2899	2899	0	5798	4041	1747	139%

ASP - Avenal State Prison Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ASP-Central Service	INF	S INF 1	Cell	11	0	2	13	8	4	73%
			Dorm	0	0	15	15	10	5	
ASP-Central Service Total				11	0	17	28	18	9	164%
Grand Total				11	0	17	28	18	9	164%

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CAL - Calipatria State Prison Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAL-MSF	FIR	M FIR 1	Dorm	8	0	0	8	8	0	100%
CAL-MSF Total				8	0	0	8	8	0	100%
Grand Total				8	0	0	8	8	0	100%

CAL - Calipatria State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAL-MSF	001	M 001 1	Dorm	100	50	0	150	50	100	50%
	002	M 002 1	Dorm	100	100	0	200	50	150	50%
CAL-MSF Total				200	150	0	350	100	250	50%
Grand Total				200	150	0	350	100	250	50%

CAL - Calipatria State Prison Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAL-Facility C	001	C 001 1	270 Cell	50	50	0	100	80	17	160%
		C 001 2	270 Cell	50	50	0	100	48	52	96%
	002	C 002 1	270 Cell	50	50	0	100	83	15	166%
		C 002 2	270 Cell	50	50	0	100	84	15	168%
	003	C 003 1	270 Cell	50	50	0	100	81	19	162%
		C 003 2	270 Cell	50	50	0	100	81	19	162%
	004	C 004 1	270 Cell	50	50	0	100	79	17	158%
		C 004 2	270 Cell	50	50	0	100	81	19	162%
	005	C 005 1	270 Cell	50	50	0	100	87	12	174%
		C 005 2	270 Cell	50	50	0	100	87	12	174%
CAL-Facility C Total				500	500	0	1000	791	197	158%
Grand Total				500	500	0	1000	791	197	158%

CAL - Calipatria State Prison Male Only IV GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAL-Facility A	001	A 001 1	270 Cell	50	50	0	100	79	19	158%
		A 001 2	270 Cell	50	50	0	100	84	16	168%
	002	A 002 1	270 Cell	50	50	0	100	79	21	158%
		A 002 2	270 Cell	50	50	0	100	84	15	168%
	003	A 003 1	270 Cell	50	50	0	100	85	14	170%
		A 003 2	270 Cell	50	50	0	100	80	19	160%
	004	A 004 1	270 Cell	50	50	0	100	82	18	164%
		A 004 2	270 Cell	50	50	0	100	82	14	164%
	005	A 005 1	270 Cell	50	50	0	100	5	95	10%
		A 005 2	270 Cell	50	50	0	100	25	75	50%
CAL-Facility A Total				500	500	0	1000	685	306	137%
CAL-Facility B	001	B 001 1	270 Cell	50	50	0	100	64	29	128%
		B 001 2	270 Cell	50	50	0	100	72	25	144%
	002	B 002 1	270 Cell	50	50	0	100	60	39	120%
		B 002 2	270 Cell	50	50	0	100	71	27	142%
	003	B 003 1	270 Cell	50	50	0	100	68	26	136%
		B 003 2	270 Cell	50	50	0	100	66	32	132%
	004	B 004 1	270 Cell	50	50	0	100	66	32	132%
		B 004 2	270 Cell	50	50	0	100	74	25	148%
	005	B 005 1	270 Cell	50	50	0	100	57	38	114%
		B 005 2	270 Cell	50	50	0	100	62	38	124%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAL-Facility B Total				500	500	0	1000	660	311	132%
Grand Total				1000	1000	0	2000	1345	617	135%

CAL - Calipatria State Prison Male Only IV SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAL-Facility D	001	D 001 1	270 Cell	50	50	0	100	82	16	164%
		D 001 2	270 Cell	50	50	0	100	85	13	170%
	002	D 002 1	270 Cell	50	50	0	100	78	18	156%
		D 002 2	270 Cell	50	50	0	100	86	13	172%
	003	D 003 1	270 Cell	50	50	0	100	86	12	172%
		D 003 2	270 Cell	50	50	0	100	76	22	152%
	004	D 004 1	270 Cell	50	50	0	100	86	13	172%
		D 004 2	270 Cell	50	50	0	100	83	15	166%
	005	D 005 1	270 Cell	50	50	0	100	75	15	150%
		D 005 2	270 Cell	50	50	0	100	60	37	120%
CAL-Facility D Total				500	500	0	1000	797	174	159%
Grand Total				500	500	0	1000	797	174	159%

CAL - Calipatria State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAL-AD SEG	001	Z 001 1	Cell	100	100	0	200	63	128	63%
CAL-AD SEG Total				100	100	0	200	63	128	63%
Grand Total				100	100	0	200	63	128	63%

CAL - Calipatria State Prison Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAL-Central Service	INF	S INF 1	Cell	0	0	18	18	12	6	
CAL-Central Service Total				0	0	18	18	12	6	
Grand Total				0	0	18	18	12	6	

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CCC - California Correctional Center Male Only I CMP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCC-CAMPS	Alder	X20001 1	Dorm	100	10	0	110	65	45	65%
	Antelope	X25001 1	Dorm	120	20	0	140	132	8	110%
	Ben Lomond	X45001 1	Dorm	100	10	0	110	75	35	75%
	Chamberlain Creek	X17001 1	Dorm	100	10	0	110	79	31	79%
	Deadwood	X23001 1	Dorm	80	8	0	88	71	17	89%
	Delta	X08001 1	Dorm	119	13	0	132	82	50	69%
	Devils Garden	X40001 1	Dorm	100	10	0	110	67	43	67%
	Eel River	X31001 1	Dorm	120	12	0	132	87	45	73%
	High Rock	X32001 1	Dorm	100	10	0	110	60	50	60%
	Intermountain	X22001 1	Dorm	80	8	0	88	67	21	84%
	Ishi	X18001 1	Dorm	100	10	0	110	79	31	79%
	Konocti	X27001 1	Dorm	100	10	0	110	90	20	90%
	Parlin Fork	X06001 1	Dorm	100	10	0	110	78	32	78%
	Salt Creek	X07001 1	Dorm	120	12	0	132	79	53	66%
	Sugar Pine	X09001 1	Dorm	120	12	0	132	82	50	68%
	Trinity	X03001 1	Dorm	120	12	0	132	91	41	76%
Valley View	X34001 1	Dorm	120	12	0	132	81	51	68%	
Washington Ridge	X44001 1	Dorm	100	10	0	110	84	26	84%	
CCC-CAMPS Total				1899	199	0	2098	1449	649	76%
Grand Total				1899	199	0	2098	1449	649	76%

CCC - California Correctional Center Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCC-MSF	FIR	M FIR 1	Dorm	13	4	0	17	12	5	92%
CCC-MSF Total				13	4	0	17	12	5	92%
Grand Total				13	4	0	17	12	5	92%

CCC - California Correctional Center Male Only I PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCC-Facility A	001	A 001A1	Dorm	107	107	0	214	59	155	55%
		A 001A2	Dorm	112	112	0	224	117	107	104%
		A 001B1	Dorm	112	112	0	224	149	75	133%
		A 001B2	Dorm	112	112	0	224	145	79	129%
		A 001C1	Dorm	80	80	0	160	96	64	120%
		A 001C2	Dorm	80	80	0	160	104	56	130%
CCC-Facility A Total				603	603	0	1206	670	536	111%
CCC-MSF	077	M 077 1	Dorm	19	19	0	38	30	8	158%
	078	M 078 1	Dorm	19	19	0	38	30	8	158%
	079	M 079 1	Dorm	19	19	0	38	16	22	84%
	081	M 081 1	Dorm	19	19	0	38	15	23	79%
	082	M 082 1	Dorm	19	19	0	38	16	22	84%
	083	M 083 1	Dorm	19	19	0	38	15	23	79%
	084	M 084 1	Dorm	19	19	0	38	0	38	0%
	085	M 085 1	Dorm	19	19	0	38	15	23	79%
	086	M 086 1	Dorm	19	19	0	38	25	13	132%
CCC-MSF Total				171	171	0	342	162	180	95%
Grand Total				774	774	0	1548	832	716	107%

CCC - California Correctional Center Male Only II PF

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCC-Facility B	001	B 001D1	Dorm	112	112	0	224	135	89	121%
		B 001D2	Dorm	113	112	0	225	141	84	125%
		B 001E1	Dorm	112	112	0	224	159	65	142%
		B 001E2	Dorm	112	112	0	224	165	59	147%
		B 001F1	Dorm	130	20	0	150	96	54	74%
		B 001F2	Dorm	80	80	0	160	96	64	120%
CCC-Facility B Total				659	548	0	1207	792	415	120%
Grand Total				659	548	0	1207	792	415	120%

CCC - California Correctional Center Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCC-Facility C	001	C 001 1	270 Cell	50	50	0	100	95	5	190%
		C 001 2	270 Cell	50	50	0	100	96	4	192%
	002	C 002 1	270 Cell	50	50	0	100	99	1	198%
		C 002 2	270 Cell	50	50	0	100	95	5	190%
	003	C 003 1	270 Cell	50	50	0	100	85	15	170%
		C 003 2	270 Cell	50	50	0	100	81	19	162%
	005	C 005 1	270 Cell	50	50	0	100	96	4	192%
		C 005 2	270 Cell	50	50	0	100	98	2	196%
CCC-Facility C Total				400	400	0	800	745	55	186%
Grand Total				400	400	0	800	745	55	186%

CCC - California Correctional Center Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCC-Facility C	004	C 004 1	270 Cell	50	50	0	100	51	37	102%
		C 004 2	270 Cell	50	50	0	100	51	37	102%
CCC-Facility C Total				100	100	0	200	102	74	102%
Grand Total				100	100	0	200	102	74	102%

CCC - California Correctional Center Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCC-Central Service	INF	S INF 1	Cell	14	0	0	14	6	8	43%
			Dorm	5	0	0	5	1	4	20%
CCC-Central Service Total				19	0	0	19	7	12	37%
Grand Total				19	0	0	19	7	12	37%

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CCI - California Correctional Institution Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCI-Central Service	FIR	S FIR 1	Dorm	8	0	0	8	6	0	75%
CCI-Central Service Total				8	0	0	8	6	0	75%
Grand Total				8	0	0	8	6	0	75%

CCI - California Correctional Institution Male Only I PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCI-Facility E	Briggs Hall	E BH 1	Dorm	136	63	0	199	98	95	72%
	Clark Hall	E CHL 1	Dorm	83	83	0	166	86	80	104%
		E CHU 2	Dorm	83	83	0	166	97	69	117%
	Davis Hall	E DHL 1	Dorm	27	23	0	50	40	10	148%
		E DHU 2	Dorm	22	22	0	44	39	5	177%
	Rex Deal	E RD 1	Dorm	52	52	0	104	60	44	115%
	Van Weston	E VWL 1	Dorm	51	51	0	102	61	41	120%
		E VWU 2	Dorm	59	57	0	116	62	54	105%
Willard Hall	E WHL 1	Dorm	33	30	0	63	59	4	179%	
	E WHU 2	Dorm	21	21	0	42	37	5	176%	
CCI-Facility E Total				567	485	0	1052	639	407	113%
Grand Total				567	485	0	1052	639	407	113%

CCI - California Correctional Institution Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCI-Facility D	DORM 1	D 00111	Dorm	83	83	0	166	114	52	137%
	DORM 2	D 00121	Dorm	83	83	0	166	112	54	135%
	DORM 3	D 00132	Dorm	80	80	0	160	108	52	135%
	DORM 4	D 00142	Dorm	80	80	0	160	107	53	134%
	DORM 5	D 00251	Dorm	83	83	0	166	111	55	134%
	DORM 6	D 00261	Dorm	83	83	0	166	113	53	136%
	DORM 7	D 00272	Dorm	80	80	0	160	107	53	134%
	DORM 8	D 00282	Dorm	81	80	0	161	107	54	132%
CCI-Facility D Total				653	652	0	1305	879	426	135%
Grand Total				653	652	0	1305	879	426	135%

CCI - California Correctional Institution Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCI-Facility C	001	C 001 1	270 Cell	50	50	0	100	60	38	120%
		C 001 2	270 Cell	50	50	0	100	62	22	124%
	002	C 002 1	270 Cell	50	50	0	100	66	25	132%
		C 002 2	270 Cell	50	50	0	100	75	23	150%
	003	C 003 1	270 Cell	51	49	0	100	86	12	169%
		C 003 2	270 Cell	50	50	0	100	74	20	148%
	004	C 004 1	270 Cell	50	50	0	100	78	20	156%
		C 004 2	270 Cell	50	50	0	100	75	21	150%
	005	C 005 1	270 Cell	50	50	0	100	73	22	146%
		C 005 2	270 Cell	50	50	0	100	72	23	144%
CCI-Facility C Total				501	499	0	1000	721	226	144%
Grand Total				501	499	0	1000	721	226	144%

CCI - California Correctional Institution Male Only IV SNY

Facility Name	Housing	Facility	Type of	Design	Overcrowd	Medical	Total	Occupied	Empty	O/C
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Generated by :
MYRA.PONCE

	Area Name	Building ID	Bed	Bed Count	Bed Count	Bed Count	Capacity	Count	Bed Count	%
CCI-Facility A	001	A 001A1	180 Cell	10	10	0	20	16	2	160%
		A 001A2	180 Cell	10	10	0	20	17	1	170%
		A 001B1	180 Cell	10	10	0	20	20	0	200%
		A 001B2	180 Cell	10	10	0	20	15	3	150%
		A 001C1	180 Cell	11	11	0	22	19	2	173%
		A 001C2	180 Cell	11	11	0	22	21	1	191%
	002	A 002A1	180 Cell	11	11	0	22	13	6	118%
		A 002A2	180 Cell	11	11	0	22	18	2	164%
		A 002B1	180 Cell	10	10	0	20	16	2	160%
		A 002B2	180 Cell	10	10	0	20	14	5	140%
		A 002C1	180 Cell	10	10	0	20	15	5	150%
		A 002C2	180 Cell	10	10	0	20	19	0	190%
	003	A 003A1	180 Cell	10	10	0	20	14	4	140%
		A 003A2	180 Cell	10	10	0	20	15	2	150%
		A 003B1	180 Cell	10	10	0	20	15	2	150%
		A 003B2	180 Cell	10	10	0	20	14	5	140%
		A 003C1	180 Cell	11	11	0	22	19	3	173%
		A 003C2	180 Cell	11	11	0	22	19	3	173%
	004	A 004A1	180 Cell	11	11	0	22	16	5	145%
		A 004A2	180 Cell	11	11	0	22	19	3	173%
		A 004B1	180 Cell	10	10	0	20	13	4	130%
		A 004B2	180 Cell	10	10	0	20	16	3	160%
		A 004C1	180 Cell	10	10	0	20	18	2	180%
		A 004C2	180 Cell	10	10	0	20	17	1	170%
	005	A 005A1	180 Cell	10	10	0	20	19	1	190%
		A 005A2	180 Cell	10	10	0	20	18	1	180%
		A 005B1	180 Cell	10	10	0	20	13	1	130%
		A 005B2	180 Cell	10	10	0	20	13	2	130%
		A 005C1	180 Cell	11	11	0	22	21	1	191%
		A 005C2	180 Cell	11	11	0	22	17	1	155%
	006	A 006A1	180 Cell	11	11	0	22	13	5	118%
		A 006A2	180 Cell	11	11	0	22	20	1	182%
		A 006B1	180 Cell	10	10	0	20	11	6	110%
		A 006B2	180 Cell	10	10	0	20	13	6	130%
		A 006C1	180 Cell	11	11	0	22	17	3	155%
		A 006C2	180 Cell	11	11	0	22	14	4	127%
	007	A 007A1	180 Cell	11	11	0	22	18	2	164%
		A 007A2	180 Cell	11	11	0	22	19	2	173%
		A 007B1	180 Cell	10	10	0	20	13	2	130%
		A 007B2	180 Cell	10	10	0	20	18	0	180%
		A 007C1	180 Cell	11	11	0	22	17	3	155%
		A 007C2	180 Cell	11	11	0	22	17	2	155%
	008	A 008A1	180 Cell	11	11	0	22	18	2	164%
		A 008A2	180 Cell	11	11	0	22	17	3	155%
		A 008B1	180 Cell	10	10	0	20	4	15	40%
		A 008B2	180 Cell	10	10	0	20	10	8	100%
		A 008C1	180 Cell	10	10	0	20	18	1	180%
		A 008C2	180 Cell	10	10	0	20	14	5	140%
CCI-Facility A Total				500	500	0	1000	770	143	154%
CCI-Facility B	001	B 001A1	180 Cell	10	10	0	20	16	1	160%
		B 001A2	180 Cell	11	9	0	20	14	2	127%
		B 001B1	180 Cell	10	10	0	20	15	2	150%
		B 001B2	180 Cell	10	10	0	20	15	1	150%
		B 001C1	180 Cell	11	11	0	22	16	3	145%

Generated by :
MYRA.PONCE

	Area Name	Building ID	Bed	Bed Count	Bed Count	Bed Count	Capacity	Count	Bed Count	%	
CCI-Facility B	001	B 001C2	180 Cell	11	11	0	22	19	1	173%	
	002	B 002A1	180 Cell	11	11	0	22	18	1	164%	
		B 002A2	180 Cell	11	11	0	22	21	0	191%	
		B 002B1	180 Cell	10	10	0	20	17	0	170%	
		B 002B2	180 Cell	10	10	0	20	18	1	180%	
		B 002C1	180 Cell	10	10	0	20	16	2	160%	
		B 002C2	180 Cell	10	10	0	20	18	0	180%	
	003	B 003A1	180 Cell	10	10	0	20	13	4	130%	
		B 003A2	180 Cell	10	10	0	20	16	1	160%	
		B 003B1	180 Cell	10	10	0	20	14	5	140%	
		B 003B2	180 Cell	10	10	0	20	13	3	130%	
		B 003C1	180 Cell	11	11	0	22	18	3	164%	
		B 003C2	180 Cell	11	11	0	22	20	2	182%	
	004	B 004A1	180 Cell	11	11	0	22	18	1	164%	
		B 004A2	180 Cell	11	11	0	22	15	3	136%	
		B 004B1	180 Cell	10	10	0	20	15	5	150%	
		B 004B2	180 Cell	10	10	0	20	15	2	150%	
		B 004C1	180 Cell	10	10	0	20	17	1	170%	
		B 004C2	180 Cell	11	9	0	20	16	1	145%	
	005	B 005A1	180 Cell	10	10	0	20	17	2	170%	
		B 005A2	180 Cell	10	10	0	20	17	1	170%	
		B 005B1	180 Cell	10	10	0	20	19	1	190%	
		B 005B2	180 Cell	10	10	0	20	17	0	170%	
		B 005C1	180 Cell	11	11	0	22	13	3	118%	
		B 005C2	180 Cell	11	11	0	22	16	2	145%	
	006	B 006A1	180 Cell	11	11	0	22	18	2	164%	
		B 006A2	180 Cell	11	11	0	22	17	1	155%	
		B 006B1	180 Cell	10	10	0	20	17	2	170%	
		B 006B2	180 Cell	10	10	0	20	20	0	200%	
		B 006C1	180 Cell	11	11	0	22	18	4	164%	
		B 006C2	180 Cell	11	11	0	22	16	5	145%	
	007	B 007A1	180 Cell	11	11	0	22	14	8	127%	
		B 007A2	180 Cell	11	11	0	22	12	8	109%	
		B 007B1	180 Cell	10	10	0	20	12	7	120%	
		B 007B2	180 Cell	10	10	0	20	4	16	40%	
		B 007C1	180 Cell	11	11	0	22	12	9	109%	
		B 007C2	180 Cell	11	11	0	22	12	8	109%	
	CCI-Facility B Total				440	436	0	876	664	124	151%
	Grand Total				940	936	0	1876	1434	267	153%

CCI - California Correctional Institution Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCI-Facility B	008	B 008A1	180 Cell	11	11	0	22	12	10	109%
		B 008A2	180 Cell	11	11	0	22	13	5	118%
		B 008B1	180 Cell	10	10	0	20	7	13	70%
		B 008B2	180 Cell	10	10	0	20	15	4	150%
		B 008C1	180 Cell	10	10	0	20	10	10	100%
		B 008C2	180 Cell	10	10	0	20	12	7	120%
CCI-Facility B Total				62	62	0	124	69	49	111%
CCI-Facility D	009	D 009E1	Cell	15	9	0	24	3	21	20%
		D 009W1	Cell	24	0	0	24	1	23	4%
CCI-Facility D Total				39	9	0	48	4	44	10%
Grand Total				101	71	0	172	73	93	72%

Generated by :
MYRA.PONCE**CCI - California Correctional Institution** Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCI-Facility B	INF	B INF 1	Cell	16	0	0	16	0	0	0%
CCI-Facility B Total				16	0	0	16	0	0	0%
Grand Total				16	0	0	16	0	0	0%

Generated by :
MYRA.PONCE

CCWF - Central California Women's Facility Female Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCWF-Central Service	FIR	S FIR 1	Dorm	10	0	0	10	8	2	80%
CCWF-Central Service Total				10	0	0	10	8	2	80%
Grand Total				10	0	0	10	8	2	80%

CCWF - Central California Women's Facility Female Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCWF-Facility A	504	A 504 1	270 Cell	31	31	0	62	37	25	119%
		A 504 2	270 Cell	45	45	0	90	61	25	136%
CCWF-Facility A Total				76	76	0	152	98	50	129%
Grand Total				76	76	0	152	98	50	129%

CCWF - Central California Women's Facility Female Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCWF-Central Service	INF	S INF 1	Cell	2	0	24	26	21	4	1050%
CCWF-Central Service Total				2	0	24	26	21	4	1050%
Grand Total				2	0	24	26	21	4	1050%

CCWF - Central California Women's Facility Female Only NA DR

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCWF-Facility A	504	A 504 1	270 Cell	19	19	0	38	18	20	95%
		A 504 2	270 Cell	5	5	0	10	2	8	40%
CCWF-Facility A Total				24	24	0	48	20	28	83%
Grand Total				24	24	0	48	20	28	83%

CCWF - Central California Women's Facility Female Only NA EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCWF-Facility B	508	B 508 1	Dorm	78	42	0	120	68	52	87%
CCWF-Facility B Total				78	42	0	120	68	52	87%
Grand Total				78	42	0	120	68	52	87%

CCWF - Central California Women's Facility Female Only NA GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCWF-Facility B	505	B 505 1	Dorm	119	119	0	238	56	182	47%
	506	B 506 1	Dorm	128	128	0	256	159	97	124%
	507	B 507 1	Dorm	128	128	0	256	226	30	177%
	508	B 508 1	Dorm	48	48	0	96	41	55	85%
CCWF-Facility B Total				423	423	0	846	482	364	114%
CCWF-Facility C	509	C 509 1	Dorm	128	128	0	256	163	93	127%
	510	C 510 1	Dorm	128	128	0	256	234	21	183%
	511	C 511 1	Dorm	128	128	0	256	234	22	183%
	512	C 512 1	Dorm	128	128	0	256	160	96	125%
CCWF-Facility C Total				512	512	0	1024	791	232	154%
CCWF-Facility D	513	D 513 1	Dorm	128	128	0	256	219	37	171%
	514	D 514 1	Dorm	128	128	0	256	222	34	173%
	515	D 515 1	Dorm	128	128	0	256	218	38	170%
	516	D 516 1	Dorm	128	128	0	256	127	129	99%
CCWF-Facility D Total				512	512	0	1024	786	238	154%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
Grand Total				1447	1447	0	2894	2059	834	142%

CCWF - Central California Women's Facility Female Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCWF-Central Service	INF	S INF 1	Cell	12	0	0	12	7	5	58%
CCWF-Central Service Total				12	0	0	12	7	5	58%
Grand Total				12	0	0	12	7	5	58%

CCWF - Central California Women's Facility Female Only NA RC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCWF-Facility A	501	A 501 1	Dorm	127	127	0	254	149	105	117%
	502	A 502 1	Dorm	128	128	0	256	100	156	78%
	503	A 503 1	270 Cell	50	50	0	100	26	70	52%
		A 503 2	270 Cell	50	50	0	100	31	69	62%
CCWF-Facility A Total				355	355	0	710	306	400	86%
Grand Total				355	355	0	710	306	400	86%

Generated by :
MYRA.PONCE

CEN - Centinela State Prison Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CEN-MSF	FIR	M FIR 1	Dorm	8	0	0	8	8	0	100%
CEN-MSF Total				8	0	0	8	8	0	100%
Grand Total				8	0	0	8	8	0	100%

CEN - Centinela State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CEN-MSF	001	M 001 1	Dorm	100	100	0	200	45	155	45%
	002	M 002 1	Dorm	100	100	0	200	45	155	45%
CEN-MSF Total				200	200	0	400	90	310	45%
Grand Total				200	200	0	400	90	310	45%

CEN - Centinela State Prison Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CEN-Facility A	001	A 001 1	270 Cell	50	50	0	100	92	8	184%
		A 001 2	270 Cell	50	50	0	100	96	4	192%
	002	A 002 1	270 Cell	50	50	0	100	91	7	182%
		A 002 2	270 Cell	50	50	0	100	96	4	192%
	003	A 003 1	270 Cell	50	50	0	100	83	17	166%
		A 003 2	270 Cell	50	50	0	100	96	3	192%
	004	A 004 1	270 Cell	50	50	0	100	90	9	180%
		A 004 2	270 Cell	50	50	0	100	96	4	192%
	005	A 005 1	270 Cell	50	50	0	100	16	84	32%
		A 005 2	270 Cell	50	50	0	100	19	80	38%
CEN-Facility A Total				500	500	0	1000	775	220	155%
Grand Total				500	500	0	1000	775	220	155%

CEN - Centinela State Prison Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CEN-Facility D	001	D 001 1	270 Cell	50	50	0	100	90	8	180%
		D 001 2	270 Cell	50	50	0	100	96	3	192%
	002	D 002 1	270 Cell	50	50	0	100	86	14	172%
		D 002 2	270 Cell	50	50	0	100	91	8	182%
	003	D 003 1	270 Cell	50	50	0	100	89	10	178%
		D 003 2	270 Cell	50	50	0	100	92	7	184%
	004	D 004 1	270 Cell	50	50	0	100	53	46	106%
		D 004 2	270 Cell	50	50	0	100	58	40	116%
	005	D 005 1	270 Cell	50	50	0	100	54	45	108%
		D 005 2	270 Cell	50	50	0	100	39	61	78%
CEN-Facility D Total				500	500	0	1000	748	242	150%
Grand Total				500	500	0	1000	748	242	150%

CEN - Centinela State Prison Male Only IV GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CEN-Facility B	001	B 001 1	270 Cell	50	50	0	100	91	8	182%
		B 001 2	270 Cell	50	50	0	100	94	3	188%
	002	B 002 1	270 Cell	50	50	0	100	91	9	182%
		B 002 2	270 Cell	50	50	0	100	94	4	188%
	003	B 003 1	270 Cell	50	50	0	100	88	12	176%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CEN-Facility B	003	B 003 2	270 Cell	50	50	0	100	84	15	168%
	004	B 004 1	270 Cell	50	50	0	100	50	49	100%
		B 004 2	270 Cell	50	50	0	100	63	36	126%
	005	B 005 1	270 Cell	50	50	0	100	87	13	174%
		B 005 2	270 Cell	50	50	0	100	94	4	188%
CEN-Facility B Total				500	500	0	1000	836	153	167%
CEN-Facility C	001	C 001 1	270 Cell	50	50	0	100	77	20	154%
		C 001 2	270 Cell	50	50	0	100	86	7	172%
	002	C 002 1	270 Cell	50	50	0	100	79	20	158%
		C 002 2	270 Cell	50	50	0	100	90	9	180%
	003	C 003 1	270 Cell	50	50	0	100	78	19	156%
		C 003 2	270 Cell	50	50	0	100	95	4	190%
	004	C 004 1	270 Cell	50	50	0	100	82	15	164%
		C 004 2	270 Cell	50	50	0	100	85	14	170%
	005	C 005 1	270 Cell	50	50	0	100	63	35	126%
		C 005 2	270 Cell	50	50	0	100	83	16	166%
CEN-Facility C Total				500	500	0	1000	818	159	164%
Grand Total				1000	1000	0	2000	1654	312	165%

CEN - Centinela State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CEN-AD SEG	001	Z 001 1	Cell	100	100	0	200	96	85	96%
CEN-AD SEG Total				100	100	0	200	96	85	96%
Grand Total				100	100	0	200	96	85	96%

CEN - Centinela State Prison Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CEN-Central Service	INF	S INF 1	Cell	0	0	13	13	10	0	
CEN-Central Service Total				0	0	13	13	10	0	
Grand Total				0	0	13	13	10	0	

Generated by :
MYRA.PONCE**CHCF - California Health Care Facility - Stockton Male Only II EOP**

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CHCF-Facility E	301	E 301B1	Cell	40	10	0	50	42	3	105%
		E 301B2	Cell	35	15	0	50	43	5	123%
		E 301C1	Cell	42	0	0	42	39	1	93%
		E 301C2	Cell	35	15	0	50	45	2	129%
		E 301D1	Cell	40	2	0	42	38	2	95%
		E 301D2	Cell	35	15	0	50	44	2	126%
		E 301E1	Cell	40	8	0	48	46	0	115%
		E 301E2	Cell	35	15	0	50	45	4	129%
		E 301F1	Cell	40	8	0	48	41	5	102%
		E 301F2	Cell	33	17	0	50	42	2	127%
CHCF-Facility E Total				375	105	0	480	425	26	113%
Grand Total				375	105	0	480	425	26	113%

CHCF - California Health Care Facility - Stockton Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CHCF-Facility A	Building 304	A 304 1	Cell	94	0	0	94	76	14	81%
		A 304 2	Cell	100	2	0	102	91	7	91%
CHCF-Facility A Total				194	2	0	196	167	21	86%
CHCF-Facility E	302	E 302A1	Dorm	88	0	0	88	64	24	73%
		E 302B1	Dorm	89	0	0	89	67	22	75%
	303	E 303A1	Dorm	88	0	0	88	66	22	75%
		E 303B1	Dorm	89	0	0	89	60	19	67%
	304	E 304A1	Dorm	88	0	0	88	66	22	75%
		E 304B1	Dorm	89	0	0	89	69	20	78%
	305	E 305A1	Dorm	88	0	0	88	66	22	75%
		E 305B1	Dorm	89	0	0	89	63	25	71%
CHCF-Facility E Total				708	0	0	708	521	176	74%
Grand Total				902	2	0	904	688	197	76%

CHCF - California Health Care Facility - Stockton Male Only NA ACU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CHCF-Facility A	Building 302	A 302A1	Cell	36	0	0	36	22	14	61%
		A 302B1	Cell	3	0	0	3	0	3	0%
CHCF-Facility A Total				39	0	0	39	22	17	56%
CHCF-Facility B	Building 301	B 301A1	Cell	19	0	0	19	15	4	79%
		B 301B1	Cell	23	0	0	23	13	10	57%
	Building 302	B 302A1	Cell	26	0	0	26	22	4	85%
		B 302B1	Cell	25	0	0	25	14	11	56%
	Building 304	B 304A1	Cell	29	0	0	29	13	16	45%
	Building 308	B 308A1	Cell	1	0	0	1	1	0	100%
CHCF-Facility B Total				123	0	0	123	78	45	63%
Grand Total				162	0	0	162	100	62	62%

CHCF - California Health Care Facility - Stockton Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CHCF-Facility E	301	E 301A1	Cell	25	0	0	25	24	1	96%
		E 301A2	Cell	25	0	0	25	20	5	80%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CHCF-Facility E Total				50	0	0	50	44	6	88%
Grand Total				50	0	0	50	44	6	88%

CHCF - California Health Care Facility - Stockton Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
CHCF-Facility D	Building 301	D 301A1	Cell	30	0	0	30	29	1	97%	
		D 301B1	Cell	30	0	0	30	29	0	97%	
	Building 302	D 302A1	Cell	30	0	0	30	28	0	93%	
		D 302B1	Cell	30	0	0	30	29	1	97%	
	Building 303	D 303A1	Cell	30	0	0	30	29	0	97%	
		D 303B1	Cell	30	0	0	30	29	0	97%	
	Building 304	D 304A1	Cell	30	0	0	30	29	1	97%	
		D 304B1	Cell	30	0	0	30	28	1	93%	
	Building 305	D 305A1	Cell	30	0	0	30	30	0	100%	
		D 305B1	Cell	30	0	0	30	28	0	93%	
	Building 306	D 306A1	Cell	30	0	0	30	30	0	100%	
		D 306B1	Cell	30	0	0	30	30	0	100%	
	CHCF-Facility D Total				360	0	0	360	348	4	97%
	Grand Total				360	0	0	360	348	4	97%

CHCF - California Health Care Facility - Stockton Male Only NA ICF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
CHCF-Facility A	Building 302	A 302A1	Cell	3	0	0	3	3	0	100%	
CHCF-Facility A Total				3	0	0	3	3	0	100%	
CHCF-Facility B	Building 301	B 301A1	Cell	11	0	0	11	8	3	73%	
		B 301B1	Cell	2	0	0	2	2	0	100%	
	Building 302	B 302A1	Cell	4	0	0	4	4	0	100%	
		B 302B1	Cell	5	0	0	5	5	0	100%	
	Building 303	B 303A1	Cell	30	0	0	30	29	1	97%	
		B 303B1	Cell	30	0	0	30	30	0	100%	
	Building 304	B 304A1	Cell	1	0	0	1	1	0	100%	
		B 304B1	Cell	30	0	0	30	30	0	100%	
	Building 305	B 305A1	Cell	30	0	0	30	30	0	100%	
		B 305B1	Cell	30	0	0	30	30	0	100%	
	Building 306	B 306A1	Cell	30	0	0	30	30	0	100%	
		B 306B1	Cell	30	0	0	30	30	0	100%	
	Building 307	B 307A1	Cell	30	0	0	30	28	2	93%	
		B 307B1	Cell	30	0	0	30	29	1	97%	
	Building 308	B 308A1	Cell	29	0	0	29	29	0	100%	
		B 308B1	Cell	30	0	0	30	30	0	100%	
	CHCF-Facility B Total				352	0	0	352	345	7	98%
	Grand Total				355	0	0	355	348	7	98%

CHCF - California Health Care Facility - Stockton Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CHCF-Facility A	Building 301	A 301A1	Cell	30	0	0	30	13	17	43%
		A 301B1	Cell	30	0	0	30	0	30	0%
	Building 302	A 302B1	Cell	35	0	0	35	7	28	20%
CHCF-Facility A Total				95	0	0	95	20	75	21%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
Grand Total				95	0	0	95	20	75	21%

CHCF - California Health Care Facility - Stockton Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
CHCF-Facility C	Building 301	C 301A1	Cell	6	0	0	6	6	0	100%	
			Dorm	44	0	0	44	44	0	100%	
		C 301B1	Cell	6	0	0	6	6	0	100%	
			Dorm	44	0	0	44	44	0	100%	
	Building 302	C 302A1	Cell	48	0	0	48	46	2	96%	
		C 302B1	Cell	48	0	0	48	46	0	96%	
	Building 303	C 303A1	Cell	48	0	0	48	48	0	100%	
		C 303B1	Cell	48	0	0	48	48	0	100%	
	Building 304	C 304A1	Cell	6	0	0	6	6	0	100%	
			Dorm	44	0	0	44	43	1	98%	
		C 304B1	Cell	6	0	0	6	6	0	100%	
			Dorm	44	0	0	44	43	0	98%	
	Building 305	C 305A1	Cell	6	0	0	6	6	0	100%	
			Dorm	44	0	0	44	44	0	100%	
		C 305B1	Cell	6	0	0	6	6	0	100%	
			Dorm	44	0	0	44	43	0	98%	
	Building 306	C 306A1	Cell	6	0	0	6	6	0	100%	
			Dorm	44	0	0	44	44	0	100%	
		C 306B1	Cell	6	0	0	6	6	0	100%	
			Dorm	44	0	0	44	44	0	100%	
	CHCF-Facility C Total				592	0	0	592	585	3	99%
	CHCF-Facility D	Building 307	D 307A1	Cell	30	0	0	30	29	0	97%
			D 307B1	Cell	30	0	0	30	29	0	97%
	CHCF-Facility D Total				60	0	0	60	58	0	97%
Grand Total				652	0	0	652	643	3	99%	

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MYRA.PONCE**CIM - California Institution for Men** Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIM-Facility D	FIR	D FIR 1	Dorm	10	0	0	10	10	0	100%
CIM-Facility D Total				10	0	0	10	10	0	100%
Grand Total				10	0	0	10	10	0	100%

CIM - California Institution for Men Male Only I PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIM-Facility D	Alder	D AH 1	Dorm	100	100	0	200	107	49	107%
	Cedar	D CH A1	Dorm	24	24	0	48	23	25	96%
		D CH B1	Dorm	30	30	0	60	23	25	77%
		D CH C1	Dorm	30	30	0	60	24	24	80%
		D CH D1	Dorm	16	16	0	32	15	17	94%
	Elm	D EH 1	Dorm	156	0	0	156	102	23	65%
	Juniper	D JH 1	Dorm	100	100	0	200	103	52	103%
	Magnolia	D MH 1	Dorm	100	100	0	200	105	51	105%
	Oak	D OH A1	Dorm	20	20	0	40	0	40	0%
		D OH B1	Dorm	30	30	0	60	7	53	23%
		D OH C1	Dorm	30	30	0	60	0	60	0%
		D OH D1	Dorm	20	20	0	40	0	40	0%
	South Dorm	D SD N1	Cell	26	26	0	52	26	26	100%
		D SD S1	Cell	26	26	0	52	25	27	96%
	Spruce Hall	D SH 1	Dorm	100	100	0	200	106	50	106%
	West Dorm	D WD N1	Cell	56	56	0	112	1	107	2%
		D WD N2	Cell	56	56	0	112	55	55	98%
		D WD S1	Cell	56	56	0	112	55	57	98%
		D WD S2	Cell	56	56	0	112	56	56	100%
	Willow	D WH 1	Dorm	100	100	0	200	99	57	99%
CIM-Facility D Total				1132	976	0	2108	932	894	82%
Grand Total				1132	976	0	2108	932	894	82%

CIM - California Institution for Men Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIM-Facility A	Angeles	A AH 1	Dorm	80	80	0	160	82	31	102%
	Borrego	A BH 1	Dorm	80	80	0	160	86	26	108%
	Cleveland	A CH 1	Dorm	80	80	0	160	129	30	161%
	Joshua	A JH 1	Dorm	80	80	0	160	84	25	105%
	Laguna	A LH 1	Dorm	80	80	0	160	107	9	134%
	Mariposa	A MH 1	Dorm	80	80	0	160	141	15	176%
	Otay	A OH 1	Dorm	80	80	0	160	79	35	99%
	Sequoia	A SH 1	Dorm	80	80	0	160	83	26	104%
CIM-Facility A Total				640	640	0	1280	791	197	124%
CIM-Facility B	Birch Hall	B BH 1	Cell	50	0	0	50	32	14	64%
		B BH 2	Cell	52	0	0	52	40	8	77%
		B BH 3	Cell	52	0	0	52	33	16	63%
CIM-Facility B Total				154	0	0	154	105	38	68%
CIM-Facility C	Alpine	C A 1	Cell	50	50	0	100	95	2	190%
		C A 2	Cell	50	50	0	100	97	3	194%
	Butte	C B 1	Cell	50	50	0	100	58	40	116%
		C B 2	Cell	50	50	0	100	94	1	188%
	Colusa	C C 1	Cell	50	50	0	100	16	71	32%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIM-Facility C	Colusa	C C 2	Cell	50	50	0	100	89	4	178%
	Del Norte	C DEL 1	Cell	50	50	0	100	45	53	90%
		C DEL 2	Cell	50	50	0	100	84	11	168%
CIM-Facility C Total				400	400	0	800	578	185	145%
Grand Total				1194	1040	0	2234	1474	420	123%

CIM - California Institution for Men Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIM-Facility B	Palm Hall	B PH 1	Cell	32	17	0	49	32	17	100%
		B PH 2	Cell	34	34	0	68	51	15	150%
		B PH 3	Cell	34	34	0	68	59	9	174%
CIM-Facility B Total				100	85	0	185	142	41	142%
Grand Total				100	85	0	185	142	41	142%

CIM - California Institution for Men Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIM-Facility D	Infirmary	D OHU 1	Cell	34	0	0	34	27	7	79%
CIM-Facility D Total				34	0	0	34	27	7	79%
Grand Total				34	0	0	34	27	7	79%

CIM - California Institution for Men Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIM-Facility D	Infirmary	D OHU 1	Cell	3	0	34	37	32	3	1067%
			Dorm	0	0	5	5	5	0	
			Room	0	0	2	2	1	1	
CIM-Facility D Total				3	0	41	44	38	4	1267%
Grand Total				3	0	41	44	38	4	1267%

CIM - California Institution for Men Male Only NA RC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIM-Facility B	Cypress Hall	B CH 1	Cell	34	17	0	51	27	15	79%
		B CH 2	Cell	34	34	0	68	56	10	165%
		B CH 3	Cell	34	34	0	68	59	9	174%
	Madrone Hall	B MH 1	Cell	34	0	0	34	31	0	91%
		B MH 2	Cell	34	0	0	34	32	0	94%
		B MH 3	Cell	34	0	0	34	34	0	100%
	Sycamore Hall	B SH 1	Cell	31	31	0	62	33	22	106%
		B SH 2	Cell	34	34	0	68	52	14	153%
		B SH 3	Cell	34	34	0	68	41	17	121%
CIM-Facility B Total				303	184	0	487	365	87	120%
Grand Total				303	184	0	487	365	87	120%

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CIW - California Institution for Women Female Only I CMP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIW-CAMPS	001	X02001 1	Dorm	100	0	0	100	68	32	68%
		X13001 1	Dorm	100	0	0	100	33	67	33%
		X14001 1	Dorm	120	0	0	120	72	48	60%
CIW-CAMPS Total				320	0	0	320	173	147	54%
Grand Total				320	0	0	320	173	147	54%

CIW - California Institution for Women Female Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIW-Facility A	SHU	A SHU 1	270 Cell	33	33	0	66	7	51	21%
		A SHU 2	270 Cell	33	33	0	66	0	66	0%
	Support Care	A SCUB1	Cell	10	0	0	10	4	4	40%
CIW-Facility A Total				76	66	0	142	11	121	14%
Grand Total				76	66	0	142	11	121	14%

CIW - California Institution for Women Female Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIW-Central Service	INF	S INF 1	Cell	6	0	2	8	3	3	50%
CIW-Central Service Total				6	0	2	8	3	3	50%
Grand Total				6	0	2	8	3	3	50%

CIW - California Institution for Women Female Only NA EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIW-Facility A	Support Care	A SCU 1	Cell	47	47	0	94	52	39	111%
CIW-Facility A Total				47	47	0	94	52	39	111%
Grand Total				47	47	0	94	52	39	111%

CIW - California Institution for Women Female Only NA GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIW-Facility A	Barneberg	A BAUA1	Cell	60	60	0	120	45	63	75%
		A BAUB1	Cell	60	60	0	120	65	48	108%
	Emmons	A EMUA1	Cell	60	60	0	120	102	18	170%
		A EMUB1	Cell	60	60	0	120	60	52	100%
	GP Hall	A RCU 1	Cell	110	110	0	220	101	116	92%
	Harrison	A HAUA1	Cell	60	60	0	120	101	15	168%
		A HAUB1	Cell	60	60	0	120	112	5	187%
	Latham	A LAUA1	Cell	60	60	0	120	114	5	190%
		A LAUB1	Cell	60	60	0	120	115	5	192%
	Miller	A MIUA1	Cell	60	60	0	120	103	16	172%
		A MIUB1	Cell	60	60	0	120	80	36	133%
	WIU	A WIUA1	Cell	59	61	0	120	95	22	161%
		A WIUB1	Cell	59	61	0	120	100	18	169%
	CIW-Facility A Total				828	832	0	1660	1193	419
Grand Total				828	832	0	1660	1193	419	144%

CIW - California Institution for Women Female Only NA MCB

Facility Name	Housing Area	Facility Building	Type of	Design Bed	Overcrowd Bed Count	Medical Bed	Total Capacity	Occupied Count	Empty Bed	O/C %
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	Name	ID	Bed	Count		Count		Count		
CIW-Central Service	INF	S INF 1	Cell	0	0	10	10	0	10	
CIW-Central Service Total				0	0	10	10	0	10	
CIW-Facility A	Walker Unit	A WAU 1	Cell	2	0	17	19	2	17	100%
CIW-Facility A Total				2	0	17	19	2	17	100%
Grand Total				2	0	27	29	2	27	100%

CIW - California Institution for Women Female Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIW-Facility A	OPU	A OPU 1	Cell	14	0	0	14	13	1	93%
			Dorm	2	0	0	2	1	1	50%
CIW-Facility A Total				16	0	0	16	14	2	88%
Grand Total				16	0	0	16	14	2	88%

CIW - California Institution for Women Female Only NA PIP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIW-Central Service	Psychiatric Inpatient Program	S PIPA1	Cell	21	0	0	21	15	6	71%
		S PIPB1	Cell	24	0	0	24	15	9	63%
CIW-Central Service Total				45	0	0	45	30	15	67%
Grand Total				45	0	0	45	30	15	67%

CIW - California Institution for Women Female Only NA PSU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIW-Facility A	Support Care	A SCUB1	Cell	10	0	0	10	6	3	60%
CIW-Facility A Total				10	0	0	10	6	3	60%
Grand Total				10	0	0	10	6	3	60%

CIW - California Institution for Women Female Only NA SHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CIW-Facility A	SHU	A SHU 1	270 Cell	17	17	0	34	12	21	71%
		A SHU 2	270 Cell	17	17	0	34	5	29	29%
CIW-Facility A Total				34	34	0	68	17	50	50%
Grand Total				34	34	0	68	17	50	50%

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CMC - California Men's Colony Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-MSF	FIR	M FIR 1	Dorm	12	0	0	12	6	6	50%
CMC-MSF Total				12	0	0	12	6	6	50%
Grand Total				12	0	0	12	6	6	50%

CMC - California Men's Colony Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-MSF	030	M 030 1	Dorm	37	8	0	45	43	2	116%
	031	M 031 1	Dorm	37	7	0	44	44	0	119%
	032	M 032 1	Dorm	37	7	0	44	43	1	116%
	033	M 033 1	Dorm	28	5	0	33	33	0	118%
	034	M 034 1	Dorm	28	5	0	33	33	0	118%
CMC-MSF Total				167	32	0	199	196	3	117%
Grand Total				167	32	0	199	196	3	117%

CMC - California Men's Colony Male Only II EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-Facility D	007	D 007 1	Cell	52	0	0	52	39	13	75%
		D 007 2	Cell	100	0	0	100	99	1	99%
		D 007 3	Cell	100	0	0	100	100	0	100%
CMC-Facility D Total				252	0	0	252	238	14	94%
Grand Total				252	0	0	252	238	14	94%

CMC - California Men's Colony Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-Facility E	001	E 001 1	Dorm	41	31	0	72	65	7	159%
	003	E 003 1	Dorm	41	32	0	73	63	10	154%
	004	E 004 1	Dorm	42	31	0	73	64	9	152%
	005	E 005 1	Dorm	37	31	0	68	54	14	146%
	006	E 006 1	Dorm	41	31	0	72	68	1	166%
	007	E 007 1	Dorm	37	28	0	65	61	4	165%
	008	E 008 1	Dorm	37	28	0	65	65	0	176%
	009	E 009 1	Dorm	37	31	0	68	64	4	173%
	010	E 010 1	Dorm	41	31	0	72	66	6	161%
	CMC-Facility E Total				354	274	0	628	570	55
CMC-Facility F	011	F 011 1	Dorm	37	28	0	65	52	13	141%
	012	F 012 1	Dorm	41	28	0	69	65	4	159%
	013	F 013 1	Dorm	41	28	0	69	64	5	156%
	014	F 014 1	Dorm	41	28	0	69	65	4	159%
	015	F 015 1	Dorm	41	29	0	70	64	6	156%
	016	F 016 1	Dorm	41	28	0	69	65	4	159%
	017	F 017 1	Dorm	41	28	0	69	61	8	149%
	018	F 018 1	Dorm	41	28	0	69	62	7	151%
	019	F 019 1	Dorm	41	28	0	69	56	13	137%
	020	F 020 1	Dorm	41	28	0	69	64	4	156%
CMC-Facility F Total				406	281	0	687	618	68	152%
CMC-Facility G	022	G 022 1	Dorm	45	12	0	57	53	4	118%
	023	G 023 1	Dorm	45	14	0	59	54	5	120%
	024	G 024 1	Dorm	44	28	0	72	65	7	148%
	025	G 025 1	Dorm	44	32	0	76	65	11	148%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-Facility G	026	G 026 1	Dorm	44	30	0	74	73	1	166%
	027	G 027 1	Dorm	43	0	0	43	41	2	95%
	028	G 028 1	Dorm	33	0	0	33	33	0	100%
CMC-Facility G Total				298	116	0	414	384	30	129%
Grand Total				1058	671	0	1729	1572	153	149%

CMC - California Men's Colony Male Only III EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-Facility D	008	D 008 1	Cell	100	0	0	100	96	3	96%
		D 008 2	Cell	100	0	0	100	100	0	100%
		D 008 3	Cell	100	0	0	100	97	1	97%
CMC-Facility D Total				300	0	0	300	293	4	98%
Grand Total				300	0	0	300	293	4	98%

CMC - California Men's Colony Male Only III PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-Facility A	001	A 001 1	Cell	100	0	0	100	81	11	81%
		A 001 2	Cell	100	0	0	100	73	7	73%
		A 001 3	Cell	100	0	0	100	85	0	85%
	002	A 002 1	Cell	100	0	0	100	86	8	86%
		A 002 2	Cell	100	0	0	100	97	0	97%
		A 002 3	Cell	100	0	0	100	97	0	97%
CMC-Facility A Total				600	0	0	600	519	26	87%
CMC-Facility B	003	B 003 1	Cell	100	0	0	100	62	37	62%
		B 003 2	Cell	100	0	0	100	93	5	93%
		B 003 3	Cell	100	0	0	100	86	13	86%
CMC-Facility B Total				300	0	0	300	241	55	80%
CMC-Facility C	005	C 005 1	Cell	100	0	0	100	18	64	18%
		C 005 2	Cell	100	0	0	100	68	29	68%
		C 005 3	Cell	100	0	0	100	79	10	79%
	006	C 006 1	Cell	100	0	0	100	73	17	73%
		C 006 2	Cell	100	0	0	100	57	23	57%
		C 006 3	Cell	100	0	0	100	72	16	72%
CMC-Facility C Total				600	0	0	600	367	159	61%
CMC-Facility D	007	D 007 1	Cell	40	0	0	40	0	4	0%
CMC-Facility D Total				40	0	0	40	0	4	0%
Grand Total				1540	0	0	1540	1127	244	73%

CMC - California Men's Colony Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-Facility B	004	B 004 1	Cell	97	0	0	97	65	29	67%
		B 004 2	Cell	90	0	0	90	54	34	60%
		B 004 3	Cell	94	0	0	94	61	29	65%
CMC-Facility B Total				281	0	0	281	180	92	64%
Grand Total				281	0	0	281	180	92	64%

CMC - California Men's Colony Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-Central Service	HOS	S HOS 1	Cell	0	0	15	15	13	1	

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-Central Service	HOS	S HOS 1	Dorm	0	0	22	22	16	6	
CMC-Central Service Total				0	0	37	37	29	7	
Grand Total				0	0	37	37	29	7	

CMC - California Men's Colony Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMC-Facility H	Building 001	H 001A1	Cell	25	0	0	25	22	3	88%
		H 001B1	Cell	25	0	0	25	23	2	92%
CMC-Facility H Total				50	0	0	50	45	5	90%
Grand Total				50	0	0	50	45	5	90%

Generated by :
MYRA.PONCE**CMF - California Medical Facility** Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-MSF	FIR	M FIR 1	Dorm	9	7	0	16	9	7	100%
CMF-MSF Total				9	7	0	16	9	7	100%
Grand Total				9	7	0	16	9	7	100%

CMF - California Medical Facility Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-MSF	001	M 001 1	Dorm	18	2	0	20	10	10	56%
	002	M 002 1	Dorm	18	3	0	21	10	11	56%
	003	M 003 1	Dorm	18	0	0	18	11	7	61%
	004	M 004 1	Dorm	18	0	0	18	11	7	61%
	005	M 005 1	Dorm	9	12	0	21	0	20	0%
CMF-MSF Total				81	17	0	98	42	55	52%
Grand Total				81	17	0	98	42	55	52%

CMF - California Medical Facility Male Only II EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	L	A L 2	Cell	38	38	0	76	72	2	189%
		A L 3	Cell	37	0	0	37	37	0	100%
	M	A M 1	Cell	37	37	0	74	68	4	184%
		A M 2	Cell	38	38	0	76	70	4	184%
	N	A N 1	Cell	37	36	0	73	59	2	159%
		A N 2	Cell	38	38	0	76	72	2	189%
		A N 3	Cell	38	37	0	75	68	3	179%
CMF-Facility A Total				263	224	0	487	446	17	170%
Grand Total				263	224	0	487	446	17	170%

CMF - California Medical Facility Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	J	A J 1	Dorm	92	46	0	138	101	15	110%
		A J 2	Dorm	76	38	0	114	89	23	117%
		A J 3	Dorm	76	38	0	114	91	9	120%
	R	A R 1	Dorm	26	16	0	42	23	1	88%
CMF-Facility A Total				270	138	0	408	304	48	113%
CMF-Facility B	DC	B DC 1	Dorm	100	50	0	150	99	3	99%
	DD	B DD 1	Dorm	88	62	0	150	95	1	108%
CMF-Facility B Total				188	112	0	300	194	4	103%
Grand Total				458	250	0	708	498	52	109%

CMF - California Medical Facility Male Only III PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	H	A H 1	Cell	21	0	0	21	21	0	100%
			Dorm	22	14	0	36	28	7	127%
		A H 2	Cell	21	21	0	42	28	8	133%
			Dorm	30	20	0	50	38	12	127%
		A H 3	Cell	21	21	0	42	25	14	119%
			Dorm	30	20	0	50	32	8	107%
	I	A I 1	Cell	36	38	0	74	42	21	117%
			Dorm	10	2	0	12	10	1	100%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	I	A I 2	Cell	38	38	0	76	46	21	121%
			Dorm	6	0	0	6	6	0	100%
	T	A T 1	Cell	42	0	0	42	42	0	100%
			Cell	58	0	0	58	51	7	88%
			Cell	58	0	0	58	54	4	93%
	U	A U 1	Cell	40	0	0	40	40	0	100%
			Cell	58	0	0	58	56	2	97%
			Cell	58	0	0	58	54	3	93%
	V	A V 1	Cell	42	0	0	42	42	0	100%
			Cell	58	0	0	58	58	0	100%
			Cell	58	0	0	58	57	1	98%
	Y	A Y 1	Dorm	21	21	0	42	16	26	76%
CMF-Facility A Total				728	195	0	923	746	135	102%
Grand Total				728	195	0	923	746	135	102%

CMF - California Medical Facility Male Only NA ACU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	P	A P 1	Cell	31	0	0	31	29	2	94%
			Cell	32	0	0	32	24	7	75%
	Q	A Q 1	Cell	28	0	0	28	23	4	82%
			Cell	31	0	0	31	30	1	97%
			Cell	29	0	0	29	20	9	69%
	S	A S 1	Cell	26	0	0	26	25	1	96%
			Cell	29	0	0	29	27	2	93%
	CMF-Facility A Total				206	0	0	206	178	26
Grand Total				206	0	0	206	178	26	86%

CMF - California Medical Facility Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	I	A I 3	Cell	38	0	0	38	30	4	79%
	M	A M 3	Cell	38	0	0	38	21	17	55%
	S	A S 3	Cell	18	0	0	18	0	18	0%
	W	A W 1	Cell	41	0	0	41	20	21	49%
			Cell	42	0	0	42	17	25	40%
			Cell	42	0	0	42	0	42	0%
CMF-Facility A Total				219	0	0	219	88	127	40%
Grand Total				219	0	0	219	88	127	40%

CMF - California Medical Facility Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	G	A G 1	Cell	16	0	0	16	16	0	100%
			Dorm	11	0	0	11	10	0	91%
		A G 2	Cell	16	0	0	16	13	2	81%
			Dorm	12	0	0	12	11	0	92%
CMF-Facility A Total				55	0	0	55	50	2	91%
Grand Total				55	0	0	55	50	2	91%

CMF - California Medical Facility Male Only NA HSP

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	X	A X 1	Cell	4	0	0	4	4	0	100%
			Dorm	13	0	0	13	13	0	100%
CMF-Facility A Total				17	0	0	17	17	0	100%
Grand Total				17	0	0	17	17	0	100%

CMF - California Medical Facility Male Only NA ICF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	A	A A 2	Dorm	44	0	0	44	35	9	80%
		A A 3	Dorm	40	0	0	40	27	12	68%
	L	A L 1	Cell	35	33	0	68	50	18	143%
	P	A P 1	Cell	1	0	0	1	1	0	100%
		A P 2	Cell	4	0	0	4	4	0	100%
		A P 3	Cell	30	0	0	30	29	1	97%
	Q	A Q 1	Cell	1	0	0	1	1	0	100%
		A Q 3	Cell	1	0	0	1	1	0	100%
	S	A S 1	Cell	4	0	0	4	4	0	100%
		A S 2	Cell	1	0	0	1	1	0	100%
CMF-Facility A Total				161	33	0	194	153	40	95%
CMF-Facility C	HTC	C HTCA1	Cell	16	0	0	16	16	0	100%
		C HTCB1	Cell	16	0	0	16	16	0	100%
		C HTCC1	Cell	16	0	0	16	15	1	94%
		C HTCD1	Cell	16	0	0	16	16	0	100%
CMF-Facility C Total				64	0	0	64	63	1	98%
Grand Total				225	33	0	258	216	41	96%

CMF - California Medical Facility Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Central Service	CTC	S CTCA1	Cell	25	0	0	25	9	16	36%
		S CTCB1	Cell	25	0	0	25	12	10	48%
CMF-Central Service Total				50	0	0	50	21	26	42%
Grand Total				50	0	0	50	21	26	42%

CMF - California Medical Facility Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CMF-Facility A	G	A G 3	Cell	17	0	0	17	17	0	100%
			Dorm	30	0	0	30	28	2	93%
CMF-Facility A Total				47	0	0	47	45	2	96%
Grand Total				47	0	0	47	45	2	96%

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COR - California State Prison, Corcoran Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-MSF	FIR	M FIR 1	Dorm	10	0	0	10	5	5	50%
COR-MSF Total				10	0	0	10	5	5	50%
Grand Total				10	0	0	10	5	5	50%

COR - California State Prison, Corcoran Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-MSF	003	M 003 1	Dorm	48	48	0	96	22	58	46%
		M 003 2	Dorm	48	48	0	96	20	60	42%
	004	M 004 1	Dorm	48	48	0	96	26	54	54%
		M 004 2	Dorm	46	46	0	92	27	49	59%
	005	M 005 1	Dorm	100	100	0	200	48	48	48%
COR-MSF Total				290	290	0	580	143	269	49%
Grand Total				290	290	0	580	143	269	49%

COR - California State Prison, Corcoran Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 03B	003	03B003 1	270 Cell	50	50	0	100	65	33	130%
		03B003 2	270 Cell	50	50	0	100	91	9	182%
	004	03B004 1	270 Cell	50	50	0	100	87	13	174%
		03B004 2	270 Cell	50	50	0	100	88	12	176%
	005	03B005 1	270 Cell	50	50	0	100	90	10	180%
		03B005 2	270 Cell	50	50	0	100	89	11	178%
COR-Facility 03B Total				300	300	0	600	510	88	170%
COR-Facility 04B	B1L	04BB1LA1	Cell	10	10	0	20	17	1	170%
		04BB1LA2	Cell	10	10	0	20	18	2	180%
		04BB1LB1	Cell	10	10	0	20	18	2	180%
		04BB1LB2	Cell	10	10	0	20	18	0	180%
		04BB1LC1	Cell	12	12	0	24	19	5	158%
		04BB1LC2	Cell	12	12	0	24	16	8	133%
	B1R	04BB1RA1	Cell	10	10	0	20	18	2	180%
		04BB1RA2	Cell	10	10	0	20	20	0	200%
		04BB1RB1	Cell	10	10	0	20	19	1	190%
		04BB1RB2	Cell	10	10	0	20	15	5	150%
		04BB1RC1	Cell	12	12	0	24	22	2	183%
		04BB1RC2	Cell	12	12	0	24	24	0	200%
	B2L	04BB2LA1	Cell	10	10	0	20	20	0	200%
		04BB2LA2	Cell	10	10	0	20	19	1	190%
		04BB2LB1	Cell	10	10	0	20	20	0	200%
		04BB2LB2	Cell	10	10	0	20	19	1	190%
		04BB2LC1	Cell	12	12	0	24	23	1	192%
		04BB2LC2	Cell	12	12	0	24	24	0	200%
	B2R	04BB2RA1	Cell	10	10	0	20	17	1	170%
		04BB2RA2	Cell	10	10	0	20	18	2	180%
		04BB2RB1	Cell	10	10	0	20	20	0	200%
		04BB2RB2	Cell	10	10	0	20	20	0	200%
		04BB2RC1	Cell	12	12	0	24	20	4	167%
		04BB2RC2	Cell	12	12	0	24	23	1	192%
B3L	04BB3LA1	Cell	10	10	0	20	18	2	180%	
	04BB3LA2	Cell	10	10	0	20	20	0	200%	
	04BB3LB1	Cell	10	10	0	20	16	4	160%	

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 04B	B3L	04BB3LB2	Cell	10	10	0	20	19	1	190%
		04BB3LC1	Cell	12	12	0	24	20	4	167%
		04BB3LC2	Cell	12	12	0	24	21	3	175%
	B3R	04BB3RA1	Cell	10	10	0	20	19	1	190%
		04BB3RA2	Cell	10	10	0	20	18	2	180%
		04BB3RB1	Cell	10	10	0	20	18	2	180%
		04BB3RB2	Cell	10	10	0	20	17	3	170%
		04BB3RC1	Cell	12	12	0	24	20	4	167%
		04BB3RC2	Cell	12	12	0	24	21	3	175%
		B4L	04BB4LA1	Cell	10	10	0	20	10	8
	04BB4LA2		Cell	10	10	0	20	0	20	0%
	04BB4LB1		Cell	10	10	0	20	8	12	80%
	04BB4LB2		Cell	10	10	0	20	1	19	10%
	04BB4LC1		Cell	12	12	0	24	21	3	175%
	04BB4LC2		Cell	12	12	0	24	17	7	142%
	B4R	04BB4RA1	Cell	10	10	0	20	15	5	150%
		04BB4RA2	Cell	10	10	0	20	14	6	140%
		04BB4RB1	Cell	10	10	0	20	14	6	140%
		04BB4RB2	Cell	10	10	0	20	13	7	130%
		04BB4RC1	Cell	12	12	0	24	9	15	75%
		04BB4RC2	Cell	12	12	0	24	13	11	108%
COR-Facility 04B Total				512	512	0	1024	829	187	162%
Grand Total				812	812	0	1624	1339	275	165%

COR - California State Prison, Corcoran Male Only III EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 03A	004	03A004 1	270 Cell	50	50	0	100	72	16	144%
		03A004 2	270 Cell	50	50	0	100	76	15	152%
COR-Facility 03A Total				100	100	0	200	148	31	148%
Grand Total				100	100	0	200	148	31	148%

COR - California State Prison, Corcoran Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 03A	001	03A001 1	270 Cell	50	50	0	100	88	5	176%
		03A001 2	270 Cell	50	50	0	100	89	3	178%
	002	03A002 1	270 Cell	50	50	0	100	89	3	178%
		03A002 2	270 Cell	50	50	0	100	94	2	188%
	005	03A005 1	270 Cell	50	50	0	100	85	10	170%
		03A005 2	270 Cell	50	50	0	100	88	2	176%
COR-Facility 03A Total				300	300	0	600	533	25	178%
Grand Total				300	300	0	600	533	25	178%

COR - California State Prison, Corcoran Male Only IV EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 03B	001	03B001 1	270 Cell	50	50	0	100	31	65	62%
		03B001 2	270 Cell	50	50	0	100	22	73	44%
COR-Facility 03B Total				100	100	0	200	53	138	53%
Grand Total				100	100	0	200	53	138	53%

COR - California State Prison, Corcoran Male Only IV GP

Facility Name	Housing	Facility	Type of	Design	Overcrowd	Medical	Total	Occupied	Empty	O/C
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Generated by :
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	Area Name	Building ID	Bed	Bed Count	Bed Count	Bed Count	Capacity	Count	Bed Count	%
COR-Facility 03C	001	03C001 1	270 Cell	50	50	0	100	88	10	176%
		03C001 2	270 Cell	50	50	0	100	86	13	172%
	002	03C002 1	270 Cell	50	50	0	100	92	6	184%
		03C002 2	270 Cell	50	50	0	100	81	14	162%
	003	03C003 1	270 Cell	50	50	0	100	4	95	8%
		03C003 2	270 Cell	50	50	0	100	12	88	24%
	004	03C004 1	270 Cell	50	50	0	100	88	8	176%
		03C004 2	270 Cell	50	50	0	100	87	10	174%
	005	03C005 1	270 Cell	50	50	0	100	88	10	176%
		03C005 2	270 Cell	50	50	0	100	90	9	180%
COR-Facility 03C Total				500	500	0	1000	716	263	143%
COR-Facility 04A	A1L	04AA1LB1	Cell	10	0	0	10	8	2	80%
		04AA1LB2	Cell	10	10	0	20	0	20	0%
COR-Facility 04A Total				20	10	0	30	8	22	40%
Grand Total				520	510	0	1030	724	285	139%

COR - California State Prison, Corcoran Male Only IV SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 03B	002	03B002 1	270 Cell	50	50	0	100	32	66	64%
		03B002 2	270 Cell	50	50	0	100	32	64	64%
COR-Facility 03B Total				100	100	0	200	64	130	64%
Grand Total				100	100	0	200	64	130	64%

COR - California State Prison, Corcoran Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 03A	003	03A003 1	270 Cell	50	50	0	100	35	55	70%
		03A003 2	270 Cell	50	50	0	100	10	88	20%
COR-Facility 03A Total				100	100	0	200	45	143	45%
COR-Facility 04A	A3R	04AA3RA1	Cell	10	10	0	20	12	6	120%
		04AA3RA2	Cell	10	10	0	20	7	9	70%
		04AA3RB1	Cell	10	10	0	20	10	6	100%
		04AA3RB2	Cell	10	10	0	20	12	6	120%
		04AA3RC1	Cell	12	12	0	24	8	10	67%
		04AA3RC2	Cell	12	12	0	24	9	9	75%
	A4L	04AA4LA1	Cell	10	10	0	20	11	7	110%
		04AA4LA2	Cell	10	10	0	20	7	12	70%
		04AA4LB1	Cell	10	10	0	20	8	7	80%
		04AA4LB2	Cell	10	10	0	20	8	11	80%
		04AA4LC1	Cell	12	12	0	24	12	9	100%
		04AA4LC2	Cell	12	12	0	24	11	13	92%
	A4R	04AA4RB1	Cell	10	10	0	20	10	8	100%
		04AA4RB2	Cell	10	10	0	20	12	7	120%
		04AA4RC1	Cell	12	11	0	23	11	10	92%
		04AA4RC2	Cell	12	12	0	24	13	10	108%
COR-Facility 04A Total				172	171	0	343	161	140	94%
Grand Total				272	271	0	543	206	283	76%

COR - California State Prison, Corcoran Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Central Service	INF	S INFA1	Cell	0	0	24	24	24	0	
		S INFB1	Cell	0	0	26	26	25	1	

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Central Service Total				0	0	50	50	49	1	
Grand Total				0	0	50	50	49	1	

COR - California State Prison, Corcoran Male Only NA DPU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 04A	A3L	04AA3LA1	Cell	10	10	0	20	12	7	120%
		04AA3LA2	Cell	10	10	0	20	7	11	70%
		04AA3LB1	Cell	10	10	0	20	11	8	110%
		04AA3LB2	Cell	10	10	0	20	8	9	80%
		04AA3LC1	Cell	12	12	0	24	2	20	17%
		04AA3LC2	Cell	12	12	0	24	0	22	0%
COR-Facility 04A Total				64	64	0	128	40	77	63%
Grand Total				64	64	0	128	40	77	63%

COR - California State Prison, Corcoran Male Only NA LRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 04A	A1L	04AA1LA1	Cell	10	10	0	20	9	9	90%
		04AA1LA2	Cell	10	10	0	20	8	10	80%
		04AA1LC1	Cell	12	12	0	24	8	12	67%
		04AA1LC2	Cell	12	12	0	24	7	15	58%
	A1R	04AA1RA1	Cell	10	10	0	20	10	8	100%
		04AA1RA2	Cell	10	10	0	20	11	5	110%
		04AA1RB1	Cell	10	10	0	20	8	9	80%
		04AA1RB2	Cell	10	10	0	20	9	7	90%
		04AA1RC1	Cell	12	12	0	24	10	11	83%
		04AA1RC2	Cell	12	12	0	24	12	9	100%
	A2L	04AA2LA1	Cell	10	10	0	20	11	6	110%
		04AA2LA2	Cell	10	10	0	20	9	11	90%
		04AA2LB1	Cell	10	10	0	20	9	9	90%
		04AA2LB2	Cell	10	10	0	20	6	13	60%
		04AA2LC1	Cell	12	12	0	24	9	14	75%
		04AA2LC2	Cell	12	12	0	24	10	12	83%
COR-Facility 04A Total				172	172	0	344	146	160	85%
Grand Total				172	172	0	344	146	160	85%

COR - California State Prison, Corcoran Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Central Service	INF	S INFC1	Cell	0	0	24	24	23	1	
COR-Central Service Total				0	0	24	24	23	1	
Grand Total				0	0	24	24	23	1	

COR - California State Prison, Corcoran Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Central Service	INF	S INFD1	Cell	0	0	14	14	13	0	
COR-Central Service Total				0	0	14	14	13	0	
Grand Total				0	0	14	14	13	0	

COR - California State Prison, Corcoran Male Only NA PHU

Facility Name	Housing Area	Facility Building	Type of Bed	Design Bed	Overcrowd Bed Count	Medical Bed	Total Capacity	Occupied Count	Empty Bed	O/C %
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	Name	ID	Bed	Count		Count		Count		Count
COR-Facility 04A	A4R	04AA4RA1	Cell	12	8	0	20	2	17	17%
		04AA4RA2	Cell	10	10	0	20	4	15	40%
COR-Facility 04A Total				22	18	0	40	6	32	27%
Grand Total				22	18	0	40	6	32	27%

COR - California State Prison, Corcoran Male Only NA SHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 04A	A2R	04AA2RA1	Cell	10	10	0	20	14	5	140%
		04AA2RA2	Cell	10	10	0	20	11	6	110%
		04AA2RB1	Cell	10	10	0	20	7	11	70%
		04AA2RB2	Cell	10	10	0	20	11	7	110%
COR-Facility 04A Total				40	40	0	80	43	29	108%
Grand Total				40	40	0	80	43	29	108%

COR - California State Prison, Corcoran Male Only NA SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-STRH	001	Z 001A1	Cell	12	12	0	24	5	17	42%
		Z 001B1	Cell	12	12	0	24	12	11	100%
		Z 001C1	Cell	12	12	0	24	8	13	67%
		Z 001D1	Cell	12	12	0	24	7	15	58%
		Z 001E1	Cell	12	12	0	24	7	14	58%
		Z 001F1	Cell	14	14	0	28	9	17	64%
		Z 001G1	Cell	14	14	0	28	10	15	71%
		Z 001H1	Cell	12	12	0	24	9	13	75%
COR-STRH Total				100	100	0	200	67	115	67%
Grand Total				100	100	0	200	67	115	67%

COR - California State Prison, Corcoran Male Only NA THU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
COR-Facility 04A	A2R	04AA2RC1	Cell	12	12	0	24	5	18	42%
		04AA2RC2	Cell	12	12	0	24	5	16	42%
COR-Facility 04A Total				24	24	0	48	10	34	42%
Grand Total				24	24	0	48	10	34	42%

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MYRA.PONCE

CRC - California Rehabilitation Center Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CRC-Facility C	FIR	C FIR 2	Dorm	9	0	0	9	8	1	89%
CRC-Facility C Total				9	0	0	9	8	1	89%
Grand Total				9	0	0	9	8	1	89%

CRC - California Rehabilitation Center Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CRC-Facility A	101	A 101 1	Dorm	40	40	0	80	65	15	163%
	102	A 102 2	Dorm	40	40	0	80	63	17	158%
	103	A 103 3	Dorm	40	40	0	80	65	15	163%
	104	A 104 3	Dorm	40	40	0	80	61	19	153%
	105	A 105 4	Dorm	40	40	0	80	62	18	155%
	106	A 106 5	Dorm	40	40	0	80	59	21	148%
	107	A 107 5	Dorm	40	40	0	80	61	18	153%
	108	A 108 5	Dorm	40	40	0	80	63	17	158%
	109	A 109 6	Dorm	40	40	0	80	63	16	158%
	110	A 110 6	Dorm	40	40	0	80	61	19	153%
	111	A 111 7	Dorm	40	40	0	80	62	18	155%
	112	A 112 7	Dorm	40	40	0	80	59	21	148%
CRC-Facility A Total				480	480	0	960	744	214	155%
CRC-Facility B	201	B 201 1	Dorm	50	50	0	100	73	27	146%
	202	B 202 1	Dorm	50	50	0	100	72	28	144%
	203	B 203 1	Dorm	50	50	0	100	72	28	144%
	204	B 204 1	Dorm	50	50	0	100	78	22	156%
	205	B 205 1	Dorm	50	50	0	100	76	24	152%
	206	B 206 1	Dorm	50	50	0	100	72	28	144%
	207	B 207 1	Dorm	50	50	0	100	73	26	146%
	208	B 208 1	Dorm	50	50	0	100	78	22	156%
	209	B 209 1	Dorm	50	50	0	100	70	30	140%
	210	B 210 1	Dorm	50	50	0	100	74	26	148%
	214	B 214 1	Dorm	100	100	0	200	95	105	95%
CRC-Facility B Total				600	600	0	1200	833	366	139%
CRC-Facility C	3 110000-HousingArea	3 110000	Dorm	66	34	0	100	0	100	0%
	302	C 302 1	Dorm	50	50	0	100	79	21	158%
	303	C 303 1	Dorm	50	50	0	100	74	26	148%
	304	C 304 1	Dorm	50	50	0	100	77	22	154%
	305	C 305 1	Dorm	50	50	0	100	78	22	156%
	306	C 306 1	Dorm	50	50	0	100	76	24	152%
	307	C 307 1	Dorm	50	50	0	100	72	28	144%
	308	C 308 1	Dorm	50	50	0	100	48	52	96%
	309	C 309 1	Dorm	50	50	0	100	74	26	148%
	310	C 310 1	Dorm	50	50	0	100	73	27	146%
	311	C 311 1	Dorm	64	36	0	100	0	44	0%
	312	C 312 1	Dorm	50	50	0	100	72	28	144%
	313	C 313 1	Dorm	50	50	0	100	77	23	154%
	314	C 314 1	Dorm	32	32	0	64	62	2	194%
	315	C 315 1	Dorm	31	31	0	62	57	5	184%
CRC-Facility C Total				743	683	0	1426	919	450	124%
CRC-Facility D	4 100000-HousingArea	4 100000	Dorm	58	13	0	71	0	71	0%
	401	D 401 3	Dorm	43	43	0	86	81	5	188%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CRC-Facility D	402	D 402 3	Dorm	50	50	0	100	99	1	198%
	403	D 403 2	Dorm	47	47	0	94	87	7	185%
	404	D 404 2	Dorm	50	50	0	100	88	12	176%
	405	D 405 3	Dorm	48	48	0	96	86	10	179%
	406	D 406 3	Dorm	42	42	0	84	83	1	198%
	407	D 407 1	Dorm	40	40	0	80	72	8	180%
	408	D 408 1	Dorm	40	40	0	80	13	66	33%
	409	D 409 1	Dorm	40	40	0	80	71	9	178%
CRC-Facility D Total				458	413	0	871	680	190	148%
Grand Total				2281	2176	0	4457	3176	1220	139%

CRC - California Rehabilitation Center Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CRC-Central Service	INF	S INF 1	Dorm	4	0	0	4	2	2	50%
			Room	6	0	0	6	2	3	33%
CRC-Central Service Total				10	0	0	10	4	5	40%
Grand Total				10	0	0	10	4	5	40%

Generated by :
MYRA.PONCE**CTF - Correctional Training Facility** Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CTF-Facility D	FIR	D FIR 1	Dorm	6	6	0	12	5	7	83%
CTF-Facility D Total				6	6	0	12	5	7	83%
Grand Total				6	6	0	12	5	7	83%

CTF - Correctional Training Facility Male Only I PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CTF-Facility D	002	D 002 1	Dorm	100	100	0	200	72	128	72%
	003	D 003 1	Dorm	80	80	0	160	70	90	88%
	004	D 004 1	Dorm	80	80	0	160	71	89	89%
	005	D 005 1	Dorm	80	80	0	160	68	92	85%
	006	D 006 1	Dorm	80	80	0	160	65	95	81%
	007	D 007 1	Dorm	80	80	0	160	68	92	85%
CTF-Facility D Total				500	500	0	1000	414	586	83%
Grand Total				500	500	0	1000	414	586	83%

CTF - Correctional Training Facility Male Only II GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CTF-Facility C	B Wing	C BW 1	Cell	37	37	0	74	65	8	176%
		C BW 2	Cell	45	45	0	90	84	2	187%
		C BW 3	Cell	45	45	0	90	83	6	184%
	C Wing	C CW 1	Cell	37	37	0	74	60	13	162%
		C CW 2	Cell	45	45	0	90	85	5	189%
		C CW 3	Cell	45	45	0	90	82	8	182%
	D Wing	C DW 1	Cell	37	37	0	74	69	4	186%
		C DW 2	Cell	45	45	0	90	82	3	182%
		C DW 3	Cell	45	45	0	90	85	2	189%
	E Wing	C EW 1	Cell	37	37	0	74	58	13	157%
		C EW 2	Cell	45	45	0	90	74	14	164%
		C EW 3	Cell	45	45	0	90	75	15	167%
	F Wing	C FW 1	Cell	53	53	0	106	94	9	177%
		C FW 2	Cell	61	61	0	122	108	11	177%
		C FW 3	Cell	61	61	0	122	114	7	187%
	G Wing	C GW 1	Cell	53	53	0	106	78	28	147%
		C GW 2	Cell	61	61	0	122	108	12	177%
		C GW 3	Cell	61	61	0	122	114	7	187%
	X Wing	C XW 1	Cell	39	36	1	76	44	29	113%
		C XW 2	Cell	46	46	0	92	74	17	161%
		C XW 3	Cell	46	46	0	92	88	4	191%
	Y Wing	C YW 1	Cell	37	37	0	74	7	62	19%
		C YW 2	Cell	46	46	0	92	10	82	22%
		C YW 3	Cell	46	46	0	92	84	6	183%
Z Wing	C ZW 1	Cell	40	40	0	80	53	23	133%	
	C ZW 2	Cell	46	46	0	92	78	14	170%	
	C ZW 3	Cell	46	46	0	92	81	10	176%	
CTF-Facility C Total				1250	1247	1	2498	2037	414	163%
Grand Total				1250	1247	1	2498	2037	414	163%

CTF - Correctional Training Facility Male Only II SNY

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
CTF-Facility A	Fremont	A FD 1	Dorm	100	100	0	200	61	101	61%	
	Lassen	A LA A1	Cell	44	44	0	88	84	4	191%	
		A LA A2	Cell	56	56	0	112	105	4	188%	
		A LA A3	Cell	56	56	0	112	108	4	193%	
		A LA B1	Cell	43	43	0	86	69	16	160%	
		A LA B2	Cell	52	52	0	104	92	12	177%	
		A LA B3	Cell	52	52	0	104	100	3	192%	
	Ranier	A RA A1	Cell	44	44	0	88	82	6	186%	
		A RA A2	Cell	56	56	0	112	104	5	186%	
		A RA A3	Cell	56	56	0	112	108	4	193%	
		A RA B1	Cell	43	43	0	86	75	11	174%	
		A RA B2	Cell	52	52	0	104	76	17	146%	
		A RA B3	Cell	52	52	0	104	95	7	183%	
	CTF-Facility A Total				706	706	0	1412	1159	194	164%
	CTF-Facility B	Shasta	B SH A1	Cell	43	43	0	86	71	11	165%
B SH A2			Cell	55	55	0	110	100	5	182%	
B SH A3			Cell	55	55	0	110	104	4	189%	
B SH B1			Cell	42	42	0	84	80	0	190%	
B SH B2			Cell	51	51	0	102	98	2	192%	
B SH B3			Cell	51	51	0	102	100	2	196%	
Toro		B TD 1	Dorm	100	100	0	200	72	110	72%	
Whitney		B WH A1	Cell	43	43	0	86	74	4	172%	
		B WH A2	Cell	55	55	0	110	103	6	187%	
		B WH A3	Cell	55	55	0	110	101	6	184%	
		B WH B1	Cell	42	42	0	84	71	3	169%	
		B WH B2	Cell	51	51	0	102	86	3	169%	
		B WH B3	Cell	51	51	0	102	99	1	194%	
CTF-Facility B Total					694	694	0	1388	1159	157	167%
Grand Total					1400	1400	0	2800	2318	351	166%

CTF - Correctional Training Facility Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CTF-Facility C	O Wing	C OW 1	Cell	48	0	0	48	23	24	48%
		C OW 2	Cell	48	1	0	49	24	20	50%
		C OW 3	Cell	48	2	0	50	23	26	48%
CTF-Facility C Total				144	3	0	147	70	70	49%
Grand Total				144	3	0	147	70	70	49%

CTF - Correctional Training Facility Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CTF-Facility C	INF	C INF 2	Cell	4	0	0	4	4	0	100%
			Dorm	8	0	5	13	10	3	125%
CTF-Facility C Total				12	0	5	17	14	3	117%
Grand Total				12	0	5	17	14	3	117%

Generated by :
MYRA.PONCE**CVSP - Chuckawalla Valley State Prison** Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CVSP-MSF	FIR	M FIR 1	Dorm	8	2	0	10	9	1	113%
CVSP-MSF Total				8	2	0	10	9	1	113%
Grand Total				8	2	0	10	9	1	113%

CVSP - Chuckawalla Valley State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CVSP-MSF	001	M 001 1	Dorm	100	100	0	200	63	137	63%
	002	M 002 1	Dorm	100	100	0	200	65	135	65%
CVSP-MSF Total				200	200	0	400	128	272	64%
Grand Total				200	200	0	400	128	272	64%

CVSP - Chuckawalla Valley State Prison Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CVSP-Facility A	001	A 001 1	270 Dorm	68	68	0	136	96	40	141%
		A 001 2	270 Dorm	62	62	0	124	95	29	153%
	002	A 002 1	270 Dorm	68	68	0	136	91	40	134%
		A 002 2	270 Dorm	62	62	0	124	96	27	155%
CVSP-Facility A Total				260	260	0	520	378	136	145%
CVSP-Facility B	003	B 003 1	270 Dorm	68	68	0	136	93	40	137%
		B 003 2	270 Dorm	62	62	0	124	94	29	152%
	004	B 004 1	270 Dorm	68	68	0	136	94	41	138%
		B 004 2	270 Dorm	62	62	0	124	93	30	150%
	005	B 005 1	270 Dorm	68	68	0	136	95	40	140%
		B 005 2	270 Dorm	62	62	0	124	96	28	155%
CVSP-Facility B Total				390	390	0	780	565	208	145%
CVSP-Facility C	006	C 006 1	270 Dorm	68	68	0	136	85	48	125%
		C 006 2	270 Dorm	62	62	0	124	86	35	139%
	007	C 007 1	270 Dorm	68	68	0	136	94	42	138%
		C 007 2	270 Dorm	62	62	0	124	93	31	150%
	008	C 008 1	270 Dorm	68	68	0	136	90	46	132%
		C 008 2	270 Dorm	62	62	0	124	84	40	135%
CVSP-Facility C Total				390	390	0	780	532	242	136%
CVSP-Facility D	009	D 009 1	270 Dorm	68	68	0	136	92	44	135%
		D 009 2	270 Dorm	62	62	0	124	93	31	150%
	010	D 010 1	270 Dorm	68	68	0	136	96	40	141%
		D 010 2	270 Dorm	62	62	0	124	94	30	152%
	011	D 011 1	270 Dorm	68	68	0	136	96	40	141%
		D 011 2	270 Dorm	62	62	0	124	94	30	152%
CVSP-Facility D Total				390	390	0	780	565	215	145%
Grand Total				1430	1430	0	2860	2040	801	143%

CVSP - Chuckawalla Valley State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CVSP-Facility A	003	A 003 1	270 Cell	50	50	0	100	30	68	60%
		A 003 2	270 Cell	50	50	0	100	28	71	56%
CVSP-Facility A Total				100	100	0	200	58	139	58%
Grand Total				100	100	0	200	58	139	58%

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California City Correctional Facility Male Only II GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
CAC-Facility A	001	A 001A1	Cell	0	0	0	0	4	40		
		A 001A2	Cell	0	0	0	0	8	36		
		A 001B1	Cell	0	0	0	0	21	17		
		A 001B2	Cell	0	0	0	0	14	26		
	002	A 002A1	Cell	0	0	0	0	0	44		
		A 002A2	Cell	0	0	0	0	0	44		
		A 002B1	Cell	0	0	0	0	6	34		
		A 002B2	Cell	0	0	0	0	29	11		
		A 002C1	Cell	0	0	0	0	21	23		
		A 002C2	Cell	0	0	0	0	27	17		
	CAC-Facility A Total				0	0	0	0	130	292	
	CAC-Facility B	001	B 001A1	Cell	0	0	0	0	44	0	
B 001A2			Cell	0	0	0	0	44	0		
B 001B1			Cell	0	0	0	0	37	3		
B 001B2			Cell	0	0	0	0	40	0		
B 001C1			Cell	0	0	0	0	43	1		
B 001C2			Cell	0	0	0	0	44	0		
002		B 002A1	Cell	0	0	0	0	44	0		
		B 002A2	Cell	0	0	0	0	42	0		
		B 002B1	Cell	0	0	0	0	40	0		
		B 002B2	Cell	0	0	0	0	38	2		
		B 002C1	Cell	0	0	0	0	44	0		
		B 002C2	Cell	0	0	0	0	43	1		
		B 003A1	Cell	0	0	0	0	43	1		
003		B 003A2	Cell	0	0	0	0	44	0		
		B 003B1	Cell	0	0	0	0	40	0		
		B 003B2	Cell	0	0	0	0	39	1		
		B 003C1	Cell	0	0	0	0	44	0		
		B 003C2	Cell	0	0	0	0	43	1		
004		B 004A1	Cell	0	0	0	0	44	0		
		B 004A2	Cell	0	0	0	0	42	2		
		B 004B1	Cell	0	0	0	0	40	0		
		B 004B2	Cell	0	0	0	0	40	0		
		B 004C1	Cell	0	0	0	0	43	1		
		B 004C2	Cell	0	0	0	0	43	1		
CAC-Facility B Total					0	0	0	0	1008	14	
CAC-Facility C		001	C 001A1	Cell	0	0	0	0	43	1	
			C 001A2	Cell	0	0	0	0	43	1	
			C 001B1	Cell	0	0	0	0	39	1	
			C 001B2	Cell	0	0	0	0	40	0	
			C 001C1	Cell	0	0	0	0	43	1	
	C 001C2		Cell	0	0	0	0	42	2		
	002	C 002A1	Cell	0	0	0	0	44	0		
		C 002A2	Cell	0	0	0	0	44	0		
		C 002B1	Cell	0	0	0	0	39	1		
		C 002B2	Cell	0	0	0	0	40	0		
		C 002C1	Cell	0	0	0	0	44	0		
		C 002C2	Cell	0	0	0	0	44	0		
	003	C 003A1	Cell	0	0	0	0	44	0		
		C 003A2	Cell	0	0	0	0	44	0		
		C 003B1	Cell	0	0	0	0	40	0		
		C 003B2	Cell	0	0	0	0	38	2		

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAC-Facility C	003	C 003C1	Cell	0	0	0	0	43	1	
		C 003C2	Cell	0	0	0	0	44	0	
	004	C 004A1	Cell	0	0	0	0	43	1	
		C 004A2	Cell	0	0	0	0	41	3	
		C 004B1	Cell	0	0	0	0	39	1	
		C 004B2	Cell	0	0	0	0	39	1	
		C 004C1	Cell	0	0	0	0	42	2	
		C 004C2	Cell	0	0	0	0	43	1	
CAC-Facility C Total				0	0	0	0	1005	19	
Grand Total				0	0	0	0	2143	325	

California City Correctional Facility Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CAC-Facility A	001	A 001C1	Cell	0	0	0	0	27	5	
		A 001C2	Cell	0	0	0	0	36	6	
CAC-Facility A Total				0	0	0	0	63	11	
Grand Total				0	0	0	0	63	11	

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DVI - Deuel Vocational Institution Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
DVI-MSF	004	M 004 1	Dorm	108	108	0	216	86	130	80%
DVI-MSF Total				108	108	0	216	86	130	80%
Grand Total				108	108	0	216	86	130	80%

DVI - Deuel Vocational Institution Male Only II GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
DVI-Facility A	C Wing	A C 1	Cell	40	40	0	80	69	11	173%
		A C 2	Cell	46	46	0	92	84	8	183%
		A C 3	Cell	46	46	0	92	77	15	167%
	L Wing	A L 2	Cell	48	48	0	96	40	56	83%
		A L 3	Cell	48	50	0	98	70	28	146%
	West Hall	A WH 1	Cell	39	39	0	78	59	19	151%
		A WH 2	Cell	55	55	0	110	21	89	38%
A WH 3		Cell	55	55	0	110	0	110	0%	
DVI-Facility A Total				377	379	0	756	420	336	111%
Grand Total				377	379	0	756	420	336	111%

DVI - Deuel Vocational Institution Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
DVI-Facility A	D Wing	A D 1	Cell	40	40	0	80	74	6	185%
		A D 2	Cell	46	46	0	92	85	6	185%
		A D 3	Cell	46	46	0	92	86	6	187%
	F Wing	A F 1	Cell	40	40	0	80	66	12	165%
		A F 2	Cell	46	46	0	92	77	15	167%
		A F 3	Cell	46	46	0	92	74	18	161%
	J Wing	A J 1	Cell	39	39	0	78	67	11	172%
		A J 2	Cell	46	46	0	92	85	7	185%
		A J 3	Cell	45	45	0	90	82	8	182%
DVI-Facility A Total				394	394	0	788	696	89	177%
Grand Total				394	394	0	788	696	89	177%

DVI - Deuel Vocational Institution Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
DVI-Facility A	K Wing	A K 1	Cell	47	0	0	47	30	17	64%
		A K 2	Cell	48	0	0	48	40	8	83%
		A K 3	Cell	48	0	0	48	37	11	77%
	L Wing	A L 1	Cell	49	47	0	96	6	87	12%
DVI-Facility A Total				192	47	0	239	113	123	59%
Grand Total				192	47	0	239	113	123	59%

DVI - Deuel Vocational Institution Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
DVI-Central Service	INF	S INF 2	Cell	0	0	28	28	19	8	
DVI-Central Service Total				0	0	28	28	19	8	
Grand Total				0	0	28	28	19	8	

DVI - Deuel Vocational Institution Male Only NA RC

Facility Name	Housing Area	Facility Building	Type of	Design Bed	Overcrowd Bed Count	Medical Bed	Total Capacity	Occupied Count	Empty Bed	O/C %
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	Name	ID	Bed	Count		Count			Count	
DVI-Facility A	E Wing	A E 1	Cell	40	40	0	80	64	15	160%
		A E 2	Cell	46	46	0	92	78	14	170%
		A E 3	Cell	46	46	0	92	57	34	124%
	East Hall	A EH 1	Cell	40	40	0	80	58	21	145%
		A EH 2	Cell	55	55	0	110	79	31	144%
		A EH 3	Cell	55	55	0	110	25	85	45%
	G Wing	A G 1	Cell	40	40	0	80	59	21	148%
		A G 2	Cell	46	46	0	92	5	87	11%
		A G 3	Cell	46	46	0	92	0	92	0%
	H Wing	A H 1	Cell	40	40	0	80	0	80	0%
		A H 2	Cell	46	46	0	92	0	92	0%
		A H 3	Cell	46	46	0	92	0	92	0%
DVI-Facility A Total				546	546	0	1092	425	664	78%
Grand Total				546	546	0	1092	425	664	78%

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FOL - Folsom State Prison Female Only NA GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
FOL-Facility B	FWF-B	B 001A1	Dorm	93	29	0	122	56	66	60%
		B 001A2	Dorm	107	19	0	126	66	60	62%
		B 001B1	Dorm	99	40	0	139	61	78	62%
		B 001B2	Dorm	104	39	0	143	63	80	61%
FOL-Facility B Total				403	127	0	530	246	284	61%
Grand Total				403	127	0	530	246	284	61%

FOL - Folsom State Prison Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
FOL-MSF	FIR	M FIR 1	Dorm	15	0	0	15	9	6	60%
FOL-MSF Total				15	0	0	15	9	6	60%
Grand Total				15	0	0	15	9	6	60%

FOL - Folsom State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
FOL-MSF	001	M 001 1	Dorm	18	3	0	21	13	8	72%
	002	M 002 1	Dorm	18	3	0	21	14	7	78%
	003	M 003 1	Dorm	18	3	0	21	14	7	78%
	004	M 004 1	Dorm	18	3	0	21	14	7	78%
	005	M 005 1	Dorm	18	3	0	21	11	10	61%
	006	M 006 1	Dorm	18	3	0	21	0	21	0%
	007	M 007 1	Dorm	27	27	0	54	18	36	67%
	008	M 008 1	Dorm	27	27	0	54	15	39	56%
	009	M 009 1	Dorm	34	34	0	68	18	50	53%
	010	M 010 1	Dorm	27	27	0	54	18	36	67%
	011	M 011 1	Dorm	27	27	0	54	24	30	89%
FOL-MSF Total				250	160	0	410	159	251	64%
Grand Total				250	160	0	410	159	251	64%

FOL - Folsom State Prison Male Only II GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
FOL-Facility A	001	A 001A1	Cell	32	32	0	64	51	10	159%
		A 001A2	Cell	32	32	0	64	57	6	178%
		A 001A3	Cell	32	32	0	64	53	9	166%
		A 001A4	Cell	32	32	0	64	51	13	159%
		A 001A5	Cell	32	32	0	64	37	27	116%
		A 001B1	Cell	31	31	0	62	51	9	165%
		A 001B2	Cell	32	32	0	64	57	7	178%
		A 001B3	Cell	32	32	0	64	53	10	166%
		A 001B4	Cell	31	31	0	62	52	10	168%
		A 001B5	Cell	31	31	0	62	37	24	119%
		A 001C1	Cell	32	32	0	64	32	32	100%
		A 001C2	Cell	31	31	0	62	59	3	190%
		A 001C3	Cell	31	31	0	62	45	17	145%
		A 001C4	Cell	32	32	0	64	46	17	144%
		A 001C5	Cell	32	32	0	64	37	26	116%
		A 001D1	Cell	30	30	0	60	52	7	173%
		A 001D2	Cell	32	32	0	64	56	7	175%
		A 001D3	Cell	32	32	0	64	56	7	175%

Generated by :
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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
FOL-Facility A	001	A 001D4	Cell	32	32	0	64	43	21	134%
		A 001D5	Cell	32	32	0	64	38	26	119%
	003	A 003A1	Cell	39	39	0	78	64	13	164%
		A 003A2	Cell	40	40	0	80	65	13	163%
		A 003A3	Cell	40	40	0	80	72	6	180%
		A 003A4	Cell	40	40	0	80	72	8	180%
		A 003A5	Cell	40	40	0	80	67	13	168%
		A 003B1	Cell	40	40	0	80	66	14	165%
		A 003B2	Cell	40	40	0	80	18	62	45%
		A 003B3	Cell	40	40	0	80	37	42	93%
		A 003B4	Cell	40	40	0	80	70	10	175%
		A 003B5	Cell	40	40	0	80	69	11	173%
	005	A 005A1	Cell	39	39	0	78	69	9	177%
		A 005A2	Cell	41	41	0	82	58	24	141%
		A 005B1	Cell	39	39	0	78	63	14	162%
		A 005B2	Cell	41	41	0	82	67	15	163%
		A 005C1	Cell	39	39	0	78	62	15	159%
		A 005C2	Cell	41	41	0	82	77	5	188%
		A 005D1	Cell	40	40	0	80	56	24	140%
A 005D2	Cell	41	41	0	82	67	15	163%		
FOL-Facility A Total				1353	1353	0	2706	2082	601	154%
Grand Total				1353	1353	0	2706	2082	601	154%

FOL - Folsom State Prison Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
FOL-Facility A	002	A 002A1	Cell	32	30	0	62	49	11	153%
		A 002A2	Cell	30	30	0	60	48	11	160%
		A 002A3	Cell	31	31	0	62	59	3	190%
		A 002A4	Cell	31	31	0	62	54	8	174%
		A 002A5	Cell	31	31	0	62	55	7	177%
		A 002B1	Cell	31	31	0	62	52	10	168%
		A 002B2	Cell	31	31	0	62	41	21	132%
		A 002B3	Cell	31	31	0	62	55	7	177%
		A 002B4	Cell	31	31	0	62	54	8	174%
		A 002B5	Cell	31	31	0	62	57	4	184%
FOL-Facility A Total				310	308	0	618	524	90	169%
Grand Total				310	308	0	618	524	90	169%

FOL - Folsom State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
FOL-Facility A	004	A 004A1	Cell	23	0	0	23	19	4	83%
		A 004A2	Cell	23	0	0	23	23	0	100%
		A 004A3	Cell	23	0	0	23	23	0	100%
		A 004B1	Cell	23	0	0	23	19	4	83%
		A 004B2	Cell	23	0	0	23	1	22	4%
		A 004B3	Cell	23	0	0	23	23	0	100%
FOL-Facility A Total				138	0	0	138	108	30	78%
Grand Total				138	0	0	138	108	30	78%

Generated by :
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HDSP - High Desert State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
HDSP-MSF	001	M 001 1	Dorm	100	100	0	200	44	156	44%
	002	M 002 1	Dorm	100	100	0	200	48	152	48%
HDSP-MSF Total				200	200	0	400	92	308	46%
Grand Total				200	200	0	400	92	308	46%

HDSP - High Desert State Prison Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
HDSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	88	8	176%
		A 001 2	270 Cell	50	50	0	100	96	3	192%
	002	A 002 1	270 Cell	50	50	0	100	87	7	174%
		A 002 2	270 Cell	50	50	0	100	88	8	176%
	003	A 003 1	270 Cell	50	50	0	100	91	6	182%
		A 003 2	270 Cell	50	50	0	100	88	11	176%
	004	A 004 1	270 Cell	50	50	0	100	88	9	176%
		A 004 2	270 Cell	50	50	0	100	92	4	184%
	005	A 005 1	270 Cell	50	50	0	100	60	20	120%
		A 005 2	270 Cell	50	50	0	100	78	19	156%
HDSP-Facility A Total				500	500	0	1000	856	95	171%
Grand Total				500	500	0	1000	856	95	171%

HDSP - High Desert State Prison Male Only IV GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
HDSP-Facility C	001	C 001 1	180 Cell	32	32	0	64	44	17	138%
		C 001 2	180 Cell	32	32	0	64	38	21	119%
	002	C 002 1	180 Cell	32	32	0	64	55	4	172%
		C 002 2	180 Cell	32	32	0	64	55	4	172%
	003	C 003 1	180 Cell	32	32	0	64	56	4	175%
		C 003 2	180 Cell	32	32	0	64	54	6	169%
	004	C 004 1	180 Cell	32	32	0	64	54	7	169%
		C 004 2	180 Cell	32	32	0	64	58	6	181%
	005	C 005 1	180 Cell	32	32	0	64	52	9	163%
		C 005 2	180 Cell	32	32	0	64	56	6	175%
	006	C 006 1	180 Cell	32	32	0	64	53	7	166%
		C 006 2	180 Cell	32	32	0	64	56	6	175%
	007	C 007 1	180 Cell	32	32	0	64	51	13	159%
		C 007 2	180 Cell	32	32	0	64	58	3	181%
	008	C 008 1	180 Cell	32	32	0	64	53	11	166%
		C 008 2	180 Cell	32	32	0	64	52	11	163%
HDSP-Facility C Total				512	512	0	1024	845	135	165%
HDSP-Facility D	001	D 001 1	180 Cell	32	32	0	64	57	4	178%
		D 001 2	180 Cell	32	32	0	64	57	7	178%
	002	D 002 1	180 Cell	32	32	0	64	62	2	194%
		D 002 2	180 Cell	32	32	0	64	56	6	175%
	003	D 003 1	180 Cell	32	32	0	64	57	6	178%
		D 003 2	180 Cell	32	32	0	64	61	3	191%
	004	D 004 1	180 Cell	32	32	0	64	59	3	184%
		D 004 2	180 Cell	32	32	0	64	55	8	172%
	005	D 005 1	180 Cell	32	32	0	64	56	6	175%
		D 005 2	180 Cell	32	32	0	64	55	9	172%
	006	D 006 1	180 Cell	32	32	0	64	55	8	172%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
HDSP-Facility D	006	D 006 2	180 Cell	32	32	0	64	53	8	166%
	007	D 007 1	180 Cell	32	32	0	64	50	8	156%
		D 007 2	180 Cell	32	32	0	64	52	6	163%
	008	D 008 1	180 Cell	32	32	0	64	25	35	78%
		D 008 2	180 Cell	32	32	0	64	22	42	69%
HDSP-Facility D Total				512	512	0	1024	832	161	163%
Grand Total				1024	1024	0	2048	1677	296	164%

HDSP - High Desert State Prison Male Only IV SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
HDSP-Facility B	001	B 001 1	270 Cell	50	50	0	100	93	1	186%	
		B 001 2	270 Cell	50	50	0	100	94	0	188%	
	002	B 002 1	270 Cell	50	50	0	100	65	25	130%	
		B 002 2	270 Cell	50	50	0	100	50	47	100%	
	003	B 003 1	270 Cell	50	50	0	100	86	8	172%	
		B 003 2	270 Cell	50	50	0	100	89	6	178%	
	004	B 004 1	270 Cell	50	50	0	100	90	2	180%	
		B 004 2	270 Cell	50	50	0	100	89	3	178%	
	005	B 005 1	270 Cell	50	50	0	100	83	8	166%	
		B 005 2	270 Cell	50	50	0	100	83	12	166%	
	HDSP-Facility B Total				500	500	0	1000	822	112	164%
	Grand Total				500	500	0	1000	822	112	164%

HDSP - High Desert State Prison Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
HDSP-Central Service	INF	S INF 1	Cell	0	0	20	20	14	4	
HDSP-Central Service Total				0	0	20	20	14	4	
Grand Total				0	0	20	20	14	4	

HDSP - High Desert State Prison Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
HDSP-Central Service	INF	S INF 1	Cell	0	0	10	10	6	4	
HDSP-Central Service Total				0	0	10	10	6	4	
Grand Total				0	0	10	10	6	4	

HDSP - High Desert State Prison Male Only NA SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
HDSP-STRH	001	Z 001 1	Cell	100	100	0	200	106	71	106%
HDSP-STRH Total				100	100	0	200	106	71	106%
Grand Total				100	100	0	200	106	71	106%

Generated by :
MYRA.PONCE

ISP - Ironwood State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ISP-MSF	001	M 001 1	Dorm	100	100	0	200	50	150	50%
	002	M 002 1	Dorm	100	100	0	200	50	150	50%
ISP-MSF Total				200	200	0	400	100	300	50%
Grand Total				200	200	0	400	100	300	50%

ISP - Ironwood State Prison Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ISP-Facility A	003	A 003 1	270 Cell	50	50	0	100	86	12	172%
		A 003 2	270 Cell	50	50	0	100	97	3	194%
	004	A 004 1	270 Cell	50	50	0	100	90	10	180%
		A 004 2	270 Cell	50	50	0	100	96	4	192%
	005	A 005 1	270 Cell	50	50	0	100	52	48	104%
		A 005 2	270 Cell	50	50	0	100	96	4	192%
ISP-Facility A Total				300	300	0	600	517	81	172%
Grand Total				300	300	0	600	517	81	172%

ISP - Ironwood State Prison Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ISP-Facility C	001	C 001 1	270 Cell	2	3	0	5	0	0	0%
	002	C 002 1	270 Cell	50	50	0	100	76	24	152%
		C 002 2	270 Cell	50	50	0	100	83	17	166%
	003	C 003 1	270 Cell	50	50	0	100	74	23	148%
		C 003 2	270 Cell	50	50	0	100	91	7	182%
	004	C 004 1	270 Cell	50	50	0	100	92	7	184%
		C 004 2	270 Cell	50	50	0	100	99	0	198%
	005	C 005 1	270 Cell	50	50	0	100	94	6	188%
		C 005 2	270 Cell	50	50	0	100	90	8	180%
	ISP-Facility C Total				402	403	0	805	699	92
ISP-Facility D	001	D 001 1	270 Cell	50	50	0	100	86	14	172%
		D 001 2	270 Cell	50	50	0	100	80	20	160%
	002	D 002 1	270 Cell	50	50	0	100	86	13	172%
		D 002 2	270 Cell	50	50	0	100	83	16	166%
	003	D 003 1	270 Cell	50	50	0	100	80	20	160%
		D 003 2	270 Cell	50	50	0	100	92	7	184%
	004	D 004 1	270 Cell	50	50	0	100	83	17	166%
		D 004 2	270 Cell	50	50	0	100	84	15	168%
ISP-Facility D Total				400	400	0	800	674	122	169%
Grand Total				802	803	0	1605	1373	214	171%

ISP - Ironwood State Prison Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ISP-Facility A	001	A 001 1	270 Cell	50	50	0	100	95	5	190%
		A 001 2	270 Cell	50	50	0	100	93	6	186%
	002	A 002 1	270 Cell	50	50	0	100	96	2	192%
		A 002 2	270 Cell	50	50	0	100	96	2	192%
ISP-Facility A Total				200	200	0	400	380	15	190%
ISP-Facility B	001	B 001 1	270 Cell	50	50	0	100	94	4	188%
		B 001 2	270 Cell	50	50	0	100	88	10	176%
	002	B 002 1	270 Cell	50	50	0	100	89	8	178%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ISP-Facility B	002	B 002 2	270 Cell	50	50	0	100	95	5	190%
	003	B 003 1	270 Cell	50	50	0	100	74	25	148%
		B 003 2	270 Cell	50	50	0	100	96	4	192%
	004	B 004 1	270 Cell	50	50	0	100	88	11	176%
		B 004 2	270 Cell	50	50	0	100	88	12	176%
	005	B 005 1	270 Cell	50	50	0	100	55	45	110%
B 005 2		270 Cell	50	50	0	100	87	12	174%	
ISP-Facility B Total				500	500	0	1000	854	136	171%
Grand Total				700	700	0	1400	1234	151	176%

ISP - Ironwood State Prison Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ISP-Central Service	INF	S INF 1	Cell	0	0	14	14	11	3	
ISP-Central Service Total				0	0	14	14	11	3	
Grand Total				0	0	14	14	11	3	

Generated by :
MYRA.PONCE

KVSP - Kern Valley State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
KVSP-MSF	001	M 001 1	Dorm	100	100	0	200	70	128	70%
	002	M 002 1	Dorm	100	100	0	200	68	132	68%
KVSP-MSF Total				200	200	0	400	138	260	69%
Grand Total				200	200	0	400	138	260	69%

KVSP - Kern Valley State Prison Male Only IV EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
KVSP-Facility C	008	C 008 1	180 Cell	32	32	0	64	51	2	159%
		C 008 2	180 Cell	32	32	0	64	50	2	156%
KVSP-Facility C Total				64	64	0	128	101	4	158%
Grand Total				64	64	0	128	101	4	158%

KVSP - Kern Valley State Prison Male Only IV GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
KVSP-Facility A	001	A 001 1	180 Cell	32	32	0	64	44	14	138%
		A 001 2	180 Cell	32	32	0	64	53	9	166%
	002	A 002 1	180 Cell	32	32	0	64	58	4	181%
		A 002 2	180 Cell	32	32	0	64	60	2	188%
	003	A 003 1	180 Cell	32	32	0	64	60	1	188%
		A 003 2	180 Cell	32	32	0	64	64	0	200%
	004	A 004 1	180 Cell	32	32	0	64	56	0	175%
		A 004 2	180 Cell	32	32	0	64	61	1	191%
	005	A 005 1	180 Cell	32	32	0	64	63	1	197%
		A 005 2	180 Cell	32	32	0	64	61	2	191%
	006	A 006 1	180 Cell	32	32	0	64	58	4	181%
		A 006 2	180 Cell	32	32	0	64	60	1	188%
	007	A 007 1	180 Cell	32	32	0	64	59	3	184%
		A 007 2	180 Cell	32	32	0	64	59	2	184%
	008	A 008 1	180 Cell	32	32	0	64	57	4	178%
		A 008 2	180 Cell	32	32	0	64	60	1	188%
KVSP-Facility A Total				512	512	0	1024	933	49	182%
KVSP-Facility B	001	B 001 1	180 Cell	32	32	0	64	28	29	88%
		B 001 2	180 Cell	32	32	0	64	30	28	94%
	002	B 002 1	180 Cell	32	32	0	64	62	2	194%
		B 002 2	180 Cell	32	32	0	64	56	7	175%
	003	B 003 1	180 Cell	32	32	0	64	53	9	166%
		B 003 2	180 Cell	32	32	0	64	61	2	191%
	004	B 004 1	180 Cell	32	32	0	64	63	1	197%
		B 004 2	180 Cell	32	32	0	64	61	2	191%
	005	B 005 1	180 Cell	32	32	0	64	60	1	188%
		B 005 2	180 Cell	32	32	0	64	61	2	191%
	006	B 006 1	180 Cell	32	32	0	64	61	1	191%
		B 006 2	180 Cell	32	32	0	64	59	5	184%
	007	B 007 1	180 Cell	32	32	0	64	55	5	172%
		B 007 2	180 Cell	32	32	0	64	55	6	172%
	008	B 008 1	180 Cell	32	32	0	64	54	6	169%
		B 008 2	180 Cell	32	32	0	64	59	4	184%
KVSP-Facility B Total				512	512	0	1024	878	110	171%
Grand Total				1024	1024	0	2048	1811	159	177%

KVSP - Kern Valley State Prison Male Only IV SNY

Generated by :
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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
KVSP-Facility C	001	C 001 1	180 Cell	32	32	0	64	47	11	147%
		C 001 2	180 Cell	32	32	0	64	50	8	156%
	002	C 002 1	180 Cell	32	32	0	64	53	7	166%
		C 002 2	180 Cell	32	32	0	64	51	4	159%
	003	C 003 1	180 Cell	32	32	0	64	47	11	147%
		C 003 2	180 Cell	32	32	0	64	53	7	166%
	004	C 004 1	180 Cell	32	32	0	64	36	25	113%
		C 004 2	180 Cell	32	32	0	64	54	7	169%
	005	C 005 1	180 Cell	32	32	0	64	52	1	163%
		C 005 2	180 Cell	32	32	0	64	58	1	181%
	006	C 006 1	180 Cell	32	32	0	64	50	7	156%
		C 006 2	180 Cell	32	32	0	64	57	2	178%
	007	C 007 1	180 Cell	32	32	0	64	48	5	150%
		C 007 2	180 Cell	32	32	0	64	50	2	156%
KVSP-Facility C Total				448	448	0	896	706	98	158%
KVSP-Facility D	001	D 001 1	180 Cell	32	32	0	64	43	12	134%
		D 001 2	180 Cell	32	32	0	64	50	10	156%
	002	D 002 1	180 Cell	32	32	0	64	48	9	150%
		D 002 2	180 Cell	32	32	0	64	51	9	159%
	003	D 003 1	180 Cell	32	32	0	64	50	6	156%
		D 003 2	180 Cell	32	32	0	64	51	7	159%
	004	D 004 1	180 Cell	32	32	0	64	41	11	128%
		D 004 2	180 Cell	32	32	0	64	58	3	181%
	005	D 005 1	180 Cell	32	32	0	64	39	16	122%
		D 005 2	180 Cell	32	32	0	64	38	22	119%
	006	D 006 1	180 Cell	32	32	0	64	37	21	116%
		D 006 2	180 Cell	32	32	0	64	41	19	128%
	007	D 007 1	180 Cell	32	32	0	64	32	27	100%
		D 007 2	180 Cell	32	32	0	64	36	27	113%
	008	D 008 1	180 Cell	32	32	0	64	40	18	125%
		D 008 2	180 Cell	32	32	0	64	45	14	141%
KVSP-Facility D Total				512	512	0	1024	700	231	137%
Grand Total				960	960	0	1920	1406	329	146%

KVSP - Kern Valley State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
KVSP-Facility Z02	001	Z02001A1	Cell	12	12	0	24	11	9	92%
		Z02001B1	Cell	12	12	0	24	16	6	133%
		Z02001C1	Cell	12	12	0	24	17	3	142%
		Z02001D1	Cell	12	12	0	24	16	5	133%
		Z02001E1	Cell	12	12	0	24	15	6	125%
		Z02001F1	Cell	14	14	0	28	13	11	93%
		Z02001G1	Cell	14	14	0	28	18	6	129%
		Z02001H1	Cell	12	12	0	24	11	8	92%
KVSP-Facility Z02 Total				100	100	0	200	117	54	117%
Grand Total				100	100	0	200	117	54	117%

KVSP - Kern Valley State Prison Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
KVSP-Central Service	INF	S INF 1	Cell	0	0	10	10	10	0	
KVSP-Central Service Total				0	0	10	10	10	0	

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
Grand Total				0	0	10	10	10	0	

KVSP - Kern Valley State Prison Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
KVSP-Central Service	INF	S INF 1	Cell	0	0	12	12	5	7	
KVSP-Central Service Total				0	0	12	12	5	7	
Grand Total				0	0	12	12	5	7	

KVSP - Kern Valley State Prison Male Only NA SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
KVSP-Facility Z01 - STRH	001	Z01001A1	Cell	12	12	0	24	9	13	75%
		Z01001B1	Cell	12	12	0	24	11	7	92%
		Z01001C1	Cell	12	12	0	24	13	6	108%
		Z01001D1	Cell	12	12	0	24	13	7	108%
		Z01001E1	Cell	12	12	0	24	19	4	158%
		Z01001F1	Cell	14	14	0	28	19	8	136%
		Z01001G1	Cell	14	14	0	28	15	9	107%
		Z01001H1	Cell	12	12	0	24	11	11	92%
KVSP-Facility Z01 - STRH Total				100	100	0	200	110	65	110%
Grand Total				100	100	0	200	110	65	110%

Generated by :
MYRA.PONCE

LAC - California State Prison, Los Angeles County Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
LAC-MSF	001	M 001 1	Dorm	100	100	0	200	33	62	33%
	002	M 002 1	Dorm	100	100	0	200	37	59	37%
LAC-MSF Total				200	200	0	400	70	121	35%
Grand Total				200	200	0	400	70	121	35%

LAC - California State Prison, Los Angeles County Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
LAC-Facility A	001	A 001 1	270 Cell	50	50	0	100	71	26	142%
		A 001 2	270 Cell	50	50	0	100	85	14	170%
	002	A 002 1	270 Cell	50	50	0	100	86	11	172%
		A 002 2	270 Cell	50	50	0	100	94	6	188%
	003	A 003 1	270 Cell	50	50	0	100	73	22	146%
		A 003 2	270 Cell	50	50	0	100	90	9	180%
	004	A 004 1	270 Cell	50	50	0	100	65	29	130%
		A 004 2	270 Cell	50	50	0	100	85	15	170%
	005	A 005 1	270 Cell	50	50	0	100	80	17	160%
		A 005 2	270 Cell	50	50	0	100	83	17	166%
LAC-Facility A Total				500	500	0	1000	812	166	162%
Grand Total				500	500	0	1000	812	166	162%

LAC - California State Prison, Los Angeles County Male Only IV EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
LAC-Facility D	001	D 001 1	270 Cell	50	50	0	100	61	22	122%
		D 001 2	270 Cell	50	50	0	100	62	22	124%
	002	D 002 1	270 Cell	50	50	0	100	63	28	126%
		D 002 2	270 Cell	50	50	0	100	63	17	126%
	003	D 003 1	270 Cell	50	50	0	100	72	22	144%
		D 003 2	270 Cell	50	50	0	100	68	22	136%
	004	D 004 1	270 Cell	50	50	0	100	74	20	148%
		D 004 2	270 Cell	50	50	0	100	68	22	136%
LAC-Facility D Total				400	400	0	800	531	175	133%
Grand Total				400	400	0	800	531	175	133%

LAC - California State Prison, Los Angeles County Male Only IV GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
LAC-Facility B	001	B 001 1	270 Cell	50	50	0	100	70	23	140%
		B 001 2	270 Cell	50	50	0	100	91	7	182%
	002	B 002 1	270 Cell	50	50	0	100	69	21	138%
		B 002 2	270 Cell	50	50	0	100	91	6	182%
	003	B 003 1	270 Cell	50	50	0	100	95	2	190%
		B 003 2	270 Cell	50	50	0	100	95	2	190%
	004	B 004 1	270 Cell	50	50	0	100	87	7	174%
		B 004 2	270 Cell	50	50	0	100	93	5	186%
	005	B 005 1	270 Cell	50	50	0	100	92	2	184%
		B 005 2	270 Cell	50	50	0	100	91	6	182%
LAC-Facility B Total				500	500	0	1000	874	81	175%
Grand Total				500	500	0	1000	874	81	175%

LAC - California State Prison, Los Angeles County Male Only IV SNY

Facility Name	Housing	Facility	Type of	Design	Overcrowd	Medical	Total	Occupied	Empty	O/C
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Generated by :
MYRA.PONCE

	Area Name	Building ID	Bed	Bed Count	Bed Count	Bed Count	Capacity	Count	Bed Count	%
LAC-Facility C	001	C 001 1	270 Cell	50	50	0	100	66	23	132%
		C 001 2	270 Cell	50	50	0	100	78	18	156%
	002	C 002 1	270 Cell	50	50	0	100	62	27	124%
		C 002 2	270 Cell	50	50	0	100	61	32	122%
	003	C 003 1	270 Cell	50	50	0	100	43	53	86%
		C 003 2	270 Cell	50	50	0	100	51	44	102%
	004	C 004 1	270 Cell	50	50	0	100	63	24	126%
		C 004 2	270 Cell	50	50	0	100	77	18	154%
	005	C 005 1	270 Cell	50	50	0	100	41	54	82%
		C 005 2	270 Cell	50	50	0	100	59	38	118%
LAC-Facility C Total				500	500	0	1000	601	331	120%
Grand Total				500	500	0	1000	601	331	120%

LAC - California State Prison, Los Angeles County Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
LAC-Facility D	005	D 005 1	270 Cell	50	50	0	100	54	29	108%
		D 005 2	270 Cell	50	50	0	100	61	29	122%
LAC-Facility D Total				100	100	0	200	115	58	115%
Grand Total				100	100	0	200	115	58	115%

LAC - California State Prison, Los Angeles County Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
LAC-Central Service	INF	S INF 1	Cell	0	0	4	4	3	1	
LAC-Central Service Total				0	0	4	4	3	1	
Grand Total				0	0	4	4	3	1	

LAC - California State Prison, Los Angeles County Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
LAC-Central Service	INF	S INF 1	Cell	0	0	12	12	12	0	
LAC-Central Service Total				0	0	12	12	12	0	
Grand Total				0	0	12	12	12	0	

LAC - California State Prison, Los Angeles County Male Only NA SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
LAC-STRH	001	Z 001 1	Cell	100	100	0	200	120	57	120%
LAC-STRH Total				100	100	0	200	120	57	120%
Grand Total				100	100	0	200	120	57	120%

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MCSP - Mule Creek State Prison Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-MSF	FIR	M FIR 1	Dorm	8	0	0	8	6	2	75%
MCSP-MSF Total				8	0	0	8	6	2	75%
Grand Total				8	0	0	8	6	2	75%

MCSP - Mule Creek State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-MSF	001	M 001A1	Dorm	12	12	0	24	8	16	67%
		M 001B1	Dorm	12	12	0	24	8	16	67%
		M 001C1	Dorm	12	12	0	24	8	16	67%
		M 001D1	Dorm	12	12	0	24	8	16	67%
		M 001E1	Dorm	12	12	0	24	8	16	67%
		M 001F1	Dorm	12	12	0	24	8	16	67%
		M 001G1	Dorm	12	12	0	24	8	16	67%
		M 001H1	Dorm	12	12	0	24	8	16	67%
	002	M 002A1	Dorm	12	12	0	24	9	15	75%
		M 002B1	Dorm	12	12	0	24	8	16	67%
		M 002C1	Dorm	12	12	0	24	9	15	75%
		M 002D1	Dorm	12	12	0	24	9	15	75%
		M 002E1	Dorm	12	12	0	24	0	24	0%
		M 002F1	Dorm	12	12	0	24	7	17	58%
		M 002G1	Dorm	12	12	0	24	7	17	58%
		M 002H1	Dorm	12	12	0	24	5	19	42%
MCSP-MSF Total				192	192	0	384	118	266	61%
Grand Total				192	192	0	384	118	266	61%

MCSP - Mule Creek State Prison Male Only II EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Facility D	018A	D 018A1	Dorm	30	0	0	30	24	6	80%
		D 018A2	Dorm	36	0	0	36	30	6	83%
	018B	D 018B1	Dorm	30	0	0	30	25	5	83%
		D 018B2	Dorm	36	0	0	36	34	2	94%
	018C	D 018C1	Dorm	30	0	0	30	24	6	80%
		D 018C2	Dorm	36	0	0	36	30	6	83%
	018D	D 018D1	Dorm	30	0	0	30	28	2	93%
		D 018D2	Dorm	36	0	0	36	35	1	97%
MCSP-Facility D Total				264	0	0	264	230	34	87%
Grand Total				264	0	0	264	230	34	87%

MCSP - Mule Creek State Prison Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Facility D	016A	D 016A1	Dorm	30	0	0	30	30	0	100%
		D 016A2	Dorm	36	0	0	36	35	1	97%
	016B	D 016B1	Dorm	30	0	0	30	30	0	100%
		D 016B2	Dorm	36	0	0	36	36	0	100%
	016C	D 016C1	Dorm	30	0	0	30	30	0	100%
		D 016C2	Dorm	36	0	0	36	35	1	97%
	016D	D 016D1	Dorm	30	0	0	30	29	1	97%
		D 016D2	Dorm	36	0	0	36	36	0	100%
	017A	D 017A1	Dorm	30	0	0	30	30	0	100%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Facility D	017A	D 017A2	Dorm	36	0	0	36	36	0	100%
	017B	D 017B1	Dorm	30	0	0	30	30	0	100%
		D 017B2	Dorm	36	0	0	36	36	0	100%
	017C	D 017C1	Dorm	30	0	0	30	30	0	100%
		D 017C2	Dorm	36	0	0	36	36	0	100%
	017D	D 017D1	Dorm	30	0	0	30	28	2	93%
D 017D2		Dorm	36	0	0	36	36	0	100%	
MCSP-Facility D Total				528	0	0	528	523	5	99%
MCSP-Facility E	019A	E 019A1	Dorm	30	0	0	30	29	1	97%
		E 019A2	Dorm	36	0	0	36	36	0	100%
	019B	E 019B1	Dorm	30	0	0	30	30	0	100%
		E 019B2	Dorm	36	0	0	36	36	0	100%
	019C	E 019C1	Dorm	30	0	0	30	30	0	100%
		E 019C2	Dorm	36	0	0	36	35	1	97%
	019D	E 019D1	Dorm	30	0	0	30	29	1	97%
		E 019D2	Dorm	36	0	0	36	35	1	97%
	020A	E 020A1	Dorm	30	0	0	30	30	0	100%
		E 020A2	Dorm	36	0	0	36	36	0	100%
	020B	E 020B1	Dorm	30	0	0	30	30	0	100%
		E 020B2	Dorm	36	0	0	36	36	0	100%
	020C	E 020C1	Dorm	30	0	0	30	29	1	97%
		E 020C2	Dorm	36	0	0	36	35	0	97%
	020D	E 020D1	Dorm	30	0	0	30	30	0	100%
		E 020D2	Dorm	36	0	0	36	36	0	100%
	021A	E 021A1	Dorm	30	0	0	30	30	0	100%
		E 021A2	Dorm	36	0	0	36	36	0	100%
	021B	E 021B1	Dorm	30	0	0	30	30	0	100%
		E 021B2	Dorm	36	0	0	36	35	1	97%
	021C	E 021C1	Dorm	30	0	0	30	30	0	100%
		E 021C2	Dorm	36	0	0	36	35	1	97%
	021D	E 021D1	Dorm	30	0	0	30	30	0	100%
		E 021D2	Dorm	36	0	0	36	35	1	97%
MCSP-Facility E Total				792	0	0	792	783	8	99%
Grand Total				1320	0	0	1320	1306	13	99%

MCSP - Mule Creek State Prison Male Only III EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Facility B	006	B 006 1	270 Cell	50	50	0	100	64	19	128%
		B 006 2	270 Cell	50	50	0	100	84	7	168%
	007	B 007 1	270 Cell	50	50	0	100	65	30	130%
		B 007 2	270 Cell	50	50	0	100	82	9	164%
MCSP-Facility B Total				200	200	0	400	295	65	148%
Grand Total				200	200	0	400	295	65	148%

MCSP - Mule Creek State Prison Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Facility B	008	B 008 1	270 Cell	50	50	0	100	67	31	134%
		B 008 2	270 Cell	50	50	0	100	76	20	152%
	009	B 009 1	270 Cell	50	50	0	100	94	4	188%
		B 009 2	270 Cell	50	50	0	100	95	1	190%
	010	B 010 1	270 Cell	50	50	0	100	86	9	172%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Facility B	010	B 010 2	270 Cell	50	50	0	100	89	4	178%
MCSP-Facility B Total				300	300	0	600	507	69	169%
MCSP-Facility C	011	C 011 1	270 Cell	50	50	0	100	92	8	184%
		C 011 2	270 Cell	50	50	0	100	80	10	160%
	013	C 013 1	270 Cell	50	50	0	100	70	22	140%
		C 013 2	270 Cell	50	50	0	100	85	10	170%
	014	C 014 1	270 Cell	50	50	0	100	82	14	164%
		C 014 2	270 Cell	50	50	0	100	89	10	178%
	015	C 015 1	270 Cell	50	50	0	100	78	21	156%
		C 015 2	270 Cell	50	50	0	100	86	10	172%
MCSP-Facility C Total				400	400	0	800	662	105	166%
Grand Total				700	700	0	1400	1169	174	167%

MCSP - Mule Creek State Prison Male Only IV EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Facility A	005	A 005 1	270 Cell	50	50	0	100	73	15	146%
		A 005 2	270 Cell	50	50	0	100	74	9	148%
MCSP-Facility A Total				100	100	0	200	147	24	147%
Grand Total				100	100	0	200	147	24	147%

MCSP - Mule Creek State Prison Male Only IV SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	74	14	148%
		A 001 2	270 Cell	50	50	0	100	84	11	168%
	002	A 002 1	270 Cell	50	50	0	100	72	14	144%
		A 002 2	270 Cell	50	50	0	100	78	9	156%
	003	A 003 1	270 Cell	50	50	0	100	71	23	142%
		A 003 2	270 Cell	50	50	0	100	83	13	166%
	004	A 004 1	270 Cell	50	50	0	100	76	20	152%
		A 004 2	270 Cell	50	50	0	100	80	13	160%
MCSP-Facility A Total				400	400	0	800	618	117	155%
Grand Total				400	400	0	800	618	117	155%

MCSP - Mule Creek State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Facility C	012	C 012 1	270 Cell	50	50	0	100	54	36	108%
		C 012 2	270 Cell	50	50	0	100	56	38	112%
MCSP-Facility C Total				100	100	0	200	110	74	110%
Grand Total				100	100	0	200	110	74	110%

MCSP - Mule Creek State Prison Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Central Service	INF	S INF 1	Cell	0	0	2	2	2	0	
MCSP-Central Service Total				0	0	2	2	2	0	
Grand Total				0	0	2	2	2	0	

MCSP - Mule Creek State Prison Male Only NA MCB

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
MCSP-Central Service	INF	S INF 1	Cell	0	0	8	8	8	0	
MCSP-Central Service Total				0	0	8	8	8	0	
Grand Total				0	0	8	8	8	0	

Generated by :
MYRA.PONCE

NKSP - North Kern State Prison Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
NKSP-MSF	FIR	M FIR 1	Dorm	10	0	0	10	7	3	70%
NKSP-MSF Total				10	0	0	10	7	3	70%
Grand Total				10	0	0	10	7	3	70%

NKSP - North Kern State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
NKSP-MSF	001	M 001 1	Dorm	100	100	0	200	71	129	71%
	002	M 002 1	Dorm	100	100	0	200	74	126	74%
NKSP-MSF Total				200	200	0	400	145	255	73%
Grand Total				200	200	0	400	145	255	73%

NKSP - North Kern State Prison Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
NKSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	83	16	166%
		A 001 2	270 Cell	50	50	0	100	85	14	170%
	002	A 002 1	270 Cell	50	50	0	100	89	10	178%
		A 002 2	270 Cell	50	50	0	100	92	8	184%
	003	A 003 1	270 Cell	50	50	0	100	85	14	170%
		A 003 2	270 Cell	50	50	0	100	93	4	186%
	004	A 004 1	270 Cell	50	40	0	90	50	38	100%
		A 004 2	270 Cell	50	50	0	100	78	22	156%
	005	A 005 1	270 Cell	50	50	0	100	86	14	172%
		A 005 2	270 Cell	50	50	0	100	91	9	182%
NKSP-Facility A Total				500	490	0	990	832	149	166%
Grand Total				500	490	0	990	832	149	166%

NKSP - North Kern State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
NKSP-Facility D	006	D 006 1	Cell	46	46	0	92	34	54	74%
		D 006 2	Cell	54	54	0	108	59	42	109%
NKSP-Facility D Total				100	100	0	200	93	96	93%
Grand Total				100	100	0	200	93	96	93%

NKSP - North Kern State Prison Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
NKSP-Central Service	INF	S INF 1	Cell	0	0	6	6	6	0	
NKSP-Central Service Total				0	0	6	6	6	0	
Grand Total				0	0	6	6	6	0	

NKSP - North Kern State Prison Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
NKSP-Central Service	INF	S INF 1	Cell	0	0	10	10	4	6	
NKSP-Central Service Total				0	0	10	10	4	6	
Grand Total				0	0	10	10	4	6	

NKSP - North Kern State Prison Male Only NA RC

Facility Name	Housing Area	Facility Building	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed	O/C %

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	Name	ID	Bed	Count		Count			Count	
NKSP-Facility B	001	B 001 1	Cell	46	46	0	92	39	53	85%
		B 001 2	Cell	54	54	0	108	43	65	80%
	002	B 002 1	Cell	46	46	0	92	36	55	78%
		B 002 2	Cell	54	54	0	108	55	52	102%
	003	B 003 1	Cell	46	46	0	92	44	45	96%
		B 003 2	Cell	54	54	0	108	51	57	94%
	004	B 004 1	Cell	46	44	0	90	27	62	59%
		B 004 2	Cell	54	54	0	108	25	82	46%
	005	B 005 1	Cell	46	46	0	92	30	62	65%
		B 005 2	Cell	54	54	0	108	21	87	39%
	006	B 006 1	Cell	46	46	0	92	35	57	76%
		B 006 2	Cell	54	54	0	108	35	73	65%
NKSP-Facility B Total				600	598	0	1198	441	750	74%
NKSP-Facility C	001	C 001 1	Dorm	80	79	0	159	29	130	36%
		C 001 2	Dorm	66	66	0	132	41	91	62%
	002	C 002 1	Dorm	80	79	0	159	30	129	38%
		C 002 2	Dorm	66	66	0	132	15	117	23%
	003	C 003 1	Dorm	80	79	0	159	35	124	44%
		C 003 2	Dorm	66	66	0	132	31	101	47%
	004	C 004 1	Dorm	80	79	0	159	40	119	50%
		C 004 2	Dorm	66	66	0	132	43	89	65%
East	C E 1	Dorm	100	100	0	200	55	145	55%	
West	C W 1	Dorm	100	100	0	200	57	143	57%	
NKSP-Facility C Total				784	780	0	1564	376	1188	48%
NKSP-Facility D	001	D 001 1	Cell	46	46	0	92	51	41	111%
		D 001 2	Cell	54	54	0	108	50	57	93%
	002	D 002 1	Cell	46	46	0	92	47	44	102%
		D 002 2	Cell	54	54	0	108	57	51	106%
	003	D 003 1	Cell	46	44	0	90	58	27	126%
		D 003 2	Cell	54	54	0	108	47	58	87%
	004	D 004 1	Cell	46	46	0	92	50	42	109%
		D 004 2	Cell	54	54	0	108	65	41	120%
005	D 005 1	Cell	46	46	0	92	55	37	120%	
	D 005 2	Cell	54	54	0	108	44	64	81%	
NKSP-Facility D Total				500	498	0	998	524	462	105%
Grand Total				1884	1876	0	3760	1341	2400	71%

Generated by :
MYRA.PONCE

PBSP - Pelican Bay State Prison Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PBSP-MSF	FIR	M FIR 1	Dorm	8	8	0	16	7	9	88%
PBSP-MSF Total				8	8	0	16	7	9	88%
Grand Total				8	8	0	16	7	9	88%

PBSP - Pelican Bay State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PBSP-MSF	001	M 001 1	Dorm	48	48	0	96	25	71	52%
		M 001 2	Dorm	48	48	0	96	23	73	48%
	002	M 002 1	Dorm	48	48	0	96	28	68	58%
		M 002 2	Dorm	48	48	0	96	28	68	58%
PBSP-MSF Total				192	192	0	384	104	280	54%
Grand Total				192	192	0	384	104	280	54%

PBSP - Pelican Bay State Prison Male Only II GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PBSP-Facility D	001	D 001 1	Cell	24	2	0	26	24	2	100%
		D 001 2	Cell	24	0	0	24	23	1	96%
	002	D 002 1	Cell	24	2	0	26	24	2	100%
		D 002 2	Cell	24	0	0	24	24	0	100%
	003	D 003 1	Cell	24	2	0	26	22	4	92%
		D 003 2	Cell	24	0	0	24	24	0	100%
	004	D 004 1	Cell	24	2	0	26	23	3	96%
		D 004 2	Cell	24	0	0	24	24	0	100%
	005	D 005 1	Cell	24	3	0	27	22	4	92%
		D 005 2	Cell	24	0	0	24	21	3	88%
	006	D 006 1	Cell	24	2	0	26	24	2	100%
		D 006 2	Cell	24	0	0	24	24	0	100%
	007	D 007 1	Cell	24	2	0	26	22	4	92%
		D 007 2	Cell	24	0	0	24	24	0	100%
	008	D 008 1	Cell	24	2	0	26	23	3	96%
		D 008 2	Cell	24	0	0	24	23	1	96%
	009	D 009 1	Cell	24	2	0	26	24	2	100%
		D 009 2	Cell	24	0	0	24	24	0	100%
	010	D 010 1	Cell	24	2	0	26	23	3	96%
		D 010 2	Cell	24	0	0	24	23	1	96%
PBSP-Facility D Total				480	21	0	501	465	35	97%
Grand Total				480	21	0	501	465	35	97%

PBSP - Pelican Bay State Prison Male Only IV GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PBSP-Facility A	001	A 001 1	180 Cell	32	32	0	64	21	38	66%
		A 001 2	180 Cell	32	32	0	64	20	39	63%
	002	A 002 1	180 Cell	32	32	0	64	15	47	47%
		A 002 2	180 Cell	32	32	0	64	7	57	22%
	003	A 003 1	180 Cell	32	32	0	64	60	2	188%
		A 003 2	180 Cell	32	32	0	64	61	2	191%
	004	A 004 1	180 Cell	32	32	0	64	58	3	181%
		A 004 2	180 Cell	32	32	0	64	61	3	191%
	005	A 005 1	180 Cell	32	32	0	64	59	2	184%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
PBSP-Facility A	005	A 005 2	180 Cell	32	32	0	64	58	2	181%	
	006	A 006 1	180 Cell	32	32	0	64	59	4	184%	
		A 006 2	180 Cell	32	32	0	64	59	0	184%	
	007	A 007 1	180 Cell	32	32	0	64	49	14	153%	
		A 007 2	180 Cell	32	32	0	64	51	12	159%	
	008	A 008 1	180 Cell	32	32	0	64	58	4	181%	
		A 008 2	180 Cell	32	32	0	64	61	1	191%	
	PBSP-Facility A Total				512	512	0	1024	757	230	148%
PBSP-Facility B	003	B 003 1	180 Cell	32	32	0	64	59	4	184%	
		B 003 2	180 Cell	32	32	0	64	50	8	156%	
	004	B 004 1	180 Cell	32	32	0	64	58	4	181%	
		B 004 2	180 Cell	32	32	0	64	55	8	172%	
	005	B 005 1	180 Cell	32	32	0	64	53	7	166%	
		B 005 2	180 Cell	32	32	0	64	54	4	169%	
	006	B 006 1	180 Cell	32	32	0	64	56	6	175%	
		B 006 2	180 Cell	32	32	0	64	60	2	188%	
	007	B 007 1	180 Cell	32	32	0	64	57	5	178%	
		B 007 2	180 Cell	32	32	0	64	60	2	188%	
	008	B 008 1	180 Cell	32	32	0	64	54	8	169%	
		B 008 2	180 Cell	32	32	0	64	58	5	181%	
	PBSP-Facility B Total				384	384	0	768	674	63	176%
	Grand Total				896	896	0	1792	1431	293	160%

PBSP - Pelican Bay State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
PBSP-Facility C	001	C 001 1	Cell	24	24	0	48	0	48	0%	
		C 001 2	Cell	24	24	0	48	0	48	0%	
	002	C 002 1	Cell	24	24	0	48	31	14	129%	
		C 002 2	Cell	24	24	0	48	12	36	50%	
	003	C 003 1	Cell	24	24	0	48	34	13	142%	
		C 003 2	Cell	24	24	0	48	19	26	79%	
	004	C 004 1	Cell	24	24	0	48	0	48	0%	
		C 004 2	Cell	24	24	0	48	0	48	0%	
	005	C 005 1	Cell	24	24	0	48	33	14	138%	
		C 005 2	Cell	24	24	0	48	9	35	38%	
	006	C 006 1	Cell	24	24	0	48	28	19	117%	
		C 006 2	Cell	24	24	0	48	8	37	33%	
	PBSP-Facility C Total				288	288	0	576	174	386	60%
	Grand Total				288	288	0	576	174	386	60%

PBSP - Pelican Bay State Prison Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PBSP-Central Service	INF	S INF 1	Cell	0	0	10	10	2	8	
PBSP-Central Service Total				0	0	10	10	2	8	
Grand Total				0	0	10	10	2	8	

PBSP - Pelican Bay State Prison Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PBSP-Central Service	INF	S INF 1	Cell	0	0	10	10	0	10	
PBSP-Central Service Total				0	0	10	10	0	10	

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MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
Grand Total				0	0	10	10	0	10	

PBSP - Pelican Bay State Prison Male Only NA RGP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PBSP-Facility B	001	B 001 1	180 Cell	32	32	0	64	23	36	72%
		B 001 2	180 Cell	32	32	0	64	17	46	53%
	002	B 002 1	180 Cell	32	10	0	42	21	19	66%
		B 002 2	180 Cell	32	10	0	42	17	24	53%
PBSP-Facility B Total				128	84	0	212	78	125	61%
Grand Total				128	84	0	212	78	125	61%

PBSP - Pelican Bay State Prison Male Only NA SHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PBSP-Facility C	007	C 007 1	Cell	24	24	0	48	43	5	179%
		C 007 2	Cell	24	24	0	48	18	28	75%
	008	C 008 1	Cell	24	24	0	48	40	8	167%
		C 008 2	Cell	24	24	0	48	22	23	92%
	009	C 009 1	Cell	24	24	0	48	0	48	0%
		C 009 2	Cell	24	24	0	48	0	48	0%
	010	C 010 1	Cell	24	24	0	48	21	27	88%
		C 010 2	Cell	24	24	0	48	12	34	50%
	011	C 011 1	Cell	24	24	0	48	29	18	121%
		C 011 2	Cell	24	24	0	48	16	28	67%
	012	C 012 1	Cell	24	24	0	48	31	17	129%
		C 012 2	Cell	24	24	0	48	15	29	63%
PBSP-Facility C Total				288	288	0	576	247	313	86%
Grand Total				288	288	0	576	247	313	86%

PBSP - Pelican Bay State Prison Male Only NA SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PBSP-STRH	001	Z 001 1	Cell	100	100	0	200	57	137	57%
PBSP-STRH Total				100	100	0	200	57	137	57%
Grand Total				100	100	0	200	57	137	57%

Generated by :
MYRA.PONCE

PVSP - Pleasant Valley State Prison Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PVSP-MSF	FIR	M FIR 1	Dorm	8	0	0	8	7	1	88%
PVSP-MSF Total				8	0	0	8	7	1	88%
Grand Total				8	0	0	8	7	1	88%

PVSP - Pleasant Valley State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PVSP-MSF	001	M 001 1	Dorm	100	100	0	200	58	142	58%
	002	M 002 1	Dorm	100	100	0	200	63	137	63%
PVSP-MSF Total				200	200	0	400	121	279	61%
Grand Total				200	200	0	400	121	279	61%

PVSP - Pleasant Valley State Prison Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PVSP-Facility B	001	B 001 1	270 Cell	50	50	0	100	81	18	162%
		B 001 2	270 Cell	50	50	0	100	80	19	160%
	002	B 002 1	270 Cell	50	50	0	100	78	21	156%
		B 002 2	270 Cell	50	50	0	100	83	17	166%
	003	B 003 1	270 Cell	50	50	0	100	76	24	152%
		B 003 2	270 Cell	50	50	0	100	84	16	168%
	004	B 004 1	270 Cell	50	50	0	100	80	19	160%
		B 004 2	270 Cell	50	50	0	100	82	18	164%
	005	B 005 1	270 Cell	50	50	0	100	77	23	154%
		B 005 2	270 Cell	50	50	0	100	62	35	124%
PVSP-Facility B Total				500	500	0	1000	783	210	157%
PVSP-Facility C	001	C 001 1	270 Cell	50	50	0	100	74	26	148%
		C 001 2	270 Cell	50	50	0	100	67	33	134%
	002	C 002 1	270 Cell	50	50	0	100	80	19	160%
		C 002 2	270 Cell	50	50	0	100	80	20	160%
	003	C 003 1	270 Cell	50	50	0	100	80	20	160%
		C 003 2	270 Cell	50	50	0	100	86	14	172%
	004	C 004 1	270 Cell	50	50	0	100	78	22	156%
		C 004 2	270 Cell	50	50	0	100	83	16	166%
	005	C 005 1	270 Cell	50	50	0	100	77	22	154%
		C 005 2	270 Cell	50	50	0	100	79	19	158%
PVSP-Facility C Total				500	500	0	1000	784	211	157%
Grand Total				1000	1000	0	2000	1567	421	157%

PVSP - Pleasant Valley State Prison Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PVSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	45	54	90%
		A 001 2	270 Cell	50	50	0	100	55	44	110%
	002	A 002 1	270 Cell	50	50	0	100	82	18	164%
		A 002 2	270 Cell	50	50	0	100	72	28	144%
	003	A 003 1	270 Cell	50	50	0	100	72	28	144%
		A 003 2	270 Cell	50	50	0	100	79	21	158%
	004	A 004 1	270 Cell	50	50	0	100	72	27	144%
		A 004 2	270 Cell	50	50	0	100	79	20	158%
	005	A 005 1	270 Cell	50	50	0	100	78	20	156%
		A 005 2	270 Cell	50	50	0	100	74	26	148%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PVSP-Facility A Total				500	500	0	1000	708	286	142%
PVSP-Facility D	001	D 001 1	270 Cell	50	50	0	100	75	22	150%
		D 001 2	270 Cell	50	50	0	100	79	21	158%
	002	D 002 1	270 Cell	50	50	0	100	80	19	160%
		D 002 2	270 Cell	50	50	0	100	76	23	152%
	003	D 003 1	270 Cell	50	50	0	100	72	26	144%
		D 003 2	270 Cell	50	50	0	100	85	15	170%
	004	D 004 1	270 Cell	50	50	0	100	42	57	84%
		D 004 2	270 Cell	50	50	0	100	81	19	162%
005	D 005 1	270 Cell	50	50	0	100	57	42	114%	
	D 005 2	270 Cell	50	50	0	100	84	15	168%	
PVSP-Facility D Total				500	500	0	1000	731	259	146%
Grand Total				1000	1000	0	2000	1439	545	144%

PVSP - Pleasant Valley State Prison Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PVSP-Central Service	INF	S INF 1	Cell	0	0	9	9	0	0	
PVSP-Central Service Total				0	0	9	9	0	0	
Grand Total				0	0	9	9	0	0	

PVSP - Pleasant Valley State Prison Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PVSP-Central Service	INF	S INF 1	Cell	0	0	6	6	0	0	
PVSP-Central Service Total				0	0	6	6	0	0	
Grand Total				0	0	6	6	0	0	

PVSP - Pleasant Valley State Prison Male Only NA SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
PVSP-STRH	001	Z 001 1	Cell	100	100	0	200	127	68	127%
PVSP-STRH Total				100	100	0	200	127	68	127%
Grand Total				100	100	0	200	127	68	127%

Generated by :
MYRA.PONCE

RJD - RJ Donovan Correctional Facility Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
RJD-MSF	FIR	M FIR 1	Dorm	8	0	0	8	5	3	63%
RJD-MSF Total				8	0	0	8	5	3	63%
Grand Total				8	0	0	8	5	3	63%

RJD - RJ Donovan Correctional Facility Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
RJD-MSF	021	M 021 1	Dorm	48	48	0	96	27	69	56%
		M 021 2	Dorm	48	48	0	96	29	67	60%
	022	M 022 1	Dorm	48	48	0	96	28	68	58%
		M 022 2	Dorm	48	48	0	96	30	66	63%
RJD-MSF Total				192	192	0	384	114	270	59%
Grand Total				192	192	0	384	114	270	59%

RJD - RJ Donovan Correctional Facility Male Only II EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
RJD-Facility E	023A	E 023A1	Dorm	30	0	0	30	29	0	97%
		E 023A2	Dorm	36	0	0	36	36	0	100%
	023B	E 023B1	Dorm	30	0	0	30	30	0	100%
		E 023B2	Dorm	36	0	0	36	35	1	97%
	023C	E 023C1	Dorm	30	0	0	30	25	4	83%
		E 023C2	Dorm	36	0	0	36	33	3	92%
	023D	E 023D1	Dorm	30	0	0	30	27	3	90%
		E 023D2	Dorm	36	0	0	36	35	1	97%
RJD-Facility E Total				264	0	0	264	250	12	95%
Grand Total				264	0	0	264	250	12	95%

RJD - RJ Donovan Correctional Facility Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
RJD-Facility E	024A	E 024A1	Dorm	30	0	0	30	30	0	100%	
		E 024A2	Dorm	36	0	0	36	36	0	100%	
	024B	E 024B1	Dorm	30	0	0	30	29	1	97%	
		E 024B2	Dorm	36	0	0	36	36	0	100%	
	024C	E 024C1	Dorm	30	0	0	30	30	0	100%	
		E 024C2	Dorm	36	0	0	36	36	0	100%	
	024D	E 024D1	Dorm	30	0	0	30	29	0	97%	
		E 024D2	Dorm	36	0	0	36	35	1	97%	
	025A	E 025A1	Dorm	30	0	0	30	29	1	97%	
		E 025A2	Dorm	36	0	0	36	36	0	100%	
	025B	E 025B1	Dorm	30	0	0	30	30	0	100%	
		E 025B2	Dorm	36	0	0	36	35	1	97%	
	025C	E 025C1	Dorm	30	0	0	30	30	0	100%	
		E 025C2	Dorm	36	0	0	36	35	1	97%	
	025D	E 025D1	Dorm	30	0	0	30	30	0	100%	
		E 025D2	Dorm	36	0	0	36	36	0	100%	
	RJD-Facility E Total				528	0	0	528	522	5	99%
	Grand Total				528	0	0	528	522	5	99%

RJD - RJ Donovan Correctional Facility Male Only III EOP

Facility Name	Housing Area	Facility Building	Type of Bed	Design Bed	Overcrowd Bed Count	Medical Bed	Total Capacity	Occupied Count	Empty Bed	O/C %
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	Name	ID		Count		Count		Count		
RJD-Facility A	001	A 001 1	270 Cell	50	50	0	100	65	19	130%
		A 001 2	270 Cell	50	50	0	100	75	8	150%
	002	A 002 1	270 Cell	50	50	0	100	71	15	142%
		A 002 2	270 Cell	50	50	0	100	75	15	150%
RJD-Facility A Total				200	200	0	400	286	57	143%
Grand Total				200	200	0	400	286	57	143%

RJD - RJ Donovan Correctional Facility Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
RJD-Facility B	008	B 008 1	270 Cell	50	50	0	100	74	24	148%
		B 008 2	270 Cell	50	50	0	100	85	15	170%
	009	B 009 1	270 Cell	50	50	0	100	69	26	138%
		B 009 2	270 Cell	50	50	0	100	93	6	186%
	010	B 010 1	270 Cell	50	50	0	100	55	24	110%
		B 010 2	270 Cell	50	50	0	100	84	16	168%
RJD-Facility B Total				300	300	0	600	460	111	153%
Grand Total				300	300	0	600	460	111	153%

RJD - RJ Donovan Correctional Facility Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
RJD-Facility A	003	A 003 1	270 Cell	50	50	0	100	82	14	164%	
		A 003 2	270 Cell	50	50	0	100	91	0	182%	
	004	A 004 1	270 Cell	50	50	0	100	75	20	150%	
		A 004 2	270 Cell	50	50	0	100	94	2	188%	
	005	A 005 1	270 Cell	50	50	0	100	77	14	154%	
		A 005 2	270 Cell	50	50	0	100	92	3	184%	
RJD-Facility A Total				300	300	0	600	511	53	170%	
RJD-Facility D	016	D 016 1	270 Cell	50	50	0	100	67	24	134%	
		D 016 2	270 Cell	50	50	0	100	81	13	162%	
	017	D 017 1	270 Cell	50	50	0	100	75	24	150%	
		D 017 2	270 Cell	50	50	0	100	84	12	168%	
	018	D 018 1	270 Cell	50	50	0	100	68	27	136%	
		D 018 2	270 Cell	50	50	0	100	84	13	168%	
	019	D 019 1	270 Cell	50	50	0	100	71	28	142%	
		D 019 2	270 Cell	50	50	0	100	85	11	170%	
	020	D 020 1	270 Cell	50	50	0	100	69	22	138%	
		D 020 2	270 Cell	50	50	0	100	88	9	176%	
	RJD-Facility D Total				500	500	0	1000	772	183	154%
	Grand Total				800	800	0	1600	1283	236	160%

RJD - RJ Donovan Correctional Facility Male Only IV EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
RJD-Facility C	014	C 014 1	270 Cell	50	50	0	100	68	14	136%
		C 014 2	270 Cell	50	50	0	100	72	19	144%
	015	C 015 1	270 Cell	50	50	0	100	55	25	110%
		C 015 2	270 Cell	50	50	0	100	60	28	120%
RJD-Facility C Total				200	200	0	400	255	86	127%
Grand Total				200	200	0	400	255	86	127%

RJD - RJ Donovan Correctional Facility Male Only IV SNY

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
RJD-Facility C	011	C 011 1	270 Cell	50	50	0	100	64	29	128%
		C 011 2	270 Cell	50	50	0	100	78	12	156%
	012	C 012 1	270 Cell	50	50	0	100	70	17	140%
		C 012 2	270 Cell	50	50	0	100	81	9	162%
	013	C 013 1	270 Cell	50	50	0	100	62	31	124%
		C 013 2	270 Cell	50	50	0	100	80	10	160%
RJD-Facility C Total				300	300	0	600	435	108	145%
Grand Total				300	300	0	600	435	108	145%

RJD - RJ Donovan Correctional Facility Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
RJD-Facility B	006	B 006 1	270 Cell	50	50	0	100	30	56	60%
		B 006 2	270 Cell	50	50	0	100	35	56	70%
	007	B 007 1	270 Cell	50	50	0	100	45	39	90%
		B 007 2	270 Cell	50	50	0	100	45	42	90%
RJD-Facility B Total				200	200	0	400	155	193	78%
Grand Total				200	200	0	400	155	193	78%

RJD - RJ Donovan Correctional Facility Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
RJD-Central Service	INF	S INF 1	Cell	0	0	14	14	13	1	
RJD-Central Service Total				0	0	14	14	13	1	
Grand Total				0	0	14	14	13	1	

RJD - RJ Donovan Correctional Facility Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
RJD-Central Service	INF	S INF 1	Cell	0	0	14	14	14	0	
RJD-Central Service Total				0	0	14	14	14	0	
Grand Total				0	0	14	14	14	0	

Generated by :
MYRA.PONCE

SAC - California State Prison, Sacramento Male Only IWC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-MSF	001	M 001A1	Dorm	12	11	0	23	7	0	58%
		M 001B1	Dorm	12	11	0	23	6	1	50%
		M 001C1	Dorm	12	11	0	23	5	2	42%
		M 001D1	Dorm	12	11	0	23	7	0	58%
		M 001E1	Dorm	12	11	0	23	7	0	58%
		M 001F1	Dorm	12	11	0	23	6	1	50%
		M 001G1	Dorm	12	11	0	23	5	2	42%
		M 001H1	Dorm	12	11	0	23	6	2	50%
	002	M 002I1	Dorm	12	11	0	23	5	2	42%
		M 002J1	Dorm	12	11	0	23	7	0	58%
		M 002K1	Dorm	12	11	0	23	5	2	42%
		M 002L1	Dorm	12	11	0	23	6	1	50%
		M 002M1	Dorm	12	11	0	23	5	2	42%
		M 002N1	Dorm	12	11	0	23	7	0	58%
		M 002O1	Dorm	12	11	0	23	6	1	50%
M 002P1	Dorm	12	11	0	23	6	1	50%		
SAC-MSF Total				192	176	0	368	96	17	50%
Grand Total				192	176	0	368	96	17	50%

SAC - California State Prison, Sacramento Male Only IV EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-Facility A	003	A 003 1	180 Cell	32	32	0	64	40	14	125%
		A 003 2	180 Cell	32	32	0	64	40	15	125%
	004	A 004 1	180 Cell	32	32	0	64	48	10	150%
		A 004 2	180 Cell	32	32	0	64	46	9	144%
	006	A 006 1	180 Cell	32	32	0	64	43	12	134%
		A 006 2	180 Cell	32	32	0	64	50	7	156%
	007	A 007 1	180 Cell	32	32	0	64	47	13	147%
		A 007 2	180 Cell	32	32	0	64	47	10	147%
SAC-Facility A Total				256	256	0	512	361	90	141%
SAC-Facility B	001	B 001 1	180 Cell	22	22	0	44	16	26	73%
		B 001 2	180 Cell	22	22	0	44	17	24	77%
	005	B 005 1	180 Cell	32	32	0	64	48	2	150%
		B 005 2	180 Cell	32	32	0	64	42	5	131%
	006	B 006 1	180 Cell	32	32	0	64	50	2	156%
		B 006 2	180 Cell	32	32	0	64	49	2	153%
SAC-Facility B Total				172	172	0	344	222	61	129%
Grand Total				428	428	0	856	583	151	136%

SAC - California State Prison, Sacramento Male Only IV GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-Facility A	008	A 008 1	180 Cell	22	25	0	47	36	4	164%
		A 008 2	180 Cell	22	23	0	45	31	5	141%
SAC-Facility A Total				44	48	0	92	67	9	152%
SAC-Facility B	002	B 002 1	180 Cell	32	32	0	64	48	13	150%
		B 002 2	180 Cell	32	32	0	64	51	11	159%
	003	B 003 1	180 Cell	32	32	0	64	49	14	153%
		B 003 2	180 Cell	32	32	0	64	49	12	153%
	004	B 004 1	180 Cell	32	24	0	56	38	17	119%
		B 004 2	180 Cell	32	32	0	64	55	8	172%

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-Facility B Total				192	184	0	376	290	75	151%
SAC-Facility C	001	C 001 1	180 Cell	32	32	0	64	59	0	184%
		C 001 2	180 Cell	32	32	0	64	63	0	197%
	002	C 002 1	180 Cell	32	32	0	64	59	0	184%
		C 002 2	180 Cell	32	32	0	64	60	1	188%
	003	C 003 1	180 Cell	32	32	0	64	62	0	194%
		C 003 2	180 Cell	32	32	0	64	62	0	194%
	004	C 004 1	180 Cell	32	32	0	64	58	1	181%
		C 004 2	180 Cell	32	32	0	64	61	0	191%
	005	C 005 1	180 Cell	32	32	0	64	61	1	191%
		C 005 2	180 Cell	32	32	0	64	60	2	188%
	006	C 006 1	180 Cell	32	32	0	64	59	2	184%
		C 006 2	180 Cell	32	32	0	64	62	2	194%
	007	C 007 1	180 Cell	32	32	0	64	63	0	197%
		C 007 2	180 Cell	32	32	0	64	60	2	188%
	008	C 008 1	180 Cell	32	32	0	64	40	24	125%
		C 008 2	180 Cell	32	32	0	64	34	29	106%
SAC-Facility C Total				512	512	0	1024	923	64	180%
Grand Total				748	744	0	1492	1280	148	171%

SAC - California State Prison, Sacramento Male Only IV SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-STRH	001	Z 001A1	Cell	0	1	0	1	0	1	
SAC-STRH Total				0	1	0	1	0	1	
Grand Total				0	1	0	1	0	1	

SAC - California State Prison, Sacramento Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-Facility A	005	A 005 1	180 Cell	32	11	0	43	35	7	109%
		A 005 2	180 Cell	32	0	0	32	31	1	97%
SAC-Facility A Total				64	11	0	75	66	8	103%
Grand Total				64	11	0	75	66	8	103%

SAC - California State Prison, Sacramento Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-Central Service	INF	S INF 1	Cell	0	0	2	2	1	0	
SAC-Central Service Total				0	0	2	2	1	0	
Grand Total				0	0	2	2	1	0	

SAC - California State Prison, Sacramento Male Only NA LRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-Facility B	008	B 008 1	180 Cell	32	0	0	32	16	13	50%
		B 008 2	180 Cell	32	0	0	32	19	11	59%
SAC-Facility B Total				64	0	0	64	35	24	55%
Grand Total				64	0	0	64	35	24	55%

SAC - California State Prison, Sacramento Male Only NA MCB

Generated by :
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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-Central Service	CTC	S CTC 1	Cell	0	0	11	11	11	0	
	INF	S INF 1	Cell	0	0	13	13	13	0	
SAC-Central Service Total				0	0	24	24	24	0	
SAC-Facility B	001	B 001 1	180 Cell	10	0	0	10	9	1	90%
		B 001 2	180 Cell	10	0	0	10	9	1	90%
SAC-Facility B Total				20	0	0	20	18	2	90%
Grand Total				20	0	24	44	42	2	210%

SAC - California State Prison, Sacramento Male Only NA NDS

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-Facility B	007	B 007 1	180 Cell	10	0	0	10	6	4	60%
		B 007 2	180 Cell	10	0	0	10	6	4	60%
SAC-Facility B Total				20	0	0	20	12	8	60%
Grand Total				20	0	0	20	12	8	60%

SAC - California State Prison, Sacramento Male Only NA PSU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-Facility A	001	A 001 1	180 Cell	32	0	0	32	31	1	97%
		A 001 2	180 Cell	32	0	0	32	30	2	94%
	002	A 002 1	180 Cell	32	0	0	32	29	3	91%
		A 002 2	180 Cell	32	0	0	32	32	0	100%
SAC-Facility A Total				128	0	0	128	122	6	95%
SAC-Facility B	007	B 007 1	180 Cell	22	0	0	22	12	10	55%
		B 007 2	180 Cell	22	0	0	22	20	1	91%
SAC-Facility B Total				44	0	0	44	32	11	73%
Grand Total				172	0	0	172	154	17	90%

SAC - California State Prison, Sacramento Male Only NA SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SAC-STRH	001	Z 001A1	Cell	12	11	0	23	9	7	75%
		Z 001B1	Cell	12	12	0	24	16	2	133%
		Z 001C1	Cell	12	12	0	24	11	7	92%
		Z 001D1	Cell	12	12	0	24	11	7	92%
		Z 001E1	Cell	12	12	0	24	11	4	92%
		Z 001F1	Cell	14	14	0	28	16	8	114%
		Z 001G1	Cell	14	14	0	28	16	6	114%
		Z 001H1	Cell	12	12	0	24	15	2	125%
SAC-STRH Total				100	99	0	199	105	43	105%
Grand Total				100	99	0	199	105	43	105%

Generated by :
MYRA.PONCE**SATF - California Substance Abuse Treatment Facility Male Only II EOP**

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SATF-Facility F	003	F 003 1	Dorm	80	40	0	120	91	29	114%
		F 003 2	Dorm	96	48	0	144	116	28	121%
SATF-Facility F Total				176	88	0	264	207	57	118%
SATF-Facility G	001	G 001 1	Dorm	80	40	0	120	87	33	109%
		G 001 2	Dorm	96	48	0	144	114	30	119%
	003	G 003 1	Dorm	40	20	0	60	45	15	113%
		G 003 2	Dorm	48	24	0	72	53	19	110%
SATF-Facility G Total				264	132	0	396	299	97	113%
Grand Total				440	220	0	660	506	154	115%

SATF - California Substance Abuse Treatment Facility Male Only II GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SATF-Facility B	001	B 001 1	Dorm	63	63	0	126	63	63	100%
		B 001 2	Dorm	63	63	0	126	63	63	100%
	002	B 002 1	Dorm	63	63	0	126	70	56	111%
		B 002 2	Dorm	63	63	0	126	65	61	103%
	003	B 003 1	Dorm	63	63	0	126	66	60	105%
		B 003 2	Dorm	63	63	0	126	71	55	113%
SATF-Facility B Total				378	378	0	756	398	358	105%
Grand Total				378	378	0	756	398	358	105%

SATF - California Substance Abuse Treatment Facility Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SATF-Facility F	001	F 001 1	Dorm	80	80	0	160	140	20	175%
		F 001 2	Dorm	96	96	0	192	170	21	177%
	002	F 002 1	Dorm	80	80	0	160	127	33	159%
		F 002 2	Dorm	96	96	0	192	167	25	174%
SATF-Facility F Total				352	352	0	704	604	99	172%
SATF-Facility G	002	G 002 1	Dorm	80	80	0	160	141	19	176%
		G 002 2	Dorm	96	96	0	192	167	25	174%
	003	G 003 1	Dorm	40	40	0	80	71	9	178%
		G 003 2	Dorm	48	48	0	96	87	9	181%
SATF-Facility G Total				264	264	0	528	466	62	177%
Grand Total				616	616	0	1232	1070	161	174%

SATF - California Substance Abuse Treatment Facility Male Only II SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SATF-Facility A	001	A 001 1	Dorm	63	63	0	126	71	55	113%
		A 001 2	Dorm	63	63	0	126	72	54	114%
	002	A 002 1	Dorm	63	63	0	126	72	54	114%
		A 002 2	Dorm	63	63	0	126	70	56	111%
	003	A 003 1	Dorm	63	63	0	126	72	54	114%
		A 003 2	Dorm	63	63	0	126	71	55	113%
SATF-Facility A Total				378	378	0	756	428	328	113%
Grand Total				378	378	0	756	428	328	113%

SATF - California Substance Abuse Treatment Facility Male Only III SNY

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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SATF-Facility E	001	E 001 1	270 Cell	50	50	0	100	40	43	80%
		E 001 2	270 Cell	50	50	0	100	63	30	126%
	002	E 002 1	270 Cell	50	50	0	100	93	2	186%
		E 002 2	270 Cell	50	50	0	100	93	3	186%
	003	E 003 1	270 Cell	50	50	0	100	92	2	184%
		E 003 2	270 Cell	50	50	0	100	90	9	180%
	004	E 004 1	270 Cell	50	50	0	100	90	5	180%
		E 004 2	270 Cell	50	50	0	100	93	1	186%
	005	E 005 1	270 Cell	50	50	0	100	80	12	160%
		E 005 2	270 Cell	50	50	0	100	92	5	184%
SATF-Facility E Total				500	500	0	1000	826	112	165%
Grand Total				500	500	0	1000	826	112	165%

SATF - California Substance Abuse Treatment Facility Male Only IV GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
SATF-Facility C	001	C 001 1	180 Cell	32	32	0	64	45	19	141%	
		C 001 2	180 Cell	32	32	0	64	49	15	153%	
	002	C 002 1	180 Cell	32	32	0	64	43	16	134%	
		C 002 2	180 Cell	32	32	0	64	47	17	147%	
	003	C 003 1	180 Cell	32	32	0	64	23	39	72%	
		C 003 2	180 Cell	32	32	0	64	30	33	94%	
	004	C 004 1	180 Cell	32	32	0	64	46	15	144%	
		C 004 2	180 Cell	32	32	0	64	52	10	163%	
	005	C 005 1	180 Cell	32	32	0	64	39	25	122%	
		C 005 2	180 Cell	32	32	0	64	47	11	147%	
	006	C 006 1	180 Cell	32	32	0	64	39	22	122%	
		C 006 2	180 Cell	32	32	0	64	46	17	144%	
	007	C 007 1	180 Cell	32	32	0	64	44	19	138%	
		C 007 2	180 Cell	32	32	0	64	43	16	134%	
	008	C 008 1	180 Cell	32	32	0	64	44	18	138%	
		C 008 2	180 Cell	32	32	0	64	43	19	134%	
	SATF-Facility C Total				512	512	0	1024	680	311	133%
	Grand Total				512	512	0	1024	680	311	133%

SATF - California Substance Abuse Treatment Facility Male Only IV SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SATF-Facility D	001	D 001 1	270 Cell	50	50	0	100	89	10	178%
		D 001 2	270 Cell	50	50	0	100	87	13	174%
	002	D 002 1	270 Cell	50	50	0	100	84	5	168%
		D 002 2	270 Cell	50	50	0	100	90	2	180%
	003	D 003 1	270 Cell	50	50	0	100	52	45	104%
		D 003 2	270 Cell	50	50	0	100	62	32	124%
	004	D 004 1	270 Cell	50	50	0	100	86	6	172%
		D 004 2	270 Cell	50	50	0	100	91	1	182%
	005	D 005 1	270 Cell	50	50	0	100	90	4	180%
		D 005 2	270 Cell	50	50	0	100	94	3	188%
SATF-Facility D Total				500	500	0	1000	825	121	165%
Grand Total				500	500	0	1000	825	121	165%

SATF - California Substance Abuse Treatment Facility Male Only NA CTC

Facility Name	Housing Area	Facility Building	Type of Bed	Design Bed	Overcrowd Bed Count	Medical Bed	Total Capacity	Occupied Count	Empty Bed	O/C %
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Generated by :
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	Name	ID	Bed	Count		Count		Count	
SATF-Central Service	CTC	S INF 1	Cell	0	0	18	18	17	1
SATF-Central Service Total				0	0	18	18	17	1
Grand Total				0	0	18	18	17	1

SATF - California Substance Abuse Treatment Facility Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SATF-Central Service	CTC	S INF 1	Cell	0	0	20	20	18	1	
SATF-Central Service Total				0	0	20	20	18	1	
Grand Total				0	0	20	20	18	1	

SATF - California Substance Abuse Treatment Facility Male Only NA SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SATF-STRH	001	Z 001 1	Cell	100	100	0	200	104	75	104%
SATF-STRH Total				100	100	0	200	104	75	104%
Grand Total				100	100	0	200	104	75	104%

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SCC - Sierra Conservation Center Male Only I CMP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SCC-CAMPS	Acton	X11001 1	Dorm	80	8	0	88	77	11	96%
	Baseline	X30001 1	Dorm	120	12	0	132	91	41	76%
	Bautista	X36001 1	Dorm	120	12	0	132	78	54	65%
	Fenner Canyon	X41001 1	Dorm	120	12	0	132	84	48	70%
	Francisquito	X04001 1	Dorm	80	8	0	88	69	19	86%
	Gabilan	X38001 1	Dorm	120	12	0	132	87	45	73%
	Growlersburg	X33001 1	Dorm	120	12	0	132	102	30	85%
	Holton	X16001 1	Dorm	100	10	0	110	71	39	71%
	Julius Klein	X19001 1	Dorm	120	12	0	132	75	57	63%
	La Cima	X42001 1	Dorm	80	8	0	88	78	10	98%
	McCain Valley	X21001 1	Dorm	120	12	0	132	75	57	63%
	Miramonte	X05001 1	Dorm	80	8	0	88	74	14	93%
	Mountain Home	X10001 1	Dorm	100	10	0	110	83	27	83%
	Mt. Bullion	X39001 1	Dorm	100	10	0	110	84	26	84%
	Oak Glen	X35001 1	Dorm	160	0	0	160	86	74	54%
	Owens Valley	X26001 1	Dorm	120	12	0	132	90	42	75%
	Pilot Rock	X15001 1	Dorm	80	8	0	88	73	15	91%
Prado	X28001 1	Dorm	80	11	0	91	87	4	109%	
Vallecito	X01001 1	Dorm	114	0	0	114	86	28	75%	
SCC-CAMPS Total				2014	177	0	2191	1550	641	77%
Grand Total				2014	177	0	2191	1550	641	77%

SCC - Sierra Conservation Center Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SCC-Central Service	FIR	S FIR 1	Dorm	10	0	0	10	6	4	60%
SCC-Central Service Total				10	0	0	10	6	4	60%
Grand Total				10	0	0	10	6	4	60%

SCC - Sierra Conservation Center Male Only I PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SCC-Facility A	Calaveras	A 001A1	Dorm	96	96	0	192	116	76	121%
		A 001A2	Dorm	96	96	0	192	115	77	120%
		A 001B1	Dorm	112	112	0	224	154	70	138%
		A 001B2	Dorm	112	112	0	224	159	65	142%
		A 001C1	Dorm	94	98	0	192	120	72	128%
		A 001C2	Dorm	96	96	0	192	76	116	79%
SCC-Facility A Total				606	610	0	1216	740	476	122%
Grand Total				606	610	0	1216	740	476	122%

SCC - Sierra Conservation Center Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SCC-Facility B	Mariposa	B 001D1	Dorm	96	96	0	192	167	25	174%
		B 001D2	Dorm	96	96	0	192	173	19	180%
		B 001E1	Dorm	112	112	0	224	151	73	135%
		B 001E2	Dorm	112	112	0	224	192	31	171%
		B 001F1	Dorm	94	94	0	188	126	62	134%
		B 001F2	Dorm	96	96	0	192	142	50	148%

Generated by :
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Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SCC-Facility B Total				606	606	0	1212	951	260	157%
Grand Total				606	606	0	1212	951	260	157%

SCC - Sierra Conservation Center Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SCC-Facility C	Toulumne	C 001 1	270 Cell	50	50	0	100	89	10	178%
		C 001 2	270 Cell	50	50	0	100	93	2	186%
		C 003 1	270 Cell	50	50	0	100	74	21	148%
		C 003 2	270 Cell	50	50	0	100	72	25	144%
		C 004 1	270 Cell	50	50	0	100	90	8	180%
		C 004 2	270 Cell	50	50	0	100	81	18	162%
		C 005 1	270 Cell	50	50	0	100	90	10	180%
		C 005 2	270 Cell	50	50	0	100	90	9	180%
SCC-Facility C Total				400	400	0	800	679	103	170%
Grand Total				400	400	0	800	679	103	170%

SCC - Sierra Conservation Center Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SCC-Facility C	Toulumne	C 002 1	270 Cell	50	50	0	100	55	44	110%
		C 002 2	270 Cell	50	50	0	100	54	46	108%
SCC-Facility C Total				100	100	0	200	109	90	109%
Grand Total				100	100	0	200	109	90	109%

SCC - Sierra Conservation Center Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SCC-Central Service	HOS	S HOS 1	Cell	0	0	10	10	5	5	
SCC-Central Service Total				0	0	10	10	5	5	
Grand Total				0	0	10	10	5	5	

Generated by :
MYRA.PONCE

SOL - California State Prison, Solano Male Only II GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SOL-Facility C	013	C 013 1	270 Dorm	68	68	0	136	87	49	128%
		C 013 2	270 Dorm	62	62	0	124	79	45	127%
	014	C 014 1	270 Dorm	68	68	0	136	92	44	135%
		C 014 2	270 Dorm	62	62	0	124	89	35	144%
	015	C 015 1	270 Dorm	68	68	0	136	87	49	128%
		C 015 2	270 Dorm	62	62	0	124	88	36	142%
	016	C 016 1	Dorm	100	100	0	200	104	96	104%
	017	C 017 1	Dorm	100	100	0	200	109	91	109%
018	C 018 1	Dorm	100	100	0	200	106	94	106%	
SOL-Facility C Total				690	690	0	1380	841	539	122%
SOL-Facility D	019	D 019 1	Dorm	100	100	0	200	102	98	102%
	020	D 020 1	270 Dorm	68	68	0	136	89	46	131%
		D 020 2	270 Dorm	62	62	0	124	85	39	137%
	021	D 021 1	270 Dorm	68	68	0	136	90	46	132%
		D 021 2	270 Dorm	62	62	0	124	91	33	147%
	022	D 022 1	270 Dorm	68	68	0	136	93	42	137%
		D 022 2	270 Dorm	62	62	0	124	80	43	129%
	023	D 023 1	270 Dorm	68	68	0	136	88	47	129%
D 023 2		270 Dorm	62	62	0	124	88	36	142%	
024	D 024 1	Dorm	100	100	0	200	88	112	88%	
SOL-Facility D Total				720	720	0	1440	894	542	124%
Grand Total				1410	1410	0	2820	1735	1081	123%

SOL - California State Prison, Solano Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
SOL-Facility A	001	A 001 1	270 Cell	34	34	0	68	31	32	91%	
		A 001 2	270 Cell	50	50	0	100	45	55	90%	
	002	A 002 1	270 Cell	50	50	0	100	81	15	162%	
		A 002 2	270 Cell	50	50	0	100	92	8	184%	
	003	A 003 1	270 Cell	50	50	0	100	78	19	156%	
		A 003 2	270 Cell	50	50	0	100	91	5	182%	
	004	A 004 1	270 Cell	50	50	0	100	83	13	166%	
		A 004 2	270 Cell	50	50	0	100	86	12	172%	
	005	A 005 1	270 Cell	50	50	0	100	81	15	162%	
		A 005 2	270 Cell	50	50	0	100	90	9	180%	
	006	A 006 1	270 Cell	50	50	0	100	79	17	158%	
		A 006 2	270 Cell	50	50	0	100	81	16	162%	
	SOL-Facility A Total				584	584	0	1168	918	216	157%
	SOL-Facility B	007	B 007 1	270 Cell	50	50	0	100	56	37	112%
B 007 2			270 Cell	50	50	0	100	85	15	170%	
008		B 008 1	270 Cell	50	50	0	100	78	17	156%	
		B 008 2	270 Cell	50	50	0	100	94	3	188%	
009		B 009 1	270 Cell	50	50	0	100	74	19	148%	
		B 009 2	270 Cell	50	50	0	100	93	6	186%	
011		B 011 1	270 Cell	50	50	0	100	95	2	190%	
		B 011 2	270 Cell	50	50	0	100	95	3	190%	
012		B 012 1	270 Cell	50	50	0	100	85	9	170%	
		B 012 2	270 Cell	50	50	0	100	98	2	196%	
SOL-Facility B Total				500	500	0	1000	853	113	171%	
Grand Total				1084	1084	0	2168	1771	329	163%	

SOL - California State Prison, Solano Male Only NA ASU

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SOL-Facility B	010	B 010 1	270 Cell	50	50	0	100	48	28	96%
		B 010 2	270 Cell	50	50	0	100	60	26	120%
SOL-Facility B Total				100	100	0	200	108	54	108%
Grand Total				100	100	0	200	108	54	108%

SOL - California State Prison, Solano Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SOL-Central Service	INF	S INF 1	Cell	3	0	0	3	3	0	100%
			Dorm	3	0	0	3	2	1	67%
SOL-Central Service Total				6	0	0	6	5	1	83%
Grand Total				6	0	0	6	5	1	83%

SOL - California State Prison, Solano Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SOL-Central Service	INF	S INF 1	Cell	9	0	0	9	1	8	11%
SOL-Central Service Total				9	0	0	9	1	8	11%
Grand Total				9	0	0	9	1	8	11%

Generated by :
MYRA.PONCE**SQ - San Quentin State Prison** Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Central Service	FIR	S FIR 1	Dorm	15	0	0	15	10	5	67%
SQ-Central Service Total				15	0	0	15	10	5	67%
Grand Total				15	0	0	15	10	5	67%

SQ - San Quentin State Prison Male Only II EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Facility B	H Unit 1	B 001 1	Dorm	100	0	0	100	62	38	62%
	H Unit 2	B 002 1	Dorm	100	0	0	100	64	36	64%
SQ-Facility B Total				200	0	0	200	126	74	63%
Grand Total				200	0	0	200	126	74	63%

SQ - San Quentin State Prison Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Facility A	North Block	A NB 1	Cell	82	82	0	164	155	8	189%
		A NB 2	Cell	83	83	0	166	162	2	195%
		A NB 3	Cell	83	83	0	166	163	1	196%
		A NB 4	Cell	83	83	0	166	164	1	198%
		A NB 5	Cell	83	83	0	166	156	8	188%
	West Block	A WB 1	Cell	89	89	0	178	166	11	187%
		A WB 2	Cell	90	90	0	180	176	1	196%
		A WB 3	Cell	90	90	0	180	178	1	198%
		A WB 4	Cell	90	90	0	180	172	4	191%
		A WB 5	Cell	90	90	0	180	174	6	193%
SQ-Facility A Total				863	863	0	1726	1666	43	193%
SQ-Facility B	H Unit 3	B 003 1	Dorm	100	100	0	200	100	100	100%
	H Unit 4	B 004 1	Dorm	100	100	0	200	99	101	99%
	H Unit 5	B 005 1	Dorm	100	100	0	200	99	101	99%
SQ-Facility B Total				300	300	0	600	298	302	99%
Grand Total				1163	1163	0	2326	1964	345	169%

SQ - San Quentin State Prison Male Only NA ACU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Central Service	INF	S INF 1	Cell	9	0	0	9	9	0	100%
SQ-Central Service Total				9	0	0	9	9	0	100%
Grand Total				9	0	0	9	9	0	100%

SQ - San Quentin State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Facility A	Adjustment Center	A AC 1	Cell	17	0	0	17	11	6	65%
		A AC 2	Cell	16	0	0	16	5	11	31%
		A AC 3	Cell	17	0	0	17	16	0	94%
	Carson Unit	A SB C1	Cell	41	0	0	41	27	14	66%
		A SB C2	Cell	48	0	0	48	35	13	73%
		A SB C3	Cell	48	0	0	48	8	40	17%
		A SB C4	Cell	48	0	0	48	0	48	0%
SQ-Facility A Total				235	0	0	235	102	132	43%
Grand Total				235	0	0	235	102	132	43%

SQ - San Quentin State Prison Male Only NA CTC

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Central Service	INF	S INF 1	Cell	4	0	6	10	10	0	250%
SQ-Central Service Total				4	0	6	10	10	0	250%
Grand Total				4	0	6	10	10	0	250%

SQ - San Quentin State Prison Male Only NA DR

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Facility A	Adjustment Center	A AC 1	Cell	17	0	0	17	15	2	88%
		A AC 2	Cell	18	0	0	18	17	1	94%
		A AC 3	Cell	17	0	0	17	16	1	94%
	Donner Unit	A SB D1	Cell	47	0	0	47	39	8	83%
		A SB D2	Cell	50	0	0	50	23	27	46%
	East Block	A EB 1	Cell	88	0	0	88	87	1	99%
		A EB 2	Cell	108	0	0	108	107	1	99%
		A EB 3	Cell	108	0	0	108	108	0	100%
		A EB 4	Cell	108	0	0	108	105	3	97%
		A EB 5	Cell	108	0	0	108	107	1	99%
	NORTH SEG	A NB N6	Cell	34	0	0	34	34	0	100%
A NB S6		Cell	34	0	0	34	34	0	100%	
SQ-Facility A Total				737	0	0	737	692	45	94%
Grand Total				737	0	0	737	692	45	94%

SQ - San Quentin State Prison Male Only NA ICF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Central Service	INF	S INF 1	Cell	1	0	0	1	0	1	0%
SQ-Central Service Total				1	0	0	1	0	1	0%
Grand Total				1	0	0	1	0	1	0%

SQ - San Quentin State Prison Male Only NA PIP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Central Service	INF	S INF 1	Cell	31	0	0	31	26	4	84%
SQ-Central Service Total				31	0	0	31	26	4	84%
Grand Total				31	0	0	31	26	4	84%

SQ - San Quentin State Prison Male Only NA RC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Facility A	Alpine Unit	A SB A1	Cell	47	47	0	94	26	67	55%
		A SB A2	Cell	50	50	0	100	72	28	144%
		A SB A3	Cell	50	50	0	100	64	36	128%
		A SB A4	Cell	50	50	0	100	0	100	0%
		A SB A5	Cell	50	50	0	100	0	100	0%
	Badger Unit	A SB B1	Cell	47	47	0	94	57	37	121%
		A SB B2	Cell	50	50	0	100	60	40	120%
		A SB B3	Cell	50	50	0	100	59	41	118%
		A SB B4	Cell	50	50	0	100	22	78	44%
		A SB B5	Cell	50	50	0	100	24	75	48%
	Carson Unit	A SB C5	Cell	48	0	0	48	14	34	29%
	Donner Unit	A SB D3	Cell	48	48	0	96	41	55	85%
		A SB D4	Cell	48	48	0	96	33	63	69%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SQ-Facility A	Donner Unit	A SB D5	Cell	48	48	0	96	33	63	69%
SQ-Facility A Total				686	638	0	1324	505	817	74%
Grand Total				686	638	0	1324	505	817	74%

Generated by :
MYRA.PONCE**SVSP - Salinas Valley State Prison** Male Only IWC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-MSF	001	M 001 1	Dorm	100	100	0	200	57	143	57%
	002	M 002 1	Dorm	100	100	0	200	54	146	54%
SVSP-MSF Total				200	200	0	400	111	289	56%
Grand Total				200	200	0	400	111	289	56%

SVSP - Salinas Valley State Prison Male Only III EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Facility A	004	A 004 1	270 Cell	50	50	0	100	53	40	106%
		A 004 2	270 Cell	50	50	0	100	61	29	122%
	005	A 005 1	270 Cell	50	50	0	100	50	29	100%
		A 005 2	270 Cell	50	50	0	100	55	35	110%
SVSP-Facility A Total				200	200	0	400	219	133	110%
Grand Total				200	200	0	400	219	133	110%

SVSP - Salinas Valley State Prison Male Only III SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	72	23	144%
		A 001 2	270 Cell	50	50	0	100	85	13	170%
	002	A 002 1	270 Cell	50	50	0	100	76	17	152%
		A 002 2	270 Cell	50	50	0	100	89	11	178%
	003	A 003 1	270 Cell	50	50	0	100	74	17	148%
		A 003 2	270 Cell	50	50	0	100	77	23	154%
SVSP-Facility A Total				300	300	0	600	473	104	158%
Grand Total				300	300	0	600	473	104	158%

SVSP - Salinas Valley State Prison Male Only IV EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Facility D	003	D 003 1	180 Cell	32	32	0	64	48	2	150%
		D 003 2	180 Cell	32	32	0	64	47	1	147%
SVSP-Facility D Total				64	64	0	128	95	3	148%
Grand Total				64	64	0	128	95	3	148%

SVSP - Salinas Valley State Prison Male Only IV GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Facility B	001	B 001 1	270 Cell	50	50	0	100	63	29	126%
		B 001 2	270 Cell	50	50	0	100	63	35	126%
	002	B 002 1	270 Cell	50	50	0	100	55	40	110%
		B 002 2	270 Cell	50	50	0	100	64	36	128%
	003	B 003 1	270 Cell	50	50	0	100	67	30	134%
		B 003 2	270 Cell	50	50	0	100	64	35	128%
	004	B 004 1	270 Cell	50	50	0	100	61	32	122%
		B 004 2	270 Cell	50	50	0	100	64	33	128%
	005	B 005 1	270 Cell	50	50	0	100	64	35	128%
		B 005 2	270 Cell	50	50	0	100	67	32	134%
SVSP-Facility B Total				500	500	0	1000	632	337	126%
SVSP-Facility C	001	C 001 1	180 Cell	32	32	0	64	37	22	116%
		C 001 2	180 Cell	32	32	0	64	44	17	138%
	002	C 002 1	180 Cell	32	32	0	64	39	21	122%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Facility C	002	C 002 2	180 Cell	32	32	0	64	43	19	134%
	003	C 003 1	180 Cell	32	32	0	64	40	23	125%
		C 003 2	180 Cell	32	32	0	64	38	24	119%
	004	C 004 1	180 Cell	32	32	0	64	40	23	125%
		C 004 2	180 Cell	32	32	0	64	41	21	128%
	007	C 007 1	180 Cell	32	32	0	64	50	12	156%
		C 007 2	180 Cell	32	32	0	64	48	13	150%
	008	C 008 1	180 Cell	32	32	0	64	50	13	156%
C 008 2		180 Cell	32	32	0	64	52	9	163%	
SVSP-Facility C Total				384	384	0	768	522	217	136%
Grand Total				884	884	0	1768	1154	554	131%

SVSP - Salinas Valley State Prison Male Only IV SNY

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %	
SVSP-Facility D	002	D 002 1	180 Cell	32	32	0	64	30	31	94%	
		D 002 2	180 Cell	32	32	0	64	31	31	97%	
	004	D 004 1	180 Cell	32	32	0	64	35	22	109%	
		D 004 2	180 Cell	32	32	0	64	33	24	103%	
	005	D 005 1	180 Cell	32	32	0	64	35	27	109%	
		D 005 2	180 Cell	32	32	0	64	36	27	113%	
	006	D 006 1	180 Cell	32	32	0	64	42	17	131%	
		D 006 2	180 Cell	32	32	0	64	48	13	150%	
	007	D 007 1	180 Cell	32	32	0	64	45	16	141%	
		D 007 2	180 Cell	32	32	0	64	47	16	147%	
	008	D 008 1	180 Cell	32	32	0	64	37	23	116%	
		D 008 2	180 Cell	32	32	0	64	44	16	138%	
	SVSP-Facility D Total				384	384	0	768	463	263	121%
	Grand Total				384	384	0	768	463	263	121%

SVSP - Salinas Valley State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Facility D	001	D 001 1	180 Cell	32	32	0	64	39	17	122%
		D 001 2	180 Cell	32	32	0	64	38	19	119%
SVSP-Facility D Total				64	64	0	128	77	36	120%
Grand Total				64	64	0	128	77	36	120%

SVSP - Salinas Valley State Prison Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Central Service	CTC	S CTC 1	Cell	0	0	12	12	10	0	
SVSP-Central Service Total				0	0	12	12	10	0	
Grand Total				0	0	12	12	10	0	

SVSP - Salinas Valley State Prison Male Only NA ICF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Facility C	005	C 005 1	180 Cell	32	0	0	32	20	6	63%
		C 005 2	180 Cell	32	0	0	32	25	7	78%
	006	C 006 1	180 Cell	32	0	0	32	19	7	59%
		C 006 2	180 Cell	32	0	0	32	28	3	88%
SVSP-Facility C Total				128	0	0	128	92	23	72%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Facility I	001	I 001A1	Cell	12	0	0	12	11	1	92%
		I 001B1	Cell	10	0	0	10	8	2	80%
		I 001C1	Cell	10	0	0	10	10	0	100%
		I 001D1	Dorm	32	0	0	32	18	6	56%
	002	I 002A1	Cell	16	10	0	26	23	3	144%
		I 002B1	Cell	16	0	0	16	14	2	88%
		I 002C1	Cell	16	0	0	16	14	2	88%
		I 002D1	Cell	16	0	0	16	15	1	94%
SVSP-Facility I Total				128	10	0	138	113	17	88%
Grand Total				256	10	0	266	205	40	80%

SVSP - Salinas Valley State Prison Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-Central Service	CTC	S CTC 1	Cell	0	0	10	10	0	0	
SVSP-Central Service Total				0	0	10	10	0	0	
Grand Total				0	0	10	10	0	0	

SVSP - Salinas Valley State Prison Male Only NA SRH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
SVSP-STRH	009	Z 009 1	Cell	100	100	0	200	110	68	110%
SVSP-STRH Total				100	100	0	200	110	68	110%
Grand Total				100	100	0	200	110	68	110%

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VSP - Valley State Prison Male Only II EOP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
VSP-Facility A	001	A 001 1	Dorm	128	64	0	192	167	25	130%
	002	A 002 1	Dorm	119	61	0	180	160	20	134%
VSP-Facility A Total				247	125	0	372	327	45	132%
Grand Total				247	125	0	372	327	45	132%

VSP - Valley State Prison Male Only II PF

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
VSP-Facility A	003	A 003 1	270 Cell	50	49	0	99	72	22	144%
		A 003 2	270 Cell	50	50	0	100	64	35	128%
	004	A 004 1	270 Cell	22	22	0	44	10	34	45%
		A 004 2	270 Cell	22	22	0	44	3	41	14%
VSP-Facility A Total				144	143	0	287	149	132	103%
VSP-Facility B	001	B 001 1	Dorm	118	118	0	236	188	48	159%
	002	B 002 1	Dorm	128	128	0	256	221	35	173%
	003	B 003 1	Dorm	128	128	0	256	219	37	171%
	004	B 004 1	Dorm	128	128	0	256	223	33	174%
VSP-Facility B Total				502	502	0	1004	851	153	170%
VSP-Facility C	001	C 001 1	Dorm	128	128	0	256	205	50	160%
	002	C 002 1	Dorm	128	128	0	256	212	44	166%
	003	C 003 1	Dorm	128	128	0	256	214	41	167%
	004	C 004 1	Dorm	128	128	0	256	214	42	167%
VSP-Facility C Total				512	512	0	1024	845	177	165%
VSP-Facility D	001	D 001 1	Dorm	128	128	0	256	215	41	168%
	002	D 002 1	Dorm	128	128	0	256	207	49	162%
	003	D 003 1	Dorm	128	128	0	256	208	48	163%
	004	D 004 1	Dorm	128	128	0	256	189	67	148%
VSP-Facility D Total				512	512	0	1024	819	205	160%
Grand Total				1670	1669	0	3339	2664	667	160%

VSP - Valley State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
VSP-Facility A	004	A 004 1	270 Cell	22	22	0	44	9	35	41%
		A 004 2	270 Cell	22	22	0	44	30	13	136%
VSP-Facility A Total				44	44	0	88	39	48	89%
Grand Total				44	44	0	88	39	48	89%

VSP - Valley State Prison Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
VSP-Central Service	INF	S INF 1	Cell	11	0	9	20	20	0	182%
VSP-Central Service Total				11	0	9	20	20	0	182%
Grand Total				11	0	9	20	20	0	182%

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WSP - Wasco State Prison Male Only I FH

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
WSP-MSF	FIR	M FIR 1	Dorm	8	0	0	8	6	2	75%
WSP-MSF Total				8	0	0	8	6	2	75%
Grand Total				8	0	0	8	6	2	75%

WSP - Wasco State Prison Male Only I WC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
WSP-MSF	002	M 002 1	Dorm	48	48	0	96	59	37	123%
		M 002 2	Dorm	48	38	0	86	62	24	129%
WSP-MSF Total				96	86	0	182	121	61	126%
Grand Total				96	86	0	182	121	61	126%

WSP - Wasco State Prison Male Only III GP

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
WSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	82	14	164%
		A 001 2	270 Cell	50	50	0	100	97	3	194%
	002	A 002 1	270 Cell	50	50	0	100	95	3	190%
		A 002 2	270 Cell	50	50	0	100	95	3	190%
	003	A 003 1	270 Cell	50	50	0	100	97	2	194%
		A 003 2	270 Cell	50	50	0	100	100	0	200%
	004	A 004 1	270 Cell	50	50	0	100	70	25	140%
		A 004 2	270 Cell	50	50	0	100	61	34	122%
	005	A 005 1	270 Cell	50	50	0	100	94	4	188%
		A 005 2	270 Cell	50	50	0	100	94	6	188%
WSP-Facility A Total				500	500	0	1000	885	94	177%
Grand Total				500	500	0	1000	885	94	177%

WSP - Wasco State Prison Male Only NA ASU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
WSP-Facility D	006	D 006 1	Cell	46	44	0	90	25	57	54%
		D 006 2	Cell	54	54	0	108	43	62	80%
WSP-Facility D Total				100	98	0	198	68	119	68%
Grand Total				100	98	0	198	68	119	68%

WSP - Wasco State Prison Male Only NA CTC

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
WSP-Central Service	INF	S INF 1	Cell	0	0	10	10	10	0	
WSP-Central Service Total				0	0	10	10	10	0	
Grand Total				0	0	10	10	10	0	

WSP - Wasco State Prison Male Only NA MCB

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
WSP-Central Service	INF	S INF 1	Cell	0	0	6	6	5	1	
WSP-Central Service Total				0	0	6	6	5	1	
Grand Total				0	0	6	6	5	1	

WSP - Wasco State Prison Male Only NA RC

Facility Name	Housing Area	Facility Building	Type of Bed	Design Bed	Overcrowd Bed Count	Medical Bed	Total Capacity	Occupied Count	Empty Bed	O/C %

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	Name	ID	Bed	Count		Count		Count			
WSP-Facility B	001	B 001 1	Cell	46	46	0	92	56	23	122%	
		B 001 2	Cell	54	54	0	108	77	29	143%	
	002	B 002 1	Cell	46	46	0	92	33	59	72%	
		B 002 2	Cell	54	54	0	108	31	76	57%	
	003	B 003 1	Cell	46	46	0	92	26	66	57%	
		B 003 2	Cell	54	54	0	108	37	68	69%	
	004	B 004 1	Cell	46	46	0	92	36	55	78%	
		B 004 2	Cell	54	54	0	108	49	59	91%	
	005	B 005 1	Cell	46	46	0	92	15	65	33%	
		B 005 2	Cell	54	54	0	108	14	90	26%	
	006	B 006 1	Cell	46	46	0	92	12	72	26%	
		B 006 2	Cell	54	54	0	108	18	90	33%	
	WSP-Facility B Total				600	600	0	1200	404	752	67%
	WSP-Facility C	001	C 001 1	Dorm	80	80	0	160	66	22	83%
C 001 2			Dorm	66	66	0	132	87	25	132%	
002		C 002 1	Dorm	80	80	0	160	39	49	49%	
		C 002 2	Dorm	66	66	0	132	58	54	88%	
003		C 003 1	Dorm	80	80	0	160	44	44	55%	
		C 003 2	Dorm	66	66	0	132	54	54	82%	
004		C 004 1	Dorm	80	80	0	160	54	34	68%	
		C 004 2	Dorm	66	66	0	132	61	49	92%	
WSP-Facility C Total				584	584	0	1168	463	331	79%	
WSP-Facility D	001	D 001 1	Cell	46	46	0	92	55	37	120%	
		D 001 2	Cell	54	54	0	108	59	47	109%	
	002	D 002 1	Cell	46	46	0	92	60	26	130%	
		D 002 2	Cell	54	54	0	108	62	34	115%	
	003	D 003 1	Cell	46	46	0	92	17	69	37%	
		D 003 2	Cell	54	54	0	108	26	73	48%	
	004	D 004 1	Cell	46	46	0	92	30	54	65%	
		D 004 2	Cell	54	54	0	108	39	64	72%	
	005	D 005 1	Cell	46	46	0	92	42	50	91%	
		D 005 2	Cell	54	54	0	108	57	45	106%	
007	D 007 1	Dorm	100	100	0	200	73	127	73%		
WSP-Facility D Total				600	600	0	1200	520	626	87%	
WSP-Facility H	001	H 001 1	Dorm	100	100	0	200	70	30	70%	
	002	H 002 1	Dorm	100	100	0	200	73	27	73%	
	003	H 003 1	Dorm	100	100	0	200	69	31	69%	
	004	H 004 1	Dorm	100	100	0	200	60	40	60%	
WSP-Facility H Total				400	400	0	800	272	128	68%	
Grand Total				2184	2184	0	4368	1659	1837	76%	

EXHIBIT R

State of California

Department of Corrections and Rehabilitation

Memorandum

Date : September 24, 2018

To : Associate Directors, Division of Adult Institutions
Wardens
Americans with Disabilities Act Coordinators

Subject: **REVISED AMERICANS WITH DISABILITIES ACT INMATE ASSISTANCE PROGRAM**

The California Department of Corrections and Rehabilitation (CDCR) has an obligation to provide access to its programs, services, and activities for all inmates and parolees with disabilities, as required by Federal Law, the Americans with Disabilities Act (ADA), and the *Armstrong* and *Clark* Remedial Plans.

All CDCR institutions are required to have an ADA Inmate Assistance Program. The purpose of this program is to provide inmates with disabilities the assistance they require to access CDCR's programs, services, and activities. This memorandum supersedes and replaces the December 12, 2016, memorandum titled "Americans with Disabilities Act Inmate Assistance Program."

ADA WORKER ASSIGNMENTS

Institutions shall ensure the following:

- Classification Committees screen potential ADA workers (see "ADA Worker Requirements" and "ADA Worker Exclusionary Factors" sections below) and document these considerations on the Classification Committee Chrono.
- Inmates with disabilities shall be considered for assignment as an ADA worker.
- ADA worker positions shall be available at each facility, seven days a week, during hours when there are programs, services, and activities.
- Vacancies shall be filled utilizing the institutions current inmate assignment practice and specific Semi Skilled or Non-Skilled worker groups assigned by the committee.
- Wardens may designate ADA worker positions as "critical" per the Department Operations Manual, Section 51120.1, Article 12, Inmate Pay, and Policy.
- Staff should utilize approved ADA workers as the primary resource to perform requested assistance.
- Appropriate reference material is available in ADA worker supervisor post orders.
- All ADA workers shall wear a departmentally-approved yellow vest with "ADA Worker" printed on the back during their assigned work hours. These vests shall not be worn during non-working hours.

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Americans with Disabilities Act Coordinators
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ADA WORKER REQUIREMENTS

All ADA workers shall display a mature attitude towards the disabled population, and a willingness to assist any inmate as directed regardless of ethnicity, race, religious belief, or Security Threat Group affiliation.

There shall be two levels of ADA worker assignments determined by a classification committee (Unit Classification Committee, or Institution Classification Committee):

- ADA worker positions shall be designated as Semi-Skilled (Technical) Skill Level 5-6, Pay Grade 3 and Non-Skilled (Laborer/Porter) Skill Level 1-2, Pay Grade 5.
- ADA worker positions shall be assigned by a classification committee and given a Strategic Offender Management System tracking code of Semi-Skilled (Technical) or Non-Skilled (Laborer/Porter).
- Semi-Skilled (Technical) workers with a higher skill set require an education equivalency to the ninth grade. These workers can assist with reading and writing and, if their work restriction/limitations permit, can perform physical duties, such as pushing wheelchairs and guiding inmates.
- Non-Skilled (Laborer/Porter) workers who do not meet the ninth grade education equivalency requirement can perform only required physical tasks (no reading or writing).

Institutions shall have ADA workers available at all times during hours when there are programs, services, and activities. Institutions shall ensure there is an adequate number of ADA workers available based on the current disabled inmate population.

ADA WORKER EXCLUSIONARY FACTORS

The following in custody case factors shall preclude assignment to an ADA worker position:

- | | |
|--|---------------------------|
| • Any Security Housing Unit (SHU) Term | Within the past 12 months |
| • Any Sexual Misconduct | Within the past 12 months |
| • Battery Against Any Person* | Within the past 12 months |
| • Participation in a Riot* | Within the past 12 months |
| • Threats Against Anyone | Within the past 12 months |
| • Possession, Use, or Distribution of Controlled Substance | Within the past 12 months |
| • History of victimization or predatory/manipulative behavior (to include behavior to gain inmates property) | Within the past 24 months |
| • Extortion | Permanent Exclusion |
| • History of sexual and/or predatory behavior against "weaker individuals". | Permanent Exclusion |

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** These two factors are generally exclusionary but shall be reviewed on a case-by-case basis to determine whether the inmate is otherwise appropriate for placement as an ADA worker.*

All of the exclusionary factors (except "Any Security Housing Unit Term") listed above shall not apply to condemned inmates.

Inmates undergoing Reception Center processing may be preliminarily screened using above criteria and temporarily volunteer, or be placed in a recognized inmate assignment as an ADA worker pending committee action. The guidelines for ADA Worker training and duties (outlined below) apply to these workers.

ADA WORKER SUPERVISOR

All inmates assigned as an ADA worker will report to a designated area, or work supervisor to receive daily instructions. ADA worker supervisors will maintain a CDCR Form 1697, Inmate Supervisors Time Log, and retain the ADA worker Duty Statements, along with a copy of the training packets. Supervisory and/or management staff not below the rank of Correctional Sergeant shall provide training to new ADA workers.

ADA WORKER TRAINING

Within 30 working days of being assigned as an ADA worker, the inmate shall be provided training on expectations; how to assist with specific disabilities, and how to assist during an emergency. A custody supervisor not below the rank of Correctional Sergeant shall be assigned to provide the training on the modules. The ADA Worker training packets (attached) shall be signed by the ADA worker and the assigned trainer. The completed training packet shall be retained with the ADA Coordinator, and a copy will be maintained with the ADA worker's timecards.

ADA WORKER DUTIES

ADA workers shall be permitted to assist inmates in all locations in which programs, services, and activities are offered, except in Administrative Segregation or Security Housing Units.

The following are examples of where ADA workers may guide inmates with impairments to and from:

- Education/vocational programs/work assignments (ADA worker shall not pass through security gates unless authorized).
- Classification or disciplinary hearings (ADA worker shall not attend hearings).
- Dining rooms (ADA worker may help with food trays, beverages, and seating).

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- Recreational activities.
- Self-Help or other support groups.
- Libraries (to include Law Library). ADA workers designated at the Semi-Skilled level may remain and assist with reading and writing. They may also assist with the operation of ADA equipment with training that has been provided by the Librarian or clerk.
- Facility Canteen and/or where inmates receive their quarterly packages while under direct supervision from staff.
- Health care appointments (ADA Workers shall not remain in the room for health care appointments.)
- Visiting.

Additionally, ADA worker duties include, but are not limited to, the following (Administrative Segregation and Security Housing Units are excluded):

- Assist with linen exchange.
- Assist with the cleaning of cells under the direct supervision of staff.
- Assist with bed moves under the direct supervision of staff.
- ADA workers designated at the Semi-Skilled level may assist with reading or writing of correspondence, requests, forms, etc.
- Provide instruction on how to use grooming tools without actually using the tools on the inmate with the disability, or arrange for barber services by others.
- Notify inmates of staff announcements, including ducat and other activity list, made via the public address system, or as directed by staff.
- Complete other assignments by staff including porter and laborer duties (ADA duties shall always take precedence over other assignments).

ADA WORKER PROHIBITED ACTIVITIES

- Attempt to provide services to those inmates who have not consented.
- Arrange trade, payment, or pressure an inmate for ADA worker services.
- Attend Classification Committees, disciplinary hearings, health care consults, or medical treatments scheduled with the disabled inmate.
- Assist with personal hygiene on another inmate.
- Provide health care assistance.
- Perform interpreting or translating for due process events.

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- Perform maintenance on durable medical equipment (excluding inmates who are authorized to complete wheelchair/walker repair under direct supervision).
- Handle canteen or property items without the owner's consent or without staff supervision.
- Provide assistance inmates housed in Security Housing or Administrative Segregation Units (excluding condemned).
- Access the inmate's locker.
- Unsupervised access the inmate's assigned cell. ADA workers may access the cell, if they are housed with them or they are assisting with general cleaning, but only under the direct supervision of staff.
- Assist with CDCR and legal correspondence, unless the inmate consents and staff approves.

UNASSIGNMENT OF ADA WORKER

Inmates in violation of any of the above ADA worker guidelines are subject to progressive discipline and possible removal from the assignment through the classification process.

REQUESTS FOR ASSISTANCE

For assistance with accessing programs, services, activities, and other accommodation needs, inmates may make a verbal request to staff or ADA workers. Inmates may also request assistance in writing by submitting a CDCR Form 22, Inmate Request for Interview, or CDCR Form 1824, Request for Reasonable Accommodation. Staff may utilize an assigned ADA worker to provide the assistance or may provide the assistance themselves. If no ADA worker is available, staff are responsible for providing the required assistance to the inmate.

SAFETY AND SECURITY

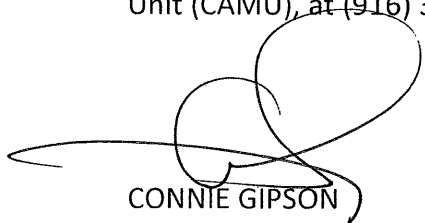
The ADA worker supervisors shall monitor the ADA worker program to ensure inmates receiving services are not being subjected to predatory behavior or victimization. Staff shall take immediate action, and report any information of suspected misconduct by an ADA worker to their supervisor, and ADA Coordinator. ADA workers are only permitted to go beyond security sally port gates, or work change areas in accordance with institutional and departmental policy. Staff shall assess any needs beyond these areas and arrange other accommodations as deemed appropriate, including arrangements for property and canteen distribution.

All other programs that provide this type of support for inmates (such as Adult Care Givers or Gold Coats) shall be changed to be identified as ADA Workers, consistent with this directive.

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Please ensure your institution's Local Operational Procedure is updated, and provide proof of practice to the Class Action Management Unit within 45 days of the date of this memorandum. A copy shall also be submitted to the institutions respective mission Associate Director's office.

If you have any questions, please contact Teuna Miranda, Captain, Class Action Management Unit (CAMU), at (916) 322-7599, or Georgia Johas-Darnell, Chief, CAMU, at (916) 322-6562.

A handwritten signature in black ink, appearing to read 'CONNIE GIPSON', with a large loop and a long horizontal stroke extending to the left.

CONNIE GIPSON
Director (A)
Division of Adult Institutions

Attachments

cc: Jeff Macomber
Sandra Alfaro
Kelly Mitchell
Vince Cullen
Joseph Williams
Matt Espenshade
Georgia Johas-Darnell
Teuna Miranda
Russa Boyd

State of California

Department of Corrections and Rehabilitation

Memorandum

Date : December 12, 2016

To : Associate Directors, Division of Adult Institutions
Wardens
Americans with Disabilities Act Coordinators

Subject: **AMERICANS WITH DISABILITIES ACT INMATE ASSISTANCE PROGRAM**

The California Department of Corrections and Rehabilitation (CDCR) has an obligation to provide access to its programs, services, and activities for all inmates and parolees with disabilities, as required by Federal Law, the Americans with Disabilities Act (ADA), and the Armstrong Remedial Plan.

All CDCR institutions are required to have an ADA Inmate Assistance Program. The purpose of this program is to provide disabled inmates the assistance they require to access CDCR's programs, services, and activities due to their disabilities. This memorandum supersedes the March 29, 2012, Inmate Disability Assistance Program memorandum.

ADA WORKER ASSIGNMENT

Prior to assignment, institutions shall ensure:

- Classification Committees screen potential ADA workers (see Worker Requirements and Exclusionary Factors) and document these considerations on the CDCR Form 128G, *Classification Committee Chrono*.
- Inmates with disabilities shall be considered for assignment as an ADA worker with or without reasonable accommodations.
- ADA worker positions are available as needed by each Disability Placement Program (DPP) designated facility, seven days a week, during programming hours.
- Vacancies are filled utilizing the institution's current inmate assignment practice and specific ADA worker criteria.
- Wardens may designate ADA worker positions as "critical" and can be identified as paid or unpaid, per Department Operations Manual, Section 51120.1 (Article 12—Inmate Pay, Policy).
- Staff should utilize approved ADA workers as the primary resource to perform requested assistance.
- Appropriate reference material is available in ADA worker supervisor post orders.

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ADA WORKER REQUIREMENTS

ADA worker assignments shall be labeled as "A" or "B."

- Those workers labeled "A" have a higher skill set, requiring an education equivalency to the 9th grade. These workers can perform physical duties, such as pushing wheelchairs and guiding inmates, but also help with reading and writing. Suggested skill level of semi-skills from the Dictionary of Occupational Titles (DOT) is Skill Level 3-4.
- ADA workers labeled "B" do not require a 9th grade education, and can perform only required physical tasks (no reading or writing). Suggested DOT skill level of laborer is Skill Level 1-2.
- All ADA workers shall maintain a custody level no higher than Close B.
- All ADA workers shall display a mature attitude towards the disabled population and a willingness to assist any inmate as directed.

EXCLUSIONARY FACTORS

The following case factors shall preclude assignment:

- | | |
|--|-----------------------|
| • Any Security Housing Unit (SHU) term | Within past 6 months |
| • Any sexual misconduct | Within past 12 months |
| • Battery against any person* | Within past 12 months |
| • Participation in a riot* | Within past 12 months |
| • Extortion | Blanket exclusion |
| • Threats against anyone | Within past 12 months |
| • Possession, use, or distribution of controlled substance | Within past 12 months |

Inmates undergoing Reception Center processing may be preliminarily screened using above criteria and temporarily volunteer or be placed in a recognized inmate assignment as an ADA worker pending committee action.

*These two factors are generally exclusionary, but shall be reviewed on a case-by-case basis to determine whether the inmate is otherwise appropriate for placement as an ADA worker.

TRAINING

All inmates assigned as an ADA worker will be provided training on expectations, how to assist with specific disabilities, and how to assist during emergencies. The training packet (attached to this policy) shall be signed by the ADA worker and ADA worker Supervisor (or assigned trainer). The training packet will be retained with the ADA worker timecards. Copies shall be forwarded to the ADA Coordinator. The ADA Coordinator shall monitor for accuracy and retain copies.

Associate Directors, Division of Adult Institutions
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Americans with Disabilities Act Coordinators
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ADA WORKER DUTIES

ADA workers shall be permitted to assist inmates in all locations in which programs and services are offered, including, but not limited to, the below locations/programs.

- Assist or guide inmates with impairments to and from:
 - Education/Vocational Programs/Work Assignments (ADA worker shall not pass through security gates unless authorized)
 - Classification or Disciplinary Hearings (ADA worker shall not attend Hearings)
 - Dining Rooms (ADA worker may help with food trays, beverages, and seating)
 - Recreational Activities
 - Self-Help or Other Support Groups
 - Law and Regular Libraries ("A" qualified ADA workers may remain and assist with reading and writing)
 - Facility Canteen or where inmates receive their quarterly packages
 - Health Care appointments
 - Visiting
- Assist with linen exchanges and provide limited help to clean the bed/cell area. Specifically, workers may assist to procure cleaning supplies and assist the disabled inmate in cleaning his/her individual bed/cell area under the supervision of staff and the disabled inmate.
- Assist with bed moves under escort of staff.
- "A" qualified ADA workers may assist with reading or writing of correspondence, requests, forms, etc.
- Provide instruction on how to use grooming tools without actually using the tools on the disabled inmate, or arrange for barber services by others.
- Notify inmates of staff announcements, including ducat and other activity lists, made via the public address system.
- Provide instruction and assistance to inmates with hearing and vision disabilities in the use of specialized equipment, such as the Galileo Reader, Optelec Video Magnifier, tape player/recorder, Digital Talking Machine, and Telecommunication Device for the Deaf.

ADA WORKER SHALL NOT

- Attempt to provide services to those inmates who have not consented.
- Arrange trade, payment, or pressure an inmate for ADA worker services.
- Attend Classification Committees, Disciplinary Hearings, Health Care consults, or medical treatments scheduled for the disabled inmate.
- Assist with personal hygiene by using grooming tools on another inmate.
- Provide health care assistance (including interpreting or translating).
- Perform maintenance on health care appliances or durable medical equipment.

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Americans with Disabilities Act Coordinators
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- Handle canteen or property items in owner's absence.
- Provide assistance to Security Housing or Administrative Segregation inmates.
- Access the inmate's locker and/or assigned cell, unless cell access is required because they are housed together. ADA workers are permitted to access a cell to assist with sweeping and mopping, but only under the supervision of staff and with the consent of the ADA inmate.
- Access CDCR documents (CDCR Form 128, *General Chrono*, CDCR Form 115, *Rules Violation Report*, CDCR Form 602, *Inmate/Parolee Appeal* response, any confidential documents, etc.), except with the disabled inmate's consent and custody staff notification.

UNASSIGNMENT

Inmates found to meet the exclusionary factors listed above are subject to removal by way of progressive discipline, including possible unassignment.

ADA WORKER SUPERVISOR

All inmates assigned as an ADA worker will report to a designated area or work supervisor to receive daily instructions. ADA worker supervisors will provide training, maintain a CDCR Form 1697, *Inmate Supervisors Time Log*, and retain the ADA worker duty statements and training packets. Supervisors shall refer to the inmate training guide and reference material in their post orders for direction and training new inmates.

REQUESTS

For assistance with accessing programs, services, activities, and other accommodation needs, inmates may make a verbal request to staff or an ADA worker, or via written forms (CDCR Form 1824, *Request for Reasonable Accommodation*, or CDCR Form 22, *Inmate Request for Interview*). Staff may utilize assigned ADA worker to provide the assistance or may provide the assistance themselves.

SUPERVISING WORKERS

Once an inmate is identified as requiring assistance, the ADA worker supervisor or other staff member shall direct an ADA worker to provide assistance.


SAFETY AND SECURITY

ADA worker supervisors shall monitor the ADA worker program to ensure inmates receiving services are not being subjected to predatory behavior or victimization. Staff shall take immediate action and report any information of suspected misconduct by any inmate. ADA

Associate Directors, Division of Adult Institutions
Wardens
Americans with Disabilities Act Coordinators
Page 5

workers are only permitted to go beyond security sallyport gates or work change areas in accordance with institutional and departmental policy. Staff shall assess any needs beyond these areas and arrange other accommodations as deemed appropriate, including arrangements for property and canteen distribution.

If you have any questions, please contact Sadie Richmond, Correctional Administrator, Class Action Management Unit, at (916) 255-5337.


KATHLEEN ALLISON
Director
Division of Adult Institutions

Attachments

cc: John Dovey
Jeff Macomber
Connie Gipson
Lori Zamora
Cathy Etchebehere
Sadie Richmond
Evelyn Matteucci
Trina Hirsig
Russa Boyd



Americans with Disabilities Act (ADA) Workers

Inmate Name

CDCR #

PURPOSE

The California Department of Corrections and Rehabilitation (CDCR) is committed to providing assistance to inmates with disabilities. Inmates assigned to the Americans with Disabilities Act (ADA) Inmate Assistance Program shall be provided the following accountability statement, expectations, restrictions, and all associated training modules.

ACCOUNTABILITY STATEMENT

As an ADA worker, you shall review this information, initial that you have reviewed it, and sign and date the bottom of each page. The ADA worker assigned trainer will review this information with you and will also sign and date the bottom of each page. This training packet will be retained with the ADA Coordinator and a copy will be kept with your time cards.

EXPECTATIONS

You shall provide assistance regardless of race, religious beliefs, or gang affiliation. Assistance shall be directed by staff for any inmate identified as requiring assistance, including those with mobility, hearing, learning, speech, reading, writin and vision impairments. You shall be sensitive and mature while conducting your duties. If your duties entail reading and writing, you are required to have at least a 9th grade education. You must maintain a custody status which will not restrict your duties as an ADA worker. Rule violations involving violence, threats of violence, sexual misconduct, extortion, or illegal substances will result in removal from the assignment.

RESTRICTIONS

I/M Initials	ADA worker shall not provide services to those inmates who have not consented.
I/M Initials	ADA worker shall not arrange trade, payment, or pressure inmates for ADA worker services.
I/M Initials	ADA workers are prohibited from attending any setting where an inmate's confidential information may be discussed, including but not limited to: Classification Committee Hearing, Disciplinary Hearing, or Health Care/Mental Health Consults/Treatment.
I/M Initials	<p>ADA worker shall not:</p> <ol style="list-style-type: none"> 1. Assist with personal hygiene by using grooming tools on another inmate. 2. Provide Health Care assistance (including interpreting or translating for medical, dental, or mental health). 3. Perform maintenance on durable medical equipment. 4. Handle canteen or property in the owner's absence. 5. Provide assistance in Administrative Segregation or Security Housing Unit. 6. Access the inmate's locker and/or assigned cell, unless cell access is required because the ADA worker is housed with the inmate. ADA workers are permitted to access a cell to assist with sweeping and mopping, but only under the supervision of staff and with the consent of the inmate.
I/M Initials	<p>ADA worker shall not:</p> <ul style="list-style-type: none"> • Access CDCR and legal correspondence unless the inmate consents and staff approves.

Inmate Signature

Date

Trainer Name (Printed)

Trainer Signature

Date



TRAINING MODULE I - General Duties

OVERVIEW

You are expected to provide reasonable assistance to inmates housed in the facility who are identified by staff as requiring assistance.

REQUESTS

Inmates needing assistance may request assistance verbally to staff or an ADA worker, or via written (CDCR Forms 1824 or 22) request. If an inmate asks for assistance that is outside the basic forms of assistance listed below, request permission from your supervisor or another custody staff member before assisting the inmate.

FORMS OF ASSISTANCE

You may be directed by staff to perform any of the following:

I/M Initials	<ul style="list-style-type: none"> • Assist or guide inmates with impairments to and from: <ul style="list-style-type: none"> a) Education/Vocational Programs/Work Assignments (ADA worker shall not pass through security gates unless authorized). b) Classification or Disciplinary Hearings (ADA worker shall not attend Hearings). c) Dining Rooms (ADA worker may help with food trays, beverages, and seating). d) Recreational Activities. e) Self-Help or Other Support Groups. f) Law & Regular Libraries (ADA worker with a 9th grade or higher education may remain and assist with reading and writing). g) Facility Canteen and/or where inmates receive their quarterly packages. h) Health care appointments. i) Visiting.
I/M Initials	<ul style="list-style-type: none"> • Assist with linen exchanges and provide limited help to clean bed/cell area. Specifically, assist to procure cleaning supplies and assist the inmate to clean his or her individual bed/cell area under the supervision of staff and with the consent of the inmate.
I/M Initials	<ul style="list-style-type: none"> • Assist with bed moves under escort of staff.
I/M Initials	<ul style="list-style-type: none"> • Assist with reading or writing: Correspondence including submitting letters, requests, forms, etc. (See Reading and Writing Training Module for specifics)
I/M Initials	<ul style="list-style-type: none"> • Provide instruction on how to use grooming tools without actually using the tools on the inmate, or arrange for barber services by others.
I/M Initials	<ul style="list-style-type: none"> • Relay staff announcements, including ducat lists and other activity lists, made via the public address system.

SECURITY/CONFLICTS

If at any time a conflict or other security concern arises with an inmate, you shall act within the rules set forth in the California Code of Regulations, Title 15, Section 3005 (Conduct).

Inmate Signature

Date

Trainer Name (Printed)

Trainer Signature

Date



TRAINING MODULE II - Safe Practices

OVERVIEW

You will be working with inmates who are disabled and who may have other health related issues. Preventing exposure, illness, and injury to you and the inmate who is disabled is paramount.

SAFE WORK PLACE CONDITIONS

- Report all unsafe/hazardous conditions to your supervisor.
- Report all accidents, injuries, and illnesses to your supervisor.
- Fire Extinguishers shall be kept clear at all times.
- Keep floor surfaces clean and dry.
- Exits, aisles, stairways, and hallways shall be kept clear and well lit.

SAFE WORK PRACTICES

1. Attend safety training as required by your work supervisor.
2. Keep floor surfaces in the work area clean and dry.
3. Adequate aisle space shall be maintained.
4. File cabinet doors/drawers shall be opened one at a time, and carefully closed when not in use.
5. Keep hands and clothes clear of paper paths when using shredder, paper cutter, and copier.
6. Be aware of proper storage, disposal, and usage of hazardous/toxic materials within your work area.
7. Do not stack material/supplies above shoulder height.
8. Work place shall be kept free of debris, floor storage, and electrical cords.
9. Exercise caution while moving above the work area.
10. When carrying heavy loads, exercise appropriate lifting/carrying techniques to avoid overexertion and strain.
11. Inspect electrical cords and outlets before using.
12. Workers shall familiarize themselves with emergency evacuation procedures.
13. NO HORSEPLAY AT ANY TIME.

UNIVERSAL PRECAUTIONS

Universal precautions are steps taken to prevent blood borne pathogens/infectious disease exposure including personal protective equipment, coupled with treating all bodily fluids as infectious. Key components for you as an inmate worker to practice include:

- Hand washing and covering injuries such as cuts and scrapes with barriers such as band aids.
- Use of personal protective equipment such as routine use of latex gloves and when necessary, masks, gowns, etc.

Staff or inmate workers properly trained in dealing with hazardous materials and sanitizing areas must properly decontaminate any exposed equipment, dispose of all infectious waste, and ensure safe environmental practices are followed.

Inmate Signature

Date

Trainer Name (Printed)

Trainer Signature

Date



TRAINING MODULE III - Effective Communication

When talking with a person with a disability, speak directly to that person rather than through a companion or sign language interpreter who may be present.

When meeting a person with a visual impairment, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.

If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.

Treat adults as adults. Address people who have disabilities with their proper names when extending the same familiarity to all others present. (Never patronize people who use wheelchairs by patting them on the head or shoulder.)

Leaning or hanging on a person's wheelchair is similar to leaning or hanging on a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it.

Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod, or a shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding.

When speaking with a person in a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.

To get the attention of a person who is hearing impaired, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to establish if the person can read your lips. Not all people with a hearing impairment can lip read. For those who do lip-read, be sensitive to their needs by placing yourself facing the light source and keeping hands and food away from your mouth when speaking.

Relax. Don't be embarrassed if you happen to use accepted, common expressions that seem to relate to the person's disability, such as "see you later" or "did you hear about this."

-Adapted from "The Ten Commandments of Communicating with People with Disabilities," originally developed by United Cerebral Palsy Associations, Washington D.C.

Other Disabilities:

Inmates with Developmental and Learning Disabilities may also require assistance. Communication with these inmates may require:

- ✓ Patience.
- ✓ Additional time to respond.
- ✓ Different communication methods.
- ✓ Repeating your instructions using slow, simple English, and having them repeat back your instructions in their own words.

Inmate Signature

Date

Trainer Name (Printed)

Trainer Signature

Date



TRAINING MODULE IV: Reading and Writing Assistance

OVERVIEW

Staff may identify and assign you as a skilled worker who can assist with reading or writing. These workers require an education equivalency to the 9th grade. These inmates may also perform physical duties such as pushing wheelchairs and guiding inmates.

GUIDELINES

You will only assist with reading and writing correspondence, request slips, and other CDCR forms outlined below, as provided by the inmate and the forms that are approved by staff. **(You shall NOT access CDCR and legal correspondence unless the inmate consents and staff approves)**

COMMON CDCR FORMS

- | | |
|---------------------------|--|
| Form 22 | ➤ Used to request an item, interview, or service. Inmates are encouraged to utilize these for requesting assistance. |
| Form 1824 | ➤ Used to request a reasonable accommodation for access to programs, services, and activities. |
| Form 602 | ➤ Used to file a complaint or grievance regarding any condition an inmate feels is adversely affecting their welfare while in the custody of CDCR. |
| Form 602HC | ➤ Used to file a complaint or grievance regarding health care decisions, actions or policies. |
| Form 7362 | ➤ Used to request Medical, Dental, and/or Mental Health services. |
| Institution Request Slips | ➤ Various Request slips are used by institutions for laundry, supplies, etc. |

I/M Signature

Date

Trainer Name (Printed)

Trainer Signature

Date



TRAINING MODULE V: Escorting & Guiding

OVERVIEW

As identified in general duties, you may be assigned to provide assistance to an inmate by way of pushing a wheelchair and or guiding them from one location to another.

GUIDELINES

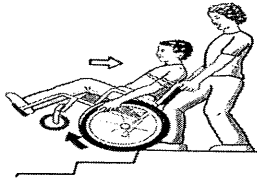
Escortng or guiding entails providing assistance to facilitate a change of location. You are not required to lift an inmate into a wheelchair. Below are specific steps to follow for escorting.

WHEELCHAIRS

- Always make sure the brake is set when the wheelchair is in a stationary position. When applying or releasing the brake, brace your opposite hand onto something for stability.
- Always push rather than pull the wheelchair, whenever possible.
- When going over small bumps on a floor transition, a threshold or into/out of an elevator, use downward force on the back of the chair to ease pressure on the front.
- Make sure the inmate's feet are on the foot rests to prevent dragging and possible injury, as well as allow the caregiver to easily move the wheelchair.
- Be careful not to hang heavy bags or other objects on the back of the chair as this can cause the chair to become unbalanced (or tilt backwards), especially on wheelchairs for smaller adults and children.
- Always back down slowly when descending slopes and ramps. Never hold the wheelchair from the front.
- Always make sure there is a clear pathway.
- In the event of an emergency, you may have to utilize stairs to evacuate the client.

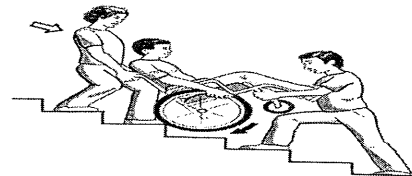
Up/Backward:

1. Assistant pulls backwards and upwards
2. Wheelchair user can assist by pulling the push rims backwards.



Down/Forward:

1. Tilt the wheelchair on back wheels.
2. Assistant lets the back wheels slowly roll down one step at a time.
3. Wheelchair user can assist by controlling the push rims.
4. An extra person can hold the front.



GUIDING VISION IMPAIRED INMATES

- Do not take hold of a guide cane if used. Breaking their concentration is dangerous.
- Be precise in directions, "go straight ahead about 100 steps," instead of "go over there."
- Ask which side they'd like to be guided on or stand on the opposite side of their cane.
- Let them take your arm above the elbow (straight or bent); have them walk a half pace behind you following your movements up or down steps and around obstacles.
- Keep your arm close to your body so they can follow your movements.
- Before stepping off or onto a curb or stairs, pause and tell them it's about to happen.
- When leaving them, let them know you are leaving.

Inmate Signature

Date

Trainer Name (Printed)

Trainer Signature

Date



TRAINING MODULE VI: Emergency Evacuation

OVERVIEW

Inmates with disabilities may require special assistance during an evacuation.

SPECIFICS

Should staff assess that it is safe to do so, you may be asked to assist with evacuating an inmate during various emergencies. Individuals with disabilities are the most familiar with their need for assistance during an evacuation. The following procedure is to be adhered to by inmate workers:

1. If staff requests your assistance, and for any reason you are unable to assist, notify the staff requesting your assistance.
2. If able to assist, follow specific instructions given by staff as to what assistance is needed for which inmate, and where they are.
3. Perform your duties as instructed as to not risk your own personal safety.
4. Inform staff if you are unable to perform what is asked; follow all future instructions; and report to where you are told to go, where all other inmates were directed, or where the posted evacuation plan or exit signs are.

I/M Signature

Date

Trainer Name (Printed)

Trainer Signature

Date

EXHIBIT S

In California's crowded prison system, COVID-19 takes the vulnerable

[sfchronicle.com/bayarea/article/In-California-s-crowded-prison-system-COVID-19-15273236.php](https://www.sfchronicle.com/bayarea/article/In-California-s-crowded-prison-system-COVID-19-15273236.php)

Jason Fagone

May 18, 2020

4



Tracy and Melford Henson had been married for more than six years. Melford, 65, a retired carpenter serving a prison sentence for a DUI and scheduled to be released later this year, became one of the first people in the California prison system to die after contracting COVID-19. Photo: Courtesy Tracy Henson

Do not sell my data



2of4Melford Henson contracted the coronavirus after an outbreak spread at his prison in Chino. He died on May 6. Photo: Courtesy Tracy Henson





3of4Tracy Henson poses for a portrait outside her home in Portola, Calif. on Thursday, May 14, 2020. Henson's husband, Melford, was a prisoner at the California Institution for Men in Chino, serving time for a DUI. He was scheduled to get out before the end of the year, but he contracted COVID-19 and died at a local hospital on May 6. Photo: David Calvert / Special to The Chronicle



4of4Tracy Henson was expecting her husband, a retired carpenter serving time for a DUI, to be released from prison this year, but he contracted COVID-19 and died. Photo: David Calvert / Special to The Chronicle

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Three weeks before Melford Henson became sick with COVID-19, his wife, Tracy, got a new puppy.

She told him about the dog in April during one of the daily phone calls they exchanged while Henson was behind bars. Since last year, he had been serving time for a DUI at the California Institution for Men, a state prison in the Southern California town of Chino. But there was a strong chance he would be released by the end of 2020, and the couple were looking forward to being back together.

A muscular man of 65 with paper-white hair and a thick white mustache, Henson was classified as a Level 1 prisoner, the lowest security level in the system, meaning that the state thought he posed a minimal risk of reoffending. His health had been poor for years — heart attacks, hepatitis C — and a prison official had already interviewed his wife about the possibility of Henson serving the last few months of his sentence on home detention. If all went to plan, he would wear an ankle bracelet and live with her at her apartment in Portola in Northern California, a nine-hour drive from the prison.

“He was going to get it together and make sure he didn’t drink,” she recalled. “He was soft-spoken. He was kind. He was caring. He was loving. I don’t know what else to say. I loved him dearly.”

On the phone that day, they discussed possible names for the new puppy, a Chihuahua adopted from a rescue shelter. He suggested Son. So she started calling the dog Sonny.

That was one of the last times they spoke.

On April 29, after three days of unexplained silence from Henson that sent Tracy into a panic, she got a brief call from a community hospital near the prison: Her husband was there, fighting COVID-19. A day or two later, someone from the prison called to let her know that Henson was on a ventilator. And on May 6, just a week after she lost touch with him, Henson died — one of the first Californians killed by the virus while in custody of the state's sprawling and overcrowded prison system.

California owns 34 prisons. At least four of those are now dealing with outbreaks of COVID-19: the California Institution for Men, the nearby California Institution for Women, the Los Angeles County prison and the California Men's Colony in San Luis Obispo. All told, more than 600 prisoners and nearly 200 staffers have tested positive for the virus, and five male prisoners have died, including Henson.

The state prison system has taken "unprecedented actions" in response to COVID-19, according to Dana Simas, spokeswoman for the California Department of Corrections and Rehabilitation. Since the start of the pandemic, the state has sped up the release of 3,500 prisoners who were within 60 days of their scheduled release dates, and another 1,900 inmates have been moved to vacant spaces and tents within the facilities, to create more distance between prisoners.

But the prison system remains overcrowded, housing about 109,000 prisoners in facilities designed for 85,000. The state's attorneys have admitted in federal court that achieving 6 feet of social distancing inside prisons may be impossible.

Prisoner advocates say the state is dragging its feet and needs to do much more. Attorneys for inmates have called for tens of thousands of prisoners to be released or relocated, particularly inmates who are older and in poor health, making them easy prey for the virus. People like Melford Henson.



Tracy and Melford Henson. Tracy had gotten a new puppy to share with Mel when he was released from prison.

Photo: Courtesy Tracy Henson

What happened to Henson is “a terrible story,” said Michael Bien, an attorney who has represented California prisoners for 30 years. “This is the kind of case that keeps me up at night, because I just know there are so many people like this who are left inside.”

Of the 109,000 people held in state prisons, about a quarter are older than 50, and the prison health care system considers 17,000 inmates to be medically high risk. For these prisoners, the coronavirus could amount to a death sentence.

By any measure, Henson was one of the most vulnerable.

Born in Riverside in Southern California in 1954, he grew up near Bloomington (San Bernardino County), raised by his stepmother. According to family and friends, he struggled from a young age with alcohol addiction, though he went into recovery and worked productively for many years as a carpenter, framing houses.

“Mel was pretty rough, back in the day,” said Sandy Lipsky, a longtime friend and member of his church. “We were all pretty rough. A lot of people got cleaned up.”

In his late 20s, he built a family and became a Christian, marrying a woman from Texas and joining a church in Rialto (San Bernardino County). He went to work for a small engineering company in nearby Colton, assembling low-power Christian television stations. Five feet 11 and husky, with broad shoulders, he was an avid golfer, and he loved to fish in the streams and lakes of Southern California.

Tracy was not his first wife. According to one of his former wives, who did not want to give her name, Henson’s size could make him seem intimidating, and he battled some personal demons. But he was fundamentally a kindhearted and tender person, she said, and he often stuck up for underdogs — for people who were smaller than him or were being exploited.



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Tracy Henson says the prison and the hospital where her husband was sent after he contracted the coronavirus gave her very little information.

Photo: David Calvert / Special to The Chronicle

Henson's sobriety lasted about two decades. Then came a series of relapses and health setbacks: heart attacks, surgeries. In early 2019, he rolled his truck while drunk in Plumas County, family and friends said. Because he had previous traffic convictions and his driver's license had already been revoked, a court imposed a 32-month sentence, to be served at the California Institution for Men.

When Henson entered the Chino prison in May 2019, it was already notorious for its overcrowded, dorm-style housing units, where more than a thousand men are packed together mere feet from each other, sharing toilets and squeezing past each other in narrow hallways.

Two months earlier, Rita Lomio, a staff attorney with the Prison Law Office, toured the prison to observe the living conditions there. What she saw horrified her, she said.

The dorms were full of the old and the sick, living in bunks spaced 2 or 3 feet apart. There were men with walkers, men with wheelchairs, men who were blind. "To get anywhere, you had to bump into people, be very close to people," Lomio recalled. "They're sort of on top of each other."

On March 25 this year, the Prison Law Office and Bien's law firm filed a motion in federal court, trying to force the state to take emergency measures to protect prisoners and prison staff from the deadly coronavirus. The motion called for sweeping releases of low-risk prisoners and focused on the danger of dorm-style housing units that are common throughout the system, including the dorms at the California Institution for Men, arguing that they were a powder keg for the virus and "ripe for outbreak."

"The prisons house tens of thousands of people in crowded dormitories where they live, sleep, and bathe within feet — sometimes inches — of each other," the motion read. "The only way to achieve social distancing in the crowded dorms is to significantly reduce the population in those units."

On April 4, a panel of three federal circuit and district judges in California — Kim McLane Wardlaw, Kimberly Mueller and Jon Tigar — rejected the motion on a technicality, saying they didn't have the power to order prisoner releases.

When the attorneys tried again, filing a similar motion before Judge Tigar, they were shot down a second time. On April 17, Tigar ruled that the state was already taking “reasonable” steps to fight the virus in prisons.

But all the while, the virus was tearing through the prison system.

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By Tatiana Sanchez

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- Local

By Alejandro Serrano, Anna Bauman, Michael Cabanatuan, Ron Kroichick and Rita Beamish

Coronavirus live updates

When the attorneys filed the first emergency motion on March 25, there was only a single confirmed coronavirus case among all state prisoners. A month later, that number reached 195 — and kept climbing.

And the largest outbreak was at the California Institution for Men, where the dorms were providing an ideal environment for viral spread, just as prisoner advocates had warned.

Henson was scared. In his phone calls from prison, he told family and friends he was certain he would be infected, they said.

He explained that the situation in his dorm was deteriorating. The prisoner in the bunk next to him was a disabled man with hearing problems who was confined to a wheelchair. According to his friend Sandy Lipsky, Henson often pushed the disabled prisoner through the dorm in his chair, and when the man grew frustrated that he couldn't hear the conversations of other prisoners, "Mel would bend down and repeat what was said in his ear," Lipsky said. "This was Mel, always rooting for the underdog."

In April, Henson told his family on the phone that the man in the wheelchair was running a high fever and probably had COVID-19. Henson wondered whether he had been exposed.

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EXHIBIT T

CDCR
REPORT NO. IJPR178 - 02

CURRENT JOB ROSTER

PROCESSED: 05/15/2020 11:12

REQUESTOR: B. Castorena

FACILITY: CIM-Facility A
SUPERVISOR: Johnson, Nathan

SECTION LOCATION: FACILITY A ADA ASSISTANT 3/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 002							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
		Medium (A)	Hispanic	A	AD2.002.001	ADA Worker Non-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30
								18:00	22:00
		Medium (A)	White	A	AD2.002.002	ADA Worker Non-Skilled 3W	Sun, Wed, Thu, Fri, Sat	14:00	17:30
								18:00	22:00
		Minimum (A)	White	A	AD2.002.003	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	White	C	AD2.002.004	ADA Worker Non-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30
								18:00	22:00
		Medium (A)	Filipino	A	AD2.002.005	ADA Worker Non-Skilled 3W	Sun, Mon,Tue,Wed,Sat	14:00	17:30
								18:00	22:00
		Medium (A)	Mexican	A	AD2.002.006	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	Mexican	A	AD2.002.007	ADA Worker Non-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30
								18:00	22:00
		Medium (A)	Black	B	AD2.002.008	ADA Worker Non-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30
								18:00	22:00
		Medium (A)	Mexican	A	AD2.002.009	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	Mexican	A	AD2.002.010	ADA Worker Non-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30
								18:00	22:00
		Medium (A)	Black	A	AD2.002.011	ADA Worker Non-Skilled 3W	Sun, Wed, Thu, Fri, Sat	14:00	17:30
								18:00	22:00
		Medium (A)	Hispanic	A	AD2.002.012	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	Black	A	AD2.002.013	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	Other	A	AD2.002.014	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	Mexican	A	AD2.002.015	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30

CDCR
REPORT NO. IJPR178 - 02

CURRENT JOB ROSTER

PAGE: 2 of 12
PROCESSED: 05/15/2020 11:12
REQUESTOR: B. Castorena

FACILITY: CIM-Facility A
SUPERVISOR: Johnson, Nathan

SECTION LOCATION: FACILITY A ADA ASSISTANT 3/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 002							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
								18:00	22:00
TOTAL COUNT: 15									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	20% *	20% *	47%	0%	13% *
FACILITY	37%	13%	40%	2%	8%

CDCR
REPORT NO. IJPR178 - 02

CURRENT JOB ROSTER

PROCESSED: 05/15/2020 11:12

REQUESTOR: B. Castorena

FACILITY: CIM-Facility A

SUPERVISOR: Liera, George

SECTION LOCATION: FACILITY A ADA ASSISTANT 2/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 001							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
		Medium (A)	White	A	AD2.001.001	ADA Worker Non-Skilled	Monday through Friday	06:00	10:00
								10:30	14:00
		Medium (A)	Black	A	AD2.001.002	ADA Worker Non-Skilled	Sun, Wed, Thu, Fri, Sat	06:00	10:00
								10:30	14:00
		Medium (A)	Hispanic	C	AD2.001.003	ADA Worker Non-Skilled	Sun,Mon,Tue, Fri,Sat	06:00	10:00
								10:30	14:00
		Medium (A)	Hispanic	A	AD2.001.004	ADA Worker Non-Skilled	Monday through Friday	06:00	10:00
								10:30	14:00
		Medium (A)	Mexican	A	AD2.001.005	ADA Worker Non-Skilled	Sun, Wed, Thu, Fri, Sat	06:00	10:00
								10:30	14:00
		Medium (A)	Hispanic	B	AD2.001.006	ADA Worker Non-Skilled	Sun,Mon,Tue, Fri,Sat	06:00	10:00
								10:30	14:00
		Medium (A)	Hispanic	A	AD2.001.007	ADA Worker Non-Skilled	Monday through Friday	06:00	10:00
								10:30	14:00
		Medium (A)	Mexican	A	AD2.001.008	ADA Worker Non-Skilled	Sun, Wed, Thu, Fri, Sat	06:00	10:00
								10:30	14:00
		Medium (A)	White	A	AD2.001.009	ADA Worker Non-Skilled	Sun,Mon,Tue, Fri,Sat	06:00	10:00
								10:30	14:00
		Medium (A)	Black	A	AD2.001.010	ADA Worker Non-Skilled	Monday through Friday	06:00	10:00
								10:30	14:00
		Minimum (A)	White	A	AD2.001.011	ADA Worker Non-Skilled	Sun, Wed, Thu, Fri, Sat	06:00	10:00
								10:30	14:00
		Medium (A)	White	A	AD2.001.012	ADA Worker Non-Skilled	Sun,Mon,Tue, Fri,Sat	06:00	10:00
								10:30	14:00
		Medium (A)	Hispanic	A	AD2.001.013	ADA Worker Non-Skilled	Sun,Mon,Tue, Fri,Sat	06:00	10:00
								10:30	14:00
		Medium (A)	Hispanic	A	AD2.001.014	ADA Worker Non-Skilled	Sun,Mon,Tue, Fri,Sat	06:00	10:00
								10:30	14:00
		Medium (A)	Other	A	AD2.001.015	ADA Worker Non-Skilled	Sun,Mon,Tue, Fri,Sat	06:00	10:00

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CURRENT JOB ROSTER

PAGE: 4 of 12
PROCESSED: 05/15/2020 11:12
REQUESTOR: B. Castorena

FACILITY: CIM-Facility A
SUPERVISOR: Liera, George

SECTION LOCATION: FACILITY A ADA ASSISTANT 2/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 001							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
								10:30	14:00
TOTAL COUNT: 15									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	27% *	13%	53% *	0%	7%
FACILITY	39%	15%	44%	2%	8%

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CURRENT JOB ROSTER

PAGE: 5 of 12
PROCESSED: 05/15/2020 11:12
REQUESTOR: B. Castorena

FACILITY: CIM-Facility B
SUPERVISOR: Mosqueda, John

SECTION LOCATION: FAC B ADA ASSISTANTS

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 001							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
VACANT					AD2.001.001	ADA Worker Non-Skilled 2W	Sun, Wed, Thu, Fri, Sat	06:00	10:00
								10:30	14:00
TOTAL COUNT: 1									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	0%	0%	0%	0%	0%
FACILITY	39%	15%	44%	2%	8%

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REPORT NO. IJPR178 - 02

CURRENT JOB ROSTER

PAGE: 6 of 12
PROCESSED: 05/15/2020 11:12
REQUESTOR: B. Castorena

FACILITY: CIM-Facility B
SUPERVISOR: Vasquez, Luis

SECTION LOCATION: FAC B ADA ASSISTANTS

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 002							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
VACANT					AD2.002.001	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30
TOTAL COUNT: 1									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	0%	0%	0%	0%	0%
FACILITY	39%	15%	44%	2%	8%

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REPORT NO. IJPR178 - 02

CURRENT JOB ROSTER

PAGE: 7 of 12
PROCESSED: 05/15/2020 11:12
REQUESTOR: B. Castorena

FACILITY: CIM-Facility C
SUPERVISOR: Franklin, Jeffrey

SECTION LOCATION: FACILITY C ADA 2/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 001							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
		Medium (A)	Hispanic	C		AD2.001.001 ADA Worker Non-Skilled 2W	Monday through Friday	06:00	10:00
		Medium (A)	Black	C		AD2.001.002 ADA Worker Non-Skilled 2W	Monday through Friday	06:00	10:00
		Medium (A)	White	C		AD2.001.003 ADA Worker Non-Skilled 2W	Sun, Wed, Thu, Fri, Sat	06:00	10:00
		Medium (A)	White	C		AD2.001.004 ADA Worker Non-Skilled 2W	Sun,Mon,Tue, Fri,Sat	06:00	10:00
		Medium (A)	White	C		AD2.001.005 ADA Worker Non-Skilled 2W	Monday through Friday	06:00	10:00
		Medium (A)	White	C		AD2.001.006 ADA Worker Non-Skilled 2W	Monday through Friday	06:00	10:00
		Medium (A)	Black	C		AD2.001.007 ADA Worker Non-Skilled 2W	Sun,Mon,Tue, Fri,Sat	06:00	10:00
		Medium (A)	White	C		AD2.001.008 ADA Worker Non-Skilled 2W	Monday through Friday	06:00	10:00
TOTAL COUNT:		8							

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	63% *	25% *	13% *	0%	0% *
FACILITY	42%	15%	39%	2%	7%

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CURRENT JOB ROSTER

PAGE: 8 of 12
PROCESSED: 05/15/2020 11:12
REQUESTOR: B. Castorena

FACILITY: CIM-Facility C
SUPERVISOR: Gassaway, Kevin M

SECTION LOCATION: FACILITY C ADA 3/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 002									
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME		
[REDACTED]	[REDACTED]	Medium (A)	White	C	[REDACTED]	AD2.002.001	ADA Worker Non-Skilled 3W	Sun, Wed, Thu, Fri, Sat	14:00	17:30	
										18:00	22:00
		Medium (A)	Hispanic	C		AD2.002.002	ADA Worker Non-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30	
										18:00	22:00
		Medium (A)	Black	C		AD2.002.003	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30	
										18:00	22:00
		Medium (A)	Black	C		AD2.002.004	ADA Worker Non-Skilled 3W	Sun, Wed, Thu, Fri, Sat	14:00	17:30	
										18:00	22:00
Medium (A)	White	C	AD2.002.005	ADA Worker Non-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30				
							18:00	22:00			
Medium (A)	Hispanic	C	AD2.002.006	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30				
							18:00	22:00			
Medium (A)	White	C	AD2.002.007	ADA Worker Non-Skilled 3W	Sun, Wed, Thu, Fri, Sat	14:00	17:30				
							18:00	22:00			
Medium (A)	White	C	AD2.002.008	ADA Worker Non-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30				
							18:00	22:00			
TOTAL COUNT: 8											

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	50% *	25% *	25% *	0%	0% *
FACILITY	42%	15%	39%	2%	7%

CURRENT JOB ROSTER

FACILITY: CIM-Facility D
SUPERVISOR: Lizarraga, Adam

SECTION LOCATION: F/D ADA ASSISTANT 3/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 002								
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME	
[REDACTED]		Medium (A)	Black	D	[REDACTED]	AD2.002.001	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00	
		Minimum (A)	White	D	[REDACTED]	AD2.002.002	ADA Worker Non-Skilled 3W	Sunday through Thursday	14:00	17:30
								18:00	22:00	
		Minimum (A)	American Indian	D	[REDACTED]	AD2.002.005	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00	
		Minimum (A)	Black	D	[REDACTED]	AD2.002.006	ADA Worker Non-Skilled 3W	Sunday through Thursday	14:00	17:30
								18:00	22:00	
		Minimum (B)	Black	D	[REDACTED]	AD2.002.007	ADA Worker Non-Skilled 3W	Sun,Mon,Thu,Fri,Sat	14:00	17:30
								18:00	22:00	
	Minimum (A)	Hispanic	D	[REDACTED]	AD2.002.008	ADA Worker Non-Skilled 3W	Sun, Mon,Tue,Wed,Sat	14:00	17:30	
							18:00	22:00		
	Minimum (A)	Hispanic	D	[REDACTED]	AD2.002.010	ADA Worker Non-Skilled 3W	Sunday through Thursday	14:00	17:30	
							18:00	22:00		
	Minimum (A)	Mexican	D	[REDACTED]	AD2.002.011	ADA Worker Non-Skilled 3W	Sun,Mon,Thu,Fri,Sat	14:00	17:30	
							18:00	22:00		
	Medium (A)	White	D	[REDACTED]	AD2.002.013	ADA Worker Non-Skilled 3W	Sun, Mon,Tue,Wed,Sat	14:00	17:30	
							18:00	22:00		
	Minimum (A)	Black	D	[REDACTED]	AD2.002.014	ADA Worker Non-Skilled 3W	Sun, Mon,Tue,Wed,Sat	14:00	17:30	
							18:00	22:00		
VACANT					AD2.002.003	ADA Worker Non-Skilled 3W	Sun,Mon,Thu,Fri,Sat	14:00	17:30	
							18:00	22:00		
VACANT					AD2.002.004	ADA Worker Non-Skilled 3W	Sun, Mon,Tue,Wed,Sat	14:00	17:30	
							18:00	22:00		
VACANT					AD2.002.009	ADA Worker Non-Skilled 3W	Monday through Friday	14:00	17:30	
							18:00	22:00		
VACANT					AD2.002.012	ADA Worker Non-Skilled 3W	Sun, Mon,Tue,Wed,Sat	14:00	17:30	
							18:00	22:00		
VACANT					AD2.002.015	ADA Worker Non-Skilled 3W	Sun, Mon,Tue,Wed,Sat	14:00	17:30	

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CURRENT JOB ROSTER

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REQUESTOR: B. Castorena

FACILITY: CIM-Facility D
SUPERVISOR: Lizarraga, Adam

SECTION LOCATION: F/D ADA ASSISTANT 3/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 002							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
								18:00	22:00
TOTAL COUNT: 15									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	20% *	40% *	30% *	10% *	0% *
FACILITY	39%	21%	36%	1%	7%

CURRENT JOB ROSTER

FACILITY: CIM-Facility D
SUPERVISOR: Van Fossan II, Charles D

SECTION LOCATION: F/D ADA ASSISTANT 2/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 001								
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME	
[REDACTED]		Medium (A)	Hispanic	D	[REDACTED]	AD2.001.001	ADA Worker Non-Skilled 2W	Monday through Friday	06:00	10:00
									10:30	14:00
		Minimum (A)	Black	D	[REDACTED]	AD2.001.002	ADA Worker Non-Skilled 2W	Sunday through Thursday	06:00	10:00
									10:30	14:00
		Minimum (A)	Black	D	[REDACTED]	AD2.001.003	ADA Worker Non-Skilled 2W	Sun,Mon,Thu,Fri,Sat	06:00	10:00
									10:30	14:00
		Minimum (A)	White	D	[REDACTED]	AD2.001.004	ADA Worker Non-Skilled 2W	Sun, Mon,Tue,Wed,Sat	06:00	10:30
									11:00	14:00
		Medium (A)	Hispanic	D	[REDACTED]	AD2.001.005	ADA Worker Non-Skilled 2W	Monday through Friday	06:00	10:00
									10:30	14:00
		Minimum (A)	Hispanic	D	[REDACTED]	AD2.001.006	ADA Worker Non-Skilled 2W	Sunday through Thursday	06:00	10:00
									10:30	14:00
		Minimum (A)	Black	D	[REDACTED]	AD2.001.007	ADA Worker Non-Skilled 2W	Sun,Mon,Thu,Fri,Sat	06:00	10:00
									10:30	14:00
	Minimum (A)	White	D	[REDACTED]	AD2.001.008	ADA Worker Non-Skilled 2W	Sun, Mon,Tue,Wed,Sat	06:00	10:30	
								11:00	14:00	
	Minimum (A)	Black	D	[REDACTED]	AD2.001.010	ADA Worker Non-Skilled 2W	Sunday through Thursday	06:00	10:00	
								10:30	14:00	
	Medium (A)	Black	D	[REDACTED]	AD2.001.011	ADA Worker Non-Skilled 2W	Sun,Mon,Thu,Fri,Sat	06:00	10:00	
								10:30	14:00	
	Minimum (A)	Hispanic	D	[REDACTED]	AD2.001.012	ADA Worker Non-Skilled 2W	Sun, Mon,Tue,Wed,Sat	06:00	10:30	
								11:00	14:00	
	Medium (A)	Black	D	[REDACTED]	AD2.001.013	ADA Worker Non-Skilled 2W	Sun, Mon,Tue,Wed,Sat	06:00	10:30	
								11:00	14:00	
	Medium (A)	Black	D	[REDACTED]	AD2.001.014	ADA Worker Non-Skilled 2W	Sun, Mon,Tue,Wed,Sat	06:00	10:30	
								11:00	14:00	
VACANT					AD2.001.009	ADA Worker Non-Skilled 2W	Monday through Friday	06:00	10:00	
								10:30	14:00	
VACANT					AD2.001.015	ADA Worker Non-Skilled 2W	Sun, Mon,Tue,Wed,Sat	06:00	10:30	

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CURRENT JOB ROSTER

PAGE: 12 of 12
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REQUESTOR: B. Castorena

FACILITY: CIM-Facility D
SUPERVISOR: Van Fossan II, Charles D

SECTION LOCATION: F/D ADA ASSISTANT 2/W

ASSIGNMENT: ADA Worker - Non-Skilled		SECTION: 001							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
								11:00	14:00
TOTAL COUNT: 15									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	15% *	54% *	31% *	0%	0% *
FACILITY	39%	21%	36%	1%	7%

EXHIBIT U

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CURRENT JOB ROSTER

PAGE: 1 of 8
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REQUESTOR: B. Castorena

FACILITY: CIM-Facility A
SUPERVISOR: Johnson, Nathan

SECTION LOCATION: FACILITY A ADA ASSISTANT 3/W

ASSIGNMENT: ADA Worker - Semi-Skilled		SECTION: 002							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
		Medium (A)	Black	A		AD1.002.001 ADA Worker Lead Person 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	White	A		AD1.002.002 ADA Worker Semi-Skilled 3W	Sun, Wed, Thu, Fri, Sat	14:00	17:30
								18:00	22:00
		Medium (A)	Hispanic	A		AD1.002.003 ADA Worker Semi-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	Black	A		AD1.002.004 ADA Worker Semi-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	White	A		AD1.002.005 ADA Worker Semi-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	Other	A		AD1.002.006 ADA Worker Semi-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00

TOTAL COUNT: 6

ETHNIC BALANCE						
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER	
ROSTER	33%	33% *	17% *	0%	17%	*
FACILITY	37%	13%	40%	2%	8%	

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REPORT NO. IJPR178 - 02

CURRENT JOB ROSTER

PAGE: 2 of 8
PROCESSED: 05/15/2020 11:13
REQUESTOR: B. Castorena

FACILITY: CIM-Facility A
SUPERVISOR: Liera, George

SECTION LOCATION: FACILITY A ADA ASSISTANT 2/W

ASSIGNMENT: ADA Worker - Semi-Skilled		SECTION: 001								
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME	
		Medium (A)	White	A		AD1.001.001	ADA Worker Lead Person 2W	Monday through Friday	06:00	10:00
									10:30	14:00
		Medium (A)	White	A		AD1.001.002	ADA Worker Semi-Skilled 2W	Sun,Mon,Thu,Fri,Sat	06:00	10:00
									10:30	14:00
		Medium (A)	Other	A		AD1.001.003	ADA Worker Semi-Skilled 2W	Sun,Mon,Tue, Fri,Sat	06:00	10:00
									10:30	14:00
		Medium (A)	Hispanic	A	AD1.001.004	ADA Worker Semi-Skilled 2W	Sun,Mon,Tue, Fri,Sat	06:00	10:00	
								10:30	14:00	
		Medium (A)	White	A	AD1.001.005	ADA Worker Semi-Skilled 2W	Sun,Mon,Tue, Fri,Sat	06:00	10:00	
								10:30	14:00	
		Medium (A)	White	A	AD1.001.006	ADA Worker Semi-Skilled 2W	Monday through Friday	06:00	10:00	
								10:30	14:00	

TOTAL COUNT: 6

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	67% *	0% *	17% *	0%	17% *
FACILITY	37%	13%	40%	2%	8%

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REPORT NO. IJPR178 - 02

CURRENT JOB ROSTER

PAGE: 3 of 8
PROCESSED: 05/15/2020 11:13
REQUESTOR: B. Castorena

FACILITY: CIM-Facility B
SUPERVISOR: Mosqueda, John

SECTION LOCATION: FAC B ADA ASSISTANTS

ASSIGNMENT: ADA Worker - Semi-Skilled		SECTION: 001							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
VACANT					AD1.001.001	ADA Worker Semi-Skilled 2W	Monday through Friday	06:00	10:00
								10:30	14:00
TOTAL COUNT: 1									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	0%	0%	0%	0%	0%
FACILITY	39%	14%	41%	2%	8%

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CURRENT JOB ROSTER

PAGE: 4 of 8
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REQUESTOR: B. Castorena

FACILITY: CIM-Facility B
SUPERVISOR: Vasquez, Luis

SECTION LOCATION: FAC B ADA ASSISTANTS

ASSIGNMENT: ADA Worker - Semi-Skilled		SECTION: 002							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
VACANT					AD1.002.001	ADA Worker Semi-Skilled 3W	Tue,Wed,Thu,Fri,Sat	14:00	17:30
								18:00	22:00
TOTAL COUNT: 1									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	0%	0%	0%	0%	0%
FACILITY	39%	14%	41%	2%	8%

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CURRENT JOB ROSTER

PAGE: 5 of 8
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REQUESTOR: B. Castorena

FACILITY: CIM-Facility C
SUPERVISOR: Franklin, Jeffrey

SECTION LOCATION: FACILITY C ADA 2/W

ASSIGNMENT: ADA Worker - Semi-Skilled		SECTION: 001							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
		Medium (A)	White	C	AD1.001.001	ADA Worker Semi-Skilled 2W	Sun, Wed, Thu, Fri, Sat	06:00	10:00
		Medium (A)	Mexican	C	AD1.001.002	ADA Worker Semi-Skilled 2W	Monday through Friday	06:00	10:00
								10:30	14:00
								10:30	14:00
TOTAL COUNT: 2									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	50% *	0% *	50% *	0%	0% *
FACILITY	41%	15%	37%	2%	7%

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CURRENT JOB ROSTER

PAGE: 6 of 8
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REQUESTOR: B. Castorena

FACILITY: CIM-Facility C
SUPERVISOR: Gassaway, Kevin M

SECTION LOCATION: FACILITY C ADA 3/W

ASSIGNMENT: ADA Worker - Semi-Skilled		SECTION: 002							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
		Medium (A)	White	C	AD1.002.001	ADA Worker Semi-Skilled 3W	Monday through Friday	14:00	17:30
								18:00	22:00
		Medium (A)	White	C	AD1.002.002	ADA Worker Semi-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30
								18:00	18:00
TOTAL COUNT: 2									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	100% *	0% *	0% *	0%	0% *
FACILITY	41%	15%	37%	2%	7%

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CURRENT JOB ROSTER

PAGE: 7 of 8
PROCESSED: 05/15/2020 11:13
REQUESTOR: B. Castorena

FACILITY: CIM-Facility D
SUPERVISOR: Lizarraga, Adam

SECTION LOCATION: F/D ADA ASSISTANT 3/W

ASSIGNMENT: ADA Worker - Semi-Skilled		SECTION: 002								
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME	
		Minimum (A)	Mexican	D		AD1.002.001	ADA Worker Lead Person 3W	Monday through Friday	14:00	17:30
									18:00	22:00
		Minimum (A)	Black	D		AD1.002.002	ADA Worker Semi-Skilled 3W	Sun, Mon,Tue,Wed,Sat	14:00	17:30
									18:00	22:00
		Minimum (A)	White	D		AD1.002.003	ADA Worker Semi-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30
									18:00	22:00
VACANT					AD1.002.005	ADA Worker Semi-Skilled 3W	Sun,Mon,Tue, Fri,Sat	14:00	17:30	
								18:00	22:00	
VACANT					AD1.002.006	ADA Worker Semi-Skilled 3W	Monday through Friday	14:00	17:30	
								18:00	22:00	
TOTAL COUNT: 6										

ETHNIC BALANCE						
	WHITE		BLACK		HISPANIC	
ROSTER	50%	*	25%		25%	*
FACILITY	39%		20%		34%	
					1%	
						7%

CDCR
REPORT NO. IJPR178 - 02

CURRENT JOB ROSTER

PAGE: 8 of 8
PROCESSED: 05/15/2020 11:13
REQUESTOR: B. Castorena

FACILITY: CIM-Facility D
SUPERVISOR: Van Fossan II, Charles D

SECTION LOCATION: F/D ADA ASSISTANT 2/W

ASSIGNMENT: ADA Worker - Semi-Skilled		SECTION: 001							
INMATE NAME	CDC#	CUSTODY	ETHNIC	HOUSING	POSITION #	POSITION TITLE	DAYS OF WEEK	START TIME	END TIME
[REDACTED]		Medium (A)	Black	D	[REDACTED]	AD1.001.001 ADA Worker Lead Person 2W	Monday through Friday	06:00	10:00
								10:30	14:00
		Minimum (A)	Mexican	D	[REDACTED]	AD1.001.002 ADA Worker Semi-Skilled 2W	Sun, Mon,Tue,Wed,Sat	06:00	10:00
								10:30	14:00
		Medium (A)	Black	D	[REDACTED]	AD1.001.003 ADA Worker Semi-Skilled 2W	Sun,Mon,Thu,Fri,Sat	06:00	10:00
								10:30	14:00
	Minimum (A)	Other Asian	D	[REDACTED]	AD1.001.004 ADA Worker Semi-Skilled 2W	Sun,Mon,Thu,Fri,Sat	06:00	10:00	
								10:30	14:00
	Minimum (A)	White	D	[REDACTED]	AD1.001.006 ADA Worker Semi-Skilled 2W	Monday through Friday	06:00	10:00	
								10:30	14:00
VACANT					AD1.001.005	ADA Worker Semi-Skilled 2W	Sun,Mon,Thu,Fri,Sat	06:00	10:00
								10:30	14:00
TOTAL COUNT: 6									

ETHNIC BALANCE					
	WHITE	BLACK	HISPANIC	AM. INDIAN	OTHER
ROSTER	20% *	40% *	20% *	0%	20% *
FACILITY	39%	20%	34%	1%	7%

EXHIBIT V

ORIGINAL HOUSING	PREVIOUS HOUSING	CURRENT HOUSING	CDCR #	NAME	COVID Result	DATE SWABBED	RECEIVED	Retest date	Received2	Results	Retest date2
					NEGATIVE	5/8/20	5/11/20	6/23/20	6/25/20	Negative	7/6/20
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Negative	7/6/20
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Negative	7/6/20
					NEGATIVE	5/8/20	5/11/20	6/23/20	6/25/20	Negative	7/6/20
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Negative	7/6/20
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Negative	7/6/20
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Negative	7/6/20
					NEGATIVE	5/8/20	5/12/20	6/23/20	6/25/20	Negative	7/6/20
					POS/RECOVERED	5/29/20	6/1/20				
					POS/RECOVERED	5/29/20	6/1/20				
					POS/RECOVERED	5/31/20	6/2/20				
					POS/RECOVERED	5/27/20	5/31/20				
					POS/RECOVERED	6/13/20	6/18/20				
					POS/RECOVERED	6/13/20	6/18/20				
					POS/RECOVERED	5/20/20	5/24/20				
					POS/RECOVERED	5/19/20	5/24/20				
					POS/RECOVERED	5/26/20	5/28/20				
					POS/RECOVERED	5/25/20	5/31/20				
					POS/RECOVERED	5/28/20	5/29/20				
					POS/RECOVERED	5/8/20	5/11/20				
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/11/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/26/20	Positive	
					NEGATIVE	5/8/20	5/11/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					NEGATIVE	5/8/20	5/10/20	6/23/20	6/25/20	Positive	
					POS/RECOVERED	6/10/20	6/12/20				
					NEGATIVE	5/8/20	5/10/20	6/23/20	N/A	N/A	
					NEGATIVE	5/8/20	5/10/20	paroled on 6//5			
					Negative Covid	5/1/20	5/4/20	PAROLLED ON 5/11/20			

ORIGINAL HOUSING	PREVIOUS HOUSING	CURRENT HOUSING	CDCR #	NAME	COVID Result	DATE SWABBED	RECEIVED	Retest date	Received2	Results	Retest date2
TOTAL Negative=	81	TOTAL Pending=	0		TOTAL Positive=	0					

EXHIBIT W



COVID MONITORING

Patient Registry

[Registry Definition](#)

CA Institution for Men

Patient Count: 795

Identification & Housing									COVID Status				Disability	
Current Institution	First Testing Institution	CDCR#	Last Name	Age	Care Team	Housing Facility	Cell Bed	MHLOC	COVID Status	COVID Risk Factor Count	COVID Weighted Risk Score	First Positive Test	DDP	DPP
CIM	CIM			42	Clinic B Ad Seg	CIM-B		CCCMS	Confirmed Active	0	0	6/26/2020		
CIM	CIM			30	Clinic A 20-39	CIM-A			Confirmed Active	1	1	6/26/2020		
CIM	CIM			53	Clinic A 80-99	CIM-A			Confirmed Active	1	1	6/26/2020	TABE < 4.0	
CIM	CIM			45	Clinic D 40-59	CIM-D			Confirmed Active	4	5	6/25/2020	LD	DPO
CIM	CIM			71	Clinic A 40-59	CIM-A			Confirmed Active	1	4	6/25/2020		
CIM	CIM			80	Clinic A 40-59	CIM-A			Confirmed Active	1	4	6/25/2020	TABE < 4.0	
CIM	CIM			64	Clinic A 40-59	CIM-A		CCCMS	Confirmed Active	2	3	6/24/2020		DNM
CIM	CIM			87	Clinic A 40-59	CIM-A			Confirmed Active	2	5	6/23/2020	TABE < 4.0	DPM, DNH
CIM	CIM			74	Clinic A 80-99	CIM-A			Confirmed Active	4	8	6/23/2020	TABE < 4.0	DPM
CIM	CIM			77	Clinic A 00-19	CIM-A			Confirmed Active	3	6	6/23/2020		DPM, DNH
CIM	CIM			73	Clinic A 00-19	CIM-A			Confirmed Active	2	5	6/23/2020		DNH
CIM	CIM			61	Clinic A 60-79	CIM-A			Confirmed Active	2	2	6/23/2020		
CIM	CIM			60	Clinic A 00-19	CIM-A			Confirmed Active	0	0	6/23/2020		
CIM	CIM			59	Clinic A 80-99	CIM-A		CCCMS	Confirmed Active	1	2	6/23/2020		
CIM	CIM			50	Clinic A 80-99	CIM-A			Confirmed Active	0	0	6/23/2020	TABE < 4.0	DPS
CIM	CIM			67	Clinic A 20-39	CIM-A			Confirmed Active	4	8	6/23/2020		DPM
CIM	CIM			70	Clinic A 00-19	CIM-A		CCCMS	Confirmed Active	6	11	6/23/2020	DD2	DPM
CIM	CIM			54	Clinic A 00-19	CIM-A		CCCMS	Confirmed Active	0	0	6/23/2020		DPM
CIM	CIM			71	Clinic A 40-59	CIM-A			Confirmed Active	5	9	6/23/2020		DPW, DNH
CIM	CIM			72	Clinic A 00-19	CIM-A			Confirmed Active	1	4	6/23/2020		
CIM	CIM			57	Clinic A 80-99	CIM-A			Confirmed Active	0	0	6/23/2020		
CIM	CIM			57	Clinic A 40-59	CIM-A			Confirmed Active	2	4	6/23/2020	TABE < 4.0	DNM, DPV
CIM	CIM			71	Clinic A 00-19	CIM-A			Confirmed Active	1	4	6/23/2020		DNH
CIM	CIM			71	Clinic A 00-19	CIM-A		CCCMS	Confirmed Active	4	7	6/23/2020		DPO
CIM	CIM			67	Clinic A 20-39	CIM-A			Confirmed Active	4	7	6/23/2020		DPM
CIM	CIM			79	Clinic A 40-59	CIM-A			Confirmed Active	2	5	6/23/2020		DPM
CIM	CIM			60	Clinic A 00-19	CIM-A		CCCMS	Confirmed Active	1	1	6/23/2020		DPM
CIM	CIM			68	Clinic A 00-19	CIM-A			Confirmed Active	2	5	6/23/2020		
CIM	CIM			47	Clinic A 00-19	CIM-A			Confirmed Active	0	0	6/23/2020		

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
 Report run:
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COVID MONITORING

Patient Registry

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CA Institution for Men

Patient Count: 795

CIM	CIM			77	Clinic A 60-79	CIM-A			Confirmed Active	1	4	6/23/2020		DPM
CIM	CIM			51	Clinic A 00-19	CIM-A		CCCMS	Confirmed Active	0	0	6/23/2020		
CIM	CIM			58	Clinic A 40-59	CIM-A			Confirmed Active	4	5	6/23/2020	DD2, TABE < 4.0	DPM
CIM	CIM			39	Clinic A 80-99	CIM-A			Confirmed Active	1	2	6/23/2020		
CIM	CIM			52	Clinic A 80-99	CIM-A			Confirmed Active	1	2	6/20/2020		
CIM	CIM			54	Clinic D 20-39	CIM-D			Confirmed Active	3	3	6/20/2020		DNH
CIM	CIM			74	Clinic A 80-99	CIM-A			Confirmed Active	2	6	6/20/2020	DD1, TABE < 4.0	DNH
CIM	CIM			57	Clinic D 40-59	CIM-D		CCCMS	Confirmed Active	1	1	6/20/2020		DNH
CIM	CIM			67	Clinic A 60-79	CIM-A			Confirmed Active	1	4	6/20/2020		
CIM	CIM			64	Clinic A 60-79	CIM-A			Confirmed Active	3	3	6/19/2020	TABE < 4.0	
CIM	CIM			53	Clinic B 00-49	CIM-B			Confirmed Active	2	2	6/19/2020		
CIM	CIM			52	Clinic B 00-49	CIM-B		CCCMS	Confirmed Active	3	3	6/19/2020		DNM
CIM	CIM			73	Clinic A 20-39	CIM-A			Confirmed Active	2	5	6/19/2020	TABE < 4.0	
CIM	CIM			56	Clinic B 50-99	CIM-B			Confirmed Active	1	2	6/19/2020		
CIM	CIM			59	Clinic B 50-99	CIM-B			Confirmed Active	0	0	6/19/2020		
CIM	CIM			31	Clinic B 00-49	CIM-B			Confirmed Active	1	1	6/19/2020		
CIM	CIM			45	Clinic B 50-99	CIM-B			Confirmed Active	0	0	6/19/2020		
CIM	CIM			53	Clinic B 50-99	CIM-B			Confirmed Active	2	2	6/19/2020	TABE < 4.0	
CIM	CIM			72	Clinic A 60-79	CIM-A			Confirmed Active	3	7	6/19/2020	TABE < 4.0	DNM
CIM	CIM			42	Clinic B 00-49	CIM-B		CCCMS	Confirmed Active	1	1	6/19/2020	TABE < 4.0	
CIM	CIM			54	Clinic B 50-99	CIM-B			Confirmed Active	1	2	6/19/2020		
CIM	CIM			49	Clinic A 80-99	CIM-A		CCCMS	Confirmed Active	2	2	6/18/2020		DNM
CIM	CIM			56	Clinic A 40-59	CIM-A		CCCMS	Confirmed Active	0	0	6/17/2020		
CIM	CIM			59	Clinic A 60-79	CIM-A			Confirmed Active	1	2	6/17/2020		DLT
CIM	CIM			31	Clinic A 60-79	CIM-A		CCCMS	Confirmed Active	2	2	6/17/2020		
CIM	CIM			47	Clinic A 60-79	CIM-A		CCCMS	Confirmed Active	0	0	6/16/2020		

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
 Report run:
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COVID MONITORING

Patient Registry

[Registry Definition](#)

CA Institution for Men

Patient Count: 795

CIM	CIM			69	Clinic A 80-99	CIM-A		CCCMS	Confirmed Active	3	6	6/16/2020		
CIM	CIM			65	Clinic A 80-99	CIM-A		CCCMS	Confirmed Active	3	6	6/16/2020		
CIM	CIM			67	Clinic A 60-79	CIM-A			Confirmed Active	2	5	6/16/2020	TABE < 4.0	DNH
CIM	CIM			24	Clinic A 60-79	CIM-A			Confirmed Active	0	0	6/16/2020		
CIM	CIM			40	Clinic A 40-59	CIM-A			Confirmed Active	0	0	6/15/2020		
CIM	CIM			68	Clinic C 68-99	CIM-C			Confirmed Active	1	4	6/15/2020		
CIM	CIM			73	OHU 50-99	CIM-D			Confirmed Active	1	4	6/15/2020	TABE < 4.0	
CIM	CIM			58	Clinic A 60-79	CIM-A			Confirmed Active	1	1	6/13/2020	TABE < 4.0	DNV
CIM	CIM			75	Clinic A 40-59	CIM-A			Confirmed Active	2	5	6/13/2020	TABE < 4.0	DNH
CIM	CIM			77	Clinic A 20-39	CIM-A			Resolved	4	8	6/13/2020	TABE < 4.0	
CIM	CIM			63	Clinic A 60-79	CIM-A		CCCMS	Confirmed Active	0	0	6/13/2020		
CIM	CIM			71	Clinic A 60-79	CIM-A			Confirmed Active	3	6	6/13/2020		DNM, DNH
CIM	CIM			68	Clinic A 00-19	CIM-A			Resolved	1	4	6/13/2020		
CIM	CIM			48	Clinic A 20-39	CIM-A		CCCMS	Confirmed Active	0	0	6/13/2020		
CIM	CIM			32	Clinic A 40-59	CIM-A			Confirmed Active	0	0	6/13/2020		
CIM	CIM			74	Clinic A 60-79	CIM-A			Confirmed Active	3	7	6/13/2020	TABE < 4.0	DNM
CIM	CIM			72	Clinic A 00-19	CIM-A			Confirmed Active	2	6	6/13/2020		
CIM	CIM			55	Clinic A 20-39	CIM-A			Confirmed Active	1	1	6/13/2020		
CIM	CIM			63	Clinic A 40-59	CIM-A			Resolved	1	1	6/13/2020		
CIM	CIM			28	Clinic A 80-99	CIM-A		CCCMS	Confirmed Active	1	1	6/13/2020		
CIM	CIM			34	Clinic A 80-99	CIM-A			Confirmed Active	1	1	6/13/2020		
CIM	CIM			44	Clinic A 20-39	CIM-A			Confirmed Active	1	1	6/13/2020		
CIM	CIM			72	Clinic A 60-79	CIM-A			Confirmed Active	1	4	6/13/2020	TABE < 4.0	
CIM	CIM			33	Clinic A 40-59	CIM-A		CCCMS	Resolved	1	1	6/13/2020		
CIM	CIM			47	Clinic A 40-59	CIM-A		CCCMS	Confirmed Active	1	1	6/13/2020		
CIM	CIM			39	Clinic A 40-59	CIM-A		CCCMS	Resolved	1	1	6/13/2020	TABE < 4.0	
CIM	CIM			32	Clinic A 80-99	CIM-A		CCCMS	Confirmed Active	0	0	6/13/2020		

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
 Report run:
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COVID MONITORING

Patient Registry

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CA Institution for Men

Patient Count: 795

CIM	CIM	████	████	54	Clinic A 20-39	CIM-A	████████	Confirmed Active	1	1	6/13/2020		
CIM	CIM	████	████	48	Clinic A 00-19	CIM-A	████████	Confirmed Active	3	4	6/13/2020		DNM
CIM	CIM	████	████	55	Clinic A 60-79	CIM-A	████████	Confirmed Active	1	2	6/13/2020		
CIM	CIM	████	████	47	Clinic A 60-79	CIM-A	████████	Confirmed Active	0	0	6/13/2020		TABE < 4.0
CIM	CIM	████	████	44	Clinic A 60-79	CIM-A	████████	CCCMS Confirmed Active	0	0	6/13/2020		TABE < 4.0
CIM	CIM	████	████	71	Clinic A 60-79	CIM-A	████████	Confirmed Active	1	4	6/13/2020		
CIM	CIM	████	████	77	Clinic A 00-19	CIM-A	████████	Confirmed Active	3	7	6/12/2020		DD2, TABE < 4.0
CIM	CIM	████	████	75	Clinic C 34-67	CIM-C	████████	CCCMS Confirmed Active	2	5	6/12/2020		DD2
CIM	CIM	████	████	42	Clinic A 00-19	CIM-A	████████	CCCMS Resolved	2	2	6/11/2020		
CIM	CIM	████	████	72	Clinic C 00-33	CIM-C	████████	CCCMS Resolved	3	7	6/11/2020		TABE < 4.0
CIM	CIM	████	████	67	OHU 50-99	CIM-D	████████	Confirmed Active	2	5	6/11/2020		
CIM	CIM	████	████	73	Clinic A 20-39	CIM-A	████████	Resolved	5	10	6/11/2020		TABE < 4.0
CIM	CIM	████	████	73	Clinic A 00-19	CIM-A	████████	Confirmed Active	2	6	6/10/2020		
CIM	CIM	████	████	57	Clinic A 40-59	CIM-A	████████	Resolved	1	2	6/10/2020		
CIM	CIM	████	████	73	Clinic A 40-59	CIM-A	████████	Resolved	2	5	6/10/2020		
CIM	CIM	████	████	71	Clinic A 00-19	CIM-A	████████	CCCMS Resolved	2	6	6/10/2020		DD2, DLT
CIM	CIM	████	████	58	Clinic A 40-59	CIM-A	████████	Resolved	0	0	6/9/2020		
CIM	CIM	████	████	75	OHU 50-99	CIM-D	████████	Confirmed Active	2	5	6/9/2020		
CIM	CIM	████	████	71	Clinic A 40-59	CIM-A	████████	Resolved	3	6	6/9/2020		
CIM	CIM	████	████	76	Clinic A 00-19	CIM-A	████████	CCCMS Resolved	2	5	6/9/2020		DD2
CIM	CIM	████	████	65	Clinic A 60-79	CIM-A	████████	CCCMS Resolved	2	5	6/9/2020		DD2, TABE < 4.0, DNH
CIM	CIM	████	████	73	Clinic A 00-19	CIM-A	████████	Resolved	4	9	6/9/2020		DD3, DNH
CIM	CIM	████	████	55	Clinic D 00-19	CIM-D	████████	CCCMS Confirmed Active	1	1	6/8/2020		DLT, DPV
CIM	CIM	████	████	56	Clinic D 60-79	CIM-D	████████	Confirmed Active	0	0	6/8/2020		
CIM	CIM	████	████	37	Clinic A 60-79	CIM-A	████████	CCCMS Resolved	3	3	6/8/2020		
CIM	CIM	████	████	61	Clinic A 80-99	CIM-A	████████	CCCMS Resolved	2	3	6/8/2020		DNM, DNH
CIM	CIM	████	████	60	Clinic A 00-19	CIM-A	████████	Resolved	0	0	6/8/2020		
CIM	CIM	████	████	53	Clinic D 00-19	CIM-D	████████	CCCMS Confirmed Active	1	2	6/8/2020		
CIM	CIM	████	████	63	Clinic D 20-39	CIM-D	████████	Confirmed Active	1	1	6/8/2020		DPV
CIM	CIM	████	████	56	Clinic D 20-39	CIM-D	████████	Confirmed Active	2	3	6/8/2020		DPV
CIM	CIM	████	████	67	Clinic D 20-39	CIM-D	████████	Confirmed Active	1	4	6/8/2020		

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
 Report run:
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COVID MONITORING

Patient Registry

[Registry Definition](#)

CA Institution for Men

Patient Count: 795

CIM	CIM			59	Clinic B 50-99	CIM-B		Confirmed Active	0	0	6/6/2020		
CIM	CIM			49	Clinic B 50-99	CIM-B		Confirmed Active	2	2	6/6/2020		
CIM	CIM			65	Clinic C 34-67	CIM-C		Resolved	3	6	6/6/2020	DD2	
CIM	CIM			53	Clinic B 00-49	CIM-B		CCCMS Confirmed Active	0	0	6/6/2020		
CIM	CIM			54	Clinic B 50-99	CIM-B		Confirmed Active	1	1	6/6/2020		
CIM	CIM			58	Clinic B 50-99	CIM-B		Confirmed Active	1	2	6/6/2020		
CIM	CIM			56	Clinic B 00-49	CIM-B		Confirmed Active	1	2	6/6/2020		
CIM	CIM			60	Clinic B 00-49	CIM-B		Confirmed Active	2	4	6/6/2020		
CIM	CIM			47	Clinic B 00-49	CIM-B		Resolved	1	2	6/6/2020		
CIM	CIM			57	Clinic A 60-79	CIM-A		Resolved	1	2	6/6/2020		
CIM	CIM			47	Clinic B 00-49	CIM-B		Confirmed Active	0	0	6/6/2020		
CIM	CIM			51	Clinic B 00-49	CIM-B		Confirmed Active	1	2	6/6/2020		
CIM	CIM			54	Clinic B 50-99	CIM-B		Confirmed Active	5	6	6/6/2020		
CIM	CIM			45	Clinic B 00-49	CIM-B		CCCMS Confirmed Active	2	2	6/6/2020	TABE < 4.0	DNM
CIM	CIM			45	Clinic B 50-99	CIM-B		CCCMS Confirmed Active	2	3	6/6/2020		
CIM	CIM			60	Clinic B 00-49	CIM-B		CCCMS Confirmed Active	1	2	6/6/2020		DNM, DNH
CIM	CIM			55	Clinic B 50-99	CIM-B		Confirmed Active	0	0	6/6/2020		
CIM	CIM			59	Clinic B 00-49	CIM-B		CCCMS Confirmed Active	2	2	6/6/2020	TABE < 4.0	
CIM	CIM			49	Clinic B 00-49	CIM-B		Confirmed Active	1	2	6/6/2020	TABE < 4.0	
CIM	CIM			42	Clinic B 50-99	CIM-B		Confirmed Active	1	1	6/6/2020		
CIM	CIM			52	Clinic B 00-49	CIM-B		CCCMS Confirmed Active	0	0	6/6/2020	TABE < 4.0	
CIM	CIM			57	Clinic B 00-49	CIM-B		CCCMS Confirmed Active	2	3	6/6/2020		
CIM	CIM			43	Clinic B 00-49	CIM-B		CCCMS Confirmed Active	0	0	6/6/2020		
CIM	CIM			56	Clinic B 00-49	CIM-B		Confirmed Active	1	2	6/6/2020		
CIM	CIM			57	Clinic B 50-99	CIM-B		CCCMS Confirmed Active	2	2	6/6/2020		
CIM	CIM			57	Clinic B 00-49	CIM-B		Confirmed Active	3	5	6/6/2020		
CIM	CIM			45	Clinic B 50-99	CIM-B		CCCMS Confirmed Active	0	0	6/6/2020		
CIM	CIM			51	Clinic B 50-99	CIM-B		Confirmed Active	1	1	6/6/2020	TABE < 4.0	
CIM	CIM			48	Clinic B 50-99	CIM-B		CCCMS Confirmed Active	1	1	6/6/2020		
CIM	CIM			39	Clinic B 50-99	CIM-B		Confirmed Active	2	3	6/6/2020		
CIM	CIM			39	Clinic B 50-99	CIM-B		CCCMS Confirmed Active	1	2	6/6/2020		
CIM	CIM			39	Clinic A 20-39	CIM-A		CCCMS Resolved	0	0	6/6/2020	DD1	DNH
CIM	CIM			43	Clinic B 00-49	CIM-B		Confirmed Active	2	2	6/6/2020		



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CIM	CIM			52	Clinic B 00-49	CIM-B		Confirmed Active	2	2	6/6/2020		
CIM	CIM			55	Clinic B 50-99	CIM-B		Confirmed Active	2	2	6/6/2020	TABE < 4.0	
CIM	CIM			51	Clinic B 00-49	CIM-B		Confirmed Active	1	1	6/6/2020	TABE < 4.0	
CIM	CIM			58	Clinic A 00-19	CIM-A		Resolved	2	3	6/6/2020	TABE < 4.0	
CIM	CIM			56	Clinic B 50-99	CIM-B		CCCMS Confirmed Active	1	1	6/6/2020		
CIM	CIM			37	Clinic B 00-49	CIM-B		CCCMS Confirmed Active	0	0	6/6/2020	TABE < 4.0	
CIM	CIM			45	Clinic B 00-49	CIM-B		Confirmed Active	1	2	6/6/2020		
CIM	CIM			32	Clinic B 00-49	CIM-B		CCCMS Confirmed Active	0	0	6/6/2020		
CIM	CIM			39	Clinic B 50-99	CIM-B		Confirmed Active	2	3	6/6/2020		
CIM	CIM			45	Clinic B 00-49	CIM-B		Confirmed Active	1	2	6/6/2020		
CIM	CIM			61	Clinic B 50-99	CIM-B		CCCMS Confirmed Active	1	1	6/6/2020	TABE < 4.0	DLT
CIM	CIM			42	Clinic B 00-49	CIM-B		Confirmed Active	1	2	6/6/2020	TABE < 4.0	
CIM	CIM			34	Clinic B 50-99	CIM-B		Confirmed Active	0	0	6/6/2020	TABE < 4.0	
CIM	CIM			66	Clinic A 60-79	CIM-A		CCCMS Resolved	2	6	6/5/2020	TABE < 4.0	DNM
CIM	CIM			78	OHU 50-99	CIM-D		Confirmed Active	3	7	6/5/2020		DNH
CIM	CIM			60	Clinic A 60-79	CIM-A		Resolved	3	5	6/4/2020		
CIM	CIM			75	Clinic A 00-19	CIM-A		Resolved	1	4	6/4/2020		DNH
CIM	CIM			46	Clinic A 20-39	CIM-A		Resolved	2	3	6/4/2020		
CIM	CIM			75	Clinic A 80-99	CIM-A		Resolved	3	8	6/3/2020		DNM, DNH
CIM	CIM			72	Clinic A 20-39	CIM-A		Confirmed Active	1	4	6/3/2020	TABE < 4.0	
CIM	CIM			61	Clinic A 40-59	CIM-A		Resolved	3	4	6/3/2020	TABE < 4.0	
CIM	CIM			57	OHU 50-99	CIM-D		Resolved	2	2	6/3/2020		
CIM	CIM			58	Clinic A 20-39	CIM-A		CCCMS Resolved	2	4	6/2/2020	DD1	
CIM	CIM			69	Clinic A 80-99	CIM-A		Resolved	1	4	6/2/2020	TABE < 4.0	
CIM	CIM			73	Clinic A 60-79	CIM-A		CCCMS Resolved	2	5	6/2/2020	DD1	DNM
CIM	CIM			51	Clinic A 80-99	CIM-A		CCCMS Resolved	0	0	6/2/2020	DD1, TABE < 4.0	
CIM	CIM			76	Clinic A 20-39	CIM-A		Resolved	4	7	6/2/2020		DPM

CIM
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 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
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CIM	CIM	████	██	69	Clinic A 80-99	CIM-A	██████████		Resolved	2	5	6/2/2020		
CIM	CIM	████	██	74	OHU 00-49	CIM-D	██████████	CCCMS	Confirmed Active	2	5	6/2/2020		
CIM	CIM	████	████	58	OHU 50-99	CIM-D	██████████	CCCMS	Confirmed Active	2	3	6/2/2020	TABE < 4.0	
CIM	CIM	████	██	54	Clinic A 20-39	CIM-A	██████████	CCCMS	Resolved	1	1	6/2/2020		
CIM	CIM	████	████	52	Clinic A 40-59	CIM-A	██████████		Resolved	0	0	6/2/2020	TABE < 4.0	
CIM	CIM	████	████	31	Clinic A 40-59	CIM-A	██████████	CCCMS	Resolved	0	0	6/2/2020	DD2	
CIM	CIM	████	██	63	Clinic A 80-99	CIM-A	██████████	CCCMS	Resolved	3	5	6/2/2020	DD1	
CIM	CIM	████	████████	77	Clinic B 00-49	CIM-B	██████████		Resolved	2	5	6/2/2020	DD1, TABE < 4.0	DPO
CIM	CIM	████	██	73	Clinic A 80-99	CIM-A	██████████		Confirmed Active	2	5	6/2/2020	TABE < 4.0	
CIM	CIM	████	██	53	Clinic A 00-19	CIM-A	██████████		Confirmed Active	2	2	6/1/2020		
CIM	CIM	████	████	52	OHU 00-49	CIM-D	██████████	CCCMS	Confirmed Active	2	2	6/1/2020		DPO
CIM	CIM	████	████	72	Clinic A 00-19	CIM-A	██████████		Confirmed Active	1	4	6/1/2020	TABE < 4.0	DLT, DNH
CIM	CIM	████	██	71	Clinic A 20-39	CIM-A	██████████	CCCMS	Resolved	2	6	5/31/2020		DNH
CIM	CIM	████	████	65	Clinic C 00-33	CIM-C	██████████		Resolved	1	4	5/31/2020		
CIM	CIM	████	████	70	Clinic A 60-79	CIM-A	██████████	CCCMS	Resolved	1	4	5/31/2020		
CIM	CIM	████	██	64	OHU 00-49	CIM-D	██████████		Resolved	2	2	5/31/2020		
CIM	CIM	████	████	60	Clinic A 60-79	CIM-A	██████████		Resolved	2	3	5/31/2020		DNV
CIM	CIM	████	████	76	Clinic A 00-19	CIM-A	██████████		Resolved	1	4	5/31/2020	TABE < 4.0	
CIM	CIM	████	██	58	Clinic A 40-59	CIM-A	██████████	CCCMS	Resolved	1	2	5/31/2020		
CIM	CIM	████	██	70	Clinic A 20-39	CIM-A	██████████		Resolved	1	4	5/31/2020	TABE < 4.0	
CIM	CIM	████	████	51	Clinic A 80-99	CIM-A	██████████	CCCMS	Resolved	0	0	5/31/2020	DD1, TABE < 4.0	
CIM	CIM	████	██	74	Clinic A 20-39	CIM-A	██████████		Resolved	3	6	5/31/2020	TABE < 4.0	
CIM	CIM	████	████	54	Clinic A 60-79	CIM-A	██████████		Resolved	1	2	5/31/2020		
CIM	CIM	████	██	49	Clinic B 50-99	CIM-B	██████████		Resolved	0	0	5/30/2020		DPW
CIM	CIM	████	████	77	OHU 00-49	CIM-D	██████████		Confirmed Active	2	5	5/30/2020	DD1	DNM
CIM	CIM	████	██	56	Clinic C 00-33	CIM-C	██████████		Confirmed Active	2	2	5/30/2020		

CIM
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CIM	CIM	████	████	34	Clinic A 20-39	CIM-A	████████	CCCMS	Resolved	0	0	5/30/2020	TABE < 4.0	
CIM	CIM	████	██	70	Clinic A 80-99	CIM-A	████████		Resolved	4	8	5/30/2020	TABE < 4.0	
CIM	CIM	████	████	58	Clinic A 40-59	CIM-A	████████	CCCMS	Resolved	1	1	5/29/2020		
CIM	CIM	████	██	76	OHU 50-99	CIM-D	████████		Resolved	2	6	5/29/2020		DPM
CIM	CIM	████	████	83	Clinic C 00-33	CIM-C	████████	CCCMS	Resolved	2	5	5/29/2020		DLT
CIM	CIM	████	████	65	Clinic A 40-59	CIM-A	████████		Resolved	2	5	5/29/2020		
CIM	CIM	████	██	55	Clinic A 60-79	CIM-A	████████	CCCMS	Confirmed Active	2	2	5/29/2020		DPM
CIM	CIM	████	████	50	Clinic A 00-19	CIM-A	████████		Resolved	4	4	5/29/2020		DPO, DNH
CIM	CIM	████	████	74	Clinic A 60-79	CIM-A	████████	CCCMS	Resolved	1	4	5/29/2020		DPM, DNH
CIM	CIM	████	████	67	Clinic A 20-39	CIM-A	████████		Resolved	2	5	5/29/2020		
CIM	CIM	████	████	65	Clinic A 40-59	CIM-A	████████		Resolved	3	6	5/28/2020	TABE < 4.0	
CIM	CIM	████	████	66	Clinic C 34-67	CIM-C	████████	CCCMS	Resolved	3	7	5/28/2020		DPM, DNH
CIM	CIM	████	████	71	Clinic A 00-19	CIM-A	████████		Resolved	2	5	5/28/2020		
CIM	CIM	████	██	69	Clinic A 20-39	CIM-A	████████		Resolved	1	4	5/28/2020	TABE < 4.0	DNH
CIM	CIM	████	████████	75	Clinic A 00-19	CIM-A	████████		Resolved	3	6	5/27/2020	TABE < 4.0	DPM, DNH
CIM	CIM	████	████	68	Clinic A 40-59	CIM-A	████████		Resolved	1	4	5/27/2020		
CIM	CIM	████	████	61	Clinic A 60-79	CIM-A	████████		Resolved	1	1	5/27/2020	TABE < 4.0	
CIM	CIM	████	████	57	Clinic A 40-59	CIM-A	████████		Resolved	0	0	5/26/2020	TABE < 4.0	
CIM	CIM	████	██	63	Clinic A 00-19	CIM-A	████████		Resolved	1	1	5/26/2020	TABE < 4.0	DPM
CIM	CIM	████	████	44	Clinic D 80-99	CIM-D	████████		Confirmed Active	2	2	5/26/2020		
CIM	CIM	████	██	51	Clinic A 80-99	CIM-A	████████	CCCMS	Resolved	2	2	5/26/2020		
CIM	CIM	████	████	73	Clinic A 00-19	CIM-A	████████		Resolved	4	8	5/26/2020		DNH
CIM	CIM	████	████	53	Clinic A 80-99	CIM-A	████████		Resolved	2	4	5/26/2020	TABE < 4.0	DPW
CIM	CIM	████	████	52	Clinic A 60-79	CIM-A	████████		Resolved	1	2	5/26/2020		
CIM	CIM	████	████	52	Clinic A 00-19	CIM-A	████████		Resolved	2	3	5/25/2020		
CIM	CIM	████	██	58	Clinic A 00-19	CIM-A	████████		Resolved	1	2	5/25/2020		
CIM	CIM	████	████	31	Clinic A 80-99	CIM-A	████████	CCCMS	Resolved	1	2	5/25/2020		

CIM
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 Care Team(s):
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CIM	CIM	████	████	43	Clinic A 80-99	CIM-A	████████	Resolved	2	2	5/25/2020	TABE < 4.0	
CIM	CIM	████	████	66	Clinic A 60-79	CIM-A	████████	CCCMS Resolved	1	4	5/24/2020		DNM, DPH
CIM	CIM	████	████	47	Clinic B 00-49	CIM-B	████████	CCCMS Resolved	2	2	5/24/2020		DPW, DNH
CIM	CIM	████	████	77	Clinic A 80-99	CIM-A	████████	Resolved	2	5	5/24/2020	TABE < 4.0	
CIM	CIM	████	████	56	Clinic A 60-79	CIM-A	████████	CCCMS Resolved	3	4	5/22/2020		
CIM	CIM	████	████	30	Clinic B Ad Seg	CIM-B	████████	EOP Confirmed Active	0	0	5/22/2020	DD2, TABE < 4.0	
CIM	CIM	████	████	43	Clinic D 00-19	CIM-D	████████	Resolved	0	0	5/22/2020		
CIM	CIM	████	████	65	Clinic A 20-39	CIM-A	████████	Resolved	2	6	5/21/2020	TABE < 4.0	DNH
CIM	CIM	████	████	51	Clinic A 20-39	CIM-A	████████	CCCMS Resolved	3	4	5/21/2020		
CIM	CIM	████	████	41	Clinic A 00-19	CIM-A	████████	CCCMS Resolved	1	1	5/21/2020		
CIM	CIM	████	████	80	Clinic A 00-19	CIM-A	████████	Resolved	4	8	5/20/2020		DPO, DPV
CIM	CIM	████	████	54	Clinic A 00-19	CIM-A	████████	Resolved	1	1	5/20/2020		DNH
CIM	CIM	████	████	52	Clinic A 40-59	CIM-A	████████	CCCMS Resolved	1	1	5/20/2020		DPW
CIM	CIM	████	████	61	Clinic C 00-33	CIM-C	████████	CCCMS Resolved	2	3	5/20/2020	DD1	DPM, DNH
CIM	CIM	████	████	43	Clinic A 60-79	CIM-A	████████	Resolved	1	1	5/19/2020		
CIM	CIM	████	████	41	Clinic C 00-33	CIM-C	████████	CCCMS Resolved	1	1	5/19/2020		
CIM	CIM	████	████	24	Clinic B 50-99	CIM-B	████████	CCCMS Confirmed Active	0	0	5/19/2020		
CIM	CIM	████	████	78	Clinic A 20-39	CIM-A	████████	Resolved	1	4	5/19/2020	DD3	DNH
CIM	CIM	████	████	36	Clinic C 34-67	CIM-C	████████	Resolved	1	1	5/19/2020	TABE < 4.0	
CIM	CIM	████	████	55	Clinic C 34-67	CIM-C	████████	Confirmed Active	1	2	5/18/2020		
CIM	CIM	████	████	60	Clinic A 20-39	CIM-A	████████	Confirmed Active	0	0	5/18/2020		
CIM	CIM	████	████	67	Clinic D 80-99	CIM-D	████████	Confirmed Active	2	6	5/18/2020		
CIM	CIM	████	████	54	Clinic A 60-79	CIM-A	████████	Resolved	1	1	5/17/2020		
CIM	CIM	████	████	45	Clinic C 00-33	CIM-C	████████	Resolved	1	1	5/17/2020		
CIM	CIM	████	████	48	Clinic C 68-99	CIM-C	████████	Resolved	1	2	5/17/2020		
CIM	CIM	████	████	52	Clinic C 34-67	CIM-C	████████	CCCMS Resolved	0	0	5/16/2020		
CIM	CIM	████	████	46	Clinic D 40-59	CIM-D	████████	Confirmed Active	0	0	5/16/2020		
CIM	CIM	████	████	74	Clinic A 00-19	CIM-A	████████	Resolved	1	4	5/16/2020		
CIM	CIM	████	████	53	Clinic D 00-19	CIM-D	████████	CCCMS Resolved	1	1	5/16/2020		DLT
CIM	CIM	████	████	50	Clinic D 00-19	CIM-D	████████	Confirmed Active	1	2	5/15/2020	TABE < 4.0	

CIM
 Institution(s):
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 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
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CIM	CIM	████	████	37	Clinic D 60-79	CIM-D	████████████████████	Confirmed Active	0	0	5/15/2020	
CIM	CIM	████	████	60	Clinic D 60-79	CIM-D	████████████████████	Confirmed Active	1	1	5/15/2020	
CIM	CIM	████	████	53	Clinic D 00-19	CIM-D	████████████████████	Confirmed Active	1	1	5/15/2020	
CIM	CIM	████	████	56	Clinic D 60-79	CIM-D	████████████████████	Confirmed Active	1	2	5/15/2020	
CIM	CIM	████	████	35	Clinic B Ad Seg	CIM-B	████████████████████	CCCMS Resolved	0	0	5/15/2020	
CIM	CIM	████	████	45	Clinic D 80-99	CIM-D	████████████████████	Confirmed Active	1	2	5/15/2020	
CIM	CIM	████	████	34	Clinic B 00-49	CIM-B	████████████████████	CCCMS Resolved	0	0	5/15/2020	TABE < 4.0
CIM	CIM	████	████	40	Clinic D 20-39	CIM-D	████████████████████	Resolved	0	0	5/15/2020	
CIM	CIM	████	████	36	Clinic D 80-99	CIM-D	████████████████████	Confirmed Active	2	2	5/15/2020	
CIM	CIM	████	████	39	Clinic D 80-99	CIM-D	████████████████████	Confirmed Active	1	1	5/15/2020	
CIM	CIM	████	████	62	Clinic D 00-19	CIM-D	████████████████████	Confirmed Active	1	2	5/15/2020	
CIM	CIM	████	████	36	Clinic D 60-79	CIM-D	████████████████████	Confirmed Active	0	0	5/15/2020	TABE < 4.0
CIM	CIM	████	████	64	Clinic D 20-39	CIM-D	████████████████████	Confirmed Active	2	3	5/15/2020	
CIM	CIM	████	████	59	Clinic D 60-79	CIM-D	████████████████████	Confirmed Active	1	2	5/15/2020	
CIM	CIM	████	████	43	Clinic D 20-39	CIM-D	████████████████████	Confirmed Active	0	0	5/15/2020	TABE < 4.0
CIM	CIM	████	████	50	Clinic D 40-59	CIM-D	████████████████████	Confirmed Active	1	2	5/15/2020	
CIM	CIM	████	████	39	Clinic D 80-99	CIM-D	████████████████████	Confirmed Active	0	0	5/15/2020	
CIM	CIM	████	████	59	Clinic D 60-79	CIM-D	████████████████████	Confirmed Active	0	0	5/15/2020	TABE < 4.0
CIM	CIM	████	████	56	Clinic D 60-79	CIM-D	████████████████████	Confirmed Active	1	1	5/15/2020	TABE < 4.0
CIM	CIM	████	████	39	Clinic D 20-39	CIM-D	████████████████████	Confirmed Active	1	1	5/15/2020	TABE < 4.0
CIM	CIM	████	████	62	Clinic D 00-19	CIM-D	████████████████████	Confirmed Active	0	0	5/15/2020	
CIM	CIM	████	████	34	Clinic D 20-39	CIM-D	████████████████████	CCCMS Confirmed Active	1	1	5/14/2020	
CIM	CIM	████	████	38	Clinic D 00-19	CIM-D	████████████████████	Confirmed Active	0	0	5/14/2020	TABE < 4.0
CIM	CIM	████	████	58	Clinic D 60-79	CIM-D	████████████████████	Confirmed Active	1	2	5/14/2020	TABE < 4.0

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
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CA Institution for Men

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CIM	CIM																	
CIM	CIM			41	Clinic D 20-39	CIM-D			Confirmed Active	0	0	5/14/2020						
CIM	CIM			53	Clinic D 00-19	CIM-D			Confirmed Active	0	0	5/14/2020						
CIM	CIM			33	Clinic D 80-99	CIM-D			CCCMS	Confirmed Active	0	0	5/14/2020					
CIM	CIM			42	Clinic D 20-39	CIM-D			Confirmed Active	1	2	5/14/2020						
CIM	CIM			41	Clinic D 80-99	CIM-D			Confirmed Active	0	0	5/14/2020						TABE < 4.0
CIM	CIM			35	Clinic D 80-99	CIM-D			CCCMS	Confirmed Active	0	0	5/14/2020					
CIM	CIM			28	Clinic D 20-39	CIM-D			Confirmed Active	0	0	5/14/2020						
CIM	CIM			41	Clinic D 20-39	CIM-D			Confirmed Active	1	1	5/14/2020						
CIM	CIM			30	OHU 50-99	CIM-D			ACUTE	Confirmed Active	1	1	5/14/2020					TABE < 4.0
CIM	CIM			46	Clinic D 60-79	CIM-D			CCCMS	Confirmed Active	1	1	5/14/2020					TABE < 4.0
CIM	CIM			34	Clinic D 60-79	CIM-D			CCCMS	Confirmed Active	0	0	5/14/2020					
CIM	CIM			24	Clinic D 20-39	CIM-D			Confirmed Active	0	0	5/14/2020						
CIM	CIM			41	Clinic D 40-59	CIM-D			Confirmed Active	0	0	5/14/2020						
CIM	CIM			44	Clinic D 20-39	CIM-D			Confirmed Active	0	0	5/14/2020						
CIM	CIM			36	Clinic D 20-39	CIM-D			Confirmed Active	0	0	5/14/2020						
CIM	CIM			30	Clinic D 00-19	CIM-D			CCCMS	Confirmed Active	0	0	5/14/2020					
CIM	CIM			72	Clinic D 60-79	CIM-D			CCCMS	Confirmed Active	2	5	5/14/2020					DPM
CIM	CIM			44	Clinic D 40-59	CIM-D			CCCMS	Confirmed Active	2	2	5/14/2020					
CIM	CIM			59	Clinic D 80-99	CIM-D			Confirmed Active	1	2	5/14/2020						
CIM	CIM			28	Clinic D 00-19	CIM-D			Confirmed Active	0	0	5/14/2020						TABE < 4.0
CIM	CIM			32	Clinic D 40-59	CIM-D			Confirmed Active	0	0	5/14/2020						
CIM	CIM			27	Clinic D 80-99	CIM-D			Confirmed Active	1	1	5/14/2020						TABE < 4.0
CIM	CIM			46	Clinic D 20-39	CIM-D			Confirmed Active	2	2	5/14/2020						
CIM	CIM			48	Clinic D 80-99	CIM-D			CCCMS	Confirmed Active	1	1	5/14/2020					
CIM	CIM			40	Clinic D 00-19	CIM-D			CCCMS	Confirmed Active	1	1	5/14/2020					DPV
CIM	CIM			55	Clinic D 60-79	CIM-D			Confirmed Active	0	0	5/14/2020						TABE < 4.0
CIM	CIM			30	Clinic D 20-39	CIM-D			CCCMS	Confirmed Active	0	0	5/14/2020					

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
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Patient Count: 795

CIM	CIM	████	████	63	Clinic D 60-79	CIM-D	████████	CCCMS	Confirmed Active	3	3	5/14/2020	TABE < 4.0	
CIM	CIM	████	██████	61	Clinic D 40-59	CIM-D	████████	CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██████	58	Clinic D 00-19	CIM-D	████████	CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██	33	Clinic D 40-59	CIM-D	████████		Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██████	48	Clinic D 80-99	CIM-D	████████		Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██████	30	Clinic D 60-79	CIM-D	████████	CCCMS	Resolved	1	1	5/14/2020		
CIM	CIM	████	██	52	Clinic D 60-79	CIM-D	████████	CCCMS	Confirmed Active	0	0	5/14/2020	TABE < 4.0	
CIM	CIM	████	██████	43	Clinic D 80-99	CIM-D	████████		Confirmed Active	0	0	5/14/2020	TABE < 4.0	
CIM	CIM	████	██	59	Clinic D 80-99	CIM-D	████████	CCCMS	Confirmed Active	0	0	5/14/2020		DLT
CIM	CIM	████	██████	36	Clinic D 20-39	CIM-D	████████	CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██	50	Clinic D 00-19	CIM-D	████████		Confirmed Active	1	1	5/14/2020		
CIM	CIM	████	██████	37	Clinic D 00-19	CIM-D	████████	CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██████	60	Clinic D 00-19	CIM-D	████████	CCCMS	Confirmed Active	3	4	5/14/2020		DNM
CIM	CIM	████	██	39	Clinic D 40-59	CIM-D	████████		Confirmed Active	1	1	5/14/2020		DNH
CIM	CIM	████	██████	39	Clinic D 80-99	CIM-D	████████		Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██████	38	Clinic D 40-59	CIM-D	████████	CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██	28	Clinic D 00-19	CIM-D	████████		Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██████	36	Clinic D 20-39	CIM-D	████████	CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██████	27	Clinic B 00-49	CIM-B	████████	EOP	Resolved	0	0	5/14/2020	TABE < 4.0	
CIM	CIM	████	██████	27	Clinic D 80-99	CIM-D	████████		Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██████	73	Clinic D 40-59	CIM-D	████████		Confirmed Active	4	9	5/14/2020		DNH
CIM	CIM	████	██	43	Clinic D 80-99	CIM-D	████████		Confirmed Active	2	2	5/14/2020		
CIM	CIM	████	██████	61	Clinic D 00-19	CIM-D	████████	CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM	████	██	27	Clinic D 80-99	CIM-D	████████	CCCMS	Confirmed Active	1	1	5/14/2020		
CIM	CIM	████	██	37	Clinic D 20-39	CIM-D	████████		Confirmed Active	1	2	5/14/2020		

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
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CIM	CIM			37	Clinic D 20-39	CIM-D		CCCMS	Confirmed Active	1	1	5/14/2020		
CIM	CIM			60	Clinic D 60-79	CIM-D		CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM			51	Clinic D 40-59	CIM-D		CCCMS	Confirmed Active	1	2	5/14/2020		DNM
CIM	CIM			46	Clinic D 40-59	CIM-D			Confirmed Active	1	1	5/14/2020		
CIM	CIM			34	Clinic D 80-99	CIM-D		CCCMS	Confirmed Active	0	0	5/14/2020	TABE < 4.0	
CIM	CIM			42	Clinic D 40-59	CIM-D		CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM			24	Clinic D 60-79	CIM-D			Confirmed Active	0	0	5/14/2020		
CIM	CIM			41	Clinic C 34-67	CIM-C		CCCMS	Resolved	2	3	5/14/2020	TABE < 4.0	DPM
CIM	CIM			43	Clinic D 80-99	CIM-D			Confirmed Active	0	0	5/14/2020		
CIM	CIM			60	Clinic D 80-99	CIM-D		CCCMS	Confirmed Active	1	1	5/14/2020		
CIM	CIM			33	Clinic D 20-39	CIM-D			Confirmed Active	0	0	5/14/2020		
CIM	CIM			27	Clinic D 00-19	CIM-D			Confirmed Active	0	0	5/14/2020		DPW
CIM	CIM			51	Clinic D 80-99	CIM-D			Confirmed Active	2	3	5/14/2020		DLT
CIM	CIM			37	Clinic D 00-19	CIM-D		CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM			67	Clinic D 00-19	CIM-D			Confirmed Active	2	5	5/14/2020		
CIM	CIM			38	Clinic D 60-79	CIM-D		CCCMS	Confirmed Active	0	0	5/14/2020		DPW
CIM	CIM			70	Clinic D 00-19	CIM-D			Confirmed Active	2	5	5/14/2020	TABE < 4.0	
CIM	CIM			33	Clinic D 60-79	CIM-D			Confirmed Active	0	0	5/14/2020		
CIM	CIM			57	Clinic D 80-99	CIM-D			Confirmed Active	1	2	5/14/2020		
CIM	CIM			51	Clinic D 20-39	CIM-D			Confirmed Active	3	5	5/14/2020		DNM
CIM	CIM			52	Clinic D 40-59	CIM-D			Confirmed Active	1	2	5/14/2020		
CIM	CIM			53	Clinic D 20-39	CIM-D			Confirmed Active	0	0	5/14/2020		
CIM	CIM			62	Clinic D 60-79	CIM-D			Confirmed Active	0	0	5/14/2020		
CIM	CIM			31	Clinic D 00-19	CIM-D		CCCMS	Confirmed Active	0	0	5/14/2020		
CIM	CIM			30	Clinic D 40-59	CIM-D			Confirmed Active	0	0	5/14/2020		
CIM	CIM			69	Clinic D 20-39	CIM-D			Confirmed Active	4	9	5/14/2020		DLT
CIM	CIM			35	Clinic D 60-79	CIM-D			Confirmed Active	0	0	5/14/2020		

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
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CIM	CIM	████	████	55	Clinic D 00-19	CIM-D	████████	Confirmed Active	0	0	5/14/2020	TABE < 4.0
CIM	CIM	████	████	50	Clinic D 80-99	CIM-D	██████	Confirmed Active	0	0	5/14/2020	
CIM	CIM	████	████	41	Clinic D 00-19	CIM-D	████████	Confirmed Active	1	2	5/14/2020	
CIM	CIM	████	████	46	Clinic A 40-59	CIM-A	████████	Resolved	0	0	5/14/2020	
CIM	CIM	████	████	25	Clinic D 00-19	CIM-D	██████	Confirmed Active	1	1	5/14/2020	TABE < 4.0
CIM	CIM	████	████	57	Clinic D 80-99	CIM-D	██████	Confirmed Active	2	2	5/14/2020	
CIM	CIM	████	████	48	Clinic D 80-99	CIM-D	██████	Confirmed Active	3	3	5/14/2020	
CIM	CIM	████	████	49	Clinic D 40-59	CIM-D	██████	Confirmed Active	1	1	5/14/2020	TABE < 4.0
CIM	CIM	████	████	49	Clinic D 80-99	CIM-D	██████	Confirmed Active	1	2	5/14/2020	
CIM	CIM	████	████	29	Clinic D 20-39	CIM-D	██████	Confirmed Active	0	0	5/14/2020	
CIM	CIM	████	████	64	Clinic D 20-39	CIM-D	██████	Confirmed Active	2	3	5/14/2020	DLT
CIM	CIM	████	████	46	Clinic D 60-79	CIM-D	██████	Confirmed Active	0	0	5/14/2020	
CIM	CIM	████	████	55	Clinic D 40-59	CIM-D	██████	CCCMS Confirmed Active	0	0	5/14/2020	
CIM	CIM	████	████	58	Clinic D 40-59	CIM-D	██████	Confirmed Active	1	1	5/14/2020	TABE < 4.0
CIM	CIM	████	████	60	Clinic D 20-39	CIM-D	██████	Confirmed Active	3	5	5/14/2020	TABE < 4.0
CIM	CIM	████	████	52	Clinic D 20-39	CIM-D	██████	Confirmed Active	1	1	5/14/2020	
CIM	CIM	████	████	64	Clinic D 60-79	CIM-D	██████	Confirmed Active	1	1	5/14/2020	TABE < 4.0 DLT
CIM	CIM	████	████	58	Clinic D 60-79	CIM-D	██████	CCCMS Confirmed Active	3	5	5/14/2020	
CIM	CIM	████	████	73	Clinic D 00-19	CIM-D	██████	Confirmed Active	2	6	5/14/2020	
CIM	CIM	████	████	58	Clinic C 68-99	CIM-C	██████	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	57	Clinic C 34-67	CIM-C	██████	Confirmed Active	3	4	5/13/2020	
CIM	CIM	████	████	43	Clinic C 00-33	CIM-C	██████	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	66	Clinic C 68-99	CIM-C	██████	Confirmed Active	1	4	5/13/2020	
CIM	CIM	████	████	39	Clinic C 68-99	CIM-C	██████	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	57	Clinic C 34-67	CIM-C	██████	CCCMS Confirmed Active	2	2	5/13/2020	
CIM	CIM	████	████	37	Clinic C 00-33	CIM-C	██████	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	41	Clinic C 34-67	CIM-C	██████	Confirmed Active	1	2	5/13/2020	
CIM	CIM	████	████	73	Clinic C 00-33	CIM-C	██████	Confirmed Active	2	6	5/13/2020	TABE < 4.0 DNM, DNH
CIM	CIM	████	████	39	Clinic C 00-33	CIM-C	██████	Confirmed Active	0	0	5/13/2020	

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
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CIM	CIM	████	████	68	Clinic A 40-59	CIM-A	████		Confirmed Active	2	5	5/13/2020	
CIM	CIM	████	████	58	Clinic C 68-99	CIM-C	████	CCCMS	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	74	Clinic C 34-67	CIM-C	████		Confirmed Active	1	4	5/13/2020	
CIM	CIM	████	████	50	Clinic C 34-67	CIM-C	████		Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	53	Clinic C 34-67	CIM-C	████		Confirmed Active	4	6	5/13/2020	DLT
CIM	CIM	████	████	43	Clinic C 68-99	CIM-C	████		Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	48	Clinic C 34-67	CIM-C	████		Confirmed Active	1	2	5/13/2020	
CIM	CIM	████	████	55	Clinic C 34-67	CIM-C	████	CCCMS	Confirmed Active	2	3	5/13/2020	
CIM	CIM	████	████	68	Clinic C 68-99	CIM-C	████	CCCMS	Confirmed Active	2	6	5/13/2020	
CIM	CIM	████	████	60	Clinic C 00-33	CIM-C	████	CCCMS	Confirmed Active	4	6	5/13/2020	
CIM	CIM	████	████	35	Clinic C 68-99	CIM-C	████		Confirmed Active	1	2	5/13/2020	
CIM	CIM	████	████	48	Clinic C 68-99	CIM-C	████	CCCMS	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	53	Clinic C 34-67	CIM-C	████		Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	54	Clinic C 34-67	CIM-C	████		Confirmed Active	1	2	5/13/2020	
CIM	CIM	████	████	65	Clinic C 34-67	CIM-C	████		Confirmed Active	2	6	5/13/2020	DLT
CIM	CIM	████	████	69	Clinic C 34-67	CIM-C	████		Confirmed Active	1	4	5/13/2020	
CIM	CIM	████	████	62	Clinic C 34-67	CIM-C	████	CCCMS	Confirmed Active	1	1	5/13/2020	
CIM	CIM	████	████	70	Clinic C 68-99	CIM-C	████	CCCMS	Confirmed Active	3	8	5/13/2020	
CIM	CIM	████	████	51	Clinic C 68-99	CIM-C	████		Confirmed Active	0	0	5/13/2020	TABE < 4.0
CIM	CIM	████	████	75	Clinic C 68-99	CIM-C	████		Confirmed Active	3	8	5/13/2020	TABE < 4.0
CIM	CIM	████	████	74	Clinic C 34-67	CIM-C	████	CCCMS	Confirmed Active	2	6	5/13/2020	
CIM	CIM	████	████	69	Clinic C 68-99	CIM-C	████	CCCMS	Confirmed Active	4	7	5/13/2020	
CIM	CIM	████	████	29	Clinic C 34-67	CIM-C	████		Resolved	0	0	5/13/2020	
CIM	CIM	████	████	31	Clinic C 00-33	CIM-C	████		Confirmed Active	2	2	5/13/2020	
CIM	CIM	████	████	32	Clinic A 00-19	CIM-A	████		Confirmed Active	1	2	5/13/2020	
CIM	CIM	████	████	45	Clinic C 00-33	CIM-C	████		Confirmed Active	2	3	5/13/2020	
CIM	CIM	████	████	64	Clinic C 00-33	CIM-C	████	CCCMS	Confirmed Active	2	3	5/13/2020	

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
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CIM	CIM	████	████	40	Clinic C 00-33	CIM-C	████████	CCCMS	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	30	Clinic C 00-33	CIM-C	████████	CCCMS	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	31	Clinic B Ad Seg	CIM-B	████████	CCCMS	Confirmed Active	2	4	5/13/2020	
CIM	CIM	████	████	34	Clinic C 34-67	CIM-C	████████	CCCMS	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	59	Clinic C 34-67	CIM-C	████████	CCCMS	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	35	Clinic C 34-67	CIM-C	████████		Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	34	Clinic C 00-33	CIM-C	████████	CCCMS	Resolved	0	0	5/13/2020	
CIM	CIM	████	████	65	Clinic C 00-33	CIM-C	████████		Resolved	3	6	5/13/2020	
CIM	CIM	████	████	48	Clinic C 34-67	CIM-C	████████	CCCMS	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	70	Clinic C 68-99	CIM-C	████████		Confirmed Active	4	7	5/13/2020	TABE < 4.0
CIM	CIM	████	████	71	Clinic C 00-33	CIM-C	████████		Confirmed Active	3	6	5/13/2020	
CIM	CIM	████	████	67	Clinic C 34-67	CIM-C	████████	CCCMS	Confirmed Active	3	6	5/13/2020	
CIM	CIM	████	████	39	Clinic A 00-19	CIM-A	████████		Resolved	1	1	5/13/2020	
CIM	CIM	████	████	59	Clinic C 68-99	CIM-C	████████	CCCMS	Confirmed Active	3	3	5/13/2020	DNM
CIM	CIM	████	████	68	Clinic C 34-67	CIM-C	████████		Confirmed Active	2	5	5/13/2020	DLT, DNH
CIM	CIM	████	████	48	Clinic C 68-99	CIM-C	████████		Confirmed Active	0	0	5/13/2020	TABE < 4.0
CIM	CIM	████	████	30	Clinic C 68-99	CIM-C	████████	CCCMS	Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	34	Clinic C 34-67	CIM-C	████████		Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	50	Clinic C 00-33	CIM-C	████████		Confirmed Active	0	0	5/13/2020	
CIM	CIM	████	████	67	Clinic C 00-33	CIM-C	████████		Resolved	2	5	5/12/2020	TABE < 4.0
CIM	CIM	████	████	59	Clinic A 20-39	CIM-A	████████		Confirmed Active	2	2	5/12/2020	
CIM	CIM	████	████	31	Clinic A 60-79	CIM-A	████████		Confirmed Active	2	2	5/12/2020	TABE < 4.0
CIM	CIM	████	████	61	Clinic B 00-49	CIM-B	████████	CCCMS	Resolved	1	1	5/11/2020	
CIM	CIM	████	████	30	Clinic A 00-19	CIM-A	████████		Confirmed Active	0	0	5/11/2020	
CIM	CIM	████	████	75	Clinic A 80-99	CIM-A	████████		Resolved	2	5	5/11/2020	
CIM	CIM	████	████	56	Clinic C 34-67	CIM-C	████████		Resolved	3	4	5/11/2020	TABE < 4.0

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
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CA Institution for Men

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CIM	CIM	████	████	49	Clinic A 00-19	CIM-A	████████████████████	CCCMS	Resolved	0	0	5/8/2020		
CIM	CIM	████	████	49	Clinic B 00-49	CIM-B	████████████████████	CCCMS	Resolved	0	0	5/8/2020	TABE < 4.0	
CIM	CIM	████	████	42	Clinic A 20-39	CIM-A	████████████████████		Resolved	2	3	5/8/2020		
CIM	CIM	████	████	52	Clinic A 40-59	CIM-A	████████████████████		Resolved	2	2	5/8/2020	TABE < 4.0	
CIM	CIM	████	████	68	Clinic A 20-39	CIM-A	████████████████████		Resolved	3	7	5/8/2020		
CIM	CIM	████	████	58	Clinic A 20-39	CIM-A	████████████████████		Resolved	4	5	5/8/2020		
CIM	CIM	████	████	54	Clinic A 40-59	CIM-A	████████████████████	CCCMS	Resolved	2	3	5/8/2020	TABE < 4.0	DNM
CIM	CIM	████	████	61	Clinic A 60-79	CIM-A	████████████████████	CCCMS	Resolved	1	2	5/8/2020	TABE < 4.0	DPO
CIM	CIM	████	████	57	Clinic A 00-19	CIM-A	████████████████████		Resolved	0	0	5/8/2020		
CIM	CIM	████	████	56	Clinic A 60-79	CIM-A	████████████████████		Resolved	1	2	5/8/2020		
CIM	CIM	████	████	60	Clinic C 34-67	CIM-C	████████████████████		Resolved	1	2	5/8/2020		
CIM	CIM	████	████	54	Clinic A 20-39	CIM-A	████████████████████		Resolved	4	5	5/8/2020		DNH
CIM	CIM	████	████	54	Clinic B 00-49	CIM-B	████████████████████		Resolved	2	2	5/8/2020		
CIM	CIM	████	████	60	Clinic B 50-99	CIM-B	████████████████████		Resolved	2	2	5/8/2020		
CIM	CIM	████	████	55	Clinic A 60-79	CIM-A	████████████████████	CCCMS	Resolved	3	4	5/8/2020		
CIM	CIM	████	████	58	Clinic A 20-39	CIM-A	████████████████████		Resolved	5	6	5/8/2020	TABE < 4.0	
CIM	CIM	████	████	68	OHU 00-49	CIM-D	████████████████████		Resolved	4	8	5/8/2020		DPO
CIM	CIM	████	████	25	Clinic A 00-19	CIM-A	████████████████████		Resolved	1	1	5/8/2020		
CIM	CIM	████	████	72	Clinic A 00-19	CIM-A	████████████████████		Resolved	5	10	5/8/2020		
CIM	CIM	████	████	58	Clinic A 80-99	CIM-A	████████████████████		Confirmed Active	2	3	5/8/2020	TABE < 4.0	DLT
CIM	CIM	████	████	61	Clinic A 20-39	CIM-A	████████████████████	CCCMS	Resolved	2	4	5/8/2020		DPM
CIM	CIM	████	████	76	Clinic A 60-79	CIM-A	████████████████████		Resolved	4	8	5/7/2020		
CIM	CIM	████	████	73	Clinic A 00-19	CIM-A	████████████████████		Confirmed Active	1	4	5/7/2020		
CIM	CIM	████	████	60	Clinic A 00-19	CIM-A	████████████████████	CCCMS	Confirmed Active	2	3	5/7/2020		
CIM	CIM	████	████	67	Clinic A 00-19	CIM-A	████████████████████		Confirmed Active	1	4	5/7/2020	TABE < 4.0	
CIM	CIM	████	████	68	Clinic A 40-59	CIM-A	████████████████████		Confirmed Active	1	4	5/7/2020		

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
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CIM	CIM	████	██	42	Clinic A 80-99	CIM-A	██████████		Confirmed Active	0	0	5/7/2020	
CIM	CIM	████	██████	57	Clinic A 80-99	CIM-A	██████████	CCCMS	Confirmed Active	0	0	5/7/2020	
CIM	CIM	████	██████	62	Clinic C 00-33	CIM-C	██████████		Resolved	1	2	5/7/2020	
CIM	CIM	████	██	73	Clinic A 00-19	CIM-A	██████████		Confirmed Active	2	6	5/7/2020	
CIM	CIM	████	██████	54	Clinic A 00-19	CIM-A	██████████		Confirmed Active	1	2	5/7/2020	
CIM	CIM	████	██	58	Clinic A 60-79	CIM-A	██████████		Confirmed Active	2	2	5/7/2020	
CIM	CIM	████	██████	74	Clinic A 20-39	CIM-A	██████████		Resolved	5	9	5/7/2020	DNM, DNH
CIM	CIM	████	██████	61	Clinic A 60-79	CIM-A	██████████		Confirmed Active	2	4	5/7/2020	
CIM	CIM	████	██	82	Clinic A 60-79	CIM-A	██████████	CCCMS	Resolved	3	7	5/7/2020	DNM, DNH
CIM	CIM	████	██████	66	Clinic A 60-79	CIM-A	██████████		Confirmed Active	2	6	5/7/2020	DLT
CIM	CIM	████	██	63	Clinic A 00-19	CIM-A	██████████	CCCMS	Resolved	2	4	5/7/2020	
CIM	CIM	████	██	77	Clinic A 40-59	CIM-A	██████████		Confirmed Active	2	5	5/7/2020	TABE < 4.0
CIM	CIM	████	██████	64	Clinic A 60-79	CIM-A	██████████	CCCMS	Confirmed Active	2	2	5/7/2020	
CIM	CIM	████	██	71	Clinic A 60-79	CIM-A	██████████		Confirmed Active	1	4	5/7/2020	
CIM	CIM	████	██████	62	Clinic C 68-99	CIM-C	██████████		Resolved	3	4	5/7/2020	
CIM	CIM	████	██████	67	Clinic A 80-99	CIM-A	██████████		Resolved	2	5	5/7/2020	
CIM	CIM	████	██████	68	Clinic A 80-99	CIM-A	██████████		Confirmed Active	4	8	5/7/2020	DNM, DNH
CIM	CIM	████	██████	68	Clinic A 00-19	CIM-A	██████████		Confirmed Active	2	6	5/7/2020	DNM
CIM	CIM	████	██	24	Clinic A 00-19	CIM-A	██████████	CCCMS	Confirmed Active	1	1	5/7/2020	
CIM	CIM	████	██████	35	Clinic A 20-39	CIM-A	██████████	CCCMS	Confirmed Active	0	0	5/7/2020	
CIM	CIM	████	██	60	Clinic A 20-39	CIM-A	██████████		Confirmed Active	0	0	5/7/2020	
CIM	CIM	████	██████	77	Clinic A 00-19	CIM-A	██████████		Confirmed Active	2	5	5/7/2020	TABE < 4.0
CIM	CIM	████	██████	38	Clinic A 40-59	CIM-A	██████████	CCCMS	Confirmed Active	1	2	5/7/2020	
CIM	CIM	████	██████	32	Clinic A 60-79	CIM-A	██████████	CCCMS	Confirmed Active	0	0	5/7/2020	

CIM
 Institution(s):
 Multiple
 Care Team(s):
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CA Institution for Men

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CIM	CIM	[REDACTED]	[REDACTED]	44	Clinic A 00-19	CIM-A	[REDACTED]	Confirmed Active	1	1	5/7/2020	
CIM	CIM	[REDACTED]	[REDACTED]	79	Clinic A 40-59	CIM-A	[REDACTED]	Confirmed Active	2	6	5/7/2020	TABE < 4.0
CIM	CIM	[REDACTED]	[REDACTED]	72	Clinic A 20-39	CIM-A	[REDACTED]	Confirmed Active	1	4	5/7/2020	
CIM	CIM	[REDACTED]	[REDACTED]	47	Clinic A 20-39	CIM-A	[REDACTED]	CCCMS Confirmed Active	0	0	5/7/2020	DNH
CIM	CIM	[REDACTED]	[REDACTED]	72	Clinic A 40-59	CIM-A	[REDACTED]	Confirmed Active	1	4	5/7/2020	TABE < 4.0
CIM	CIM	[REDACTED]	[REDACTED]	54	Clinic A 40-59	CIM-A	[REDACTED]	Confirmed Active	0	0	5/7/2020	
CIM	CIM	[REDACTED]	[REDACTED]	72	Clinic D 60-79	CIM-D	[REDACTED]	Resolved	1	4	5/7/2020	DPM
CIM	CIM	[REDACTED]	[REDACTED]	80	Clinic A 40-59	CIM-A	[REDACTED]	Confirmed Active	1	4	5/7/2020	
CIM	CIM	[REDACTED]	[REDACTED]	58	Clinic A 80-99	CIM-A	[REDACTED]	Confirmed Active	2	4	5/7/2020	TABE < 4.0
CIM	CIM	[REDACTED]	[REDACTED]	73	Clinic A 00-19	CIM-A	[REDACTED]	Resolved	3	7	5/7/2020	DNM
CIM	CIM	[REDACTED]	[REDACTED]	71	Clinic A 80-99	CIM-A	[REDACTED]	Confirmed Active	2	5	5/7/2020	
CIM	CIM	[REDACTED]	[REDACTED]	64	Clinic A 60-79	CIM-A	[REDACTED]	CCCMS Confirmed Active	1	1	5/7/2020	
CIM	CIM	[REDACTED]	[REDACTED]	54	Clinic A 60-79	CIM-A	[REDACTED]	Confirmed Active	0	0	5/6/2020	
CIM	CIM	[REDACTED]	[REDACTED]	49	Clinic B 00-49	CIM-B	[REDACTED]	Resolved	1	1	5/6/2020	TABE < 4.0
CIM	CIM	[REDACTED]	[REDACTED]	65	Clinic C 34-67	CIM-C	[REDACTED]	Resolved	3	6	5/6/2020	TABE < 4.0
CIM	CIM	[REDACTED]	[REDACTED]	73	Clinic D 40-59	CIM-D	[REDACTED]	Resolved	2	5	5/5/2020	
CIM	CIM	[REDACTED]	[REDACTED]	66	Clinic D 60-79	CIM-D	[REDACTED]	Resolved	3	7	5/5/2020	DPO, DNH
CIM	CIM	[REDACTED]	[REDACTED]	81	Clinic A 80-99	CIM-A	[REDACTED]	Confirmed Active	2	6	5/5/2020	DNM, DNH
CIM	CIM	[REDACTED]	[REDACTED]	57	Clinic A 80-99	CIM-A	[REDACTED]	Resolved	2	3	5/5/2020	
CIM	CIM	[REDACTED]	[REDACTED]	51	Clinic D 00-19	CIM-D	[REDACTED]	Confirmed Active	2	2	5/5/2020	DNM
CIM	CIM	[REDACTED]	[REDACTED]	72	OHU 50-99	CIM-D	[REDACTED]	Resolved	3	6	5/5/2020	TABE < 4.0 DPM
CIM	CIM	[REDACTED]	[REDACTED]	74	Clinic D 60-79	CIM-D	[REDACTED]	CCCMS Confirmed Active	4	7	5/5/2020	DPM
CIM	CIM	[REDACTED]	[REDACTED]	55	Clinic D 20-39	CIM-D	[REDACTED]	Confirmed Active	2	2	5/5/2020	
CIM	CIM	[REDACTED]	[REDACTED]	50	Clinic D 60-79	CIM-D	[REDACTED]	CCCMS Confirmed Active	1	1	5/5/2020	
CIM	CIM	[REDACTED]	[REDACTED]	61	Clinic D 20-39	CIM-D	[REDACTED]	Confirmed Active	1	1	5/5/2020	DPM
CIM	CIM	[REDACTED]	[REDACTED]	54	Clinic D 60-79	CIM-D	[REDACTED]	Confirmed Active	1	2	5/5/2020	DLT
CIM	CIM	[REDACTED]	[REDACTED]	77	Clinic D 00-19	CIM-D	[REDACTED]	CCCMS Confirmed Active	2	5	5/5/2020	DNH
CIM	CIM	[REDACTED]	[REDACTED]	60	Clinic D 20-39	CIM-D	[REDACTED]	Confirmed Active	2	3	5/5/2020	DPM
CIM	CIM	[REDACTED]	[REDACTED]	75	Clinic D 60-79	CIM-D	[REDACTED]	Confirmed Active	1	4	5/5/2020	DPM
CIM	CIM	[REDACTED]	[REDACTED]	50	Clinic D 20-39	CIM-D	[REDACTED]	Confirmed Active	3	3	5/5/2020	DNH
CIM	CIM	[REDACTED]	[REDACTED]	61	Clinic D 00-19	CIM-D	[REDACTED]	CCCMS Confirmed Active	1	1	5/5/2020	DNM

CIM
 Institution(s):
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 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
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CIM	CIM			44	Clinic D 80-99	CIM-D		CCCMS	Confirmed Active	0	0	5/5/2020		DNM
CIM	CIM			50	Clinic D 00-19	CIM-D		CCCMS	Confirmed Active	0	0	5/5/2020		DLT, DNH
CIM	CIM			39	Clinic D 60-79	CIM-D		CCCMS	Confirmed Active	1	1	5/5/2020		DPM
CIM	CIM			42	Clinic D 80-99	CIM-D		CCCMS	Confirmed Active	0	0	5/5/2020		DLT
CIM	CIM			54	Clinic D 80-99	CIM-D		CCCMS	Confirmed Active	3	4	5/5/2020		DPO
CIM	CIM			40	Clinic D 60-79	CIM-D		CCCMS	Resolved	0	0	5/5/2020		
CIM	CIM			48	Clinic D 20-39	CIM-D		CCCMS	Resolved	1	1	5/5/2020		DLT
CIM	CIM			63	Clinic D 60-79	CIM-D			Confirmed Active	2	4	5/5/2020	TABE < 4.0	
CIM	CIM			38	Clinic D 00-19	CIM-D			Confirmed Active	0	0	5/5/2020		DPH
CIM	CIM			49	Clinic D 20-39	CIM-D			Confirmed Active	1	1	5/5/2020		DPM
CIM	CIM			32	Clinic D 40-59	CIM-D			Confirmed Active	0	0	5/5/2020	TABE < 4.0	DPH, DPS
CIM	CIM			53	Clinic D 00-19	CIM-D		CCCMS	Confirmed Active	1	1	5/5/2020		DLT
CIM	CIM			60	Clinic D 80-99	CIM-D			Confirmed Active	4	4	5/5/2020		
CIM	CIM			55	Clinic D 40-59	CIM-D		CCCMS	Confirmed Active	4	5	5/5/2020		DPM, DPV
CIM	CIM			60	Clinic D 80-99	CIM-D			Confirmed Active	1	2	5/5/2020		DLT, DNH
CIM	CIM			47	Clinic D 40-59	CIM-D		CCCMS	Confirmed Active	3	3	5/5/2020	TABE < 4.0	
CIM	CIM			36	Clinic D 20-39	CIM-D			Confirmed Active	3	4	5/5/2020		DPM
CIM	CIM			67	Clinic D 00-19	CIM-D			Confirmed Active	2	6	5/5/2020		DLT
CIM	CIM			41	Clinic D 60-79	CIM-D		CCCMS	Confirmed Active	1	1	5/5/2020		
CIM	CIM			39	Clinic D 20-39	CIM-D			Resolved	1	1	5/5/2020	TABE < 4.0	DLT
CIM	CIM			64	Clinic D 60-79	CIM-D			Confirmed Active	1	2	5/5/2020		DPM, DPV
CIM	CIM			75	Clinic D 60-79	CIM-D			Resolved	2	5	5/5/2020		
CIM	CIM			56	Clinic D 20-39	CIM-D			Confirmed Active	4	5	5/5/2020		DLT
CIM	CIM			78	Clinic D 00-19	CIM-D			Confirmed Active	1	4	5/5/2020	TABE < 4.0	DNM
CIM	CIM			63	Clinic D 40-59	CIM-D		CCCMS	Resolved	1	1	5/5/2020		DPO
CIM	CIM			53	Clinic D 60-79	CIM-D		CCCMS	Confirmed Active	0	0	5/5/2020		DLT
CIM	CIM			56	Clinic D 60-79	CIM-D			Confirmed Active	0	0	5/5/2020		DPM
CIM	CIM			58	Clinic D 00-19	CIM-D		CCCMS	Confirmed Active	0	0	5/5/2020	TABE < 4.0	DPM
CIM	CIM			61	Clinic D 00-19	CIM-D			Confirmed Active	1	2	5/5/2020		DPV
CIM	CIM			62	Clinic D 20-39	CIM-D			Confirmed Active	2	2	5/5/2020		DNH
CIM	CIM			47	Clinic D 60-79	CIM-D			Confirmed Active	1	2	5/5/2020		DPM
CIM	CIM			54	Clinic D 80-99	CIM-D			Confirmed Active	3	3	5/5/2020		DPM
CIM	CIM			33	Clinic D 60-79	CIM-D			Confirmed Active	0	0	5/5/2020	TABE < 4.0	DPM
CIM	CIM			52	Clinic D 60-79	CIM-D		CCCMS	Confirmed Active	2	2	5/5/2020		
CIM	CIM			42	Clinic D 80-99	CIM-D		CCCMS	Confirmed Active	1	1	5/5/2020	TABE < 4.0	
CIM	CIM			68	Clinic D 00-19	CIM-D			Resolved	2	5	5/5/2020	TABE < 4.0	DPW
CIM	CIM			40	Clinic D 00-19	CIM-D			Confirmed Active	0	0	5/5/2020		
CIM	CIM			64	Clinic D 40-59	CIM-D			Confirmed Active	1	2	5/5/2020		DPM, DNH

CIM
 Institution(s):
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 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
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CA Institution for Men

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CIM	CIM	████	████	55	Clinic D 60-79	CIM-D	██████████		Confirmed Active	1	1	5/5/2020		
CIM	CIM	████	████	63	Clinic D 20-39	CIM-D	██████████		Resolved	1	1	5/4/2020		
CIM	CIM	████	████	39	Clinic B Ad Seg	CIM-B	██████████	CCCMS	Resolved	0	0	5/3/2020	TABE < 4.0	DPH
CIM	CIM	████	████	69	Clinic C 68-99	CIM-C	██████████		Resolved	1	4	5/2/2020		
CIM	CIM	████	████	49	Clinic D 00-19	CIM-D	██████████		Resolved	0	0	5/2/2020		DLT
CIM	CIM	████	████	48	Clinic C 34-67	CIM-C	██████████		Resolved	0	0	5/2/2020		
CIM	CIM	████	████	59	Clinic A 00-19	CIM-A	██████████		Confirmed Active	2	2	5/1/2020	TABE < 4.0	
CIM	CIM	████	████	54	Clinic A 40-59	CIM-A	██████████		Confirmed Active	1	1	5/1/2020	TABE < 4.0	DLT
CIM	CIM	████	████	56	Clinic A 00-19	CIM-A	██████████	CCCMS	Resolved	2	4	5/1/2020		
CIM	CIM	████	████	72	Clinic A 40-59	CIM-A	██████████		Resolved	1	4	5/1/2020		DNM, DNH
CIM	CIM	████	████	60	Clinic A 60-79	CIM-A	██████████		Resolved	2	2	5/1/2020		
CIM	CIM	████	████	69	Clinic A 60-79	CIM-A	██████████		Confirmed Active	3	6	5/1/2020		
CIM	CIM	████	████	46	Clinic A 20-39	CIM-A	██████████		Confirmed Active	1	1	5/1/2020		
CIM	CIM	████	████	75	Clinic A 80-99	CIM-A	██████████		Confirmed Active	2	6	5/1/2020		
CIM	CIM	████	████	41	Clinic A 40-59	CIM-A	██████████		Confirmed Active	1	2	5/1/2020		
CIM	CIM	████	████	77	Clinic A 40-59	CIM-A	██████████		Resolved	3	6	5/1/2020		
CIM	CIM	████	████	66	Clinic C 00-33	CIM-C	██████████	CCCMS	Resolved	1	4	5/1/2020	TABE < 4.0	
CIM	CIM	████	████	55	Clinic A 20-39	CIM-A	██████████		Confirmed Active	3	4	5/1/2020		
CIM	CIM	████	████	61	Clinic A 80-99	CIM-A	██████████	CCCMS	Resolved	2	3	5/1/2020		DNV
CIM	CIM	████	████	58	Clinic A 80-99	CIM-A	██████████		Confirmed Active	1	2	5/1/2020		
CIM	CIM	████	████	81	Clinic A 40-59	CIM-A	██████████		Confirmed Active	1	4	5/1/2020		
CIM	CIM	████	████	73	Clinic A 80-99	CIM-A	██████████		Resolved	1	4	5/1/2020		
CIM	CIM	████	████	61	Clinic D 60-79	CIM-D	██████████	CCCMS	Confirmed Active	0	0	5/1/2020		DPO
CIM	CIM	████	████	49	Clinic A 60-79	CIM-A	██████████	CCCMS	Confirmed Active	0	0	5/1/2020	TABE < 4.0	
CIM	CIM	████	████	37	Clinic A 20-39	CIM-A	██████████		Confirmed Active	1	2	5/1/2020		
CIM	CIM	████	████	67	Clinic B 00-49	CIM-B	██████████	CCCMS	Resolved	2	5	5/1/2020		
CIM	CIM	████	████	62	Clinic A 40-59	CIM-A	██████████	CCCMS	Confirmed Active	1	1	5/1/2020		
CIM	CIM	████	████	72	Clinic B 50-99	CIM-B	██████████		Resolved	2	5	5/1/2020	TABE < 4.0	
CIM	CIM	████	████	72	Clinic A 80-99	CIM-A	██████████	CCCMS	Resolved	5	9	5/1/2020		DNM, DNH

CIM
 Institution(s):
 Multiple
 Care Team(s):
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CIM	CIM	████	████	41	Clinic A 00-19	CIM-A	██████████		Confirmed Active	1	2	5/1/2020	
CIM	CIM	████	████	56	Clinic A 20-39	CIM-A	██████████		Confirmed Active	2	3	5/1/2020	
CIM	CIM	████	██████	67	Clinic A 60-79	CIM-A	██████████	CCCMS	Resolved	1	4	5/1/2020	
CIM	CIM	████	████	44	Clinic A 40-59	CIM-A	██████████		Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	████	47	Clinic A 60-79	CIM-A	██████████	CCCMS	Confirmed Active	0	0	5/1/2020	DNM
CIM	CIM	████	██████	71	Clinic A 80-99	CIM-A	██████████		Confirmed Active	2	6	5/1/2020	DNM
CIM	CIM	████	██████	48	Clinic A 80-99	CIM-A	██████████	CCCMS	Confirmed Active	1	2	5/1/2020	
CIM	CIM	████	████	73	Clinic A 20-39	CIM-A	██████████	CCCMS	Confirmed Active	3	7	5/1/2020	
CIM	CIM	████	██████	56	Clinic A 60-79	CIM-A	██████████		Resolved	3	3	5/1/2020	
CIM	CIM	████	████	68	Clinic A 80-99	CIM-A	██████████		Resolved	1	4	5/1/2020	TABE < 4.0
CIM	CIM	████	██████	42	Clinic A 20-39	CIM-A	██████████		Resolved	1	2	5/1/2020	
CIM	CIM	████	██████	71	Clinic A 20-39	CIM-A	██████████	CCCMS	Confirmed Active	3	8	5/1/2020	DNM
CIM	CIM	████	██████	54	Clinic A 80-99	CIM-A	██████████	CCCMS	Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	████	60	Clinic A 40-59	CIM-A	██████████	CCCMS	Confirmed Active	3	4	5/1/2020	DNM, DNH
CIM	CIM	████	██████	37	Clinic D 60-79	CIM-D	██████████		Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██████	72	Clinic A 60-79	CIM-A	██████████		Confirmed Active	1	4	5/1/2020	
CIM	CIM	████	████	53	Clinic A 80-99	CIM-A	██████████		Resolved	2	2	5/1/2020	TABE < 4.0
CIM	CIM	████	██████	77	Clinic A 80-99	CIM-A	██████████		Confirmed Active	2	5	5/1/2020	
CIM	CIM	████	██████	68	Clinic A 20-39	CIM-A	██████████	CCCMS	Confirmed Active	1	4	5/1/2020	DLT, DNH
CIM	CIM	████	████	56	Clinic A 80-99	CIM-A	██████████		Confirmed Active	1	1	5/1/2020	TABE < 4.0
CIM	CIM	████	██████	60	Clinic A 00-19	CIM-A	██████████		Confirmed Active	2	4	5/1/2020	
CIM	CIM	████	██████	58	Clinic A 40-59	CIM-A	██████████	CCCMS	Resolved	1	2	5/1/2020	DNM
CIM	CIM	████	██████	77	Clinic A 80-99	CIM-A	██████████		Confirmed Active	1	4	5/1/2020	
CIM	CIM	████	██████	64	Clinic A 20-39	CIM-A	██████████	CCCMS	Confirmed Active	0	0	5/1/2020	DPM
CIM	CIM	████	████	72	Clinic A 00-19	CIM-A	██████████	CCCMS	Confirmed Active	4	9	5/1/2020	DNM, DNH
CIM	CIM	████	████	69	Clinic A 00-19	CIM-A	██████████		Resolved	2	6	5/1/2020	
CIM	CIM	████	██████	46	Clinic D 40-59	CIM-D	██████████	CCCMS	Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	██████	34	Clinic D 20-39	CIM-D	██████████		Resolved	0	0	5/1/2020	

CIM
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CIM	CIM	████	████	36	Clinic D 60-79	CIM-D	████████████████████	Confirmed Active	0	0	5/1/2020		
CIM	CIM	████	████	52	Clinic D 80-99	CIM-D	████████████████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██	31	Clinic D 00-19	CIM-D	████████████████████	CCCMS	Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	██	36	Clinic D 00-19	CIM-D	████████████████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██████	53	Clinic D 80-99	CIM-D	████████████████████	Confirmed Active	1	1	5/1/2020	DLT	
CIM	CIM	████	██	59	Clinic D 20-39	CIM-D	████████████████████	CCCMS	Confirmed Active	2	2	5/1/2020	DPM
CIM	CIM	████	██	39	Clinic D 60-79	CIM-D	████████████████████	CCCMS	Confirmed Active	1	2	5/1/2020	
CIM	CIM	████	██████	36	Clinic D 00-19	CIM-D	████████████████████	Confirmed Active	0	0	5/1/2020		
CIM	CIM	████	██	52	Clinic D 00-19	CIM-D	████████████████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██	55	Clinic D 80-99	CIM-D	████████████████████	CCCMS	Confirmed Active	1	2	5/1/2020	TABE < 4.0
CIM	CIM	████	████	36	Clinic D 40-59	CIM-D	████████████████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██████	68	Clinic A 80-99	CIM-A	████████████████████	Resolved	3	7	5/1/2020	DNM	
CIM	CIM	████	██████	29	Clinic D 60-79	CIM-D	████████████████████	CCCMS	Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	██	53	Clinic D 80-99	CIM-D	████████████████████	Confirmed Active	0	0	5/1/2020	DPW	
CIM	CIM	████	████	65	OHU 50-99	CIM-D	████████████████████	MHCB	Confirmed Active	2	5	5/1/2020	DD3, TABE < 4.0
CIM	CIM	████	██	57	Clinic D 40-59	CIM-D	████████████████████	CCCMS	Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	██████	56	Clinic D 00-19	CIM-D	████████████████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██████	38	Clinic D 80-99	CIM-D	████████████████████	CCCMS	Resolved	1	1	5/1/2020	DPW
CIM	CIM	████	██████	41	Clinic D 60-79	CIM-D	████████████████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██████	67	Clinic A 00-19	CIM-A	████████████████████	CCCMS	Confirmed Active	3	6	5/1/2020	
CIM	CIM	████	██████	60	Clinic C 00-33	CIM-C	████████████████████	Resolved	2	3	5/1/2020		
CIM	CIM	████	██████	28	Clinic B 50-99	CIM-B	████████████████████	EOP	Confirmed Active	2	2	5/1/2020	DD1, TABE < 4.0
CIM	CIM	████	██	50	Clinic A 20-39	CIM-A	████████████████████	CCCMS	Resolved	0	0	5/1/2020	
CIM	CIM	████	██	52	Clinic D 60-79	CIM-D	████████████████████	CCCMS	Confirmed Active	2	2	5/1/2020	
CIM	CIM	████	██████	52	Clinic A 40-59	CIM-A	████████████████████	Resolved	0	0	5/1/2020		

CIM
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CIM	CIM	████	██	58	Clinic A 40-59	CIM-A	██████████	CCCMS	Confirmed Active	1	2	5/1/2020	TABE < 4.0
CIM	CIM	████	████	33	Clinic D 40-59	CIM-D	██████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	████	30	Clinic D 60-79	CIM-D	██████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██	27	Clinic A 20-39	CIM-A	██████████	CCCMS	Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	██	34	Clinic D 00-19	CIM-D	██████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██	70	Clinic B 00-49	CIM-B	██████████		Resolved	1	4	5/1/2020	
CIM	CIM	████	████	58	Clinic A 20-39	CIM-A	██████████	CCCMS	Confirmed Active	3	5	5/1/2020	
CIM	CIM	████	██	30	Clinic D 00-19	CIM-D	██████████	CCCMS	Resolved	0	0	5/1/2020	
CIM	CIM	████	████	53	Clinic A 40-59	CIM-A	██████████		Resolved	1	1	5/1/2020	
CIM	CIM	████	████	27	Clinic A 60-79	CIM-A	██████████		Resolved	2	2	5/1/2020	
CIM	CIM	████	████	66	Clinic A 80-99	CIM-A	██████████		Confirmed Active	2	6	5/1/2020	DNH
CIM	CIM	████	████	60	Clinic A 00-19	CIM-A	██████████		Confirmed Active	2	2	5/1/2020	TABE < 4.0
CIM	CIM	████	████	64	Clinic D 00-19	CIM-D	██████████		Confirmed Active	1	1	5/1/2020	TABE < 4.0
CIM	CIM	████	██	82	Clinic A 20-39	CIM-A	██████████		Confirmed Active	3	8	5/1/2020	DNM, DNH, DNV
CIM	CIM	████	████	69	Clinic A 20-39	CIM-A	██████████		Confirmed Active	1	4	5/1/2020	
CIM	CIM	████	██	59	Clinic A 20-39	CIM-A	██████████	CCCMS	Confirmed Active	2	3	5/1/2020	
CIM	CIM	████	██	45	Clinic D 60-79	CIM-D	██████████		Resolved	4	4	5/1/2020	DPO
CIM	CIM	████	████	50	Clinic A 40-59	CIM-A	██████████	CCCMS	Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	████	33	Clinic D 40-59	CIM-D	██████████		Confirmed Active	3	3	5/1/2020	TABE < 4.0
CIM	CIM	████	██	27	Clinic A 20-39	CIM-A	██████████	CCCMS	Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	████	34	Clinic D 60-79	CIM-D	██████████		Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	██	67	Clinic C 68-99	CIM-C	██████████		Resolved	1	4	5/1/2020	
CIM	CIM	████	████	50	Clinic A 80-99	CIM-A	██████████	CCCMS	Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	██	46	Clinic A 60-79	CIM-A	██████████	CCCMS	Resolved	1	1	5/1/2020	
CIM	CIM	████	████	72	Clinic A 20-39	CIM-A	██████████		Confirmed Active	2	5	5/1/2020	TABE < 4.0

CIM
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CIM	CIM	████	████	36	Clinic D 40-59	CIM-D	██████████	CCCMS	Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	████	33	Clinic A 20-39	CIM-A	██████████		Confirmed Active	1	2	5/1/2020	
CIM	CIM	████	████	30	Clinic A 00-19	CIM-A	██████████		Resolved	0	0	5/1/2020	
CIM	CIM	████	████	68	Clinic A 60-79	CIM-A	██████████		Confirmed Active	3	7	5/1/2020	TABE < 4.0
CIM	CIM	████	████	70	Clinic A 80-99	CIM-A	██████████		Confirmed Active	2	6	5/1/2020	
CIM	CIM	████	████	67	Clinic A 20-39	CIM-A	██████████		Resolved	1	4	5/1/2020	TABE < 4.0
CIM	CIM	████	████	52	Clinic D 40-59	CIM-D	██████████	CCCMS	Confirmed Active	0	0	5/1/2020	DD2, TABE < 4.0
CIM	CIM	████	████	36	Clinic D 40-59	CIM-D	██████████		Confirmed Active	0	0	5/1/2020	TABE < 4.0
CIM	CIM	████	████	49	Clinic A 80-99	CIM-A	██████████		Confirmed Active	3	3	5/1/2020	
CIM	CIM	████	████	33	Clinic D 80-99	CIM-D	██████████		Confirmed Active	0	0	5/1/2020	
CIM	CIM	████	████	54	Clinic C 00-33	CIM-C	██████████		Resolved	1	1	5/1/2020	TABE < 4.0
CIM	CIM	████	████	44	Clinic A 60-79	CIM-A	██████████		Confirmed Active	1	2	5/1/2020	TABE < 4.0
CIM	CIM	████	████	45	Clinic B 50-99	CIM-B	██████████		Resolved	1	1	5/1/2020	TABE < 4.0
CIM	CIM	████	████	71	Clinic A 00-19	CIM-A	██████████		Confirmed Active	1	4	5/1/2020	TABE < 4.0
CIM	CIM	████	████	55	Clinic A 20-39	CIM-A	██████████		Confirmed Active	1	2	5/1/2020	
CIM	CIM	████	████	52	Clinic A 40-59	CIM-A	██████████		Confirmed Active	1	1	5/1/2020	
CIM	CIM	████	████	70	Clinic A 40-59	CIM-A	██████████		Confirmed Active	3	7	5/1/2020	TABE < 4.0
CIM	CIM	████	Soller	67	Clinic A 00-19	CIM-A	██████████		Confirmed Active	1	4	5/1/2020	TABE < 4.0
CIM	CIM	████	████	71	Clinic A 80-99	CIM-A	██████████		Confirmed Active	1	4	5/1/2020	DNH
CIM	CIM	████	████	74	Clinic A 20-39	CIM-A	██████████		Resolved	1	4	5/1/2020	DNM
CIM	CIM	████	████	39	Clinic A 40-59	CIM-A	██████████		Confirmed Active	1	2	5/1/2020	TABE < 4.0
CIM	CIM	████	████	76	Clinic A 00-19	CIM-A	██████████		Resolved	1	4	5/1/2020	
CIM	CIM	████	████	58	Clinic D 60-79	CIM-D	██████████		Resolved	4	4	4/30/2020	DPM
CIM	CIM	████	████	71	Clinic D 20-39	CIM-D	██████████		Resolved	2	6	4/30/2020	DNH
CIM	CIM	████	████	73	Clinic D 20-39	CIM-D	██████████		Confirmed Active	1	4	4/30/2020	
CIM	CIM	████	████	34	Clinic C 34-67	CIM-C	██████████		Resolved	0	0	4/30/2020	
CIM	CIM	████	████	60	Clinic D 80-99	CIM-D	██████████		Resolved	0	0	4/30/2020	
CIM	CIM	████	████	61	Clinic D 20-39	CIM-D	██████████		Resolved	2	4	4/30/2020	DLT
CIM	CIM	████	████	38	Clinic C 68-99	CIM-C	██████████		Resolved	0	0	4/30/2020	TABE < 4.0
CIM	CIM	████	████	67	Clinic D 40-59	CIM-D	██████████		Resolved	4	7	4/30/2020	DLT

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CIM	CIM			35	Clinic C 68-99	CIM-C		CCCMS	Resolved	1	1	4/29/2020		
CIM	CIM			73	Clinic D 60-79	CIM-D			Resolved	1	4	4/29/2020	TABE < 4.0	
CIM	CIM			32	Clinic C 00-33	CIM-C			Resolved	0	0	4/29/2020	TABE < 4.0	
CIM	CIM			43	Clinic A 00-19	CIM-A			Resolved	0	0	4/28/2020		
CIM	CIM			65	Clinic A 20-39	CIM-A			Resolved	6	11	4/28/2020		
CIM	CIM			67	Clinic A 80-99	CIM-A			Resolved	3	8	4/28/2020		DNH
CIM	CIM			74	Clinic C 34-67	CIM-C			Resolved	3	7	4/28/2020	TABE < 4.0	
CIM	CIM			45	Clinic D 60-79	CIM-D		CCCMS	Resolved	1	1	4/27/2020		DNM
CIM	CIM			50	Clinic C 68-99	CIM-C			Resolved	1	2	4/27/2020		
CIM	CIM			68	Clinic D 40-59	CIM-D			Resolved	5	9	4/27/2020		
CIM	CIM			46	Clinic B Ad Seg	CIM-B			Resolved	0	0	4/27/2020	DD1	
CIM	CIM			61	Clinic D 20-39	CIM-D		CCCMS	Resolved	0	0	4/27/2020		
CIM	CIM			33	Clinic D 20-39	CIM-D		CCCMS	Resolved	1	1	4/27/2020		
CIM	CIM			48	Clinic D 40-59	CIM-D		CCCMS	Resolved	2	2	4/27/2020	TABE < 4.0	DNM, DPV
CIM	CIM			40	Clinic D 40-59	CIM-D			Resolved	0	0	4/26/2020		
CIM	CIM			77	Clinic D 60-79	CIM-D			Resolved	1	4	4/26/2020		
CIM	CIM			31	Clinic D 40-59	CIM-D			Resolved	0	0	4/25/2020		
CIM	CIM			65	Clinic D 80-99	CIM-D			Resolved	3	8	4/25/2020		
CIM	CIM			51	Clinic D 00-19	CIM-D		CCCMS	Resolved	1	1	4/25/2020		
CIM	CIM			78	Clinic C 34-67	CIM-C			Resolved	3	7	4/25/2020		
CIM	CIM			47	Clinic D 80-99	CIM-D		CCCMS	Resolved	1	2	4/25/2020		
CIM	CIM			45	Clinic C 00-33	CIM-C			Resolved	0	0	4/24/2020		
CIM	CIM			59	Clinic C 00-33	CIM-C		CCCMS	Resolved	1	1	4/24/2020		
CIM	CIM			56	Clinic C 00-33	CIM-C			Resolved	3	3	4/24/2020		DLT
CIM	CIM			49	Clinic D 40-59	CIM-D		CCCMS	Resolved	0	0	4/24/2020		
CIM	CIM			50	Clinic D 20-39	CIM-D			Resolved	1	2	4/24/2020		
CIM	CIM			58	Clinic D 20-39	CIM-D			Resolved	4	6	4/24/2020		DNM
CIM	CIM			34	Clinic D 00-19	CIM-D		CCCMS	Resolved	0	0	4/24/2020		
CIM	CIM			52	Clinic C 00-33	CIM-C		CCCMS	Resolved	0	0	4/23/2020		

CIM
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CIM	CIM	████	████	49	Clinic D 40-59	CIM-D	████████████████████	CCCMS	Resolved	0	0	4/23/2020		
CIM	CIM	████	████	47	Clinic D 60-79	CIM-D	████████████████████		Resolved	2	2	4/23/2020	TABE < 4.0	
CIM	CIM	████	████	51	Clinic D 80-99	CIM-D	████████████████████	CCCMS	Resolved	2	2	4/23/2020		DNH
CIM	CIM	████	████	75	Clinic C 34-67	CIM-C	████████████████████	CCCMS	Resolved	1	4	4/23/2020		
CIM	CIM	████	████	54	Clinic D 80-99	CIM-D	████████████████████	CCCMS	Resolved	1	1	4/23/2020		
CIM	CIM	████	████	42	Clinic D 40-59	CIM-D	████████████████████	CCCMS	Resolved	3	4	4/23/2020	DD2, TABE < 4.0	
CIM	CIM	████	████	46	Clinic D 60-79	CIM-D	████████████████████		Resolved	1	1	4/22/2020		
CIM	CIM	████	████	57	Clinic C 34-67	CIM-C	████████████████████		Resolved	0	0	4/22/2020		
CIM	CIM	████	████	57	Clinic D 40-59	CIM-D	████████████████████		Resolved	0	0	4/22/2020		
CIM	CIM	████	████	47	Clinic D 20-39	CIM-D	████████████████████	CCCMS	Resolved	1	2	4/22/2020	DD1	DNH
CIM	CIM	████	████	69	Clinic D 60-79	CIM-D	████████████████████		Resolved	2	5	4/22/2020		DPW
CIM	CIM	████	████	46	Clinic D 80-99	CIM-D	████████████████████	CCCMS	Resolved	1	1	4/22/2020	DD1, TABE < 4.0	
CIM	CIM	████	████	31	Clinic D 80-99	CIM-D	████████████████████	CCCMS	Resolved	1	1	4/22/2020	DD1, TABE < 4.0	
CIM	CIM	████	████	44	Clinic D 80-99	CIM-D	████████████████████		Resolved	3	3	4/22/2020	DD1, TABE < 4.0	DPM
CIM	CIM	████	████	59	Clinic D 60-79	CIM-D	████████████████████	CCCMS	Resolved	0	0	4/22/2020	DD2	
CIM	CIM	████	████	39	Clinic C 00-33	CIM-C	████████████████████	CCCMS	Resolved	0	0	4/21/2020		
CIM	CIM	████	████	75	Clinic C 00-33	CIM-C	████████████████████		Resolved	5	10	4/20/2020	TABE < 4.0	DLT
CIM	CIM	████	████	63	Clinic D 40-59	CIM-D	████████████████████	CCCMS	Resolved	3	4	4/20/2020	TABE < 4.0	DPM
CIM	CIM	████	████	51	Clinic D 80-99	CIM-D	████████████████████		Resolved	2	3	4/19/2020		
CIM	CIM	████	████	62	Clinic D 20-39	CIM-D	████████████████████	CCCMS	Resolved	2	3	4/19/2020		
CIM	CIM	████	████	58	Clinic D 00-19	CIM-D	████████████████████	CCCMS	Resolved	0	0	4/18/2020	TABE < 4.0	
CIM	CIM	████	████	58	Clinic D 20-39	CIM-D	████████████████████		Resolved	1	1	4/18/2020		
CIM	CIM	████	████	60	Clinic D 60-79	CIM-D	████████████████████		Resolved	2	3	4/17/2020		
CIM	CIM	████	████	37	Clinic D 40-59	CIM-D	████████████████████	CCCMS	Resolved	1	1	4/17/2020	TABE < 4.0	
CIM	CIM	████	████	53	Clinic D 60-79	CIM-D	████████████████████		Resolved	0	0	4/16/2020		
CIM	CIM	████	████	50	Clinic D 60-79	CIM-D	████████████████████	CCCMS	Resolved	1	1	4/16/2020		

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
 Report run:
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COVID MONITORING

Patient Registry

[Registry Definition](#)

CA Institution for Men

Patient Count: 795

CIM	CIM	████	████	40	Clinic D 00-19	CIM-D	██████████	CCCMS	Resolved	0	0	4/16/2020		DLT
CIM	CIM	████	████	64	Clinic D 80-99	CIM-D	██████████		Resolved	5	5	4/15/2020		DPM
CIM	CIM	████	████	64	Clinic B 50-99	CIM-B	██████████	CCCMS	Resolved	3	5	4/15/2020		
CIM	CIM	████	██	27	Clinic D 80-99	CIM-D	██████████	CCCMS	Resolved	0	0	4/14/2020		
CIM	CIM	████	██	54	Clinic D 00-19	CIM-D	██████████		Resolved	4	5	4/13/2020		DPM
CIM	CIM	████	████	51	Clinic D 60-79	CIM-D	██████████	CCCMS	Resolved	1	1	4/13/2020		
CIM	CIM	████	████	49	Clinic D 80-99	CIM-D	██████████		Resolved	1	2	4/13/2020		
CIM	CIM	████	██	37	Clinic D 20-39	CIM-D	██████████		Resolved	0	0	4/13/2020		
CIM	CIM	████	████	45	Clinic D 60-79	CIM-D	██████████		Resolved	0	0	4/13/2020	TABE < 4.0	
CIM	CIM	████	████	32	Clinic D 60-79	CIM-D	██████████		Resolved	0	0	4/12/2020		
CIM	CIM	████	████	29	Clinic D 20-39	CIM-D	██████████		Resolved	0	0	4/12/2020		
CIM	CIM	████	████	37	Clinic D 20-39	CIM-D	██████████	CCCMS	Resolved	0	0	4/12/2020	TABE < 4.0	
CIM	CIM	████	████	32	Clinic D 40-59	CIM-D	██████████		Resolved	0	0	4/12/2020		DLT
CIM	CIM	████	████	49	Clinic D 20-39	CIM-D	██████████	CCCMS	Resolved	2	2	4/11/2020		
CIM	CIM	████	██	51	Clinic D 40-59	CIM-D	██████████		Resolved	1	2	4/11/2020		
CIM	CIM	████	████	70	Clinic D 20-39	CIM-D	██████████	CCCMS	Resolved	2	6	4/11/2020		DLT, DNH
CIM	CIM	████	████	57	Clinic D 40-59	CIM-D	██████████		Resolved	1	2	4/11/2020		DPM
CIM	CIM	████	██	33	Clinic D 80-99	CIM-D	██████████	CCCMS	Resolved	1	1	4/10/2020		
CIM	CIM	████	██	32	Clinic D 20-39	CIM-D	██████████	CCCMS	Resolved	1	1	4/10/2020		
CIM	CIM	████	████	68	Clinic D 80-99	CIM-D	██████████		Resolved	1	4	4/10/2020		
CIM	CIM	████	██	58	Clinic D 80-99	CIM-D	██████████	CCCMS	Resolved	1	1	4/10/2020	TABE < 4.0	DLT
CIM	CIM	████	████	46	Clinic D 20-39	CIM-D	██████████		Resolved	0	0	4/9/2020		DLT
CIM	CIM	████	████	43	Clinic D 60-79	CIM-D	██████████	CCCMS	Resolved	0	0	4/9/2020	TABE < 4.0	
CIM	CIM	████	██	61	Clinic D 80-99	CIM-D	██████████		Resolved	0	0	4/9/2020		
CIM	CIM	████	████	53	Clinic D 20-39	CIM-D	██████████	CCCMS	Resolved	3	4	4/9/2020		DPW
CIM	CIM	████	████	54	Clinic D 20-39	CIM-D	██████████		Resolved	3	3	4/8/2020		DPO
CIM	CIM	████	████	31	Clinic D 20-39	CIM-D	██████████		Resolved	0	0	4/8/2020	TABE < 4.0	

CIM
 Institution(s):
 Multiple
 Care Team(s):
 All, CIM-A, CIM-B, CIM-C, CIM-D, Other
 Housing/Facility:
 Report run:
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COVID MONITORING

Patient Registry

[Registry Definition](#)

CA Institution for Men

Patient Count: 795

CIM	CIM	████	████	60	Clinic D 60-79	CIM-D	████████		Resolved	2	3	4/8/2020	TABE < 4.0	DNH
CIM	CIM	████	████	37	Clinic D 00-19	CIM-D	████████		Resolved	1	1	4/8/2020		
CIM	CIM	████	████	61	Clinic D 20-39	CIM-D	████████		Resolved	0	0	4/7/2020		
CIM	CIM	████	████	27	Clinic D 20-39	CIM-D	████████	CCCMS	Resolved	0	0	4/7/2020		
CIM	CIM	████	████	39	Clinic D 00-19	CIM-D	████████		Resolved	2	2	4/6/2020	TABE < 4.0	DNM
CIM	CIM	████	████	58	Clinic D 40-59	CIM-D	████████	CCCMS	Resolved	1	1	4/6/2020		DPM
CIM	CIM	████	████	35	Clinic D 80-99	CIM-D	████████	CCCMS	Resolved	0	0	4/5/2020		
CIM	CIM	████	████	35	Clinic D 60-79	CIM-D	████████	CCCMS	Resolved	0	0	4/4/2020		
CIM	CIM	████	████	44	Clinic D 60-79	CIM-D	████████		Resolved	2	2	4/4/2020		
CIM	CIM	████	████	73	Clinic D 20-39	CIM-D	████████	CCCMS	Resolved	2	5	4/4/2020		DLT
CIM	CIM	████	████	54	Clinic B Ad Seg	CIM-B	████████	CCCMS	Resolved	1	2	4/3/2020		DLT
CIM	CIM	████	████	47	Clinic D 80-99	CIM-D	████████		Resolved	3	4	4/3/2020		
CIM	CIM	████	████	35	Clinic D 60-79	CIM-D	████████		Resolved	0	0	4/2/2020		
CIM	CIM	████	████	40	Clinic B Ad Seg	CIM-B	████████		Resolved	1	1	4/2/2020		
CIM	CIM	████	████	40	Clinic D 80-99	CIM-D	████████		Resolved	3	5	4/2/2020		
CIM	CIM	████	████	39	Clinic D 40-59	CIM-D	████████	CCCMS	Resolved	0	0	4/1/2020		

EXHIBIT X

Name	CDCR #	DPP Code	Age	COVID Weighted Risk Score	COVID Status (as of June 30, 2020)	First Positive Test	All Risk Factors	Housing (as of July 1, 2020)
		DPM	52	1	Negative		Persistent Asthma	
		DPO, DPV	79	8	Resolved	5/20/20	COPD, CVD-NOS, CVD-Cerebrovascular, CVD-CHF, Advanced Age	
		DPM, DNH	59	4	Negative		COPD, Advanced Liver Disease	
		DPO	42	3	Negative		Immunosuppressed, Multiple Sclerosis	
		DPM	57	0	Negative			
		DNH	59	4	Negative		COPD, Advanced Liver Disease	
		DPM	58	2	Negative		CVD-Thromboembolic, Diabetes	
		DPO	64	2	Negative		CVD-NOS, CVD-IHD, BMI >= 40	
		DPW	65	8	Negative		COPD, CVD-IHD, Advanced Age, Persistent Asthma	
		DPO	78	5	Negative		CVD-IHD, Advanced Age	
		DPM	63	7	Negative		COPD, CVD-Thromboembolic, Connective Tissue Disorder, Immunosuppressed, Neurologic Disorder	
		DPM, DNH	73	9	Negative		Cancer, COPD, Advanced Age, Persistent Asthma	
		DPO	63	0	Negative			
		DPW	52	1	Resolved	5/20/20	Myasthenia Gravis, Neurologic Disorder	
			70	4	Resolved	5/31/20	Advanced Age	
		DPO, DNH	67	7	Negative		CVD-CHF, CVD-IHD, CVD-Valvular, Diabetes, Advanced Age	
		DPM, DNH	81	6	Negative		Cancer, Advanced Age	
		DNM	61	5	Negative		Advanced Liver Disease, Immunosuppressed, Connective Tissue Disorder	

19	DPM, DNH	84	4	Negative		Advanced Age
20	DNH	62	3	Negative		COPD, Diabetes
21	DPM	67	4	Negative		Advanced Age
22	DNV	64	0	Negative		
23	DPM	58	4	Negative		COPD, Advanced Liver Disease
24		55	1	Resolved	6/13/20	Connective Tissue Disorder
25	DPV, DNH	47	1	Negative		BMI \geq 40
26	DPW, DNH	70	10	Negative		Cancer, COPD, CVD-Cerebrovascular, CVD-IHD, Advanced Age
27	DPM	68	6	Negative		Advanced Liver Disease, Advanced Age
28	DPM, DNH	74	4	Resolved	5/29/20	Advanced Age
29	DNH	64	1	Negative		Diabetes
30	DPM, DNH	77	5	Negative		CVD-IHD, Advanced Age
31	DPO	71	6	Negative		CVD-CHF, CVD-IHD, Advanced Age
32	DPM, DNH	75	4	Negative		Advanced Age
33	DPM	69	5	Negative		Diabetes, Advanced Age
34	DPM	58	0	Negative		
35	DPW	57	4	Negative		COPD, CVD-Cerebrovascular
36		51	0	Confirmed Active	6/23/20	
37	DPO	71	7	Confirmed Active	6/23/20	CVD-CHF, CVD-IHD, CVD-PVD, Diabetes, Advanced Age

EXHIBIT Y

Name	CDCR #	DPP Code	Age	COVID Weighted Risk Score	COVID Status (as of June 30, 2020)	First Positive Test	All Risk Factors	Housing (as of July 1, 2020)
		DPM	52	1	Negative		Persistent Asthma	
		DPO, DPV	79	8	Resolved	5/20/20	COPD, CVD-NOS, CVD-Cerebrovascular, CVD-CHF, Advanced Age	
		DPM, DNH	59	4	Negative		COPD, Advanced Liver Disease	
		DPO	42	3	Negative		Immunosuppressed, Multiple Sclerosis	
		DPM	57	0	Negative			
		DNH	59	4	Negative		COPD, Advanced Liver Disease	
		DPM	58	2	Negative		CVD-Thromboembolic, Diabetes	
		DPO	64	2	Negative		CVD-NOS, CVD-IHD, BMI >= 40	
		DPW	65	8	Negative		COPD, CVD-IHD, Advanced Age, Persistent Asthma	
		DPO	78	5	Negative		CVD-IHD, Advanced Age	
		DPM	63	7	Negative		COPD, CVD-Thromboembolic, Connective Tissue Disorder, Immunosuppressed, Neurologic Disorder	
		DPM, DNH	73	9	Negative		Cancer, COPD, Advanced Age, Persistent Asthma	
		DPO	63	0	Negative			
		DPW	52	1	Resolved	5/20/20	Myasthenia Gravis, Neurologic Disorder	
			70	4	Resolved	5/31/20	Advanced Age	
		DPO, DNH	67	7	Negative		CVD-CHF, CVD-IHD, CVD-Valvular, Diabetes, Advanced Age	
		DPM, DNH	81	6	Negative		Cancer, Advanced Age	
		DNM	61	5	Negative		Advanced Liver Disease, Immunosuppressed, Connective Tissue Disorder	

19	DPM, DNH	84	4	Negative		Advanced Age
20	DNH	62	3	Negative		COPD, Diabetes
21	DPM	67	4	Negative		Advanced Age
22	DNV	64	0	Negative		
23	DPM	58	4	Negative		COPD, Advanced Liver Disease
24		55	1	Resolved	6/13/20	Connective Tissue Disorder
25	DPV, DNH	47	1	Negative		BMI \geq 40
26	DPW, DNH	70	10	Negative		Cancer, COPD, CVD-Cerebrovascular, CVD-IHD, Advanced Age
27	DPM	68	6	Negative		Advanced Liver Disease, Advanced Age
28	DPM, DNH	74	4	Resolved	5/29/20	Advanced Age
29	DNH	64	1	Negative		Diabetes
30	DPM, DNH	77	5	Negative		CVD-IHD, Advanced Age
31	DPO	71	6	Negative		CVD-CHF, CVD-IHD, Advanced Age
32	DPM, DNH	75	4	Negative		Advanced Age
33	DPM	69	5	Negative		Diabetes, Advanced Age
34	DPM	58	0	Negative		
35	DPW	57	4	Negative		COPD, CVD-Cerebrovascular
36		51	0	Confirmed Active	6/23/20	
37	DPO	71	7	Confirmed Active	6/23/20	CVD-CHF, CVD-IHD, CVD-PVD, Diabetes, Advanced Age

38		DPM	67	8	Confirmed Active	6/23/20	COPD, CVD-Thromboembolic, Advanced Age
39			68	7	Confirmed Active	6/23/20	COPD, Diabetes, Advanced Age
40		DPV, DNM	57	4	Confirmed Active	6/23/20	Cancer, Immunosuppressed
41		DNH	73	5	Confirmed Active	6/23/20	Diabetes, Advanced Age
42			72	4	Confirmed Active	6/23/20	AdvancedAge
43		DPM, DNH	77	7	Confirmed Active	6/23/20	CVD-Cerebrovascular, CVD-IHD, Diabetes, Advanced Age
44		DPM	54	0	Confirmed Active	6/23/20	
45			61	2	Confirmed Active	6/23/20	CVD-CHD
46		DPM, DNH	87	5	Confirmed Active	6/23/20	CVD-IHD, Advanced Age
47		DPS	50	0	Confirmed Active	6/23/20	
48			39	2	Confirmed Active	6/23/20	Advanced Liver Disease, Coccidioidomycosis
49		DPM	77	4	Confirmed Active	6/23/20	Advanced Age
50		DPW, DNH	71	9	Confirmed Active	6/23/20	COPD, CVD-IHD, Diabetes, Advanced Age, Persistent Asthma
51			57	0	Confirmed Active	6/23/20	
52		DPM	79	5	Confirmed Active	6/23/20	Diabetes, Advanced Age
53		DPM	58	5	Confirmed Active	6/23/20	COPD, Pulmonary Fibrosis, BMI >= 40, Persistent Asthma
54		DPM	74	8	Confirmed Active	6/23/20	Cancer, CVD-IHD, Diabetes, Advanced Age
55		DPM	60	1	Confirmed Active	6/23/20	Diabetes
56		DPM	67	7	Confirmed Active	6/23/20	CVD-Cerebrovascular, Advanced Age, BMI >= 40

57		47		Confirmed Active	6/23/20	
58	DPM	70	11	Confirmed Active	6/23/20	COPD, CVD-CHF, Diabetes, Advanced Liver Disease, Advanced Age
59	DPW	53	4	Resolved	5/26/20	Cancer, Immunosuppressed
60	DPM	63	1	Resolved	5/26/20	Diabetes
61	DPM, DNH	75	6	Resolved	5/27/20	Diabetes, Advanced Age, BMI >= 40
62	DPM	66	9	Negative		Cancer, Diabetes, Immunosuppressed, Advanced Age
63	DNH	58	4	Negative		COPD, Diabetes, Persistent Asthma
64	DPM, DNH	75	5	Negative		CVD-IHD, Advanced Age
65	DPO	62	6	Negative		Cancer, CVD-IHD, Diabetes, Immunosuppressed
66	DPO, DNH	67	4	Negative		Advanced Age
67	DPO	32	1	Negative		HIV
68	DPO	60	4	Negative		CVD-IHD, Diabetes, BMI >= 40
69	DPM	64	0	Negative		
70	DPM	47	2	Negative		CVD-Thromboembolic, Persistent Asthma
71	DPO, DNH	50	4	Resolved	5/29/20	CVD-CHF, Diabetes, Persistent Asthma
72	DPO	78	9	Negative		COPD, CVD-NOS, Diabetes, Advanced Age

EXHIBIT Z

DECLARATION OF [REDACTED]

I, [REDACTED], declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.
2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM”). I am 70 years old. I have asthma, COPD, and have had a heart attack and stroke.
3. I am an *Armstrong* class member. I am designated as DPW and DNH.
4. I have lived in Joshua Hall at CIM for over two years. I live in a lower bunk, and there is someone who lives in the bunk above me. This dorm is the only dorm in this Facility that I can live in, because it is the only one that is wheelchair-accessible.
5. I first learned in approximately April 2020 that there were individuals living in my dorm who had to leave the dorm to go to the hospital, because they tested positive for COVID-19. In early May, the institution moved people from another dorm, Mariposa, into our building, and those individuals apparently infected people living in my dorm. After that, many people in my unit started getting sick and testing positive. The institution started moving some people out of the building, but by June, they started moving individuals in the dorm who tested positive into the other side of our dorm.
6. Since June, the building has been divided, with people who have tested positive on one side and people, like me, who have so far tested negative, on the other side. Even though the two sides of the building are separated by the bathrooms and showers, people who live on both sides of the building share the bathrooms, showers, and sinks. We also all line up together two times per day to collect our breakfast and dinner trays, and until recently, we all lined up together to get temperature checks. There are no scheduled times for us to use the shared facilities, so I am often in the restroom or showers at the same time as individuals who have tested positive for COVID-19.
7. My bed is directly next to a short “pony wall” that divides a set of bunks

from another set of bunks in the dorm. A few weeks ago, CDCR installed Plexiglas and plywood on top of the pony wall as a sneeze guard between beds, but the Plexiglas and plywood are only approximately four feet high, and there is still a six to seven foot gap between the top of the new wall and the ceiling.

8. There are four fans running twenty-four hours per day in our building. In each side of the building, there is one at the end of the dorm, and one over the entrance to the restrooms. I am scared that these fans are circulating the virus throughout the building, because they oscillate the air throughout the entire building.

9. There were two individuals on my side of the building, whose bunks are approximately 15-18 feet from mine, who tested positive for COVID-19. One of them went to the hospital for several weeks, and when he returned, he was placed again in his regular bunk, along with his bunkmate. Neither of them were moved to the isolation portion of the building. I am scared when I pass by those individuals, and try to hold my breath, because I am worried that I will contract COVID-19 from being in such close proximity to them.

10. The showers and restrooms in my dorm get cleaned four times per day, but they are not cleaned at all between 3 p.m. and 6 a.m. The phones in the building are shared by everyone in the building, and people are responsible for wiping down the phones themselves, but not everybody does.

11. I try to wash my hands as frequently as I can. There is only one dispenser of hand sanitizer in the building, and it is located in the custody officers' office, so to access it, I would have to knock and touch the doorknob of the office. I do not feel safe doing that.

12. All of the incarcerated individuals and staff are required to wear masks, but not everybody does. Some incarcerated individuals do not wear them all the time, and some staff do not wear them all the time either.

13. I try to spend as much time as possible outdoors, because I feel very scared being in my building, knowing how many people live in the building, and that there are

1 COVID-19 positive patients in the building. I have tested negative for COVID-19 three
2 times, but I am scared that I could become positive living in this dorm. I fear that if I got
3 the virus, I would die, given my age and my underlying health conditions. Despite my
4 fear, I would not want to move to another housing unit, because there are no other units on
5 this yard that I could safely live in as a wheelchair user. None of the other units on this
6 yard are accessible to people who use wheelchairs.

7 14. I declare under penalty of perjury under the laws of the United States of
8 America that the foregoing is true and correct, and that this declaration is executed at
9 Chino, California, this 9th day of July, 2020.

10

11

/s/ [REDACTED]


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14 On July 9, 2020, due to the closure of the California Institution for Men in light of
15 the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [REDACTED]
16 [REDACTED] by telephone. Mr. [REDACTED] orally confirmed that the contents of the declaration were
17 true and correct. Mr. [REDACTED] also orally granted me permission to affix his signature to the
18 declaration and to file the declaration in this matter.

19

20 DATED: July 9, 2020



Jenny S. Yelin

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Exhibit AA

DECLARATION OF [REDACTED]

I, [REDACTED], declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.

2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM”). I am 67 years old. I have high blood pressure and a vitamin B12 deficiency.

3. I am an *Armstrong* class member. I am designated as DPO and DNH. I wear hearing aids in both ears, because I do not have any hearing in the upper and lower ranges. I use a wheelchair almost all of the time, because I have equilibrium issues. I need the wheelchair to get around. I cannot stand without holding onto something. I rely on grab bars and benches to be able to access toilets and showers.

4. I have lived in Joshua Hall at CIM for approximately two and one half years. I live in a lower bunk. This dorm is the only dorm in this Facility that I can live in, because it is the only one that is wheelchair-accessible.

5. On approximately May 6, 2020, the institution moved people from another dorm, Mariposa, into our building, and those individuals apparently infected people living in my dorm. Three days after those individuals moved in, people in my dorm started to get sick and tested positive for COVID-19. We have approximately 100 people in my dorm building, and approximately one third of them have so far tested positive for COVID-19. They had not been moving the positive patients out of the building, because every building on our yard is quarantined. Yesterday and today, six additional people were found to be positive, and they were moved out of our building.

6. Approximately two to three weeks ago, the institution separated the people living in the building, with people who have tested positive on one side and people who have so far tested negative, on the other side. I have so far tested negative, but I am housed on the side of the building with the COVID-19 positive patients, along with

approximately fifteen other “negative” individuals. We are separated from the positive patients by an approximately ten foot wall, but there is a gap of approximately 5 feet between the top of that wall and the ceiling. The area is also open, and we can freely move in between the two areas. My bed is directly on the other side of the wall from the bed of an individual who has tested positive for COVID-19. Our lockers are right next to each other, so we are often in close proximity. CDCR installed a piece of plywood between our beds and lockers, but it only extends out a few inches.

7. The two sides of the building are separated by the bathrooms and showers, but people who live on both sides of the building share the bathrooms, showers, and sinks. We also all line up together two times per day to collect our breakfast and dinner trays, and the two groups also line up together to receive medications. People who tested positive and people who tested negative also use the same dayrooms, phones, and outdoor mini yard. There are no scheduled times for us to use the shared facilities, so I am often in the restroom or showers at the same time as individuals who have tested positive for COVID-19.

8. In the building, there are short “pony walls” that divide a set of bunks from another set of bunks in the dorm. Less than two weeks ago, CDCR installed Plexiglas on top of the pony walls, but there is still a gap between the top of the Plexiglas and the ceiling.

9. There are fans running most of the day in our building. One is located directly above my bed. I am scared that these fans are circulating the virus throughout the building.

10. The showers and restrooms in my dorm get cleaned four times per day. The phones in the building are shared by everyone, and people are responsible for wiping down the phones themselves, but not everybody does.

11. We get one bar of soap per week. We received one small bottle of hand sanitizer in the beginning of the pandemic, and have not received any more since then. I try to wash my hands as often as I can, but I have to use the same bar of soap for showers and

washing my personal items.

12. We have each been provided with three masks, and we are responsible for washing them ourselves. I often have to wear the same mask for a week at a time, because I am concerned about the masks being contaminated while I am washing them in the common sink area. All of the incarcerated individuals and staff are required to wear masks, but not everybody does. Some incarcerated individuals do not wear them all the time, and some staff do not wear them all the time either.

13. I have tested negative for COVID-19 three times, but I am worried that I could become positive living in this dorm. I am worried that because of my age and my health, I could become very sick if I got COVID-19. A few people have returned to my unit after being in the hospital with COVID-19, and they look very sick. Seeing them makes me feel more worried about the disease.

14. I would not be able to move to another housing unit, because there are no other units on this yard that I could safely live in as a wheelchair user. None of the other units on this yard are accessible to people who use wheelchairs.

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1 15. I declare under penalty of perjury under the laws of the United States of
2 America that the foregoing is true and correct, and that this declaration is executed at
3 Chino, California, this 9th day of July, 2020.

4
5 /s/ [REDACTED]
6 [REDACTED]

7
8 On July 9, 2020, due to the closure of the California Institution for Men in light of
9 the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [REDACTED]
10 [REDACTED] by telephone. Mr. [REDACTED] orally confirmed that the contents of the declaration
11 were true and correct. Mr. [REDACTED] also orally granted me permission to affix his
12 signature to the declaration and to file the declaration in this matter.

13
14 DATED: July 9, 2020

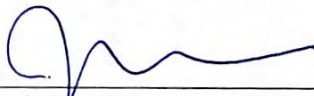
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17 Jenny S. Yelin
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Exhibit BB

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DECLARATION OF [REDACTED] [REDACTED]

I, [REDACTED] [REDACTED] declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.

2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM.). I am 62 years old.

3. I am an *Armstrong* class member. I am designated as DPO. I am a part-time wheelchair user, with limited mobility in my legs, because I have cancer that affects my spine.

4. I have been housed in Joshua Hall on CIM’s Facility A since February 2018. Currently, my bunk is [REDACTED]L, which is next to a short wall that divides my section of bunks from another set of bunks.

5. A couple months ago, the institution transferred people who had tested positive for COVID-19 into Joshua Hall. After that, many people in Joshua Hall began testing positive for COVID-19. To keep the active cases separate from the people who had not tested positive, staff began moving the active cases to one section of the housing unit. These active cases were housed in the section directly behind my bunk, just on the other side of the short wall.

6. About three weeks ago, staff installed a plexiglass partition above the short wall. The partition is attached to a wood frame. The wall and the partition are about nine or ten feet high in total, but the ceiling is about fifteen feet high. Because the partition does not reach the ceiling, there is a large gap – approximately five or six feet – from the top of the partition to the ceiling.

7. In Joshua Hall, people with active cases of COVID-19 comingle with people who are negative for COVID-19. For example, there is no restriction on what time of day people can use the restrooms or the showers. When I am showering or using the restroom, a person infected with COVID-19 can use the shower or restroom next to me. People

1 actively infected with COVID-19 use the dayroom at the same time as people who do not
2 have COVID-19. People actively infected with COVID-19 can use the phones at the same
3 time as people who do not have COVID-19.

4 8. Also, we are served our food outside the housing unit, and not in the chow
5 hall. At meal times, we line up in one line outside and are served one at a time. Our entire
6 housing unit lines up at the same time. People who are COVID-positive and people who
7 are COVID-negative are not told to line up in different lines or apart from each other.
8 Many people do not observe social distancing in line.

9 9. Many people in Joshua Hall, both COVID-positive and negative people,
10 pass by my bunk to enter the dayroom. There are two doors to enter and exit the dayroom.
11 My bunk is close to one of the dayroom doors, while the other door is next to the bunks of
12 people who tested positive for COVID-19. The door next to my bunk opens inward, so
13 people only have to push it open to enter the dayroom. The other door opens outward and
14 has a latch, so people have to pull it open. The door next to my bunk is easier to open,
15 especially when I am in my wheelchair, because I only have to push it. Because the door
16 next to my bunk is easier to open, many people in Joshua Hall, including some of the
17 people who are bunked in the COVID-positive section, prefer to use that door to enter the
18 dayroom.

19 10. Porters clean the building several times a day, but the cleaning does not seem
20 sufficient to me. For example, the grab bars in the bathroom are wiped only every couple
21 of hours. Similarly, the phones are wiped down whenever someone remembers to do it.
22 Some people do not wipe down the phone before or after using it, and it is not consistently
23 cleaned. We also received one small bottle of hand sanitizer in early May, but we have not
24 been given any more sanitizer.

25 11. No one from the institution has talked to me about moving from of Joshua
26 Hall to a different housing unit. But, if offered the opportunity, I would not want to move
27 to a different housing unit. I am mobility-impaired, and I would have a difficulty
28 navigating in a housing unit that is not wheelchair-accessible. I have extra space at my

1 current bunk that fits my wheelchair, and the shower chair and grab bars in the shower
2 help me shower without falling.

3 I declare under penalty of perjury under the laws of the United States of America
4 that the foregoing is true and correct, and that this declaration is executed at Chino,
5 California, this 9th day of July, 2020.

6

7

/s/ [REDACTED]

8

9

10 On July 9, 2020, due to the closure of the California Institution for Men in light of
11 the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [REDACTED]
12 [REDACTED] by telephone. Mr. [REDACTED] orally confirmed that the contents of the declaration
13 were true and correct. Mr. [REDACTED] also orally granted me permission to affix his signature
14 to the declaration and to file the declaration in this matter.

15

16 DATED: July 9, 2020



Patrick Booth

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Exhibit CC

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DECLARATION OF [REDACTED] [REDACTED]

I, [REDACTED] [REDACTED] declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.

2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM”). I am 65 years old. I have an irregular heartbeat, type 2 diabetes, high blood pressure, COPD, and scoliosis.

3. I am an *Armstrong* class member. I am designated as DPW. I have used a wheelchair since November 2019. I can only walk about five to six feet with a cane before my legs become weak and I have to sit down. I cannot lift anything over ten pounds.

4. I arrived at CIM in January 2020. I was first housed in Cleveland Hall, which was not wheelchair-accessible. They never should have sent me there. There was a step at the entrance of the building and no ramp for a walker or a wheelchair. When I went to the dining hall or went to see my counselor, I had to get out of my wheelchair and would have to lift my wheelchair up and down the step. It was rugged asphalt that was difficult to wheel over. I did not get help from ADA workers there because there were not enough workers to help. There were no grab bars in the showers or bathrooms. In the shower, I had to use a regular aluminum chair like you see in grade school instead of a shower chair. I fell a couple of times in the shower when I lived there because there were no proper accommodations. When I fell, I had to crawl on the floor to get to my wheelchair.

5. In the middle of February 2020, I moved to Joshua Hall and have been there since. In some ways, it was better in Joshua Hall. There were a lot of ADA workers to assist me there. It’s crowded but at least there are grab bars in the showers.

6. I live in bed [REDACTED]-low. I live on the side of the building that I call the “West side.” In the last couple of weeks, everyone living in the building was tested for COVID-19. After we were tested, a number of people moved from my side of the building to the other side of the building, which I call the “East side.” Others moved to Mariposa Hall. CO

1 Cortez told me that people who tested positive were moving from the “West side” to the
2 “East side.” The people who moved from the “West side” to the “East side” are still
3 currently on the “East side.” People from the “East side” still come over to my side of the
4 building to visit with their friends, sometimes without their masks on. The officers are not
5 trying to protect us from the people who tested positive; they don’t care who comes over
6 from the “East side.”

7 7. Since the pandemic, the dining hall is closed. Now when I go to meals, I
8 leave through the door my side of the building to the patio. The door going out to the patio
9 is very heavy and difficult for me to open by myself. It’s also very narrow and difficult for
10 me to get my wheelchair through. I’ve bruised my knuckles trying to wheel myself
11 through, so I usually hold on to the door frame and pull myself through. On the patio, an
12 officer hands me a tray of food that is uncovered. I put the tray on my lap and push my
13 wheelchair by myself, which is difficult. It’s difficult to push my wheelchair and mind the
14 tray at the same time while also shooing flies away from my food. There are no ADA
15 workers to help me with the tray or with my wheelchair because they all live on the “East
16 side” where there are COVID-positive cases. Because the ADA workers live with people
17 who are COVID-positive, they are not supposed to help people like me, who are COVID-
18 negative. I think if I asked staff for help, they might curse me out. They don’t have any
19 consideration for people with disabilities.

20 8. After I get my tray, I sometimes accidentally enter the building through the
21 wrong door on the “East side” where the people who have tested positive for COVID-19
22 live. That door is also very heavy. If I enter on the “East side,” once inside the building, I
23 have to go through another heavy door, then through the bathroom, then through another
24 heavy door to reach my side of the building. When I make it to my bunk, the food is cold.
25 Everybody in the building takes off their masks to eat on their bunks.

26 9. I’m very afraid of catching the virus. It seems so easy to catch it. Nobody
27 ever told me how I would contract the virus. I don’t know if you catch it from a person
28 who is infected or if it’s just in the air. I don’t know what would happen if I caught it:

1 would I get treated? I wear my face mask as much as possible because I don't want to die.
2 I wish I could go to a facility that isn't overpopulated and crowded, and where everybody
3 was negative for the virus.

4 I declare under penalty of perjury under the laws of the United States of America
5 that the foregoing is true and correct, and that this declaration is executed at Chino,
6 California, this 10th day of July, 2020.

7 /s/ [REDACTED]
8 [REDACTED]

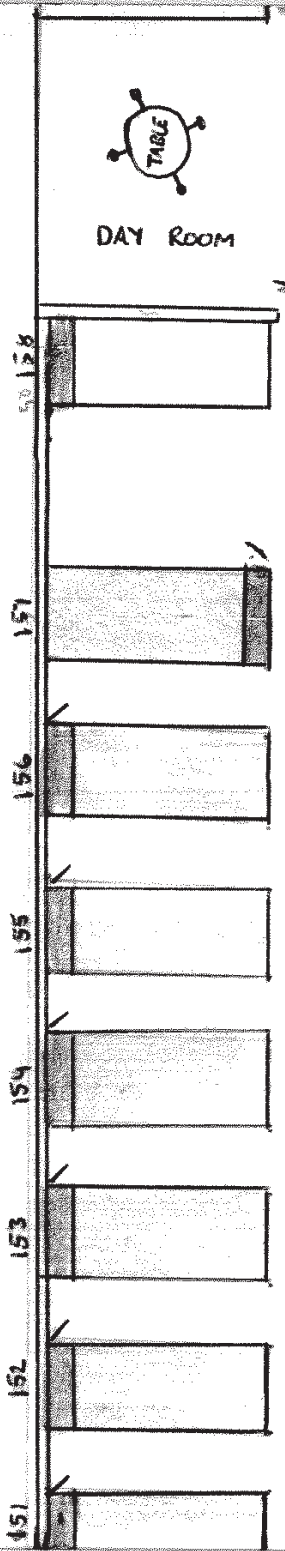
9
10 On July 10, 2020, due to the closure of the California Institution for Men in light of
11 the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [REDACTED]
12 [REDACTED] by telephone. Mr. [REDACTED] orally confirmed that the contents of the
13 declaration were true and correct. Mr. [REDACTED] also orally granted me permission to
14 affix his signature to the declaration and to file the declaration in this matter.

15
16 DATED: July 10, 2020

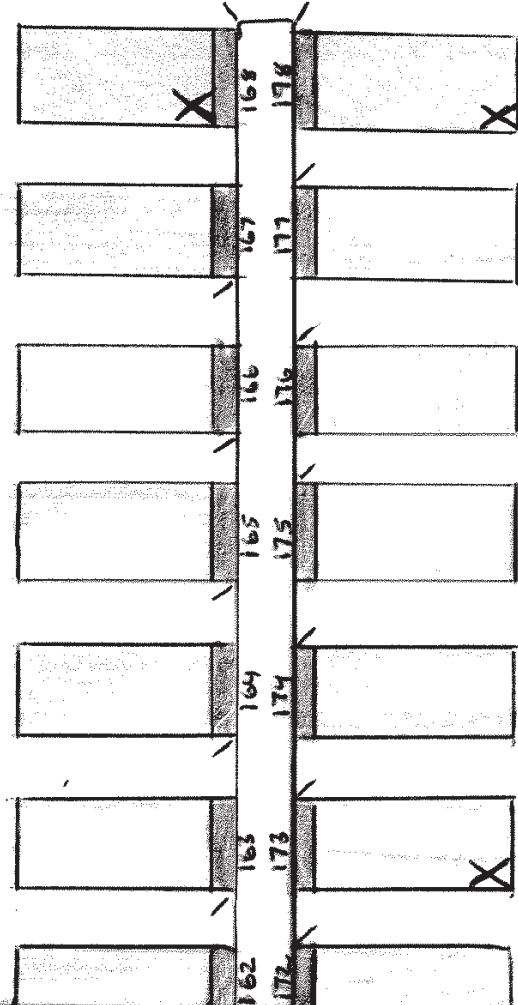
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Exhibit DD

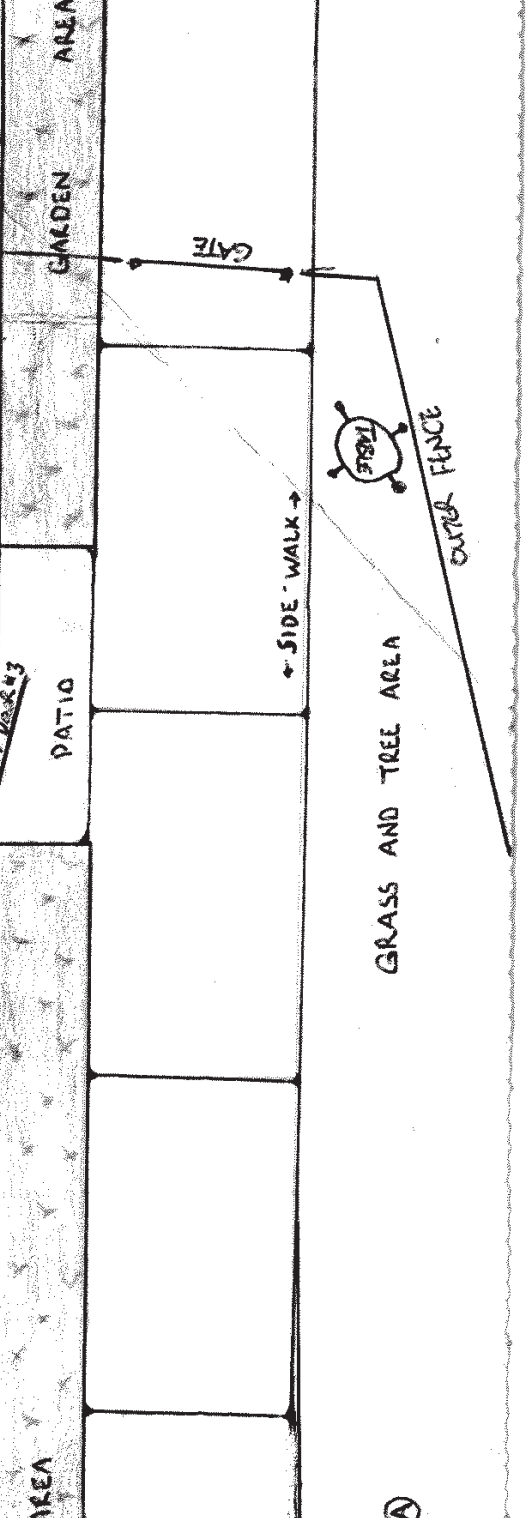
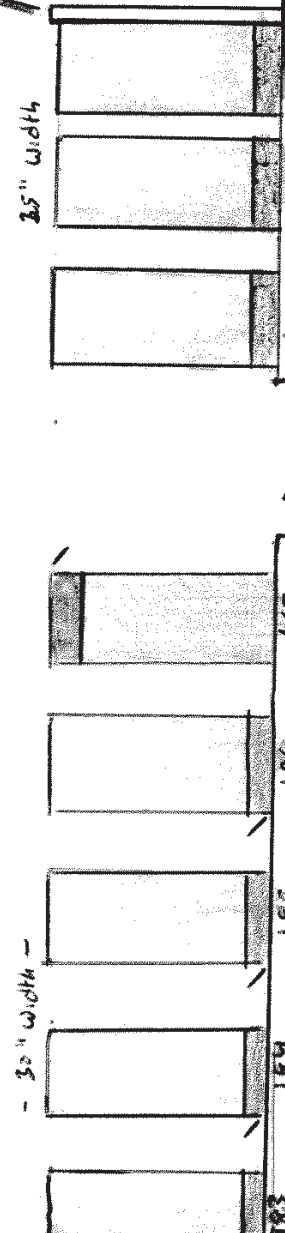
(A)



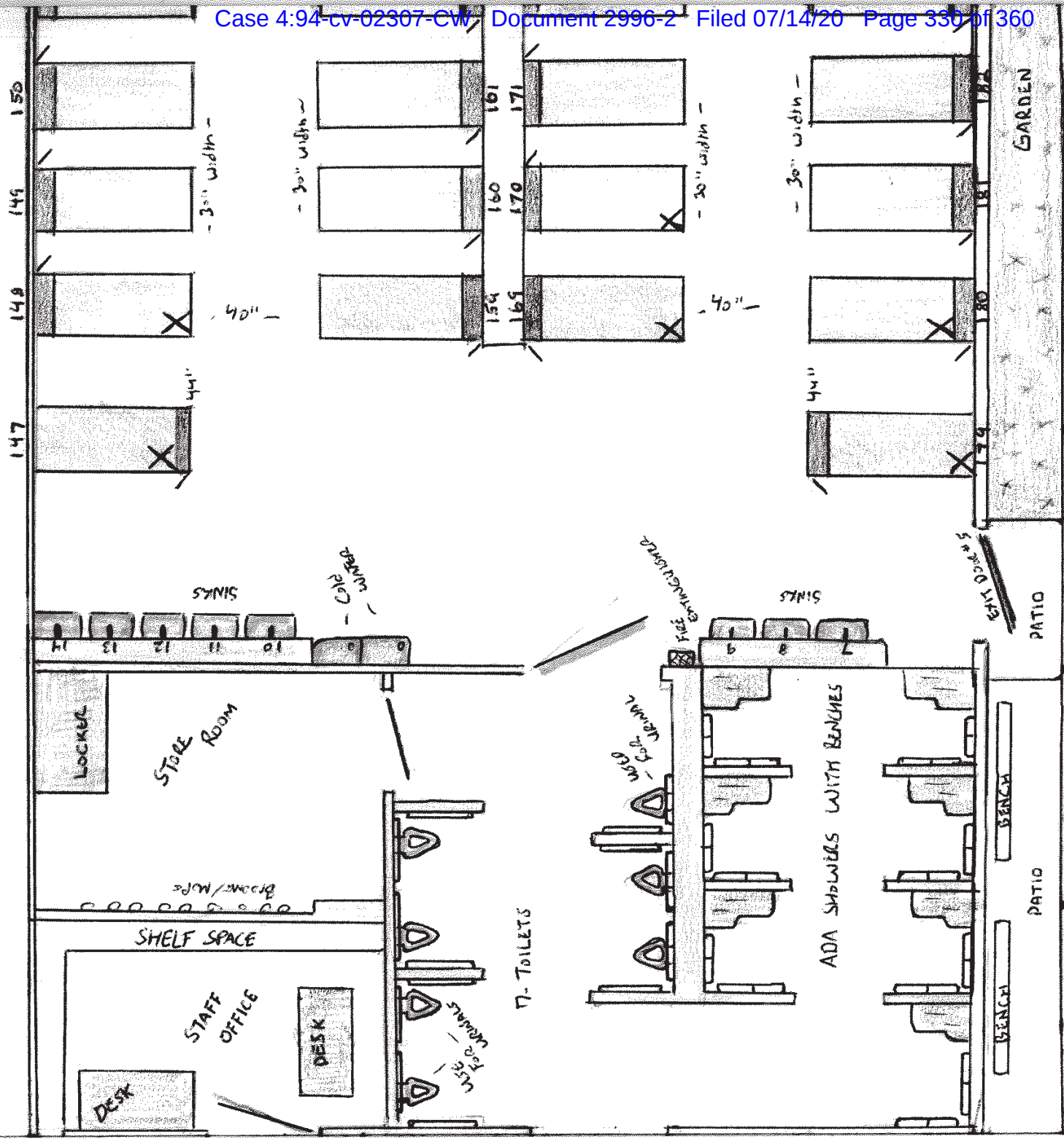
DOUBLE BUNKS 147-168 (30" width)



DOUBLE BUNKS 169-190 - 30" width -



(A)

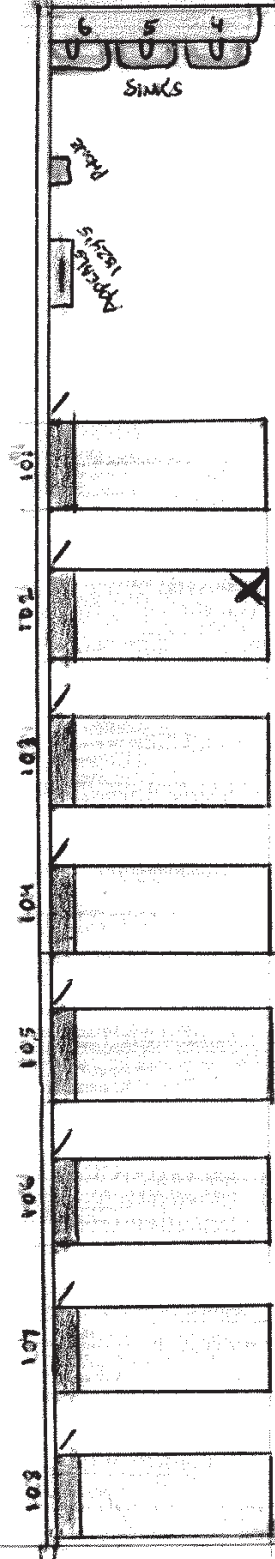


(A)

GRASS AND TREE AREA

(B)

(D)

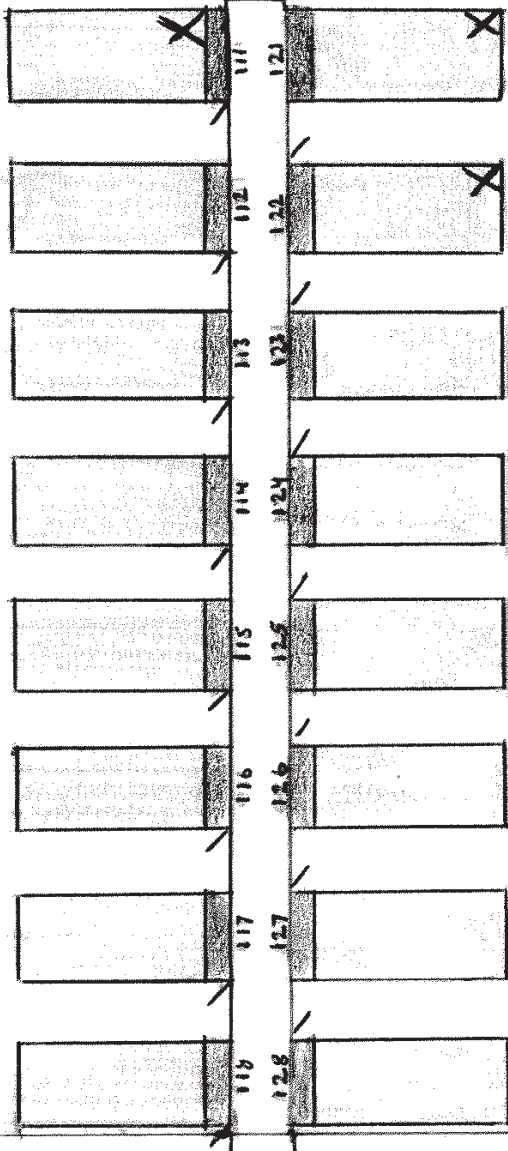


40"

40" width

SINGLE BUNKS 101 - 120

40" width

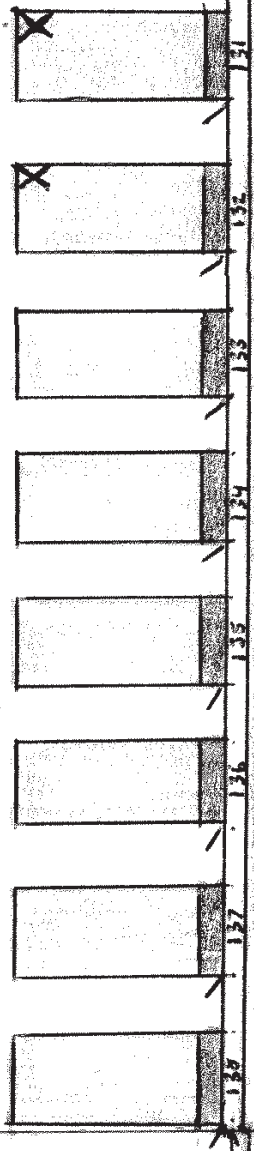


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30" width

DOUBLE BUNKS 121 - 140

30" width

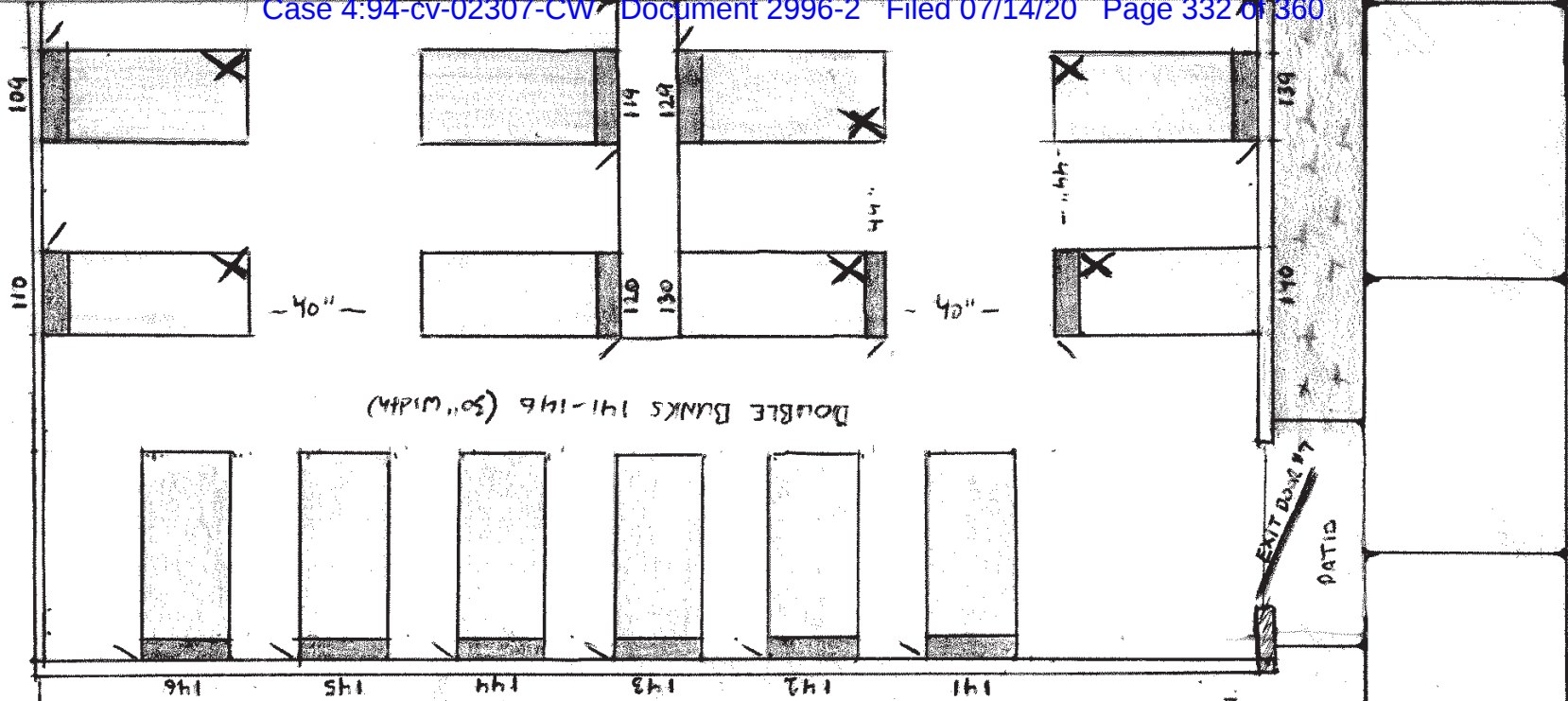


← SIDE WALK →

GRASS AND TREE AREA

(B)

(C)



FENCE / GATE

BACK YARD

ONLY ONE FIRE EXTINGUISHER

REGULAR LOCKERS

ELEVATED LOCKERS FOR DPW

DESIGNATED DPW BUNKS

UNDESIGNATE DPW BUNKS

EXIT DOORS #1, 2, 3, 5, 6, 7

REST ROOM DOORS

INNER DN ROOM DOORS

SINGLE BUNKS 101-120

DOUBLE BUNKS 121-190

USING STANDARD RULER ALL EXIT

DOORS ARE 34" ACROSS THRESHOLD

THE 24" WHEELCHAIRS ARE 34" FROM OUTSIDE WHEEL TO WHEEL

THE AVERAGE SPACE BETWEEN EACH BUNK IS APPROXIMATELY 4 1/2 FEET (30" IN WIDTH)

THE ALLEY-WAY BETWEEN BUNKS IS 3 FEET 1/4" INCH. 40" INCHES TOTAL

MEASUREMENTS ARE DETERMINED BY LEGS ON BUNK. STRAIGHT

NON STRAIGHT

SIDE WALK

SIDE YARD

GRASS AND TREE AREA

©

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Exhibit EE

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DECLARATION OF [REDACTED] [REDACTED]

I, [REDACTED] [REDACTED] declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.

2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM”). I am 59 years old.

3. I am an *Armstrong* class member. I am designated as DNH.

4. I have lived in Joshua Hall at CIM since April 2018. When I arrived at Joshua Hall, I noticed that the bunks were very close together. There was so little space in between the bunks that people stored their wheelchairs and walkers in the aiseways instead of between the bunks. I thought that the crowded aiseways and the closely positioned beds made it difficult for people with mobility impairments to move around the housing unit.

5. In July 2018, I wrote to the Prison Law Office about the crowding issue in Joshua Hall. I included in my letter a diagram that I drew of Joshua Hall. I had previously taken a technical design course, so I had experience drawing diagrams of building floorplans. The diagram that I drew of Joshua Hall is an accurate representation of the housing unit as of July 2018.

6. Since I drew the diagram, there have been several changes to the housing unit. First, six bunks at the end of the housing unit, labeled on my diagram as bunks 141, 142, 143, 144, 145, and 146, have been removed. The space where the bunks used to be is now empty.

7. Second, four bunks from the other side of the housing unit were removed. On my diagram, these bunks are labeled 147, 158, 189, and 190.

8. Third, the bunks labeled 101 through 120 were made into double-bunks. Even though the institution removed 10 bunks from Joshua Hall, the total number of bunks in the unit did not decrease because of the new double-bunks. The bunk numbers also

1 changed after the beds were removed, so the bunk labels on my diagram are no longer
2 accurate.

3 9. Fourth, two new phones were installed on the wall in between the living
4 quarters and the dayroom. These phones are on the side of the wall facing the living
5 quarters, and they are only a few feet away from the nearest bunks.

6 10. With the exception of these four changes, my diagram is still an accurate
7 depiction of Joshua Hall today. The majority of bunks remain around 25 to 35 inches
8 apart, and people still cannot fit their wheelchairs or walkers between the bunks. People
9 with mobility impairments still have a difficult time moving around the housing unit
10 because of how congested the unit is.

11 11. My diagram is still an accurate depiction of: the layout of the bathrooms, the
12 layout of the sinks, the layout of the staff office, the layout of the store room, the location
13 of the sinks, the location of appeals box, the location of the phone, the location of the
14 mailbox, the layout of the dayroom, and the location of the doors to the building.

15 I declare under penalty of perjury under the laws of the of the United States of
16 America that the foregoing is true and correct, and that this declaration is executed at
17 Chino, California this 10th day of July, 2020.

18

19

/s/ [REDACTED] _____
[REDACTED]

20

21 On July 10, 2020, due to the closure of the California Institution for Men in light of
22 the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [REDACTED]
23 [REDACTED] by telephone. Mr. [REDACTED] orally confirmed that the contents of the declaration
24 were true and correct. Mr. [REDACTED] also orally granted me permission to affix his
25 signature to the declaration and to file the declaration in this matter.

26

27 Dated: July 10, 2020



Patrick Booth

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Exhibit FF

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DECLARATION OF [REDACTED] [REDACTED]

I, [REDACTED] [REDACTED] declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.

2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM”). I am 45 years old.

3. I am an *Armstrong* class member. I am designated as DPO and I have a learning disability. I use a wheelchair for long distances and use a walker to ambulate the rest of the time. I can walk very short distances without my walker, but sometimes my left knee becomes weak, and locks up and I need to hold onto my walker or another object for support. I require grab bars to use the toilet safely, and I need to hold onto a bar while I use the shower.

4. Until June 30, 2020, I was living in Spruce Hall (D5) at CIM. Spruce Hall is a dorm, and it is accessible to people who use wheelchairs. I was able to have my wheelchair and walker next to my bed, and the showers and bathrooms were accessible.

5. On June 26, I was tested for COVID-19 for the third time. I had to be tested again, because I had left the facility for an outside medical appointment. My results from the June 26, 2020 test came back on June 30. A doctor came to see me and gave me a handwritten note that informed me of my positive result. Then, custody officers came to my bunk and told me to pack up my stuff because I was moving. A Sergeant came and informed me I would be moving to celled housing in Building D2. I asked him if the new housing placement would be ADA accessible, and he did not respond. He simply told me that D2 was the only place CIM could put people who tested positive, and asked that I prepare to move.

6. In D2, there are single cells. My cell is small and if my wheelchair is in the cell, it takes up most of the space other than the bed and locker. I had to remove the locker from the cell because there was not room for it with the wheelchair. There are no bars in

1 the cell for me to grab onto to stabilize myself. I try to keep my walker nearby, but the
2 space is so limited in the cell, that I cannot have it right next to my bed. On two occasions,
3 I have fallen in my cell, because I stood up and could not reach my walker to stabilize
4 myself.

5 7. After the second fall, my ribs hurt a lot, and I thought that I had fractured one
6 of them. I put in a request to see medical staff, and went to the TTA. I found out that my
7 ribs were not broken, but because of my other complaints, the TTA thought I was having
8 COVID-19 symptoms and ordered that I stay in D2 for an extra five days beyond the
9 original 14 days I was supposed to be here.

10 8. There is a toilet in my cell, but there are no grab bars, and it is difficult for
11 me to get on and off of the toilet. I try to use the sink, but it does not feel safe to put my
12 weight on that.

13 9. There is a lip to get into my cell, and a lip to get into the shower area in D2.
14 I have to use my walker to step over the lip. I am concerned that I will trip over the lip,
15 because it is slippery in the shower area. There is also a bench in the entrance to the
16 showers that blocks my way and prevents me from accessing the bars I could otherwise
17 use to get into the shower. There are also no grab bars in the showers. There is a plastic
18 ADA chair I can use, and I use this because there are no bars.

19 10. Last week, I filed a Form 1824 informing CIM that it was difficult for me to
20 get into the showers due to the lip and the bench blocking the entrance. I have not
21 received any response to that request.

22 11. Since I have been in D2, I have felt increased anxiety and stress due to the
23 inaccessibility of the housing unit, as well as the high temperatures throughout the unit,
24 which can reach 90 degrees or higher.

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Exhibit GG

1 I also have to wait to use the shower with the grab bar. Last night, July 9, 2020, I waited
2 approximately 45 minutes to use the shower with the grab bar. Mariposa Hall is crowded,
3 and everyone is trying to shower at the same time.

4 I declare under penalty of perjury under the laws of the United States of America
5 that the foregoing is true and correct, and that this declaration is executed at Chino,
6 California, this 10th day of July, 2020.

7

8

/s/ [Redacted Signature] _____
[Redacted Name]

9

10

11 On July 10, 2020, due to the closure of the California Institution for Men in light of
12 the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [Redacted]
13 [Redacted] by telephone. Mr. [Redacted] orally confirmed that the contents of the declaration
14 were true and correct. Mr. [Redacted] also orally granted me permission to affix his
15 signature to the declaration and to file the declaration in this matter.

16

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DATED: July 10, 2020

Tania Amarillas Diaz

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Tania Amarillas Diaz

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Exhibit HH

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DECLARATION OF [REDACTED] [REDACTED]

I, [REDACTED] [REDACTED] declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.

2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM”). I am 59 years old.

3. I am an *Armstrong* class member. I am designated as DPM and DNH. I have a wheelchair that I use part-time on a daily basis and a walker that I do not use as often.

4. Until July 8, 2020, I was housed in Joshua Hall. I was tested for COVID-19 on July 6, 2020, and informed on July 8, that I was positive. I was then moved to Mariposa Hall.

5. Before moving, no staff member came to talk to me about moving to Mariposa Hall. I knew that Mariposa Hall was not designated to house people with disabilities like mine, but no one informed me of the accommodations that would or would not be available in Mariposa Hall. I was simply told by custody staff to pack my property because I was moving.

6. I have had several accessibility issues with Mariposa Hall since I arrived. First, the location of my locker is an issue because it is on the ground, and I cannot lean in to access my property if it were stored inside. Instead, I leave my property on the floor because there is nowhere else to store it.

7. The doors to Mariposa Hall are too narrow. There is not enough room in the bathroom door and entrance to accommodate my wheelchair. I can barely fit my wheelchair through the doors and have to be careful not to hurt my hands and fingers. There are no ADA workers in Mariposa Hall, so I cannot get assistance pushing my wheelchair and have to carefully push myself through the doorways.

8. There are eight or nine showers available in the bathroom. There are no shower chairs or benches installed on the bathroom wall. The showers are in a big, open

1 room without any stalls. There is a portable shower chair in the shower area, but it is often
2 already in use, so I stand when I shower. There are no grab bars in the shower area, so I
3 have to be careful when using the showers. I am currently able to walk and move around,
4 but I sometimes I am not as mobile, and during those times, I would not be able to shower
5 with the current setup.

6 9. The toilets in Mariposa Hall are very low to the ground. Only one of the four
7 toilets has a grab bar, but even that bar is difficult to use because it is too low to effectively
8 help me get up from the toilet. There is not enough room between the toilets to get on the
9 toilet from my wheelchair, so I have to walk to the toilets without my wheelchair.

10 10. The drinking fountain and sinks in Mariposa Hall are also too high to access
11 from my wheelchair, so I have to get out of my wheelchair to use them. So far, I have been
12 able to stand to use these features, but there are days when I am not as mobile.

13 11. On July 9, 2020, two ramps were installed outside the building to go over the
14 step in the front entrance. When I arrived, these ramps had not been installed yet.

15 12. There are no ADA tables in the dayroom. Currently, we have access to the
16 dayroom, so people are sitting at the tables. I have to sit on the dayroom stools because I
17 cannot use my wheelchair at the table.

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Exhibit II

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DECLARATION OF [REDACTED] [REDACTED]

I, [REDACTED] [REDACTED] declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.

2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM”). I am 58 years old.

3. I am an *Armstrong* class member. I am designated as DPM.

4. Until July 8, 2020, I was housed in Joshua Hall. I was tested for COVID-19 on July 6, 2020, and informed on July 8, that I was positive. I was then moved to Mariposa Hall.

5. Before moving, no staff member came to talk to me about accommodations in Mariposa Hall. I knew that Mariposa Hall is not designated to house people with disabilities like mine, but no one informed me of the accommodations that would or would not be available in Mariposa Hall. I was simply told to pack my property because I was moving buildings.

6. The showers in Mariposa Hall are different from the ones in Joshua Hall. These showers are not individual stalls, they are all against the wall next to each other. There is one shower in the back that has a single grab bar in the corner, and there is a portable shower chair available to use. However, it is still dangerous to use the shower because it is slippery, and I have to be careful getting in and out of the shower area to avoid falling. I did not have any problems accessing the showers in Joshua Hall because they all had grab bars available that I could use to stabilize myself.

7. The toilets in Mariposa Hall are very low to the ground. Only one of the toilets has a grab bar, and if that toilet is being used, then I have to use one of the other toilets and try to grab on to the wall for stability. It feels unstable to try to get up and down from the toilet without a grab bar.

8. I have to use inaccessible showers and toilets almost every day because it is

1 crowded in Mariposa Hall. The showers and toilets are not always available when I need
2 to use them. Therefore, I end up using whichever shower and toilet is available, even if
3 they are not accessible.

4 9. On July 9, 2020, two ramps were installed outside the building to go over the
5 steps in the front entrance. When I arrived, these ramps had not been installed yet.

6 I declare under penalty of perjury under the laws of the United States of America
7 that the foregoing is true and correct, and that this declaration is executed at Chino,
8 California this 10th day of July, 2020.

9 /s/ [REDACTED]
10 [REDACTED]

11
12 On July 10, 2020, due to the closure of the California Institution for Men in light of
13 the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [REDACTED]
14 [REDACTED] by telephone. Mr. [REDACTED] orally confirmed that the contents of the declaration
15 were true and correct. Mr. [REDACTED] also orally granted me permission to affix his
16 signature to the declaration and to file the declaration in this matter.

17
18 DATED: July 10, 2020

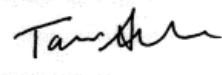
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21 Tania Amarillas Diaz

Exhibit JJ

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DECLARATION OF [REDACTED] [REDACTED]

I, [REDACTED] [REDACTED] declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.

2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM”). I am 58 years old.

3. I am an *Armstrong* class member. I am designated as DPM.

4. I have a cane and walker that was transferred with me when I moved buildings. I use my walker, a leg brace for drop foot, and orthopedic shoes daily. I need my leg brace and orthopedic shoes replaced but have been told that I cannot get them replaced “until this is over,” according to my PCP.

5. Until July 8, 2020, I was housed in Joshua Hall. I was tested for COVID-19 on July 6, 2020, and informed on July 8, that I was positive. I was then moved to Mariposa Hall.

6. Before moving, no staff member came to talk to me about the accommodations that would or would not be available in Mariposa Hall. I was simply told by custody staff to pack my property because I was moving. I did not understand why I could not be moved to the side of Joshua Hall that already housed patients who are COVID-19 positive.

7. There are about seven showers available in the bathroom. The showers are all in one room and there are no stalls. There is one long grab bar, two shower wands, and one shower chair available. I use the shower chair and shower with the grab bar when I need to shower. Because Mariposa Hall houses so many people, I often wait anywhere from 15 minutes to over an hour to use the shower chair and shower with the grab bars that I need to be able to shower safely. In my time at Mariposa Hall, I have not seen people with ADA needs get preference for the shower with grab bars.

8. There are eight toilets available in the bathroom, four on each side. None of

1 the toilets have a grab bar. It is difficult for me to get up and down from the toilet without
2 the grab bar.

3 9. There are currently two ramps in front of Door 5 and Door 6 in the building
4 entrance to go over a large step. However, there are four other doors that also have a steep
5 step that do not have ramps right now. When I arrived to Mariposa Hall a few days ago,
6 there were no ramps at all, and someone had to help me carry my walker over the step in
7 the front entrance.

8 10. I am currently assigned a locker, but it is too low for me to access without
9 feeling significant pain. I cannot access my property regularly in the locker, so I have some
10 of it under my bed and some on my walker. Whenever, I need my walker, I have to have
11 someone take my things off the walker and put them on the floor in the middle of the
12 walkway by my bed or try to move them on my own, if I cannot find anyone to assist me.

13 11. Whenever I try to talk to staff about these ADA issues, I am told that they do
14 not have control, and I just have to wait for things to get installed.

15 I declare under penalty of perjury under the laws of the United States of America
16 that the foregoing is true and correct, and that this declaration is executed at Chino,
17 California, this 10th day of July, 2020.

18 /s/ [REDACTED]
19 [REDACTED]

20 On July 10, 2020, due to the closure of the California Institution for Men in light of
21 the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [REDACTED]
22 by telephone. Mr. [REDACTED] orally confirmed that the contents of the declaration were true
23 and correct. Mr. [REDACTED] also orally granted me permission to affix his signature to the
24 declaration and to file the declaration in this matter.

25
26 DATED: July 10, 2020


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Tania Amarillas Diaz

Exhibit KK

1 July 1, 2020.

2 9. While I was housed in the OHU, the cells I stayed in did not have grab bars
3 near the toilets and the sinks were placed too high to use from my wheelchair.
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5 I declare under penalty of perjury under the laws of the United States of America
6 that the foregoing is true and correct, and that this declaration is executed at Chino,
7 California, this 13th day of July, 2020.
8

9 /s/ [REDACTED]
10 [REDACTED]

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12 On July 13, 2020, due to the closure of the California Institution for Men in light of
13 the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [REDACTED]
14 [REDACTED] by telephone. Mr. [REDACTED] orally confirmed that the contents of the declaration
15 were true and correct. Mr. [REDACTED] also orally granted me permission to affix his
16 signature to the declaration and to file the declaration in this matter.
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18 DATED: July 13, 2020

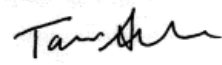
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21 Tania Amarillas-Diaz
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Exhibit LL

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DECLARATION OF [REDACTED] [REDACTED]

I, [REDACTED] [REDACTED] declare:

1. I have personal knowledge of the matters set forth herein, and if called as a witness, I could and would competently so testify.

2. I currently am in the custody of the California Department of Corrections and Rehabilitation (“CDCR”). My CDCR number is [REDACTED]. I currently am incarcerated at the California Institution for Men (“CIM”). I am 63 years old. I am an *Armstrong* class member.

3. I live in Elm Hall on Facility D. I am assigned as a semi-skilled ADA worker, which is the highest level of ADA worker at CIM. As an ADA worker, I perform a number of duties that put me in close proximity, and often direct contact, with people with disabilities. For example, I serve as a sighted guide for people who are blind. That means that I let them hold onto me (usually my elbow) and I guide them through the prison, including to medical appointments. I push people who use wheelchairs within the housing unit and to areas throughout the prison. Some people cannot read and write because they are blind, have a learning disability, or for some other reason. I help those people by reading and writing for them including filling out paperwork like Form 22s or 602s and helping them complete their education homework. This requires me to sit very close to them in their personal bed space. I also help people participate in reading or writing that occurs during rehabilitative or self-help groups. I instruct people on how to use auxiliary aids like the Galileo and DaVinci that are located in the library or in education. I inform people about how to join the Talking Book program, I help them fill out the application, and I help them order their tapes and learn how to use the machine. I keep people with disabilities informed about ADA rules and procedures. I also carry food trays for people who are unable to do so on their own. I do this in the dining hall and also in Elm Hall when we are served in the building.

4. I continued to perform my duties in both Elm Hall and other housing units during the pandemic. I was assigned to help other people living in Elm Hall. I was also

1 directed by non-regular custody officers who were working in Elm Hall to help people in
2 other housing units that did not have any or enough ADA workers like Cedar, Alder, and
3 Juniper Halls. There were so few ADA workers available during the pandemic that I had to
4 work every day, all shifts.

5 5. After everyone in Elm Hall was tested for the novel coronavirus on May 5,
6 2020, and the test results were received on May 7, 2020, Elm Hall was divided with people
7 who had tested positive on the A/B side and people who tested negative on the C/D side.
8 People on both sides shared the same bathrooms, including sinks, toilets, urinals, and
9 showers. We also shared the same telephones and microwave. At the time, I tested
10 negative and was assigned to a bed on the negative side. I regularly assisted people on both
11 sides of the building, including people who were infected with the novel coronavirus.

12 6. I was a sighted guide for ██████████, ██████████, after he returned from a
13 hospital stay due to COVID-19 complications. He told me that he continued to experience
14 COVID-19-related symptoms for which he sought treatment, including fever, throat and
15 sinus pain, heart palpitations, stomach pain, diarrhea, and aches and pains, after he
16 returned from the hospital and when I was helping him. I was frequently in contact with
17 this person, including by placing his hand on my arm and placing my hands on him for
18 directional navigation. While guiding him, we were always within inches of each other. I
19 also assisted him with carrying his food tray twice a day, and guided him to the phone and
20 read phone numbers to him that he did not have memorized. I spent approximately eight to
21 ten hours with him on an average day.

22 7. Staff also directed me to help people with active symptoms for COVID-19
23 get to the onsite hospital unit or to a medical triage tent. Depending on what gates were
24 open, this could take as long as 15 minutes. I did this by pushing people in wheelchairs
25 and guiding people who are blind. I was within a few inches of people who exhibited
26 symptoms while assisting them. For example, I pushed people who were exhibiting
27 symptoms from Elm Hall to Cedar Hall or the triage tent. I also brought people from Alder
28 and Juniper Halls who were exhibiting symptoms to the triage tent.

1 8. I did not receive any additional training about how to provide assistance to
2 people with disabilities during the pandemic. The only training I have received at CIM-D
3 was when I was first assigned to the job in or around February 2019. I was not told about
4 how to protect myself when working with people who may have an infectious disease. I
5 was not told what protective equipment that I needed to wear or where to get it. I was not
6 given specific instructions about how frequently I needed to wash my hands, or that I
7 should be cleaning areas that I touched while performing my duties, such as wheelchair
8 handles. I did not know that I could decline to provide assistance to people who were
9 exhibiting symptoms. Had I known that at the time, I would not have performed those
10 duties because I was concerned that I would become infected.

11 9. I was issued two cloth face coverings, which I was responsible for cleaning. I
12 always wore a cloth face covering when helping people. I was not always able to get
13 gloves while performing my duties as an ADA worker. Officer Hernandez always gave me
14 gloves, but other officers rarely did and only upon my request. I was not issued hand
15 sanitizer. I did not have any other protective equipment while performing my duties as an
16 ADA worker.

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1 10. After continuing to assist people as described above, I was tested again on
2 June 8, 2020, and the virus was detected. I assisted people until June 10, 2020, when the
3 results of the second test came in (as positive). I was then placed in medical isolation for
4 14 days and was asymptomatic throughout the duration of my isolation.

5 I declare under penalty of perjury under the laws of the United States of America
6 that the foregoing is true and correct, and that this declaration is executed at Chino,
7 California, this 1st day of July, 2020.

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/s/ [REDACTED] _____
[REDACTED] [REDACTED]

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On July 1, 2020, due to the closure of the California Institution for Men in light of
the COVID-19 pandemic, I read the contents of this declaration, verbatim, to [REDACTED]
[REDACTED] by telephone. Mr. [REDACTED] orally confirmed that the contents of the declaration
were true and correct. Mr. [REDACTED] also orally granted me permission to affix his
signature to the declaration and to file the declaration in this matter.

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DATED: July 1, 2020

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Megan Lynch

Megan Lynch

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