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Corrections and Rehabilitation

11 IN THE UNITED STATES DISTRICT COURT
 12 FOR THE NORTHERN DISTRICT OF CALIFORNIA
 13 OAKLAND DIVISION

<p>15 JOHN ARMSTRONG, et al., 16 17 Plaintiffs, 18 19 GAVIN NEWSOM, et al., 20 Defendants.</p>	<p>C 94-2307 CW DECLARATION AND STATUS REPORT OF ASSISTANT DEPUTY DIRECTOR ADAM FOUCH IN RESPONSE TO THE STIPULATION AND ORDER REGARDING PLAINTIFFS' MOTION TO PROTECT ARMSTRONG CLASS MEMBERS DURING THE COVID-19 PANDEMIC (ECF No. 3015)</p>
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22 I, Adam Fouch, Declare as follows:

23 1. I am the Assistant Deputy Director for the California Department of Corrections and
 24 Rehabilitation (CDCR), Program Operations, Division of Adult Institutions (DAI). I have served
 25 as the Assistant Deputy Director since March 20, 2020. I have been employed by CDCR since
 26 January 1, 1994. During my over 26 years with CDCR, I have served in a variety of positions
 27 that include Correctional Officer; Correctional Sergeant; Correctional Lieutenant; Parole Agent
 28 II, Specialist; Correctional Counselor II, Specialist; Facility Captain; and Associate Warden. I

1 have worked at six institutions during my career. Attached as Exhibit A is a true and correct
2 copy of my resume.

3 2. As Assistant Deputy Director, I am responsible for statewide compliance with the
4 court orders in *Coleman v. Newsom*, *Armstrong v. Newsom*, and *Clark v. California*, which
5 includes formulating and providing interpretations of operational policy and procedures
6 concerning ongoing litigation, and ensuring that current policies and procedures are being
7 followed by both headquarters and field programs. I also provide administrative oversight for the
8 Department's court compliance efforts and am responsible for the development and management
9 of tracking and support systems to facilitate ongoing compliance. Additionally, I am responsible
10 for reviewing and recommending policies and procedures related to specialized populations
11 (Developmental Disabled Program, Designated Program Placement, and Mental Health Services
12 Delivery System) within the Department. My duties also include planning, organizing, directing,
13 and coordinating program activities such as developing statewide training, specialized training,
14 Symposiums, and internal compliance reviews through subordinate managers; program and
15 policy formulation, implementation and management; and coordinating unit activities with other
16 departmental institutional programs to ensure operational effectiveness, and resolve operational
17 problems. I am also a liaison to the California Department of Corrections and Rehabilitation's
18 Office of Legal Affairs and work with CDCR's Wardens, Associate Directors, Deputy Directors,
19 Directors, and the heads of other agencies who may be stakeholders in the litigation process.

20 **I. THE COURT'S JULY 20, 2020 ORDER**

21 3. On July 14, 2020, Plaintiffs' filed their Motion to Protect Armstrong Class Members
22 During the COVID-19 Pandemic (ECF No. 2996). The parties and stakeholders immediately
23 began the meet-and-confer process that was coordinated by Mr. Ed Swanson, the Court's expert.
24 As a result of these efforts, the parties reached a resolution and submitted a proposed stipulation
25 and order which was signed by the Court on July 20, 2020 (ECF No. 3015). That order requires
26 Defendants to report to this Court the steps Defendants have taken to comply with the Court's
27 July 20, 2020 order, and to attest compliance with the order concerning accessible housing and
28 the ADA worker program during the COVID-19 global pandemic.

1 **A. CDCR’s Proactive Response to the Global Pandemic.**

2 4. I understand that medical professionals have described the COVID-19 global
3 pandemic as the greatest public-health crisis our nation and world have confronted in a century.
4 It certainly has been the greatest challenge of my over 26-year career with CDCR. But even
5 before the Court’s July 20, 2020 order, CDCR had worked tirelessly and proactively to ensure the
6 health of all incarcerated people, including class members; to mitigate, if not eliminate, the
7 pandemic’s unprecedented threat; and to ensure accessible and appropriate housing to all class
8 members. It would be impossible to list all of CDCR’s substantive efforts taken to confront the
9 global pandemic, but I have included a few of them here that are responsive to the Court’s order
10 for this report.

11 5. DAI has worked with the California Correctional Health Care Services (CCHCS) and
12 the Federal Receiver in *Plata v. Newsom* throughout the pandemic to meet the many challenges
13 that have arisen as a result of COVID-19, including ensuring inmates with disabilities who cannot
14 be accommodated at their current institution are transferred safely; daily phone calls with CCHCS
15 to strategize responses to the ongoing public health crisis; and regular calls and meetings with
16 CCHCS and field staff to answer their many questions regarding our COVID-19 response. I have
17 also traveled to institutions with CCHCS to gain a full understanding of the challenges being
18 faced, and to set expectations for staff and ensure that they have the resources and tools to
19 accomplish those expectations.

20 6. CDCR has taken extraordinary steps to increase opportunities for social distancing to
21 minimize the spread of COVID-19, including the suspension of county-jail intake and by the
22 implementation of several early-release programs that have led to the release of more than 16,000
23 people. These measures have resulted in a dramatic reduction in CDCR’s prisoner population,
24 and for the first time in three decades, the in-prison population fell below 100,000 prisoners. It is
25 important to note that the last time that the in-prison population fell below 100,000 prisoners was
26 in 1990, when California’s overall population was almost 10 million people less than it is today.

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1 7. CDCR remains committed to meeting its obligation to provide accessible housing
2 under the Americans with Disabilities Act (ADA) to class members during this unprecedented
3 global pandemic. To meet its obligation, CDCR has taken measures that not only increase social
4 distancing, but provide CDCR a means to ensure class members are placed in accessible housing.
5 To meet these objectives, CDCR has reduced the number of people who use common spaces at
6 the same time, transferred people from lower-level dorms to celled housing, erected tents to
7 create alternate housing or healthcare sites, converted gymnasiums into living areas, and other
8 proactive measures. These measures create additional housing options that can be used by CDCR
9 to meet its obligations. For example, a cell vacated by a non-class member may be structurally
10 modified to create accessible housing for a class member. Although it is very difficult to identify
11 the exact amount, numerous cell modifications, such as installing grab bars or ramps, have been
12 made at various prisons to provide accessible housing to class members during the
13 pandemic. These types of modifications can be made in a relatively short period of time and
14 CDCR anticipates making such cell modifications on an as-needed basis in the future to provide
15 accessible housing in accordance with the Court's order during the pandemic. Further, CDCR is
16 actively procuring the necessary supplies to make accessibility modifications before they are ever
17 needed. CDCR will also consider custody overrides when necessary to ensure that *Armstrong*
18 class members remain in safe accessible housing for the duration of the pandemic.

19 8. CDCR has also initiated an aggressive and proactive testing program that has been
20 developed with the assistance of health-care professionals at CCHCS. Under this testing
21 program, CDCR requires testing of all adult-institutions' staff and health-care staff statewide,
22 regardless of the number of COVID-19 cases at the individual institution. Baseline testing at all
23 institutions was completed on July 17, 2020. CDCR's testing program requires serial testing of
24 employees at any institution who has positive test results. The tests are administered every
25 fourteen days until no new cases are identified in two sequential rounds of testing. Once that is
26 met, the institution may then resume their regular surveillance testing schedule. Further, CCHCS
27 is conducting surveillance testing of incarcerated people at all adult institutions. Surveillance
28 testing is used to detect outbreaks in an early phase, even before the development of symptoms.

1 This voluntary testing will be performed across multiple facilities at each institution every month.
2 Priority will be given to asymptomatic individuals who have been identified as vulnerable or
3 high-risk for complications of COVID-19.

4 **B. Director Gipson's Directives Ensure Defendants' Compliance with the**
5 **Court's Order Concerning Accessible Housing.**

6 9. The Court's July 20, 2020 order requires Defendants to establish and maintain
7 adequate safe, accessible housing at all institutions housing *Armstrong* class members with
8 impacting-placement disabilities (including people designated DLT) for the duration of the
9 pandemic, and prohibits Defendants from housing class members in inaccessible housing
10 locations. Defendants are also required to house class members in isolation and quarantine units
11 in accordance with the COVID-19 housing protocols issued by the Federal Receiver and are
12 prohibited from housing class members who have not before tested positive for COVID-19 in any
13 housing unit that exposes them to people with active, confirmed cases of COVID-19 because of
14 their disabilities or accommodation needs.

15 10. Attached as Exhibit B is a true and correct copy of CCHCS's COVID 19 Pandemic -
16 Road Map to Reopening Operations, which includes protocols for testing, screening, quarantine,
17 isolation, social distancing, face coverings, and hygiene.

18 11. On July 29, 2020, the Director of the Division of Adult Institutions, Connie Gipson,
19 issued a directive to all prisons regarding the Court's order to establish and maintain adequate
20 safe, accessible housing for all *Armstrong* class members. This directive requires the warden or
21 designee at each prison to conduct a daily housing review of all *Armstrong* class members and to
22 report their findings to myself and Associate Warden Landon Bravo by 2 p.m., for the duration of
23 the pandemic. On weekends and holidays, this obligation passes to the Institutional
24 Administrative Officer-of-the-Day and requires them to report their findings to the Headquarters
25 Administrative Officer-of-the-Day. If any instances of inaccessible placement are reported, the
26 Headquarters AOD has been directed to inform me, Associate Warden Bravo, and attorney
27 Tamiya Davis for the Office of Legal Affairs, and to provide the inmates' names, CDCR

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1 numbers, and specific reasons as to why they cannot be accommodated. A true and correct copy
2 of the July 29, 2020 directive is attached as Exhibit C.

3 12. The above initiative has proven effective thus far, and I am able to report that as of
4 the date of this declaration, all *Armstrong* class members are accessibly housed. Additionally,
5 there are no class members who, because of their disability or accommodation needs, are being
6 housed in a unit that exposes them to people with active, confirmed cases of COVID-19. Instead,
7 any class members in isolation or quarantine are housed consistent with COVID-19 protocols and
8 their medical needs, as determined by healthcare professionals.

9 13. When a CDC Form 1845 Inmate/Parolee Disability Verification is generated and
10 results in the inmate receiving a DPP code impacting placement at a non-designated institution,
11 they are put on an expedited transfer list. While awaiting transfer, the inmate is provided
12 accommodations to ensure that they are accessibly housed, and this is documented on a 128b
13 chrono, which Defendants have been producing to Plaintiffs on a regular basis during the
14 COVID-19 pandemic. On August 14, 2020, Director Gipson also issued a directive regarding the
15 accommodation of inmates pending expedited transfer for extended timeframes due to the
16 pandemic. This directive outlines procedures for institutions to ensure that, if a CDC Form 1845
17 Inmate/Parolee Disability Verification is generated and results in the inmate receiving a DPP code
18 impacting placement, that they are provided accessible housing, showers, and are able to access
19 all other programs, services, and activities. Importantly, the directive requires staff to conduct
20 follow up interviews with these inmates at least once every two weeks to ensure that the inmate is
21 still being appropriately accommodated, and to notify me, Associate Warden Landon Bravo, and
22 Office of Legal Affairs Attorney Tamiya Davis if an institution is unable to accommodate any of
23 these inmates. This process is intended to further supplement the daily notice process outlined in
24 the July 29, 2020 directive discussed above. As of the date of this declaration, I have received
25 confirmation that all inmates awaiting transfer in non-designated facilities are being accessibly
26 housed and accommodated based on their disability needs. A true and correct copy of this August
27 14, 2020 directive is attached as Exhibit D.

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1 14. The above processes will continue for the duration of the pandemic, and as required
2 by the Court's order, if due to emergent and unforeseen circumstances, Defendants temporarily
3 are not able to house an *Armstrong* class member in safe, accessible housing, we will provide
4 notice within 24 hours to Plaintiffs, the Court Expert, and the Receiver, and then confer with the
5 Court Expert and representatives for Plaintiffs and the Receiver as soon as possible.
6 Additionally, if such a situation occurs, we will take all possible steps to find safe, accessible
7 housing within 24 hours, conduct a review of the class member's placement each day thereafter,
8 and provide the results of those reviews to Plaintiffs and the Court Expert. In the event that a
9 class member is not housed in safe, accessible housing under the Court's order for more than
10 seven consecutive days, we will also provide notice to the Court on the eighth day, including a
11 report on all corrective action considered and taken.

12 15. Defendants will also continue to work with Plaintiffs in order to improve the above
13 processes and to resolve any issues not anticipated within the directives discussed above.

14 **C. Director Gipson's Directive Ensures Defendants' Compliance with the**
15 **Court's Order Concerning the ADA Worker Program.**

16 16. The Court's July 20, 2020 order also requires Defendants to develop and implement a
17 plan to ensure that the ADA worker program can safely and effectively function without undue
18 risk of transmission of COVID-19 at the institutions or that the program is replaced by a safe
19 alternative method of providing disability-related assistance to class members. In response,
20 Defendants immediately informed all institutions that for the duration of the COVID-19
21 pandemic, ADA workers were prohibited from assisting inmates who were not housed within
22 their building or unit.¹ Moreover, under no circumstances was an ADA Worker who is not
23 positive for COVID-19 allowed to assist an inmate who has a positive and unresolved case of
24 COVID-19; nor could an ADA worker who is currently positive for COVID-19 assist any inmate
25 who has not tested positive. As of the date of this declaration, I have been informed that all
26 institutions are complying with this instruction.

27 ¹ A "unit" is a housing area contained within a building that has been subdivided into
28 multiple smaller housing areas. A "building" refers to a standalone unit that is not connected to
another building.

1 17. CDCR also prepared an additional directive to the field in order to provide further
2 guidance to the prisons regarding the ADA worker program. Defendants provided a draft of this
3 guidance to Plaintiffs on August 4, 2020 for review and comment, and on August 13, 2020,
4 Plaintiffs provided us their feedback regarding the ADA worker directive. CDCR incorporated
5 Plaintiffs' feedback into the directive, and it was reviewed by a variety of professionals, including
6 CCHCS Director Vince Cullen, to ensure that the ADA worker program could safely and
7 effectively function without undue risk of transmission of COVID-19. On August 14, 2020,
8 Director Gipson issued this directive to all the prisons.

9 18. The August 14 directive authorizes ADA workers to assist inmates housed within
10 their building or unit around the institution, but prohibits them from assisting other inmates
11 housed outside of their own building or unit. Moreover, each building or unit that houses inmates
12 with disabilities must have a minimum of one ADA worker assigned. In order to meet these
13 requirements, institutions have been authorized to hire additional ADA worker positions as well
14 as seek volunteers. The directive also requires the ADA coordinators at each institution to
15 continuously monitor the institutional ADA worker program to ensure appropriate assistance is
16 being provided, and a sufficient amount of Personal Protective Equipment (PPE) is available for
17 workers, or volunteers, to safely conduct their required duties. The ADA Coordinator is also
18 required to regularly evaluate the needs of ADA inmates to determine the appropriate number of
19 ADA workers and to ensure inmates requiring assistance are able to access programs, services,
20 and activities.

21 19. All volunteers will be preliminarily screened using the Revised Americans with
22 Disabilities Act Inmate Assistance Program criteria and for symptoms of influenza-line illness in
23 accordance with the Screening of Critical Inmate Workers procedures. Volunteers will then be
24 temporarily placed in a recognized inmate assignment as an ADA worker pending committee
25 action. True and correct copies of the Revised Americans with Disabilities Act Inmate Assistance
26 Program criteria and the Screening of Critical Inmate Workers procedures are attached as
27 Exhibits E and F.

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1 20. All ADA workers and volunteers are also provided training consistent with the
2 California Prison Industry Authority, Healthcare Facilities Maintenance, Porter COVID-19
3 Training curriculum. A true copy of this curriculum is attached as Exhibit G.

4 21. Furthermore, all ADA workers and volunteers are required to wear face coverings
5 (surgical masks) that completely cover the nose and mouth and to wear non-sterile disposable
6 gloves at all times while assisting inmates with disabilities. Gloves must be disposed of
7 immediately after each inmate interaction and new gloves must be worn prior to each new inmate
8 interaction. ADA workers are required to wash and sanitize their hands before and after coming
9 into contact with each inmate who they are assisting. ADA workers are also required to
10 thoroughly clean the area of any appliance (wheelchair, walker, etc.) they touch while assisting
11 ADA inmates before and after each contact. Areas must also be designated for ADA workers to
12 access cleaning supplies and hand sanitizer as needed to complete their assigned duties.
13 Additionally, to maintain compliance with social distancing guidelines, areas will be designated
14 to allow ADA workers to conduct tasks, such as completing forms and reading documents, while
15 maintaining a distance of six feet, whenever possible. When an ADA worker must come into
16 close contact with a disabled inmate to provide assistance, such as when an ADA worker serves
17 as a sighted guide, the disabled inmate shall also be provided with gloves and a surgical mask.

18 22. Due to the above restrictions, inmates exhibiting symptoms of ILI, or who have had a
19 positive test for COVID-19 shall be provided assistance by staff to ensure their access to
20 programs, services, and activities. Staff members providing assistance to inmates with
21 disabilities are required to follow CDCR guidelines regarding COVID-19 PPE. True and correct
22 copies of April 6, 2020 memos from CCHCS regarding COVID-19 PPE are attached as Exhibit
23 H.

24 23. To ensure that the above procedures are being complied with, the institutions are
25 required to report compliance on a weekly basis no later than close of business on Fridays. For a
26 full version of all the requirements for the ADA worker program during the COVID-19 pandemic
27 please refer to Exhibit I, a true and correct copy of the August 14, 2020 directive.

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1 24. CDCR will make further modifications or issue new instruction regarding the ADA
2 worker program as necessary to ensure that it can function safely and effectively without undue
3 risk of transmission of COVID-19. CDCR will also consider implementing program
4 modifications if necessary to ensure that the disabled inmate populations' needs are met.
5 Moreover, CDCR welcomes any input Plaintiffs may have to further improve this process.

6 **D. Additional directives regarding the *Armstrong* class during COVID-19.**

7 25. On August 13, 2020, Director Gipson and the Director of the Division of
8 Rehabilitative Programs, Brant R. Choate, issued a directive regarding the needs of Vision
9 Impaired (DPV) class members who may be unable to access necessary auxiliary devices located
10 in the libraries. This directive requires all institutions that house such inmates to develop a
11 schedule to allow DPV class members access to auxiliary devices located in libraries during the
12 pandemic. The directive also authorizes the use of alternative locations, such as classrooms and
13 gyms, to allow more flexible schedules and increased access to auxiliary devices. Auxiliary
14 devices must also be sanitized before and after each use. A true and correct copy of the August
15 13, 2020 directive is attached as Exhibit J.

16 26. Also on August 13, 2020, Director Gipson instructed the Wardens at all institutions to
17 ensure that all buildings/units identified for isolation/quarantine have all necessary accessibility
18 features installed by August 28, 2020, including: ramps to allow a level entrance to the building
19 and shower, shower grab bars and a shower chair/bench, and any other features necessary to
20 ensure that disabled inmates are able to access everything in the unit that non-disabled inmates
21 are able to access, including phone calls, if permitted within the building, for deaf persons (e.g.
22 video phones).

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1 **E. The Court Expert's Recommendations Concerning CDCR's Accessible**
2 **Housing Inventory.**

3 27. Finally, the Court's July 20, 2020 order directed Mr. Swanson, the Court's expert, or
4 his designee to conduct a review of the sufficiency of Defendants' existing supply of accessible
5 housing, including for purposes of medical isolation and quarantine in the event of COVID-19
6 outbreaks, to confer with the Federal Receiver in *Plata v. Newsom*, and to present his
7 recommendations as soon as possible, but not more than thirty days from the date of the Court's
8 order. Defendants have worked with the Court expert and Plaintiffs during this process by
9 participating in multiple telephone conferences and by procuring and providing important data
10 from each of the thirty-five institutions. Defendants will also continue to work with the Court's
11 expert and Plaintiffs in order to implement the Court expert's recommendations.


12 28. As part of the Court expert's assessment of accessible housing, Defendants were
13 asked to confirm that any disabled inmates housed in a building or unit that is being emptied for
14 use as an isolation and quarantine space are placed in accessible housing. Although we were not
15 able to directly track which class members were moved out of such spaces because many had
16 been cleared out several weeks ago, we were able to confirm through our daily reporting and a
17 subsequent follow up that all class members are currently being accessibly housed. The sole
18 exception at that time was R. J. Donovan Correctional Facility (RJD), which was still in the
19 process of emptying the space designated for its isolation and quarantine, and still had several
20 prisoners who required a lower floor and lower bunk placement awaiting relocation. However,
21 RJD has since reported that these inmates have been relocated to accessible housing.

22 **F. Defendants' Court Ordered Attestation**

23 29. As explained above, procedures have been put in place to ensure and monitor
24 compliance with the Court's July 20, 2020 order and, as of the date of this declaration, I can attest
25 that all class members are currently in safe and accessible housing and that procedures are in
26 place to ensure that class members continue to receive access to programs, services and activities,
27 as well as assistance with reading and completing Department forms, through the ADA worker
28 program without undue risk of transmission of COVID-19. Furthermore, Defendants are

1 committed to working with the Court, its expert, and Plaintiffs to ensure that this continues during
2 the global pandemic. Defendants view this as an ongoing effort and will continue to meet and
3 confer with Plaintiffs, make policy revisions, and issue direction to the prisons as necessary.
4

5 I declare under penalty of perjury that the foregoing is true and correct to the best of my
6 knowledge. Executed in Sacramento, California, on August 19, 2020.

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9 Adam Fouch
10 Assistant Deputy Director
11 Program Operations
12 Division of Adult Institutions

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EXHIBIT A

ADAM FOUCH

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CORRECTIONAL ADMINISTRATOR PROFESSIONAL

Correctional Administration | Class Management | Office of Audit & Court Compliance | Paroles

A correctional administrative professional with proven experience in the management of comprehensive programs for custody, housing, classification, work, academic and vocational education for both inmates and offenders. Demonstrated experience in developing collaborative working relationships with advocate groups, employee organizations, multidisciplinary staff alike and gain the confidence and support of top level administrators with success in efficiently managing multiple projects and priorities requiring quick thinking and adaptability to meet deadlines. Excellent communication and interpersonal abilities to build rapport and ensure open lines of communication with inmates, staff, the public, and other law enforcement / government agencies.

CORE COMPETENCIES

Executive Management ▪ Staff Development ▪ Budget Management ▪ Client Relations ▪ Communications

Technical Proficiency:

MS Office, Adobe Acrobat, Windows 7, Outlook

PROFESSIONAL EXPERIENCE

California Department of Corrections & Rehabilitation (CDCR) - Sierra Conservation Center, CA February 2019- Present

Associate Warden

- Manage Level III SNY Facility, Education Department, Records Department, Classification and Parole Representative Department, American with Disabilities Act Coordinator

Key Achievements:

- Develop and managed inmate programs
- Perform Chief Disciplinary Officer functions
- Reviewed 1st and 2nd Level appeals
- Review Use of Force incidents
- Ensure compliance with ADA
- Conduct training to institutional staff to ensure compliance with all local policies and procedures

California Department of Corrections & Rehabilitation (CDCR) - San Quentin, CA May 2017 - February 2019

Associate Warden

- Managed both General Population and Specialized Housing Division

Key Achievements:

- Developed local policies
- Performed Chief Disciplinary Officer functions
- Reviewed 1st and 2nd level appeals
- Reviewed use of Force incidents
- Conducted training to institutional staff to ensure compliance with all local policies and procedures

CDCR, Class Action Management Unit (CAMU) - Sacramento, CA

September 2014- May 2017

Captain

- Managed 28 Correctional Counselor II, Specialists throughout the department

Key Achievements:

- Developed departmental policies
- Conducted Training to newly assigned ADA Coordinators

- Acted as Subject Matter Expert (SME) in the Armstrong and Clark lawsuits
- Conducted training to institutional staff to ensure compliance with Armstrong and Clark audits
- Developed training material to assist institutions with complying the Armstrong and Clark Remedial Plans
- Collaborated with Plaintiff's Counsel/Office of Legal Affairs

**CDCR, Class Action Management Unit (CAMU) - Sacramento, CA
Correctional Counselor II, Specialist**

November 2011- September 2014

- Conducted Training to newly assigned ADA Coordinators

Key Achievements:

- Acted as Subject Matter Expert (SME) in the Armstrong and Clark lawsuits
- Conducted training to institutional staff to ensure compliance with Armstrong and Clark audits
- Developed training material to assist institutions with complying the Armstrong and Clark Remedial Plans
- Collaborated with Plaintiff's Counsel/Office of Legal Affairs

**CDCR, Office of Audits and Court Compliance - Sacramento, CA
Correctional Counselor II, Specialist**

- Conducted Clark/ Armstrong Compliance reviews of all CDCR institutions

Key Achievements:

- Acted as Subject Matter Expert (SME) in the Armstrong and Clark lawsuits
- Conducted training to institutional staff to ensure compliance with Armstrong and Clark audits
- Reviewed Corrective Action Plans to ensure issues have been resolved prior to sending to headquarters
- Developed revisions to Clark lesson plans and audit tool
- Collaborated with Plaintiff's Counsel/Office of Legal Affairs
- Promotion to Captain (A)

**CDCR, Sierra Conservation Center- Jamestown , CA
Facility Captain**

June 2011 - November 2011

- Managed a Level I Facility

Key Achievements:

- Chair Unit Classification Committees
- Oversaw Facility Disciplinary process
- Reviewed CDC 837 Incident Packages and perform First Level Manager Use of Force reviews
- Acted as Associate Warden in the absence of supervisor
- Participated in Institutional Classification Committees
- Provided training and preventative and corrective action as needed
- Maintained a working relationship with the Inmate Advisory Committee

**CDCR, Mule Creek State Prison/Sierra Conservation Center- Ione, CA
Correctional Counselor II, Specialist**

January 2011 - June 2011

- Assisted institutions with gaining compliance in Armstrong/Clark

Key Achievements:

- Acted as SME in the Armstrong/Clark lawsuits
- Conducted training to institutional staff
- Conducted internal pre-audits to prepare for Armstrong/Clark Compliance Reviews and Plaintiff monitoring tours
- Reviewed Corrective Action Plans to ensure issues have been resolved prior to sending to headquarters

CDCR, California Substance Abuse Treatment Facility and State Prison at Corcoran (CSATF)- Corcoran, CA
May 2007 - January 2011

Correctional Counselor II, Specialist

- Acted as Assistant ADA Coordinator

Key Achievements:

- Completed screening of CDCR1824's as the institutional ADA Appeals Coordinator
- Conducted weekly Armstrong Overview training to all institutional staff
- Met with ADA inmates to discuss concerns/solutions to any ADA issues within the facility
- Responded to phone calls and emails answering ADA related questions
- Conducted on-site inspections of ADA assets and features
- Conducted internal pre-audits to prepare for Clark/Armstrong Compliance reviews and Plaintiff monitoring tours

CDCR, CSATF, Department of Adult Parole Operations- Corcoran, CA
Parole Agent II, Specialist

July 2007 - May 2007

- Led a team of five Parole Service Associates (PSA)

Key Achievements:

- Developed case plans for inmates who were within 180 days of parole
- Conducted COMPASS assessments
- Assisted inmates with understanding Parole options
- Assisted inmates in Pre-Release education classes
- Communicated with Parole Agents to coordinate transportation of inmates with disabilities during Parole process
- Provided training to PSA's

CDCR, CSATF, Training and Development Unit- Corcoran, CA
Correctional Counselor I

July 2004 - July 2005

- Maintained a case load of approximately 160 inmates on a Level II Facility

Key Achievements:

- Prepared cases for Unit Classification Committee
- Performed violence reviews of inmates
- Prepared Parole documentation
- Assisted inmates with reading, writing and understanding of CDCR forms and documentation
- Prepared and submit Board of Prison Hearing Lifer Reports
- Evaluated cases to determine Camp and Minimum Support Facility eligibility
- Other duties as directed by my supervisor

CDCR, CSATF-Corcoran , CA
Correctional Lieutenant

May 2003 - July 2004

- Supervise Correctional Sergeants/Officers on a Level IV Facility.

Key Achievements:

- Conducted mandatory departmental training to Correctional Sergeants
- Completed CDC 837 Incident Packages
- Responded to alarms as the Incident Commander
- Reviewed Rules Violation Reports (CDC 115) and CDC 837 reports submitted by Correctional Officers/Sergeants

- Briefed managers on facility developments
- Maintained a positive rapport with the Inmate Advisory Council
- Took preventative and corrective action of Correctional Sergeants/Officers
- Conducted CDC 115 Hearings
- Acted as Facility Captain during the absence of supervisor
- Participated in Use of Force committees

CDCR, CSATF- Corcoran, CA

February 1999 - May 2003

Correctional Sergeant

- Supervised Correctional Officers on a Level IV Facility

Key Achievements:

- Conducted mandatory departmental training to Correctional Officers
- Supervised large mission change from a Level IV-Sensitive Needs Yard Facility to a Level IV 180 Facility
- Completed CDC 837 Incident packages
- Responded to alarms as the Incident Supervisor
- Reviewed Rules Violation Reports (CDC 115) and CDC 837 reports submitted by Correctional Officers
- Briefed supervisors of developments on the facility
- Maintained a working relationship with the Inmate Advisory Council
- Took preventative and corrective action of Correctional Officers

CDCR, CSATF - Corcoran, CA

January 1994 - January 1999

Correctional Officer

- Worked as a Search and Escort Officer on a Level IV Facility

Key Achievements:

- Conducted searches of inmates, inmate cells, and common areas of Facility
- Responded to emergencies and assisted supervisors in gaining control of disturbances/riots
- Conducted Cardiopulmonary Resuscitation and First Aid training to custody staff
- Assisted inmates with filling out CDCR forms
- Performed searches and discard found weapons/alcohol per institutional procedure
- Quelled incidents involving inmates

EDUCATION

- Delta City College, Stockton, CA - Criminal Justice
- Sacramento City College, CA-General Education
- Consumnes River Community College-General Education

EXHIBIT B



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date: May 22, 2020

To: Wardens
Chief Executive Officers

From: *Original Signed By*
STEVEN THARRATT, MD, MPVM, FACP
Director, Health Care Operations
Statewide Chief Medical Executive

Original Signed By
CONNIE GIPSON, Director
Division of Adult Institutions

Original Signed By
JOSEPH BICK, M.D., CCHP
Director
Division of Health Care Services

Subject: COVID 19 Pandemic – Road Map to Reopening Operations

In response to the pandemic caused by coronavirus disease (COVID-19), and out of an abundance of caution, California Department of Corrections (CDCR) and California Correctional Health Care Services (CCHCS) have been taking necessary precautions to reduce risk of exposure to both inmates and staff and to mitigate morbidity and mortality related to the disease.

The purpose of this memorandum is to provide updated information since the [memorandum](#) sent on March 20, 2020, and to discuss initial activities associated with beginning Phase 2 of a four-phased approach to reopening operations within CDCR that is consistent with the Governor's Roadmap to Reopening California. Details of Phase 2 Operations within CDCR/CCHCS are available in the Roadmap to Reopening Plan, which will be distributed later this month.

In general, operations during Phase 2 are still restricted to include, but not be limited to, modified reception center intake to allow adequate social distancing and separation of populations, transfer to camps and essential health care related transfers and encounters. Additional details for screening, housing, testing and basic strategies to reduce spread of COVID-19 infections are noted below.

MEMORANDUM

Screening on Entry into the Prison

As stated in the previously issued [memorandum](#), immediately upon entry, all inmates, including inmates who are returning from a routine community outing, must be screened for symptoms of influenza-like illness (ILI), including COVID-19 utilizing both screening questions and a temperature check. Any inmate who answers "yes" to one or more of the screening questions and/or has a temperature above 100 degrees Fahrenheit must be isolated and evaluated by a clinician. A verbal screening for potential exposures to COVID-19 while out of the institution is also recommended.

Determination of Medical Quarantine and Orientation/Sequestration Status

CCHCS, in conjunction with CDCR, has developed the "Covid Screening and Testing Matrix for Patient Movement" (attached). This document addresses our strategy for testing and housing of inmates, given different movement scenarios.

1. Patients who are directly exposed to someone with a confirmed case of COVID-19 shall be placed in Medical Quarantine. These individuals must be housed separately from the general population and must undergo medical monitoring for clinical symptoms of COVID-19. For additional information, please reference the [COVID-19: Interim Guidance for Health Care and Public Health Providers](#) and the California Department of Public Health's [guidance](#) on prioritization for testing for COVID-19.
2. Patients who are transferring from a county jail into one of CDCR's Reception Centers must be placed in quarantine and cohorted for 14 calendar days, which means they must be housed together and separated from other inmate populations. In addition, these inmates must be offered testing for COVID-19 infection (see "COVID-19 Testing" section below for more details).
3. Patients who screen positive on the COVID screen shall not be transferred. Asymptomatic patients who refuse to test and are transferring from one institution to another must be placed in Orientation Status for 14 calendar days and re-offered testing for COVID-19 infection at the new institution.
4. Patients who are returning from an emergency department visit or hospitalization (24 hours or more), or from the Department of State Hospitals must be placed in quarantine for 14 calendar days and offered testing for COVID-19 infection.
5. Patients returning from an out to court appearance that included at least one night away must be placed in quarantine for 14 calendar days and offered testing for COVID-19 infection.

Patients who are in Orientation Status *do not* require medical monitoring and should use the 7362 process for requesting health services. These individuals should not be housed with patients who are symptomatic, pending a test result, or confirmed positive.

MEMORANDUM

Patients who had a routine outside appointment, e.g. radiation, chemotherapy or dialysis, who were screened negative upon return to the institution, maintained social distancing and wore a cloth face covering usually *do not require placement on Orientation Status*.

Patients who are in medical isolation for COVID-19 shall not be double-celled with or housed in the same congregate living area as those who are not in isolation for COVID-19. Further, patients who are in medical isolation for COVID-19 should be housed in conditions that provide adequate temperatures, ventilation, food service, and access to showering opportunities and other out of the cell time, as deemed appropriate.

COVID-19 Testing of Patients

In addition to testing all patients who manifest symptoms that could be consistent with a COVID-19 infection or who have a fever, the following inmate populations shall be testing:

- All patients entering CDCR from the county jails shall be offered testing within 24 hours of arrival into a CDCR prison.
- All patients transferring to another CDCR institution or camp shall be offered testing
- All patients returning from an outside healthcare facility (e.g. emergency department, community hospital or Department of State Hospitals) shall be offered testing within 24 hours of arrival to the institution.
- All patients returning from an out to court appearance that included at least one night away shall be offered testing within 24 hours of arrival to the institution.
- All patients releasing back to the community shall be offered testing.

Also, until further notice, all institutions shall implement a monthly public health surveillance process, which consists of testing samples of patients across multiple facilities/yards for the purpose of identifying the presence of asymptomatic COVID-19 infections in prisons where it has not been detected and/or identifying COVID-19 infections among the most vulnerable patients or those using Positive Airway Pressure machines such as CPAP or BiPAP machines. The specific surveillance testing strategies will be detailed in separate communications.

Except for an urgent or emergent healthcare situation, no individual should be transferred to another institution or camp prior to the availability of their test results.

In general, re-testing an individual is usually not necessary if they have been tested in the previous 7 calendar days.

Patients shall not be involuntarily tested for COVID-19 regardless of whether they are symptomatic. All individuals who refuse testing should be given educational information in an accessible format and have an opportunity to have their questions answered. Individuals with symptoms of COVID-19 should be placed in medical isolation per the [COVID-19: Interim Guidance](#)

MEMORANDUM

[for Health Care and Public Health Providers](#). Individuals who are contacts to a confirmed case of COVID-19 who refuse testing should be placed in medical quarantine for 14 days from the date of last exposure. Individuals who refuse testing should not be placed in cohorts with people who are symptomatic, pending a test result, or confirmed positive following testing.

Criteria for Release from COVID-19 Isolation

Patients diagnosed with COVID-19 can be released from isolation once they meet criteria outlined in the [COVID-19: Interim Guidance for Health Care and Public Health Providers](#). For COVID-19 guidance, including criteria to release patients from isolation, and information on testing and aerosol generated procedures, please see the latest version of the COVID-19: Interim guidance for Health Care and Public Health Providers. This guidance is subject to change as new recommendations and new evidence become available.

Social Distancing

Social distancing strategies should continue to be used as much as possible for all individuals with priority given to the most vulnerable patients. Please reference the [memorandum](#) from March 20, 2020 for previously issued guidance.

CDCR issued a memorandum entitled [COVID-19 Guidance for Daily Program Regarding Social Distancing for Cell or Alternative/Dorm Style Housing of Eight Person Cohorts](#) dated May 11, 2020, which includes several measures to ensure safe distance is maintained and movement is limited as much as possible.

Cloth Face Coverings

Pursuant to the [memorandum](#) released on April 16, 2020, staff working or performing duties on institutional grounds and inmates who meet a certain criteria shall wear a cloth face covering. These criteria include:

- Any situation that requires movement outside of cell or while in a dorm setting
- During interactions with other inmates (ex: yard time, canteen, dayroom)
- Movement to and from health care appointments
- Movement to and from medication administration areas

Cloth face coverings are available and should be used by staff and inmates for all public interactions when feasible.

Other Basic Public Health and Environmental Hygiene efforts must continue indefinitely including but not limited to, hand washing, use of personal protective equipment, robust disinfection of all shared and frequently used surfaces and adequate ventilation. Refer to the COVID-19: Interim Guidance document and CDCR/CCHCS Roadmap to Reopening Plan.

MEMORANDUM

Page 5 of 5

Attachment

cc:

Vincent Cullen, Director, Corrections Services
Jennifer Barretto, Director, Health Care Policy & Administration
Renee Kanan, MD, MPH, Deputy Director, Medical Services
Barbara Barney-Knox, Deputy Director, Nursing Services
Kimberly Seibel, Deputy Director, DAI Facility Operations
Lara Saich, Deputy Director, Policy and Risk Management Services
Regional Health Care Executives
Regional Chief Nurse Executives
Regional Deputy Medical Executives
Associate Directors, DAI

COVID SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT

Type of movement	COVID testing strategy	Housing	What to do if patient refuses COVID test
Reception center intake	Quarantine upon arrival to RC. COVID screen and test. Release to RC after 14 days if screen and test negative.	Quarantine at RC.	Case by case decision in consultation with CME.
Reception center release to institution	Rescreen and test for COVID just prior to transfer. May transfer if screen and test negative. Transfer with cloth face covering.	If screen and test negative, no housing restrictions at receiving institution.	If COVID screen negative and refuse to test, move by special transport utilizing appropriate PPE to receiving facility. Place on orientation status at receiving facility for 14 days.
Release from STRH / LTRH / ASU / SHU	No screening or testing if remains at current institution. COVID screen and test if patient is to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	If COVID screen negative and refuse to test, move by special transport utilizing appropriate PPE to receiving facility. Place on orientation status at receiving facility for 14 days.
DSH admit from CDCR	COVID screen and test prior to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	To be decided by DSH	Do not transfer. Case by case decision in consultation with clinical.
DSH discharge to CDCR	COVID screen and test prior to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	If screen and test negative, to be housed in quarantine at receiving institution for 14 days.	Do not transfer. Case by case decision in consultation with clinical.
PIP / MHCB admit	No screening or testing if remains at current institution. COVID screen and test if patient is to transfer. Transfer if COVID screen and test negative utilizing cloth face covering during transportation. If screen and/or test positive and movement to HLOC at a different institution is clinically essential coordinate plan between CME, Chief or Supervising Psychiatrist, and CMH at sending and receiving institutions.	No housing restrictions at receiving institution.	Case by case decision in consultation with clinical. If movement must take place, appropriate infection control practices including PPE must be employed.
PIP / MHCB discharge	No screening or testing if remains at current institution. COVID screen and test if patient is to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	If COVID screen negative and refuse to test, move by special transport utilizing appropriate PPE to receiving facility. Place on orientation status at receiving facility for 14 days. .

COVID SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT

Type of movement	COVID testing strategy	Housing	What to do if patient refuses COVID test
OHU / CTC admit	No screening or testing if remains at current institution. COVID screen and test if patient is to transfer. Transfer if COVID screen and test negative utilizing cloth face covering during transportation. If screen and/or test positive and movement to HLOC at a different institution is clinically essential coordinate plan between CME at sending and receiving institutions.	No housing restrictions at receiving institution.	Case by case decision in consultation with clinical. If movement must take place, appropriate infection control practices including PPE must be employed.
OHU / CTC discharge	No screening or testing if remains at current institution. COVID screen and test if patient is to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	If COVID screen negative and refuse to test, move by special transport utilizing appropriate PPE to receiving facility. Place on orientation status at receiving facility for 14 days. .
Mental health level of care change	No screening or testing if remains at current institution. COVID screen and test if patient is to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	Case by case decision in consultation with clinical. If movement must take place, appropriate infection control practices including PPE must be employed.
DPP	No screening or testing if remains at current institution. COVID screen and test if patient is to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	Case by case decision in consultation with clinical. If movement must take place, appropriate infection control practices including PPE must be employed.
DDP	No screening or testing if remains at current institution. COVID screen and test if patient is to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	Case by case decision in consultation with clinical. If movement must take place, appropriate infection control practices including PPE must be employed.
To camp hubs	COVID screen and test. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	Do not transfer.
MCCFs	COVID screen and test if patient is to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	Do not transfer.

COVID SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT

Type of movement	COVID testing strategy	Housing	What to do if patient refuses COVID test
To fire camps	COVID screen and test. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	Do not transfer.
Parole, medical parole, PRCS release	COVID screen and test. Normal release if COVID screen and test negative. If screen or test positive, communicate results to parole agent or probation, public health officer. Case by case decision re: positive screens in consultation with clinical.	Notify parole agent and local public health officer in county of release.	Notify parole agent and local public health officer in county of release.
ACP/CCTRP/MCRP	COVID screen and test. May transfer if COVID screen and test negative. Wear cloth face covering during transportation. If screen or test positive, not to go until cleared by clinical.	No housing restrictions at receiving institution.	Do not transfer
All other routine transfers	Non-essential transfers are discouraged. COVID screen and test if patient is to transfer. May transfer if COVID screen and test negative. Wear cloth face covering during transportation.	No housing restrictions at receiving institution.	Transfer and place in orientation status at receiving institution.
Out to court, same day return.	COVID screen upon return.	No housing restrictions at receiving institution.	NA
Out to court with overnight stay	COVID screen and test upon return.	Quarantine upon return.	Remain in quarantine for at least 14 days.
Out for clinical appointment, same day return	COVID screen upon return.	No housing restrictions at receiving institution.	NA
Out to hospital (admission or ER visit)	COVID screen and test upon return.	Quarantine for 14 days.	Remain in quarantine. Case by case decision.

COVID SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT

- 1) Orientation status: Orientation status means the inmate/patient will be placed in a single-cell, with minimal or no access to institution programs such as: yard, phones, dayroom, etc. They will be cell fed. They may be seen in UCC, but will not allow to report for a job assignment until completion of their Orientation status (14 days). Inmates who refuse may be double-celled with other inmates who refuse testing at the sending institution.
- 2) High risk locations are determined day to day based upon COVID activity. Movement in and out of high risk locations should be strictly minimized.

Benitez, Bernadette@CDCR

Subject: FW: COVID 19 Pandemic – Road Map to Reopening Operations
Attachments: Cover Memo movement matrix 5.22.20.pdf; Movement Matrix 5-22-20.pdf

SENT ON BEHALF OF:

STEVEN THARRATT, MD, MPVM, FACP, Director, Health Care Operations, Statewide Chief Medical Executive
CONNIE GIPSON, Director, Division of Adult Institutions
JOSEPH BICK, M.D., CCHP, Director, Division of Health Care Services

See Attached

Stephanie Cabitac

Office Technician
Field Operations, Corrections Services
8220 Long Leaf Drive, Bldg B-1
Mail: P.O. Box 588500, Elk Grove, CA 95758
(916) 691-6078 Desk



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EXHIBIT C

Memorandum

Date: July 29, 2020

To: Associate Directors, Division of Adult Institutions
Wardens
Administrative Officers-of-the-Day
Americans with Disabilities Act Coordinators

Subject: **COVID-19 QUARANTINE/ISOLATION SPACE SPECIFIC TO ARMSTRONG CLASS MEMBERS**

It is the priority of the California Department of Corrections and Rehabilitation (CDCR) to protect the health and well-being of our staff and the inmate population, as well as providing a safe environment. The purpose of this memorandum is to ensure accessible housing for all *Armstrong* class members.

All institutions have been directed to set aside a quarantine/isolation space by vacating at least one housing unit or alternative location (minimum of 100 beds) for the quarantine/isolation of inmates affected by COVID-19. It is imperative for CDCR to ensure *Armstrong* class members' housing is considered when making moves during the COVID-19 pandemic.

CDCR may not house *Armstrong* class members in inaccessible housing locations. Class members shall be housed in quarantine/isolation units in accordance with the COVID-19 housing protocols issued by the Federal Receiver. *Armstrong* class members who have not before tested positive for COVID-19 shall not be housed in any housing unit that exposes them to people with active, confirmed cases of COVID-19 because of their disabilities or accommodation needs. CDCR must establish and maintain adequate, safe, accessible housing at all institutions housing class members with impacting-placement disabilities (including people designated DLT) for the duration of the pandemic.

The Warden or designee shall conduct a daily housing review of all *Armstrong* class members, Monday through Friday and report the findings by email to Adam Fouch, Assistant Deputy Director, Program Operations at Adam.Fouch@cdcr.ca.gov, and Landon Bravo, Associate Warden at Landon.Bravo@cdcr.ca.gov by 1400 hours. If, due to emergent and unforeseen circumstances, any *Armstrong* class member cannot be temporarily housed in safe, accessible housing, CDCR shall take all possible steps to find safe, accessible housing within 24 hours. The Warden or designee shall conduct a daily review of these placements, and provide the results of those reviews including the inmate name, CDCR number, and details to the above no later than 1400 hours.

On weekends and holidays, the Institutional Administrative Officer-of-the-Day (AOD) shall conduct a review and report their findings in the same manner as described above to the Headquarters AOD no later than 1400 hours. If any instances of inaccessible placements are reported, the Headquarters AOD will contact Adam Fouch, Landon Bravo, and Tamiya Davis,

Wardens

Administrative Officers-of-the-Day

Americans with Disabilities Act Coordinators

Page 2

If the answer is no to both questions, reply, 'No current issues at (Institution).' If there are any issues, respond by identifying the inmates' names, CDCR numbers, and specific reasons why they cannot be accommodated.

The Warden or designee shall send responses Monday through Friday through email to Adam Fouch, Assistant Deputy Director, Program Operations at Adam.Fouch@cdcr.ca.gov, and Landon Bravo, Associate Warden at Landon.Bravo@cdcr.ca.gov, before or by 1400 hours. If, due to emergent and unforeseen circumstances, any *Armstrong* class member cannot be temporarily housed in safe, accessible housing, CDCR shall take all possible steps to find safe, accessible housing within 24 hours.

On weekends and holidays, each institutional Administrative Officer-of-the-Day (AOD) shall conduct a review and report their findings in the same manner as described above to the Headquarters (HQ) AOD no later than 1400 hours.

If any instances of inaccessible placements are reported, the HQ AOD will contact Adam Fouch, Landon Bravo, and Tamiya Davis, Legal Counsel, Office of Legal Affairs, at Tamiya.Davis@cdcr.ca.gov, no later than 1600 hours. Additionally, the HQ AOD will notify the above mentioned staff once they have received notice from all of the institutional AOD's.

This policy memorandum will remain in effect until rescinded or the COVID-19 pandemic is resolved. A copy of this memorandum shall be placed in the AOD binder along with Adam Fouch and Landon Bravo's work cellphone numbers. This situation remains fluid, so thank you for your patience and cooperation.

If you have any questions, please contact Landon Bravo, Associate Warden, CAMU, at, Landon.Bravo@cdcr.ca.gov.



CONNIE GIPSON

Director

Division of Adult Institutions

cc: Kimberly Seibel
Charles Callahan
Adam Fouch
Landon Bravo
Tamiya Davis

Lam, Lisa@CDCR

From: Snyder, Jolene@CDCR
Sent: Wednesday, July 29, 2020 3:03 PM
To: CDCR Institutions DAI Associate Directors; CDCR Institutions Wardens; CDCR INST ADA COORDINATORS
Cc: Gipson, Connie@CDCR; Seibel, Kimberly@CDCR; Callahan, Charles@CDCR; Fouch, Adam@CDCR; Bravo, Landon@CDCR; Davis, Tamiya@CDCR
Subject: COVID-19 Quarantine-Isolation Space Specific to Armstrong Class Members
Attachments: Covid-19 Quarantine-Isolation Space Specific to Armstrong Class Members.pdf

On behalf of

CONNIE GIPSON
Director
Division of Adult Institutions

PLEASE FORWARD TO ALL INSTITUTION AOD'S

If you have any questions regarding the attached memorandum, please refer to contact information listed therein.

Thank you.

Jolene L. Snyder

Executive Assistant to
CONNIE GIPSON
Director
Division of Adult Institutions
(916) 323-4093
Jolene.snyder@cdcr.ca.gov

EXHIBIT D

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: **August 14, 2020**

To: Associate Directors, Division of Adult Institutions
Wardens
Americans with Disabilities Act Coordinators

Subject: **ACCOMMODATIONS OF ARMSTRONG INMATES**

The purpose of this memorandum is to provide direction to staff regarding the accommodation of inmates pending Expedited Transfer for extended timeframes due to the COVID-19 Pandemic.

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. The ADA guarantees equal opportunity and provides basic civil rights protections for individuals with disabilities in public and private sector services and employment. The Disability Placement Program (DPP) was established to provide inmates and parolees access to activities, services, and programs offered by the Department.

Expedited Transfer

Inmates at your institution may be on the expedited transfer process longer than normal due to the COVID-19 pandemic. Once a CDC Form 1845 Inmate/Parolee Disability Verification is generated resulting in an impacting code, changing the inmate's status requires expedited transfer. Staff shall ensure the inmate has access to housing, showers, and all other programs, services, and activities. A CDC-128-B shall be generated and placed in the inmates' file and a copy shall be sent to the following Class Action Management Unit (CAMU) staff:

Rodney Price, Correctional Counselor (CC) II, CAMU at Rodney.Price@cdcr.ca.gov

Dave Leclerc, CC II, CAMU at Dave.Leclerc@cdcr.ca.gov

Francesca Jacobo, Correctional Lieutenant, CAMU at Francesca.Jacobo@cdcr.ca.gov.

Staff shall conduct follow-up interviews with the inmate at least every two weeks to ensure he/she is still able to access programs, services, and activities. In the event your institution is unable to provide these accommodations, immediately notify Adam Fouch, Assistant Deputy Director, Program Operations, at Adam.Fouch@cdcr.ca.gov, Landon Bravo, Chief, CAMU, at Landon.Bravo@cdcr.ca.gov, and Tamiya Davis, Attorney III, Class Action Team, Office of Legal Affairs, at Tamiya.Davis@cdcr.ca.gov.

Daily notices shall continue seven days a week as directed in the memorandum dated July 29, 2020 titled, *COVID-19 Quarantine/Isolation Space Specific to Armstrong Class Members*. This process shall remain the same for any inmates who are inappropriately housed due to COVID-19 related matters.

If you have any questions, please contact Landon Bravo, Associate Warden, CAMU, at (916) 322-6562, or Landon.Bravo@cdcr.ca.gov.

A handwritten signature in black ink, appearing to read 'CONNIE GIPSON', with a large, stylized flourish extending to the left.

CONNIE GIPSON
Director
Division of Adult Institutions

Attachment

cc: Kimberly Seibel
Charles W. Callahan
Adam Fouch
Landon Bravo
Chance Andes

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: July 29, 2020

To: Associate Directors, Division of Adult Institutions
Wardens
Administrative Officers-of-the-Day
Americans with Disabilities Act Coordinators

Subject: **COVID-19 QUARANTINE/ISOLATION SPACE SPECIFIC TO ARMSTRONG CLASS MEMBERS**

It is the priority of the California Department of Corrections and Rehabilitation (CDCR) to protect the health and well-being of our staff and the inmate population, as well as providing a safe environment. The purpose of this memorandum is to ensure accessible housing for all *Armstrong* class members.

All institutions have been directed to set aside a quarantine/isolation space by vacating at least one housing unit or alternative location (minimum of 100 beds) for the quarantine/isolation of inmates affected by COVID-19. It is imperative for CDCR to ensure *Armstrong* class members' housing is considered when making moves during the COVID-19 pandemic.

CDCR may not house *Armstrong* class members in inaccessible housing locations. Class members shall be housed in quarantine/isolation units in accordance with the COVID-19 housing protocols issued by the Federal Receiver. *Armstrong* class members who have not before tested positive for COVID-19 shall not be housed in any housing unit that exposes them to people with active, confirmed cases of COVID-19 because of their disabilities or accommodation needs. CDCR must establish and maintain adequate, safe, accessible housing at all institutions housing class members with impacting-placement disabilities (including people designated DLT) for the duration of the pandemic.

The Warden or designee shall conduct a daily housing review of all *Armstrong* class members, Monday through Friday and report the findings by email to Adam Fouch, Assistant Deputy Director, Program Operations at Adam.Fouch@cdcr.ca.gov, and Landon Bravo, Associate Warden at Landon.Bravo@cdcr.ca.gov by 1400 hours. If, due to emergent and unforeseen circumstances, any *Armstrong* class member cannot be temporarily housed in safe, accessible housing, CDCR shall take all possible steps to find safe, accessible housing within 24 hours. The Warden or designee shall conduct a daily review of these placements, and provide the results of those reviews including the inmate name, CDCR number, and details to the above no later than 1400 hours.

On weekends and holidays, the Institutional Administrative Officer-of-the-Day (AOD) shall conduct a review and report their findings in the same manner as described above to the Headquarters AOD no later than 1400 hours. If any instances of inaccessible placements are reported, the Headquarters AOD will contact Adam Fouch, Landon Bravo, and Tamiya Davis,

Associate Directors, Division of Adult Institutions
Wardens
Administrative Officers-of-the-Day
Americans with Disabilities Act Coordinators
Page 2

If the answer is no to both questions, reply, 'No current issues at (Institution).' If there are any issues, respond by identifying the inmates' names, CDCR numbers, and specific reasons why they cannot be accommodated.

The Warden or designee shall send responses Monday through Friday through email to Adam Fouch, Assistant Deputy Director, Program Operations at Adam.Fouch@cdcr.ca.gov, and Landon Bravo, Associate Warden at Landon.Bravo@cdcr.ca.gov, before or by 1400 hours. If, due to emergent and unforeseen circumstances, any *Armstrong* class member cannot be temporarily housed in safe, accessible housing, CDCR shall take all possible steps to find safe, accessible housing within 24 hours.

On weekends and holidays, each institutional Administrative Officer-of-the-Day (AOD) shall conduct a review and report their findings in the same manner as described above to the Headquarters (HQ) AOD no later than 1400 hours.

If any instances of inaccessible placements are reported, the HQ AOD will contact Adam Fouch, Landon Bravo, and Tamiya Davis, Legal Counsel, Office of Legal Affairs, at Tamiya.Davis@cdcr.ca.gov, no later than 1600 hours. Additionally, the HQ AOD will notify the above mentioned staff once they have received notice from all of the institutional AOD's.

This policy memorandum will remain in effect until rescinded or the COVID-19 pandemic is resolved. A copy of this memorandum shall be placed in the AOD binder along with Adam Fouch and Landon Bravo's work cellphone numbers. This situation remains fluid, so thank you for your patience and cooperation.

If you have any questions, please contact Landon Bravo, Associate Warden, CAMU, at, Landon.Bravo@cdcr.ca.gov.



CONNIE GIPSON
Director
Division of Adult Institutions

cc: Kimberly Seibel
Charles Callahan
Adam Fouch
Landon Bravo
Tamiya Davis

EXHIBIT E

Memorandum

Date: June 25, 2020

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 memorandum titled *Americans with Disabilities Act Inmate Assistance Program*, dated September 24, 2018.

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 Laborer/Porter 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, 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 gold ADA worker shirt during their assigned work hours. These shirts shall not be worn during non-working hours. The mesh ADA worker vest shall be replaced by the gold ADA worker shirt through attrition.

Associate Directors, Division of Adult Institutions
Wardens
Americans with Disabilities Act Coordinators
Page 2

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 (STG) 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 have a higher skill set and require a 9.0 reading grade level. These workers can assist with reading and writing and, if their work restriction/limitations permit, can also perform the tasks of the Non-Skilled workers.
- Non-Skilled (Laborer/Porter) workers who do not meet the 9.0 reading grade level equivalency requirement. These workers can only perform required physical tasks such as pushing wheelchairs and guiding inmates (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 needs.

ADA WORKER EXCLUSIONARY FACTORS

The following case factors shall preclude assignment to an ADA worker position:

- Any Security Housing Unit Term within the past six 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
- Extortion, Permanent Exclusion
- Documented history of predatory behavior, Permanent Exclusion

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. San Quentin (SQ), and Central California Women's Facility (CCWF) shall follow their local operational policy for ADA Workers in condemned housing units.

Associate Directors, Division of Adult Institutions
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Inmates undergoing Reception Centers 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.

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

Inmates assigned as an ADA worker shall be provided training on expectations, how to assist with specific disabilities, and how to assist during an emergency within 30 days of assignment. 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, (SQ and CCWF Condemned Units exempted).

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)
- Recreational activities
- Self-Help or other support groups
- Law and regular libraries. Semi-Skilled workers 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
- Visiting
- Religious Services

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Additionally, the following ADA worker duties include, but are not limited to:

- 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
- Semi-Skilled 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 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 by using grooming tools on another inmate
- Provide health care assistance
- Perform interpreting or translating for due process events
- Perform maintenance on durable medical equipment
- Handle canteen or property items without the owner's consent, or without staff supervision
- Provide assistance to inmates housed in Security Housing or Administrative Segregation Units (excluding condemned)
- Access an inmate's locker without the inmate's consent, or without direct staff supervision
- Access an inmate's assigned cell without the inmate's consent, or without direct staff supervision
- Access CDCR and legal correspondence, unless staff approve and verifies consent of the inmate

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.

Associate Directors, Division of Adult Institutions
Wardens
Americans with Disabilities Act Coordinators
Page 5

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 needed assistance to the inmate.

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 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.

Please ensure your institution's Local Operational Procedure is updated and provide proof of practice to the Class Action Management Unit (CAMU) within 45 days of the date of this memorandum, with a copy also submitted to your institution's respective mission Associate Director.

If you have any questions regarding this memorandum, please contact Landon Bravo, Chief, CAMU, at (916) 322-6562.



CONNIE GIPSON
Director
Division of Adult Institutions

Attachment

cc: Charles W. Callahan
Kimberly Siebel
Vince Cullen
Adam Fouch
Lois Welch
Jason Williams
Landon Bravo
Tamiya Davis
CAMU Correctional Counselors II (Specialist)



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, writing 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: <ol 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 persons 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

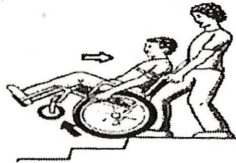
Escorting or guiding entails providing assistance to facilitate a change of location. You are not required to lift an inmate into a wheelchair. Below are specific steps to follow for escorting.

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.

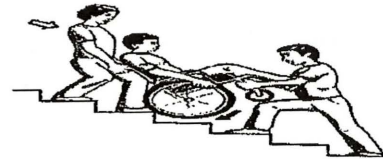
Up/Backward:

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

Benitez, Bernadette@CDCR

From: Snyder, Jolene@CDCR
Sent: Thursday, June 25, 2020 12:34 PM
To: CDCR Institutions DAI Associate Directors; CDCR Institutions Wardens; CDCR INST ADA COORDINATORS
Cc: Gipson, Connie@CDCR; Callahan, Charles@CDCR; Seibel, Kimberly@CDCR; Cullen, Vincent@CDCR; Fouch, Adam@CDCR; Welch, Lois@CDCR; Bravo, Landon@CDCR; Davis, Tamiya@CDCR; CDCR CAMU Field CCIs; Williams, Joseph@CDCR
Subject: Revised Americans With Disabilities Act Inmate Assistance Program
Attachments: Revised Americans With Disabilities Act Inmate Assistance Program.pdf

On behalf of

CONNIE GIPSON
Director
Division of Adult Institutions

If you have any questions regarding the attached memorandum, please refer to contact information listed therein.

Thank you.

Jolene L. Snyder

Executive Assistant to
CONNIE GIPSON
Director
Division of Adult Institutions
(916) 323-4093
Jolene.snyder@cdcr.ca.gov

EXHIBIT F

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: **APR 10 2020**

To: Associate Directors, Division of Adult Institutions
Wardens
Chief Executive Officers

Subject: **SCREENING OF CRITICAL INMATE WORKERS**

In response to current the Coronavirus Disease 2019 (COVID-19) pandemic the California Department of Corrections (CDCR) and California Correctional Health Care Services (CCHCS) are implementing the following precautions to reduce exposure to both inmates and staff.

Screening Process

Prior to releasing a critical inmate worker, the housing unit floor officer shall ask three screening questions to determine if the inmate has symptoms of influenza-like illness (ILI) including COVID-19. The screening shall include asking an inmate the following questions: Do you have a cough? Do you have a fever? Do you have difficulty breathing? If the critical inmate worker answers no to all the questions, they shall be allowed to report to work. If the critical inmate worker answers yes to any of the questions, the housing unit floor officer shall notify their immediate supervisor, and the inmate's work supervisor that the inmate will not be reporting to work.

The custody supervisor who was notified by the housing unit floor officer shall contact the nursing staff on the affected facility of the initial screening outcome. Custody escorting staff and the affected inmate shall don appropriate personal protective equipment and the inmate shall be escorted to the triage screening area for medical evaluation. If a positive screen for ILI/COVID-19 is a result of the medical evaluation, the inmate shall be housed as appropriate based upon custody and clinical protocols. If a negative screen for ILI/COVID-19 is a result of the medical evaluation, the inmate shall be escorted back to his assigned housing unit.

The health and safety of all individuals within the institution is our top priority. Please work together at the institution to operationalize the process provided above.

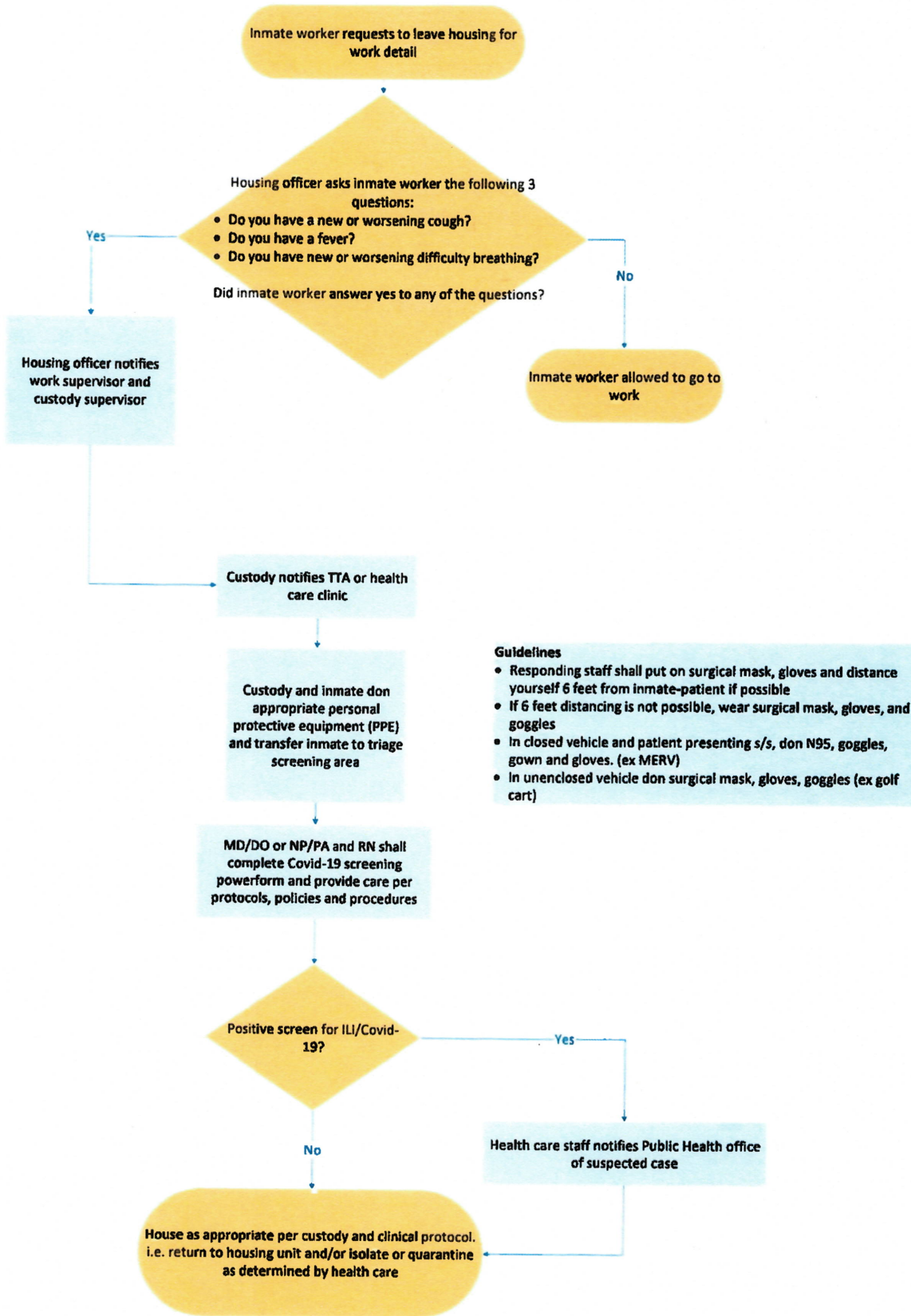


CONNIE GIPSON
Director
Division of Adult Institutions

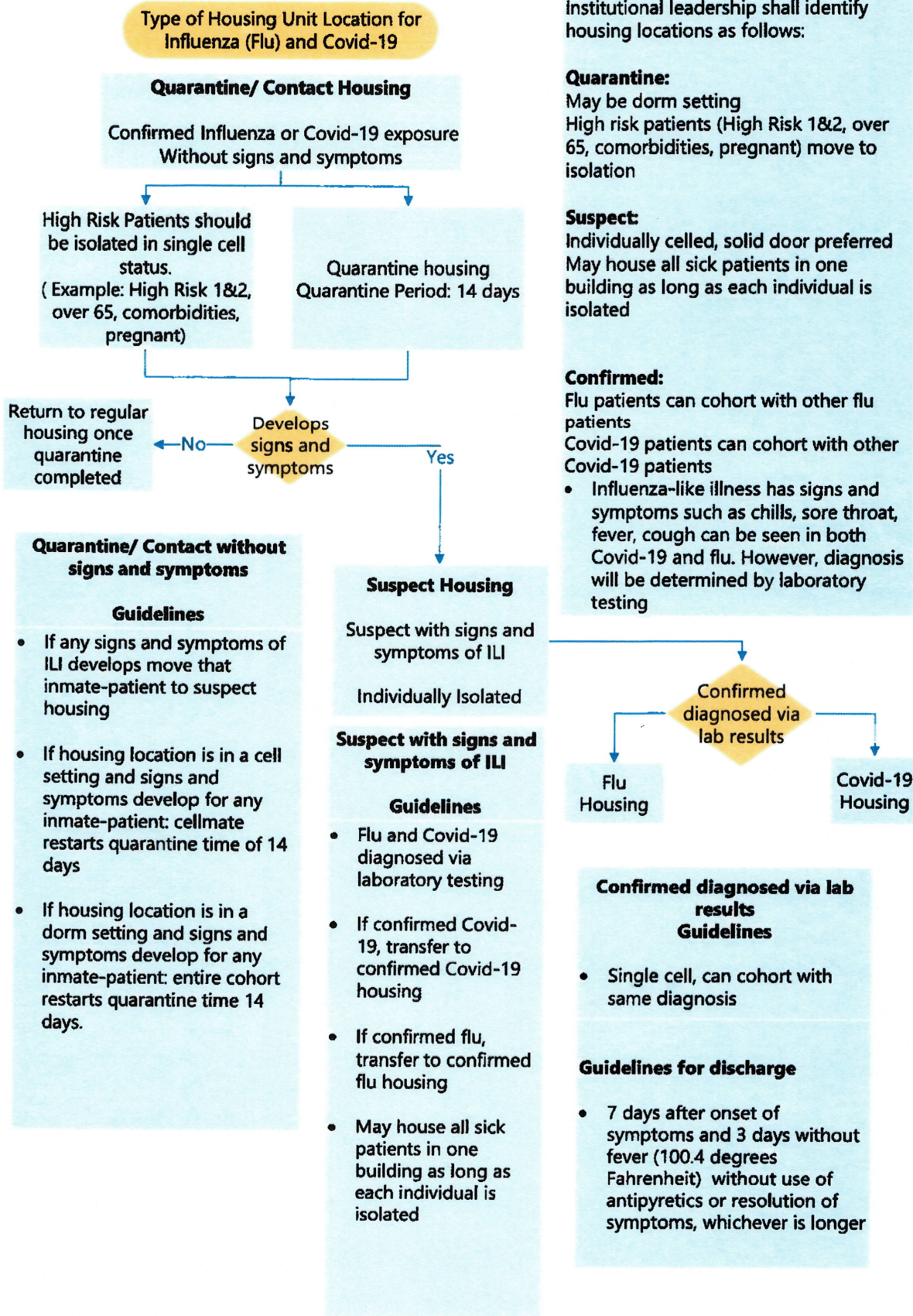
Electronically Signed
STEVEN THARRATT, MD, MPVM, FACP
Director, Health Care Operations
Statewide Chief Medical Executive

Attachments

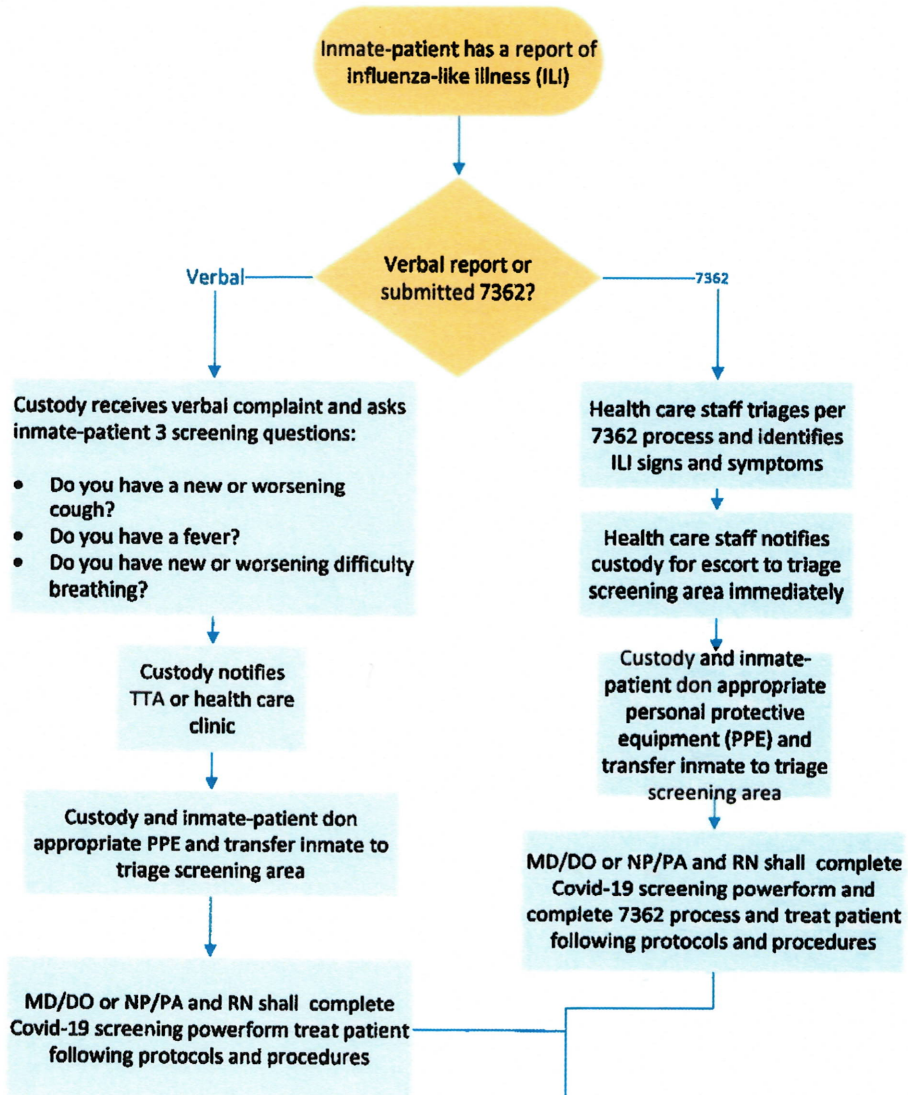
Covid-19: Inmate Worker



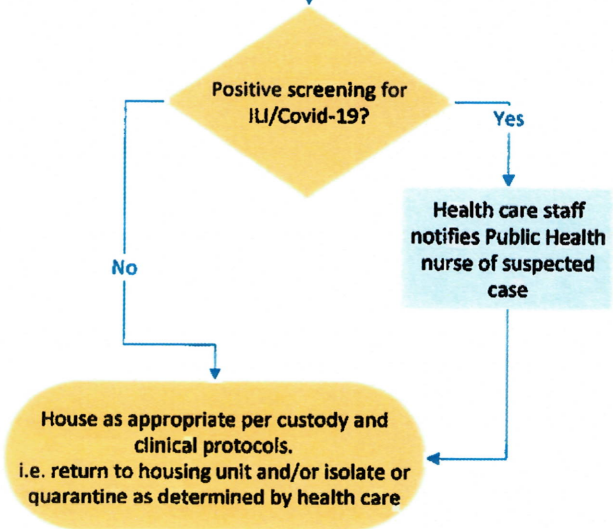
Covid-19: Housing



Covid-19: Self-Declaration



- Guidelines**
- Institutional leadership shall identify:
 - Health care staff assigned to triage screening area, including MD/DO or PA/ NP and RN
 - Screen patients in designated triage screening area:
 - Existing building/space (preferred choice)
 - Temporary covered location (secondary choice)
 - Responding staff shall put on surgical mask, gloves and distance yourself 6 feet from inmate-patient if possible
 - If 6 feet distancing is not possible, wear surgical mask, gloves, and goggles
 - In closed vehicle with patient presenting with s/s don N95, goggles, gown, gloves. (ex MERV)
 - In unenclosed vehicle don surgical mask, gloves, goggles. (ex golf cart)
 - Avoid enclosed MERV transport, if possible



Covid-19: Emergency Medical Response Process

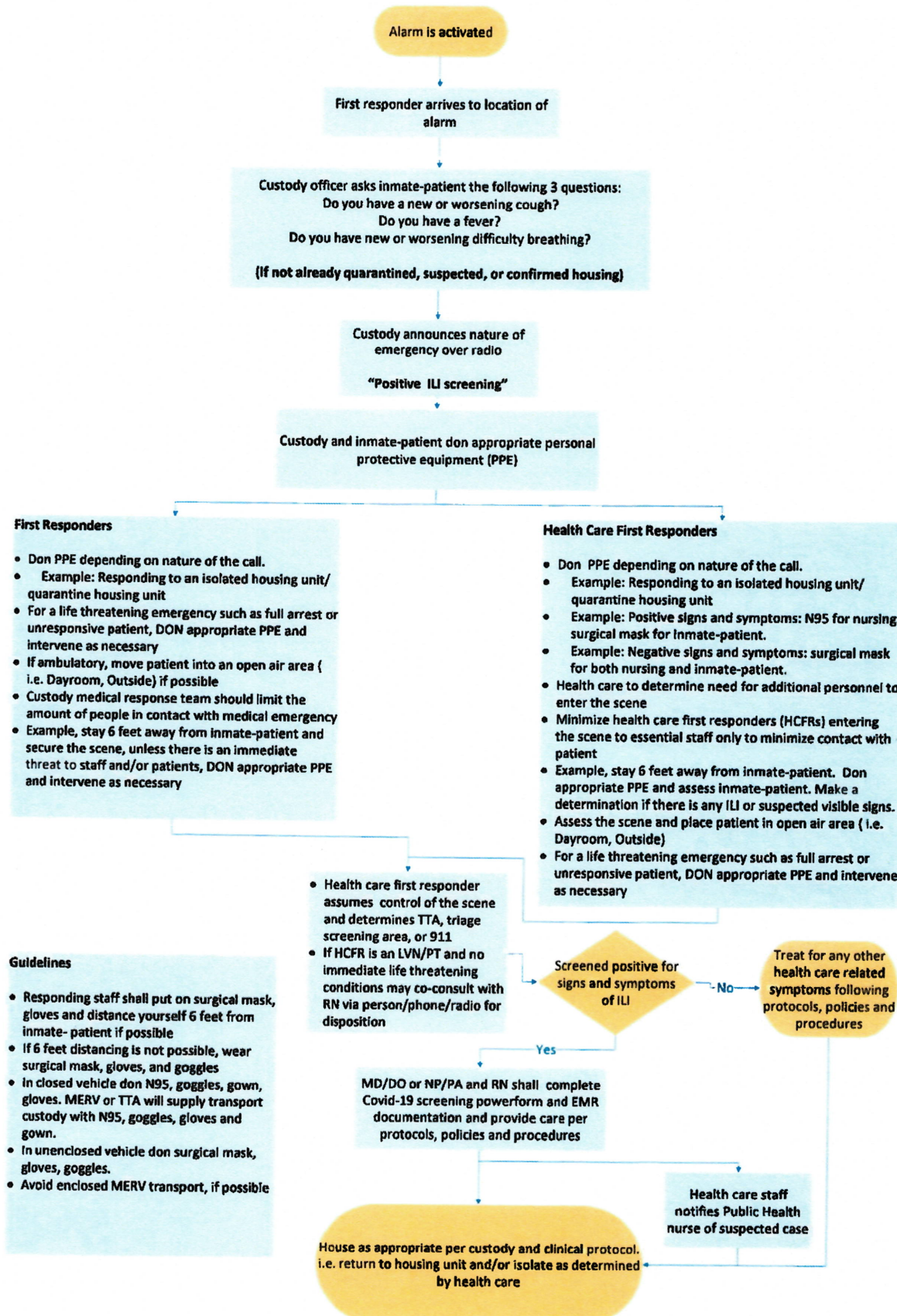


EXHIBIT G



Memorandum

Date: June 25, 2020

To: Connie Gipson
Director
Division of Adult Institutions

Subject: **PORTER COVID-19 TRAINING**

California Prison Industry Authority (CALPIA) will offer porter training at all 35 adult institutions for California Department of Corrections and Rehabilitation (CDCR) porters. The scope of the curriculum is outlined on the attachment, and training should be coordinated locally with a Prison Industries Administrator or Lead Manager at each institution.

Included with this transmittal is the scope of the training to be completed (Attachment A) and an institutional CALPIA contact listing (Attachment D). Please work with your local Prison Industries Administrator or Lead Manager for additional training documentation.

If you have any questions, contact Naomi Yates at naomi.yates@calpia.ca.gov.

A handwritten signature in blue ink, appearing to read "Scott A. Walker".

SCOTT A. WALKER
General Manager
CALPIA

Attachment(s)



Custodian Orientation Checklist COVID-19



I, <Staff/Offender first and last name> have received training on the courses checked below.

I understand I am responsible and will be held accountable for the content and practice of each in my everyday duties.

Staff/Offender Signature

PERNR # /CDCR #

Date

#	Title	Checkmark when Completed	Trainer's Initials	Date Training Completed:
1	Occupational Safety and Health Administration (OSHA)	<input type="checkbox"/> Check		
2	Personal Hygiene and Hand Washing	<input type="checkbox"/> Check		
3	Safe Work Practices	<input type="checkbox"/> Check		
4	Slips, Trips & Falls	<input type="checkbox"/> Check		
5	Lockout-Tagout	<input type="checkbox"/> Check		
6	Hazard Communication	<input type="checkbox"/> Check		
7	Global Harmonization	<input type="checkbox"/> Check		
8	Chemical Mixing and COVID	<input type="checkbox"/> Check		
9	Pesticide in Non-Agricultural Setting	<input type="checkbox"/> Check		
10	HIPPA	<input type="checkbox"/> Check		
11	Personal Protective Equipment (PPE)	<input type="checkbox"/> Check		
12	Bloodborne Pathogens	<input type="checkbox"/> Check		
13	Ergonomics	<input type="checkbox"/> Check		
14	Floor care	<input type="checkbox"/> Check		
15	COVID on Surfaces and Cleaning after Suspected/Confirmed COVID (CDC recommendations)	<input type="checkbox"/> Check		

Supervisor Name

Institution Name

Date

Supervisor Signature

EXHIBIT H



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date: April 6, 2020

To: California Department of Corrections and Rehabilitation (CDCR) - All Staff
California Correctional Health Care Services (CCHCS) - All Staff

From: *Original signed by:*
Heidi M. Bauer, MD MS MPH
Public Health Epi/Surveillance Lead
Public Health Branch

Original signed by:
Diane O'Laughlin, FNP-BC, DNP
Headquarters Chief Nurse Executive
Public Health and Infection Prevention

Subject: COVID-19 Personal Protective Equipment (PPE) Guidance and Information

The purpose of this memo is to provide information and resources related to COVID-19 and the continuously evolving status personal protective equipment (PPE) supply availability. The information below is intended to guide the use of PPE as we move forward in responding to this pandemic. In-depth guidance is provided in the [COVID-19: Interim Guidance for Healthcare and Public Health Providers](#).

TYPES OF MASKS

Filtering facepiece respirator N95: An "N95" is a type of respirator which removes at least 95 percent of particles from the air that are breathed through it. An N95 currently has two recommended uses:

- Staff person accompanying individuals with respiratory symptoms in a transportation vehicle.
- A staff person present during "aerosol producing procedures" on suspect or confirmed COVID-19 cases such as COVID-19 testing, CPR, etc. or providing high-contact patient care such as bathing someone confirmed to have COVID-19.

More information about N95 and surgical masks:

- [Understanding the difference between N95 and Surgical Masks](#)
- [Proper use and disposal of PPE](#)
- [Facial hair and PPE use](#)

Use of Privately Owned Masks and Respirators and Reusable barrier masks (cloth/washable): "The Joint Commission (TJC) issued a [statement](#) on March 31, 2020, supporting the use of standard face masks and/or respirators provided from home when health care organizations cannot provide access to protective equipment that is commensurate with the risk health care workers are exposed to amid the

MEMORANDUM

COVID-19 pandemic. The CDCR/CCHCS will follow the TJC recommendations for privately owned PPE, including N95 and surgical masks. Please wash reusable cloth masks between each use using hot water with regular detergent and dry completely on hot setting.

EXTENDING THE USE OF PPE (MEDICAL EQUIPMENT MASKS)

The CDC has put out [guidance](#) on extending the use of medical equipment masks. There is not an exact determination on the number of safe reuses for these masks and those decisions must be made based on a number of variables per CDC guidelines such as impact respirator function and contamination over time.

RESOURCES

The [COVID-19 Quick Guide Poster](#) follows Center for Disease Control (CDC) guidelines for COVID-19 management. This quick guide defines quarantine, who to isolate, COVID-19 case actions and how to perform appropriate surveillance during the COVID-19 pandemic. The COVID-19 Quick Guide Poster pairs with the Personal Protective Equipment (PPE) Guide Poster, number 2 below, to inform staff on what type of PPE they will need.

The [COVID-19 Protective Equipment \(PPE\) Guide Poster](#) adopts CDC guidelines as of March 29, 2020, which reflect the CDC's recommendations for optimizing PPE supplies (link below). The PPE guide poster reinforces 6 foot social distancing, and gives guidance for individuals who must be within 6 feet for a prolonged period of time of suspected/confirmed COVID-19 individuals.

A [COVID-19 Quick Reference Pocket Guide](#) is intended to keep on person as a resource for PPE, quarantine, isolation and surveillance.

The CDC's also provides [recommendations for optimizing PPE supplies](#).

These resource tools, TJC statement on privately owned face masks, and current available supplies should all be considered when determining the type of PPE staff will use for the safety of staff and the population. Please place the posters in high traffic staff areas to remind staff of these key concepts for COVID-19 management. Please assure your staff is aware of these resource tools.

Thank you all for your cooperation, as we continue to work together to guard against the spread of COVID-19 and to keep our staff and patients protected.



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date: April 6, 2020

To: California Department of Corrections and Rehabilitation (CDCR) All Staff
California Correctional Health Care Services (CCHCS) All Staff

From:

Original Signed By
Connie Gipson
Director, Division of Adult Institutions
California Department of Corrections and Rehabilitation

Original Signed By
R. Steven Tharratt, MD, MPVM, FACP
Director of Health Care Operations and Statewide Chief Medical Executive
California Correctional Health Care Services

Subject: STAFF USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

We understand the importance and urgency surrounding the availability and use of personal protective equipment (PPE), particularly masks, for CDCR/CCHCS staff and the incarcerated population. Our top priority is doing everything we can to provide appropriate protection to slow the spread of COVID-19 within our institutions.

We must face the reality that during this global pandemic, CDCR and CCHCS are not immune from the unprecedented demand for more PPE to protect those on the frontlines. While we are not the only organization impacted by this shortage, we are working every day to increase our supplies, including reusable barrier cloth masks manufactured by the California Prison Industry Authority (CALPIA). While we work to expand our supply, we all need to do our part to make sure that PPE, especially masks, are utilized in the most appropriate and efficient way possible. We need a mutual understanding of PPE and develop innovative solutions to help increase our supply.

See [COVID-19 Personal Protective Equipment \(PPE\) Guidance and Information](#) from CDCR/CCHCS Public Health.

PPE including “medical grade” masks (N95 and surgical) should only be used by both CDCR and CCHCS staff as recommended in the memo above. The [Centers for Disease Control and Prevention \(CDC\)](#) and [California Department of Public Health \(CDPH\)](#) issued guidance recommending face cloth covering in the general public and in close quarters. We understand that additional facial protection can potentially limit “droplet” transmission while also offering some peace of mind to our staff,

MEMORANDUM

their families, stakeholders and our population. To help address this moment of need, CALPIA has started manufacturing two-ply, cotton, reusable barrier masks that we will start distributing to our population in quarantine settings this week. Distribution of the masks will begin for inmates in quarantine and medically fragile inmates. As CALPIA continues to expand the production of these masks, we will also make them available to the general population and staff who do not have access to face coverings as a precautionary measure as supply allows. CALPIA is making 800 masks per day between two locations and will continue to ramp up to full production to meet the expected needs.

CALPIA also began ramping up their brand new production of hand sanitizer, which has already started arriving at most institutions and locations. We are extremely grateful for CALPIA and our population workers providing these valuable services in such a short time frame.

FACE COVERINGS (REUSABLE BARRIER CLOTH MASKS)

While we continue internal production and procurement of PPE, CDCR and CCHCS will also follow the recently released [guidance](#) from The Joint Commission (TJC), a trusted health care accreditation organization, by allowing staff to bring in a personal supply of reusable barrier (cloth) masks and approved medical masks if supply is not readily available. Any personally provided mask must be appropriate for the workplace and cannot contain any inherently offensive logos, graphics or text. Designer face masks that have skulls, "gate keeper," "punisher," logos, etc. on them (motorcycle type) would not be appropriate and employees will not be permitted to wear while on duty. The Department assumes no responsibility for personally owned face coverings. Staff will be required to remove face coverings for identification purposes at entry points.

Recommended PPE as described should be utilized first; if recommended PPE is not available use the most comparable coverage.

EXPANDING SUPPLY

The CDCR and CCHCS procurement teams are rigorously searching for PPE supplies, especially masks, to purchase. If you have a lead, please send the information to COVID19@cdcr.ca.gov. We are looking into innovative solutions we may never have considered before, such as smaller supply vendors and more. Our top priority is the safety of all those who live and work in our facilities, and we are doing all we can to get you the protection you need.

Please continue to provide feedback to the local leadership at your facility, headquarters and the CDCR/CCHCS COVID-19 Department Operations Center.

We truly appreciate all of our staff working hard on the front lines as we are making unprecedented changes to our operations to keep everyone healthy and safe. There are sure to be changes over the next several weeks, and so we thank you for the flexibility, patience and support for that you all have provided to each other. We are all CDCR Strong.

EXHIBIT I

Memorandum

Date: August 14, 2020

To: Associate Directors, Division of Adult Institutions
Wardens
Americans with Disabilities Act Coordinators

Subject: **AMERICANS WITH DISABILITIES ACT WORKER PROGRAM FOR DURATION OF COVID-19 PANDEMIC**

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.

Oversight

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. The institutional ADA Coordinator shall provide oversight to ensure inmates with disabilities are receiving all required assistance, and all requirements below are being addressed and met. The ADA Coordinator or designee, shall continuously monitor the institutional ADA Worker program to ensure appropriate assistance is being provided and a sufficient amount of Personal Protective Equipment (PPE) is available for workers, or volunteers, to safely conduct their required duties. The ADA Coordinator shall regularly evaluate the needs of ADA inmates to determine the appropriate number of ADA Workers and to ensure inmates requiring assistance are able to access programs, services, and activities. For example, the ADA Coordinator shall consider how many people in the housing unit need help reading and writing, navigating during yard time or to appointments, cleaning their bed area, and carrying meal trays. The ADA Coordinator shall also consider when a large number of people in a housing unit would require assistance, such as during meal times, and ensure that there is sufficient staffing during those peak times to meet the needs of the ADA inmate population. The ADA Coordinator should consider the needs of all inmates who require disability-related assistance, including inmates in the Developmental Disability Program (DDP).

The expectation is that the ADA Coordinator is immediately notified by the area supervisor or manager if there are an insufficient number of ADA Workers available. In this instance, the ADA Coordinator shall create additional ADA Worker positions as well as seek volunteers. Additionally, during supervisor/manager mandated tours of housing units, individuals requiring assistance will be queried to ensure appropriate assistance is being provided. Supervisors or managers shall immediately report any concerns regarding the ADA Inmate Assistance Program to the ADA Coordinator. The ADA Coordinator shall regularly meet with individuals requiring assistance to ensure appropriate assistance is being provided to them.

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Implementation

Institutions are required to develop and implement a plan to ensure the ADA Worker Program can safely function during the COVID-19 pandemic. Therefore, for the duration of the COVID-19 pandemic, ADA Workers are authorized to assist inmates housed within their building or unit around the institution, but shall not assist other inmates housed outside of their own building or unit. ADA Workers assigned to program areas other than their building or unit may only assist inmates from their building or unit in these assigned program areas. Each building or unit that houses inmates with disabilities shall have a minimum of one ADA Worker assigned. The exceptions to this requirement are restricted housing units such as Administrative Segregation Unit (ASU), Mental Health Crisis Beds (MHCB), Psychiatric Inpatient Program (PIP) and Administrative Security Housing Unit (SHU). Restricted housing units (ASU, MHCB, PIP, SHU) provide a higher staff to inmate ratio ensuring staff assistance will be readily available to those who need it.

Isolation/Quarantine

In an effort to minimize the spread of COVID-19, for housing units and areas designated for isolation/quarantine, services will be provided by staff within the housing unit. Each isolation/quarantine housing unit will be evaluated daily by the unit supervisor to ensure adequate staffing is available to provide necessary assistance to inmates with disabilities.

Screening

If an ADA Worker is not available to assist a DPP inmate, volunteers may be utilized. Inmates will be preliminarily screened using the criteria within the memorandum titled *Revised Americans with Disabilities Act Inmate Assistance Program*, dated, June 25, 2020 and temporarily placed in a recognized inmate assignment as an ADA Worker pending committee action. Inmates shall also be screened to determine if the inmate has symptoms of influenza-like illness (ILI) in accordance with the memorandum titled *Screening of Critical Inmate Workers*, dated April 10, 2020. Under no circumstances shall an ADA Worker or volunteer who is not positive for COVID-19, or showing symptoms of ILI, assist an inmate who has a positive and unresolved case of COVID-19; nor shall an ADA Worker or volunteer who is currently positive for COVID-19, or showing symptoms of ILI, assist any inmate who has not tested positive for COVID-19 or symptoms of ILI. Due to these restrictions, inmates exhibiting symptoms of ILI, or who have had a positive test for COVID-19, shall be provided assistance by staff to ensure their access to programs, services, and activities.

Training

Please ensure all ADA Workers and volunteers are provided training consistent with the California Prison Industry Authority (PIA) Healthcare Facilities Maintenance (HFM), *Porter COVID-19 Training* curriculum. Additionally, newly assigned ADA Workers will receive the

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required mandated ADA Worker Program Training consistent with the memorandum titled, *Revised Americans With Disabilities Act Inmate Assistance Program*, dated June 25, 2020. Volunteers will receive an overview of the required training by a supervisor. This required training instructs volunteer ADA workers on how to appropriately assist inmates to or from programs, services, and activities, including the sighted guide technique, the proper way to help someone in a wheelchair navigate the prison environment, and what type of assistance they are, and are not, allowed to provide. Additionally, volunteer ADA Workers will be trained on how to assist with conveying staff announcements, including ducat lists and other activity lists made via the public address system. Assigned ADA Workers will be able to provide all other forms of assistance consistent with the above referenced memorandum.

PPE

All ADA Workers and volunteers who provide assistance to inmates with disabilities are required to wear face coverings (surgical masks) that completely cover the nose and mouth, and to wear non-sterile disposable gloves at all times while assisting inmates with disabilities. Staff members providing assistance to inmates with disabilities are required to follow CDCR guidelines outlined in the memorandum titled, *COVID-19 Personal Protective Equipment Guidance and Information*, dated April 6, 2020. Gloves must be disposed of immediately after each inmate interaction, and new gloves must be worn prior to each new inmate interaction. ADA workers are required to wash and sanitize their hands before and after coming into contact with each inmate who they are assisting. ADA Workers are also required to thoroughly clean the area of any appliance (wheelchair, walker, etc.) they touch while assisting ADA inmates before and after each contact. Areas shall be designated for ADA Workers to access cleaning supplies and hand sanitizer as needed to complete their assigned duties. Additionally, to maintain compliance with social distancing guidelines, areas will be designated to allow ADA Workers to conduct tasks, such as completing forms and reading documents, while maintaining a distance of six feet whenever possible. When an ADA worker must come into close contact with a disabled inmate to provide assistance, such as when an ADA worker serves as a sighted guide, the disabled inmate shall also be provided with gloves and a surgical mask.

Reporting Requirement

Please provide proof of practice on a weekly basis, no later than close of business, Fridays electronically to the following staff:

- Adam.Fouch@cdcr.ca.gov
- Landon.Bravo@cdcr.ca.gov
- Amanda.Jaravata@cdcr.ca.gov
- Sam.Malhi@cdcr.ca.gov

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The health and safety of all individuals within the institution is our top priority. Please work together at the institution to standardize the process provided above.

If you have any questions, please contact Landon Bravo, Correctional Administrator, Class Action Management Unit, at (916) 322-6522, or Landon.Bravo@cdcr.ca.gov.



CONNIE GIPSON
Director
Division of Adult Institutions

Attachments

cc: Kimberly Seibel
Charles Callahan
Adam Fouch
Landon Bravo
Chance Andes
Amanda Jaravata
Sam Malhi

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: June 25, 2020

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 memorandum titled *Americans with Disabilities Act Inmate Assistance Program*, dated September 24, 2018.

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 Laborer/Porter 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, 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 gold ADA worker shirt during their assigned work hours. These shirts shall not be worn during non-working hours. The mesh ADA worker vest shall be replaced by the gold ADA worker shirt through attrition.

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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 (STG) 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 have a higher skill set and require a 9.0 reading grade level. These workers can assist with reading and writing and, if their work restriction/limitations permit, can also perform the tasks of the Non-Skilled workers.
- Non-Skilled (Laborer/Porter) workers who do not meet the 9.0 reading grade level equivalency requirement. These workers can only perform required physical tasks such as pushing wheelchairs and guiding inmates (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 needs.

ADA WORKER EXCLUSIONARY FACTORS

The following case factors shall preclude assignment to an ADA worker position:

- Any Security Housing Unit Term within the past six 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
- Extortion, Permanent Exclusion
- Documented history of predatory behavior, Permanent Exclusion

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. San Quentin (SQ), and Central California Women's Facility (CCWF) shall follow their local operational policy for ADA Workers in condemned housing units.

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Inmates undergoing Reception Centers 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.

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

Inmates assigned as an ADA worker shall be provided training on expectations, how to assist with specific disabilities, and how to assist during an emergency within 30 days of assignment. 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, (SQ and CCWF Condemned Units exempted).

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)
- Recreational activities
- Self-Help or other support groups
- Law and regular libraries. Semi-Skilled workers 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
- Visiting
- Religious Services

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Additionally, the following ADA worker duties include, but are not limited to:

- 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
- Semi-Skilled 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 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 by using grooming tools on another inmate
- Provide health care assistance
- Perform interpreting or translating for due process events
- Perform maintenance on durable medical equipment
- Handle canteen or property items without the owner's consent, or without staff supervision
- Provide assistance to inmates housed in Security Housing or Administrative Segregation Units (excluding condemned)
- Access an inmate's locker without the inmate's consent, or without direct staff supervision
- Access an inmate's assigned cell without the inmate's consent, or without direct staff supervision
- Access CDCR and legal correspondence, unless staff approve and verifies consent of the inmate

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.

Associate Directors, Division of Adult Institutions
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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 needed assistance to the inmate.

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 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.

Please ensure your institution's Local Operational Procedure is updated and provide proof of practice to the Class Action Management Unit (CAMU) within 45 days of the date of this memorandum, with a copy also submitted to your institution's respective mission Associate Director.

If you have any questions regarding this memorandum, please contact Landon Bravo, Chief, CAMU, at (916) 322-6562.



CONNIE GIPSON

Director
Division of Adult Institutions
Attachment

cc: Charles W. Callahan
Kimberly Siebel
Vince Cullen
Adam Fouch
Lois Welch
Jason Williams
Landon Bravo
Tamiya Davis
CAMU Correctional Counselors II (Specialist)



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, writing 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 persons 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

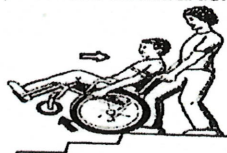
Escort or guiding entails providing assistance to facilitate a change of location. You are not required to lift an inmate into a wheelchair. Below are specific steps to follow for escorting.

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.

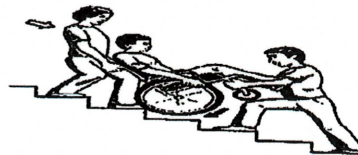
Up/Backward:

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

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: **APR 10 2020**

To: Associate Directors, Division of Adult Institutions
Wardens
Chief Executive Officers

Subject: **SCREENING OF CRITICAL INMATE WORKERS**

In response to current the Coronavirus Disease 2019 (COVID-19) pandemic the California Department of Corrections (CDCR) and California Correctional Health Care Services (CCHCS) are implementing the following precautions to reduce exposure to both inmates and staff.

Screening Process

Prior to releasing a critical inmate worker, the housing unit floor officer shall ask three screening questions to determine if the inmate has symptoms of influenza-like illness (ILI) including COVID-19. The screening shall include asking an inmate the following questions: Do you have a cough? Do you have a fever? Do you have difficulty breathing? If the critical inmate worker answers no to all the questions, they shall be allowed to report to work. If the critical inmate worker answers yes to any of the questions, the housing unit floor officer shall notify their immediate supervisor, and the inmate's work supervisor that the inmate will not be reporting to work.

The custody supervisor who was notified by the housing unit floor officer shall contact the nursing staff on the affected facility of the initial screening outcome. Custody escorting staff and the affected inmate shall don appropriate personal protective equipment and the inmate shall be escorted to the triage screening area for medical evaluation. If a positive screen for ILI/COVID-19 is a result of the medical evaluation, the inmate shall be housed as appropriate based upon custody and clinical protocols. If a negative screen for ILI/COVID-19 is a result of the medical evaluation, the inmate shall be escorted back to his assigned housing unit.

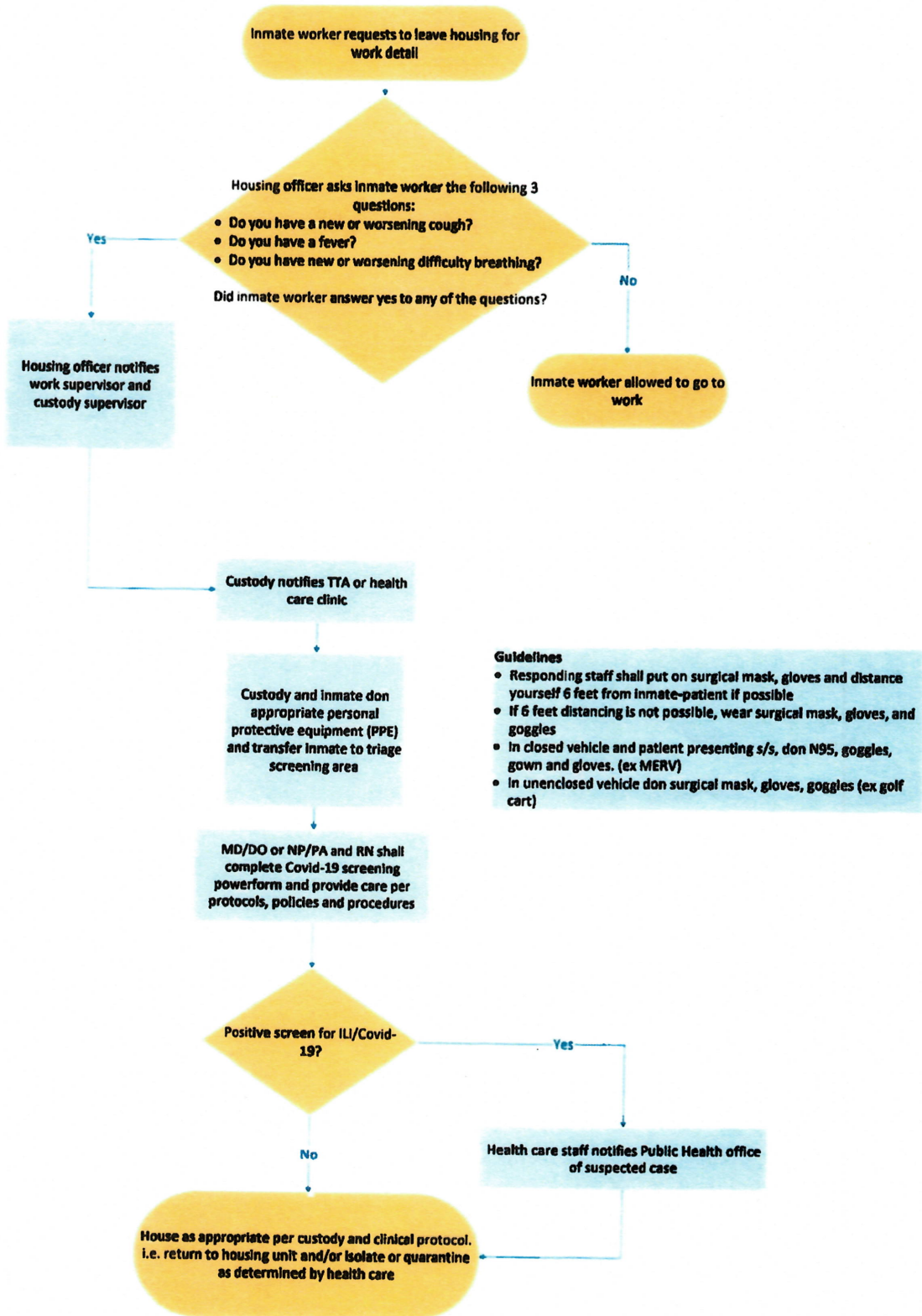
The health and safety of all individuals within the institution is our top priority. Please work together at the institution to operationalize the process provided above.


CONNIE GIPSON
Director
Division of Adult Institutions

Electronically Signed
STEVEN THARRATT, MD, MPVM, FACP
Director, Health Care Operations
Statewide Chief Medical Executive

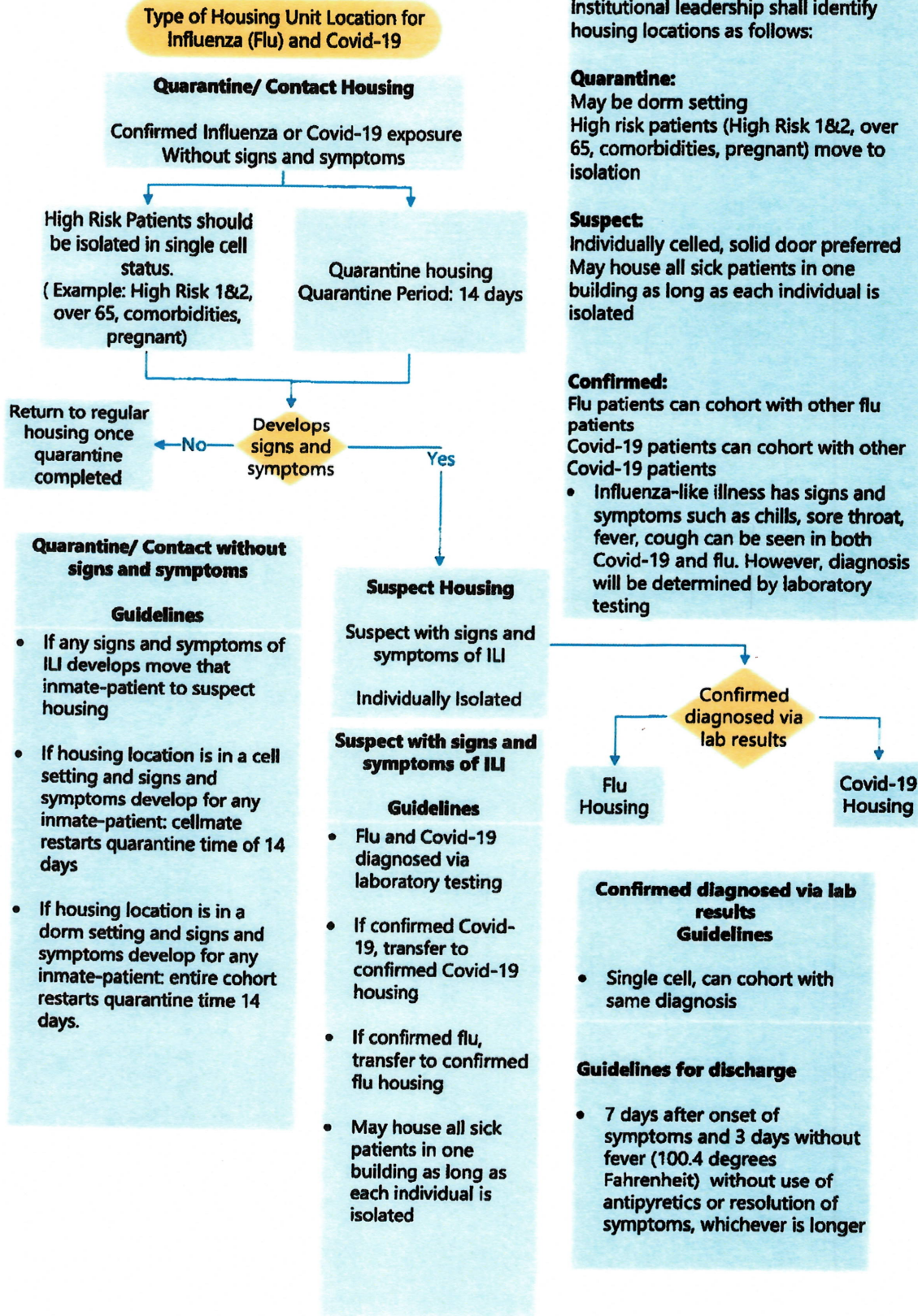
Attachments

Covid-19: Inmate Worker



- Guidelines**
- Responding staff shall put on surgical mask, gloves and distance yourself 6 feet from inmate-patient if possible
 - If 6 feet distancing is not possible, wear surgical mask, gloves, and goggles
 - In closed vehicle and patient presenting s/s, don N95, goggles, gown and gloves. (ex MERV)
 - In unenclosed vehicle don surgical mask, gloves, goggles (ex golf cart)

Covid-19: Housing



Guidelines for Housing

Institutional leadership shall identify housing locations as follows:

Quarantine:

May be dorm setting
High risk patients (High Risk 1&2, over 65, comorbidities, pregnant) move to isolation

Suspect:

Individually celled, solid door preferred
May house all sick patients in one building as long as each individual is isolated

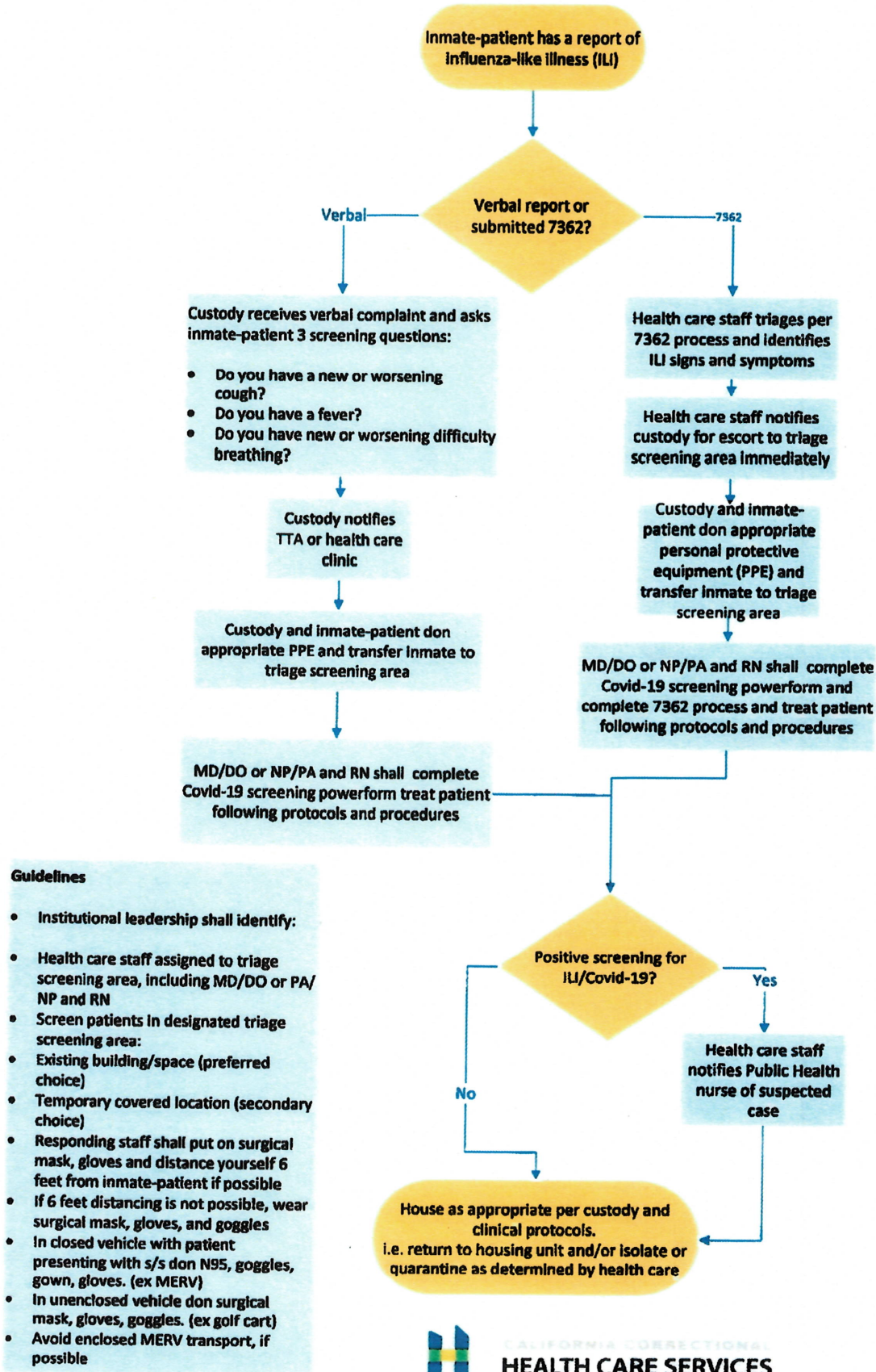
Confirmed:

Flu patients can cohort with other flu patients
Covid-19 patients can cohort with other Covid-19 patients

- Influenza-like illness has signs and symptoms such as chills, sore throat, fever, cough can be seen in both Covid-19 and flu. However, diagnosis will be determined by laboratory testing

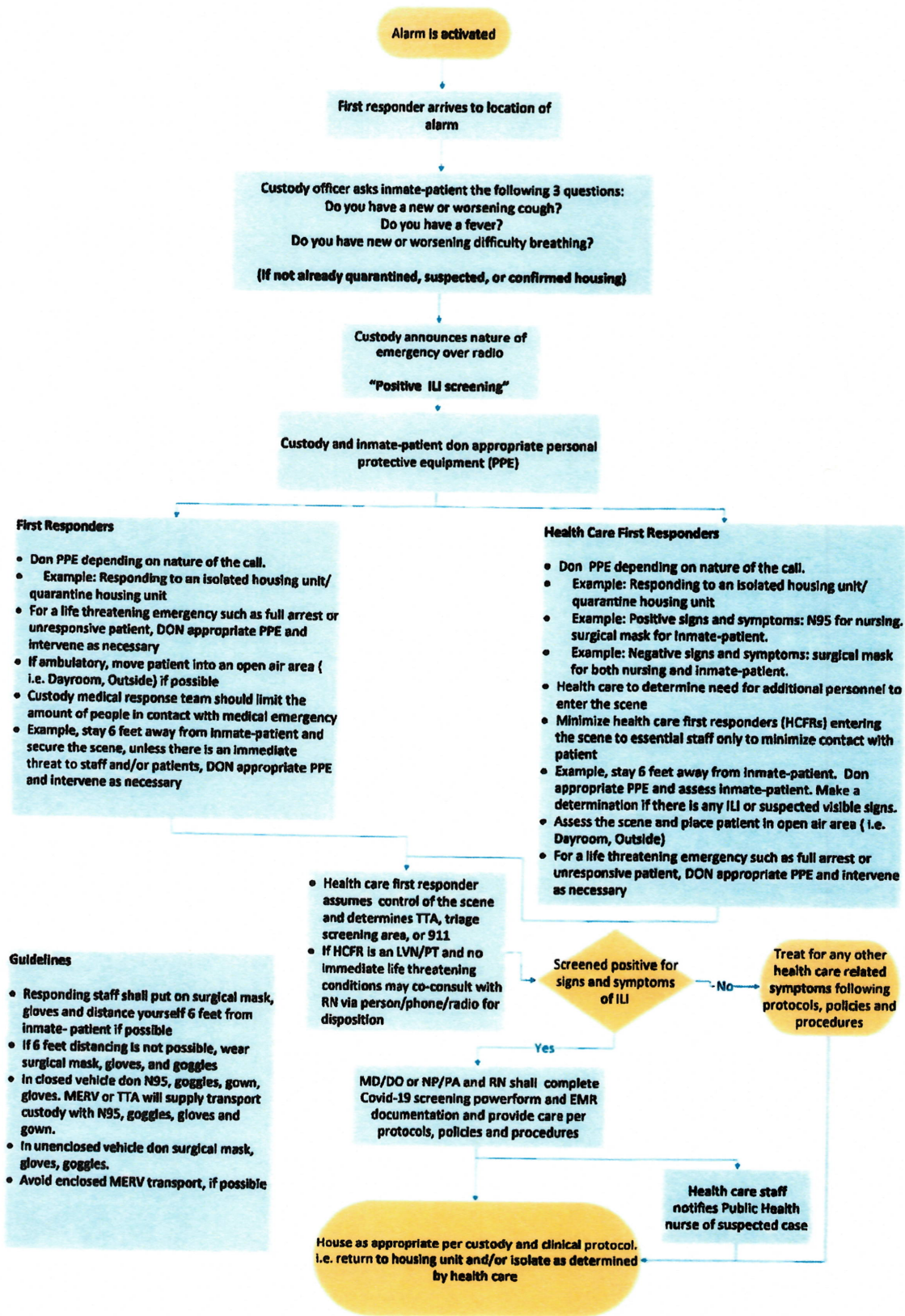


Covid-19: Self-Declaration



- Guidelines**
- Institutional leadership shall identify:
 - Health care staff assigned to triage screening area, including MD/DO or PA/ NP and RN
 - Screen patients in designated triage screening area:
 - Existing building/space (preferred choice)
 - Temporary covered location (secondary choice)
 - Responding staff shall put on surgical mask, gloves and distance yourself 6 feet from inmate-patient if possible
 - If 6 feet distancing is not possible, wear surgical mask, gloves, and goggles
 - In closed vehicle with patient presenting with s/s don N95, goggles, gown, gloves. (ex MERV)
 - In unenclosed vehicle don surgical mask, gloves, goggles. (ex golf cart)
 - Avoid enclosed MERV transport, if possible

Covid-19: Emergency Medical Response Process





CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date: April 6, 2020

To: California Department of Corrections and Rehabilitation (CDCR) - All Staff
California Correctional Health Care Services (CCHCS) - All Staff

From: *Original signed by:*
Heidi M. Bauer, MD MS MPH
Public Health Epi/Surveillance Lead
Public Health Branch

Original signed by:
Diane O'Laughlin, FNP-BC, DNP
Headquarters Chief Nurse Executive
Public Health and Infection Prevention

Subject: COVID-19 Personal Protective Equipment (PPE) Guidance and Information

The purpose of this memo is to provide information and resources related to COVID-19 and the continuously evolving status personal protective equipment (PPE) supply availability. The information below is intended to guide the use of PPE as we move forward in responding to this pandemic. In-depth guidance is provided in the [COVID-19: Interim Guidance for Healthcare and Public Health Providers](#).

TYPES OF MASKS

Filtering facepiece respirator N95: An "N95" is a type of respirator which removes at least 95 percent of particles from the air that are breathed through it. An N95 currently has two recommended uses:

- Staff person accompanying individuals with respiratory symptoms in a transportation vehicle.
- A staff person present during "aerosol producing procedures" on suspect or confirmed COVID-19 cases such as COVID-19 testing, CPR, etc. or providing high-contact patient care such as bathing someone confirmed to have COVID-19.

More information about N95 and surgical masks:

- [Understanding the difference between N95 and Surgical Masks](#)
- [Proper use and disposal of PPE](#)
- [Facial hair and PPE use](#)

Use of Privately Owned Masks and Respirators and Reusable barrier masks (cloth/washable): "The Joint Commission (TJC) issued a [statement](#) on March 31, 2020, supporting the use of standard face masks and/or respirators provided from home when health care organizations cannot provide access to protective equipment that is commensurate with the risk health care workers are exposed to amid the

MEMORANDUM

Page 2 of 2

COVID-19 pandemic. The CDCR/CCHCS will follow the TJC recommendations for privately owned PPE, including N95 and surgical masks. Please wash reusable cloth masks between each use using hot water with regular detergent and dry completely on hot setting.

EXTENDING THE USE OF PPE (MEDICAL EQUIPMENT MASKS)

The CDC has put out [guidance](#) on extending the use of medical equipment masks. There is not an exact determination on the number of safe reuses for these masks and those decisions must be made based on a number of variables per CDC guidelines such as impact respirator function and contamination over time.

RESOURCES

The [COVID-19 Quick Guide Poster](#) follows Center for Disease Control (CDC) guidelines for COVID-19 management. This quick guide defines quarantine, who to isolate, COVID-19 case actions and how to perform appropriate surveillance during the COVID-19 pandemic. The COVID-19 Quick Guide Poster pairs with the Personal Protective Equipment (PPE) Guide Poster, number 2 below, to inform staff on what type of PPE they will need.

The [COVID-19 Protective Equipment \(PPE\) Guide Poster](#) adopts CDC guidelines as of March 29, 2020, which reflect the CDC's recommendations for optimizing PPE supplies ([link below](#)). The PPE guide poster reinforces 6 foot social distancing, and gives guidance for individuals who must be within 6 feet for a prolonged period of time of suspected/confirmed COVID-19 individuals.

A [COVID-19 Quick Reference Pocket Guide](#) is intended to keep on person as a resource for PPE, quarantine, isolation and surveillance.

The CDC's also provides [recommendations for optimizing PPE supplies](#).

These resource tools, TJC statement on privately owned face masks, and current available supplies should all be considered when determining the type of PPE staff will use for the safety of staff and the population. Please place the posters in high traffic staff areas to remind staff of these key concepts for COVID-19 management. Please assure your staff is aware of these resource tools.

Thank you all for your cooperation, as we continue to work together to guard against the spread of COVID-19 and to keep our staff and patients protected.

EXHIBIT J

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: August 13, 2020

To: Associate Directors, Division of Adult Institutions
Wardens
Americans with Disabilities Act Coordinators

Subject: **ACCESS TO AUXILIARY DEVICES IN LIBRARIES FOR INMATES WITH VISION IMPAIRMENT IMPACTING PLACEMENT DURING COVID-19 PANDEMIC**

The purpose of this memorandum is to provide direction to staff regarding access to libraries for vision-impaired inmates during the modified programming caused by the COVID-19 pandemic.

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. The ADA guarantees equal opportunity and provides basic civil rights protections for individuals with disabilities in public and private sector services and employment. The Disability Placement Program (DPP) was established to provide inmates and parolees access to activities, services, and programs offered by the Department.

Due to the modified programs caused by the COVID-19 pandemic, inmates in the DPP with a designation of Vision Impaired, Impacting Placement (DPV), may be unable to access necessary auxiliary devices (Merlin, Optelec, etc.) located in the libraries. Lack of access to auxiliary devices may impair the ability of DPV inmates to read legal mail, court transcripts, and complete personal correspondence, CDCR forms, and other documentation.

All institutions housing DPV inmates shall develop a schedule to allow DPV inmates access to auxiliary devices located in libraries for up to two hours per week for general recreation library users, and up to four hours per week for priority legal users, during the modified programs caused by the COVID-19 pandemic in accordance with the California Code of Regulations, Title 15, Section 3123 *Access to Law Libraries*. Alternative locations, such as classrooms and gyms, may be utilized to allow for more flexible schedules and increased access to auxiliary devices. Auxiliary devices shall be sanitized by inmate workers or staff before and after each use.

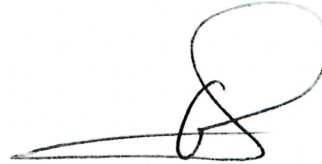
Once a schedule has been developed for DPV inmates to access auxiliary devices in libraries or alternative locations, please submit proof of practice to Landon Bravo, Correctional Administrator, Class Action Management Unit (CAMU) by Friday, August 28, 2020.

Associate Directors, Division of Adult Institutions
Wardens
Americans with Disabilities Act Coordinators
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If you have any questions, please contact Landon Bravo, Correctional Administrator, CAMU, at (916) 322-6522, or Landon.Bravo@cdcr.ca.gov.



BRANT R. CHOATE, Ed.D.
Director
Division of Rehabilitative Programs



CONNIE GIPSON
Director
Division of Adult Institutions

Attachment

cc: Kimberly Seibel
Charles W. Callahan
Shannon Swain
Adam Fouch
Landon Bravo
Chance Andes

DPV Designated Institutions

CCWF
CHCF
CIM
CMF
COR
FSP
HDSP
LAC
MCSP
NKSP
RJD
SATF
SVSP