EXHIBIT 1

Covid-19: Interim Guidance for

Health Care and Public Health Providers

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT

- 1. To reduce the likelihood of COVID-19 spreading from one location to another, movement shall be limited to that which is necessary for clinical care, medical isolation or quarantine, reduction of overcrowding, and seriouscustody concerns. Admission to PIP and MHCB shall be considered necessary transfers.
- 2. Institutions or facilities/yards within institutions may be closed for movement in and/or out due to a COVID outbreak. Movement in and out of locations that are "closed" due to COVID activity may occur on a case-by-case basis and shall require prior approval from the Director, Health Care Services and Director, Health Care Operations or designees. Close coordination shall take place between sending and receiving institutions.
- 3. COVID-19 screening consists of a verbal symptom questionnaire and temperature screening.
- 4. All COVID-19 testing shall be by Polymerase Chain Reaction (PCR) unless specifically stated otherwise.
- 5. Inmates and transportation staff shall wear N95 masks during transfer. Transportation vehicles shall be operated with reduced occupancy and shall be disinfected after each trip.
- 6. Every effort shall be made to avoid layovers during transportation. If a layover is essential, this shall be preapproved by the Directors of DAI and Health Care Services or their designees and coordinated in advance with the receiving facilities.
- 7. Whenever possible, precautionary transfer quarantine shall take place in celled housing with a solid door. Facilities which by design have no cell based housing shall conduct precautionary transfer quarantine in cohorts of no more than 4 in a dorm or small tent solely dedicated to a cohort that arrived on the same day.
- 8. Symptomatic inmates shall be isolated alone in celled housing with a solid door and tested for COVID-19.
- 9. Inmates with a PCR-confirmed diagnosis of COVID-19 may be housed together as a cohort on isolation status.
- **10.** Inmates who were previously infected with COVID and were subsequently moved to the resolved status are considered by the CDC to be immune from re-infection for 90 days from the date of first symptoms or first positive test, whichever came first. **These patients shall not be required to re-test or be quarantined for movement purposes during that timeframe.** All movement of "resolved" patients within this 90-day window shall be coordinated by HCPOP in consultation with the CCHCS Public Health Unit.
- **11.** Inmates who have a COVID Risk Score of three or more who are transferred shall only be housed in cells with solid front doors. Inmates with COVID risk scores of three or more shall not transfer to SQ, FSP, ASP, CVSP, CRC, CMC-West, or CIM FAC-A and D

TYPE OF MOVEMENT	COVID SCREENING AND TESTING STRATEGY	WHAT TO DO IF PATIENT REFUSES COVID TEST
From jail to reception center	 Sending jail: Do not transfer inmates who are currently isolated or quarantined due to exposure. Perform COVID screening and test by PCR five days prior to scheduled transfer. If PCR negative and COVID screen negative, transfer within 5 days of PCR test collection. Inmates who are symptomatic and/or test positive during pre-transfer testing shall not be transferred. All inmates and transportation staff shall wear an N95 mask during transfer. Receiving reception center: Quarantine all new arrivals for 14 days. Screen all new arrivals for COVID-19 upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 within 24 hours, again on day 5 and again prior to release from quarantine (day 12-14). May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. 	Inmate to remain in quarantine for at least 21 days and receive daily symptom screening. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.
From jail directly to Specialized Medical Beds (SMB)	 Advance authorization required by the Director, Health Care Services or designee. The Intake Control Unit and HCPOP shall coordinate these moves and shall inform the receiving CEO and CME in advance. All inmates and transportation staff shall wear an N95 mask during transfer. Quarantine all new arrivals for 14 days. Screen all new arrivals for COVID-19 upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 within 24 hours, again on day 5 and again prior to release from quarantine (day 12-14). May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative. Inmates who are symptomatic and/or test positive during pre-transfer testing shall be isolated as per interim guidance. 	Inmate to remain in quarantine for at least 21 days and receive daily symptom screening. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.

TYPE OF MOVEMENT	COVID SCREENING AND TESTING STRATEGY	WHAT TO DO IF PATIENT REFUSES COVID TEST		
From reception center to institution	 Do not transfer inmates who are currently isolated or quarantined due to exposure. Pre-transfer precautionary quarantine not required unless inmate refuses testing or receiving institution unable to quarantine as described above. Perform COVID screening and test by PCR five days prior to scheduled transfer. If PCR negative, screen for COVID and obtain rapid test on day of scheduled transfer. If PCR negative, screen negative, and rapid test negative, transfer within 5 days of PCR test collection and one day of rapid test collection. Inmates who are symptomatic and/or test positive during pre-transfer testing shall not be transferred and shall be isolated as per interim guidance. All inmates and transportation staff shall wear an N95 mask during transfer. 	Inmate to be placed in quarantine for at least 21 days and receive daily symptom screening. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.		
Institution intake from reception center	 Quarantine patients for 14 days. Screen for COVID-19 upon arrival and then daily while in quarantine. Test for COVID-19 on day 5 and then again on day 12-14 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and COVID-19 test is negative. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. 	Inmate to remain in quarantine for at least 21 days. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.		
General population movement from one institution to another, including to camp hubs; movement from ASU / STRH / LTRH / SHU to another facility; movement to facilitate out to court appearance	 Sending institution Do not transfer inmates who are currently isolated or quarantined due to exposure. Pre-transfer precautionary quarantine not required unless inmate refuses testing or receiving institution unable to quarantine as described above. Perform COVID screening and test by PCR five days prior to scheduled transfer. If PCR negative, screen for COVID and obtain rapid test on day of scheduled transfer. If PCR negative, screen negative, and rapid test negative, transfer within 5 days of PCR test collection and one day of rapid test collection. Inmates who are symptomatic and/or test positive during pre-transfer testing shall not be transferred and shall be isolated as per interim guidance. All inmates and transportation staff shall wear an N95 mask during transfer. Receiving institution Quarantine patients for 14 days. Screen for COVID-19 upon arrival and then daily while in quarantine. Test for COVID-19 on day 5 and then again on day 12-14 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and COVID- 19 test is negative. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. 	Sending and receiving institutions: Inmate to be placed in quarantine for at least 21 days. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.		

TYPE OF MOVEMENT	COVID SCREENING AND TESTING STRATEGY	WHAT TO DO IF PATIENT REFUSES COVID TEST
Movement from one institution to another for OHU, CTC, SNF, or Hospice placement	 Sending institution Movement that clinicians have determined to be urgent or emergent: Perform rapid testing for COVID-19 on day of transfer. Transfer patient regardless of the results of the COVID-19 test. Communicate results to receiving facility. All inmates and transportation staff shall wear an N95 mask during transfer. Movement that clinicians have determined to not be urgent or emergent: Pre-transfer precautionary quarantine not required unless inmate refuses testing or receiving institution unable to quarantine as described above. Perform COVID screening and test by PCR five days prior to scheduled transfer. If PCR negative, screen for COVID and obtain rapid test on day of scheduled transfer. If PCR negative, screen for COVID and obtain rapid test negative, transfer within 5 days of PCR test collection and one day of rapid test collection. Inmates who are symptomatic and/or test positive during pre-transfer testing shall not be transferred and shall be isolated as per interim guidance. Receiving institution New arrivals who tested positive at sending institution: Isolate as per interim guidance. New arrivals who tested negative at sending institution: Quarantine for 14 days. Screen for COVID-19 on day 5 and then again on day 12-14 of quarantine. Test for COVID-19 on day 5 and then again on day 12-14 of quarantic. May release inmates from quarantine after 14 days if asymptomatic and COVID-19 test is negative. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. 	REFUSES COVID TEST Sending and receiving institutions: Inmate to be placed in quarantine for at least 21 days. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.

TYPE OF MOVEMENT	COVID SCREENING AND TESTING STRATEGY	WHAT TO DO IF PATIENT REFUSES COVID TEST	
 Movement within same institution Release or move into STRH, LTRH, ASU, SHU PIP/MHCB admission or discharge CTC, OHU, Hospice admission or discharge Mental health level of care change DPP moves DDP moves All other routine mvmt 	 for purposes of isolation or quarantine. No quarantine or testing required for movement within the same institution unless the patient will be moving into a large dorm (20 or more residents). If so, perform COVID screening and COVID-19 testing of the inmate within 5 days prior to this move. Only move the patient if the COVID screen and test are negative. If movement is considered urgent or emergent, perform a rapid test and transfer within a day if COVID screen and test are negative. If movement is considered urgent or emergent, perform a rapid test and transfer within a day if COVID screen and test are negative. Inmates who are symptomatic and/or test positive shall not be transferred and shall be isolated as per interim guidance. 		
Admission to MHCB or PIP at another institution	 Sending institution Perform COVID screening and rapid testing for COVID-19 on day of transfer. Transfer patient regardless of the results of the COVID-19 test. Communicate results to receiving facility. All inmates and transportation staff shall wear an N95 mask during transfer. Receiving institution New arrivals who screened or tested positive at sending institution: Isolate as per interim guidance. New arrivals who tested negative at sending institution: Quarantine for 14 days. Screen for COVID-19 upon arrival and then daily while in quarantine. Test for COVID-19 on day 5 and then again on day 12-14 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and COVID- 19 test is negative. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. 	Receiving institution: Inmate to be placed in quarantine for at least 21 days. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.	

TYPE OF MOVEMENT	COVID SCREENING AND TESTING STRATEGY	WHAT TO DO IF PATIENT REFUSES COVID TEST
Discharge from MHCB or PIP to another institution	 Sending institution Do not transfer inmates who are currently isolated or quarantined due to exposure. Pre-transfer precautionary quarantine not required unless inmate refuses testing or receiving institution unable to quarantine as described above. Perform COVID screening and test by PCR five days prior to scheduled transfer. If PCR negative, screen for COVID and obtain rapid test on day of transfer. If PCR negative, screen negative, and rapid test negative, transfer within 5 days of PCR test collection and one day of rapid test collection. Inmates who are symptomatic and/or test positive during pre-transfer testing shall not be transferred and shall be isolated as per interim guidance. All inmates and transportation staff shall wear an N95 mask during transfer. Receiving institution Quarantine patient for 14 days. Screen for COVID-19 upon arrival and then daily while in quarantine. Test for COVID- 19 on day 5 and then again on day 12-14 of quarantine. 	Sending and receiving institutions: Inmate to be placed in quarantine for at least 21 days. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.
Transfer to DSH from CDCR	 Test for COVID- 19 on day 5 and then again on day 12-14 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and COVID-19 test is negative. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. Perform COVID screening and test by PCR five days prior to scheduled transfer. If inmate is asymptomatic and tests negative, transfer as soon as possible but no more than 5 days after test was administered. If the patient tests positive, further conversation shall take place between the sending and receiving clinicians to determine if the patient will transfer immediately or complete isolation within the CDCR. All inmates and transportation staff shall wear an N95 mask during transfer. 	Disposition to be determined in consultation with Deputy Director Mental Health or designee and DSH.
OMDH paroles to DSH	 Screen inmate and test for COVID 19 within 5 days of parole date. Communicate results to DSH prior to inmate parole. Transport inmate on the day of their parole to DSH. All inmates and transportation staff shall wear an N 95 respirator during transfer. 	Communicate information to DSH and transport the inmate on their date of parole.

TYPE OF MOVEMENT	COVID SCREENING AND TESTING STRATEGY	WHAT TO DO IF PATIENT REFUSES COVID TEST
DSH discharge to CDCR	 Sending DSH institution Do not transfer inmates who are currently isolated or quarantined due to exposure. Screen and test for COVID prior to transfer. If inmate is asymptomatic and tests negative, transfer as soon as possible but no more than 5 days after test was administered. All inmates and transportation staff shall wear an N95 mask during transfer. 	DSH : Disposition to be determined in consultation with Deputy Director Mental Health or designee, DSH, the Deputy Director, Medical Services or designee.
	 Receiving CDCR institution Quarantine inmate for 14 days. Screen for COVID-19 upon arrival and then daily while in quarantine. Test for COVID-19 on day 5 and then again on day 12-14 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and COVID-19 test is negative Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. 	Receiving CDCR institution: Inmate to be placed in quarantine for at least 21 days. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.
To MCCF, ACP, CCTRP, MCRP, fire campfire camp (unable to quarantine new arrivals)	 Do not transfer inmates who are currently quarantined due to exposure. Quarantine inmate prior to transfer. Screen for COVID-19 initially and then daily while in quarantine. Test for COVID on day 12-14 of quarantine. Inmate to remain in quarantine while awaiting results. If inmate tests negative, transfer as soon as possible but no more than 5 days after test was administered. All inmates and transportation staff shall wear an N95 mask during transfer. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. 	Do not transfer.

TYPE OF MOVEMENT	COVID SCREENING AND TESTING STRATEGY	WHAT TO DO IF PATIENT REFUSES COVID TEST	
From MCCF, ACP, CCTRP, MCRP, CPMP, or fire camp to an institution (unable to quarantine prior to transport)	 All inmates and transportation staff shall wear an N95 mask during transfer. Receiving CDCR institution Quarantine inmate for 14 days upon arrival. Screen for COVID-19 upon arrival and then daily while in quarantine. Test for COVID-19 on day 5 and then again on day 12-14 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and COVID-19 test is negative. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. Inmates returning to an institution for urgent/emergent dental treatment Perform rapid COVID test immediately upon arrival prior to dental treatment. If the inmate tests negative, dental care will be rendered as appropriate. If the inmate tests positive, the inmate shall be isolated and dental treatment will proceed pursuant to dental program policy for COVID-19 positive patients. 	Inmate to be placed in quarantine for at least 21 days. Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.	
From one fire camp to another fire camp	 Perform symptom screening. If screens negative, may transfer to new camp without testing. If screens positive, transport to closest prison for COVID testing and either isolation or quarantine depending upon the results. Inmate and staff shall wear N95 during transportation. 	N/A	
From fire camp to emergency room for treatment of minor injuries/conditions prior to same day release to fire camp.	 Inmate and staff shall wear N95 during transportation and while in the emergency department. 	N/A	
From fire camp to hospital for admission or other more serious condition	 When released, inmate shall be transported back to a prison for appropriate housing/ quarantine/testing. All inmates and transportation staff shall wear an N95 mask during transfer. 	N/A	
Parole, medical parole, PRCS release	 All inmates shall be screened for COVID-19 symptoms and then tested for COVID within one week of release. Results of testing shall be communicated to parole agent or probation officer and local public health officer in county of release. If inmate tests positive, manage as detailed in the COVID interim guidance. All inmates and transportation staff shall wear an N95 mask during transfer. 	Inmates cannot be held beyond their parole date regardless of whether they agree to test or if the test is positive.	

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TYPE OF MOVEMENT	COVID SCREENING AND TESTING STRATEGY	WHAT TO DO IF PATIENT REFUSES COVID TEST
Out to court, same day	Use videoconferencing to avoid out-to-court travel in all cases unless court refuses.	N/A
return	 If inmate remained in the custody of the transportation officer at all times, and if the inmate wore a face covering at all times, quarantine upon return shall not be required. All inmates and transportation staff shall wear an N95 mask during transfer. 	
Out to court, at least	Sending institution	Sending institution:
one overnight stay in a jail or another prison.	 Notify court in advance regarding any inmates who are currently isolated or quarantined due to exposure. Plan will be determined in consultation with the court. For all other inmates, screen for COVID symptoms and perform rapid test on the day of 	Refusals to test prior to OTC appointments should be communicated to the courts.
	 departure. If COVID screen and test are negative, patient can be transported. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance and the court shall be notified. All inmates and transportation staff shall wear an N95 mask during transfer. 	Inmate to be placed in pre-transfer quarantine for at least 21 days. Disposition to be determined in
	 Receiving CDCR Institution Manage like an intake from jail to reception center. All inmates and transportation staff shall wear an N95 mask during transfer. 	consultation with the Deputy Director, Medical Services or designee.
	 Quarantine all new arrivals for 14 days after arrival. Screen all new arrivals for COVID-19 upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 within 24 hours, again on day 5 and again prior to release 	Receiving institution: Inmate to be placed in quarantine for at least 21 days.
	 from quarantine (day 12-14). May release inmate from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. 	Disposition to be determined in consultation with the court.
Out for clinical appointment, same day	 Use "e-consult" and telemedicine whenever possible to avoid unnecessary offsite transportation. 	N/A
return	 All inmates and transportation staff shall wear an N95 mask during transfer. Perform daily COVID screening for 14 days upon return. Symptomatic inmates shall be isolated and tested as per interim guidance. 	
Return from outside	Manage like an intake from jail to reception center	Inmate to be placed in quarantine
hospitalizations and emergency department	 All inmates and transportation staff shall wear an N95 mask during transfer. Quarantine for 14 days. 	for at least 21 days.
visits	 Screen for COVID-19 upon arrival and then daily while in quarantine. Test for COVID-19 at 24 hours, again at day 5, and on day 12-14 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative. Inmates who are symptomatic and/or test positive shall be isolated as per interim guidance. 	Disposition to be determined in consultation with the Deputy Director, Medical Services or designee.

ISOLATION AND QUARANTINE GENERAL PRINCIPLES

At a number of institutions, including ASP, CRC, CVSP, FSP and SQ, the available facilities are insufficient to achieve some basic isolation and quarantine standards. In those institutions, quarantining in groups of larger than 2 patients may be necessary. All efforts should be made at these institutions to find quarantine alternatives that satisfy the purposes of a post-exposure quarantine as set forth below.

Decisions about post-exposure quarantine housing at CHCF and CMF are committed to the discretion of the medical leadership at those institutions in recognition of the materially different missions and operations at those two facilities. CHCF and CMF shall maintain their minimum quarantine set-asides.

At institutions experiencing an outbreak where the number of COVID positive patients exceeds 200 or the number of patients who should be quarantined exceeds the number of beds set aside at that institution for quarantine, decisions about post-exposure quarantine and housing shall be committed to the discretion of the warden and CEO of their designees at the institution in consultation with CDCR and CCHCS regional and headquarters staff.

Refusals of patients to undergo necessary COVID testing and/or movement to isolation or quarantine space shall be promptly elevated to the warden and CEO who shall discuss their plans of action with the regional health care executive and AD.

ISOLATION: GENERAL PRINCIPLES

Patients who are in isolation shall:

- Remain in their isolation location unless approved by clinical staff to move elsewhere
- Be medicated and fed in their isolation location
- Shall receive clinical care in their isolation location
- Shall not share showers or toilets with those who are not infected

ISOLATION OF INFECTED PATIENTS AND PRECAUTIONARY ISOLATION OF SYMPTOMATIC PATIENTS WHO ARE AWAITING TESTING

- 1. Isolation of patients who are infected with COVID-19
 - a. All infected patients are to be isolated.
 - b. Asymptomatic patients who were diagnosed solely based upon a rapid point of care test (POC) shall be isolated apart from others until the POC test is confirmed by a PCR test.
 - c. Infected patients shall not be housed with patients who are not confirmed to have COVID-19.
 - d. Infected patients can be housed in congregate living sites with other COVID-19 infected patients.
 - e. Twice daily health care monitoring shall be conducted for patients diagnosed with COVID-19.
 - f. All staff interacting with COVID-19 infected patients shall wear an N95 mask, eye protection, and when in direct contact gloves and gowns.

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- 2. Precautionary isolation of symptomatic patients who are being evaluated for COVID-19 infection
 - a. Symptomatic patients who have not yet been confirmed to have COVID-19 shall be isolated separately from confirmed COVID-19 patients and separately from those who are not symptomatic.
 - b. Twice daily health care monitoring shall be conducted for symptomatic patients who are awaiting diagnosis.
 - c. All staff interacting with symptomatic isolated patients shall wear an N95 mask, eye protection, and when in direct contact gloves and gowns.

QUARANTINE OF PATIENTS WHO HAVE BEEN EXPOSED TO COVID-19 AND PRECAUTIONARY QUARANTINE PRE OR POST TRANSFER

- 1. Quarantine of Patients who have been Exposed to COVID-19
 - a. These patients are at risk of being infected as a result of their exposure. Thus, they shall be separated from both the confirmed cases and from the symptomatic but not yet confirmed cases.
 - b. For individual cases, the preference is for quarantine in a private room with a solid, closed door.
 - c. Exposed persons shall not be housed in dorms with those who are not known to be exposed.
 - d. If private rooms are not available, persons with the same exposure can be quarantined together as a cohort.
 - e. If cohorting is essential, quarantine cohorts shall be as small as possible (2-4 persons).
 - f. Daily healthcare monitoring shall be conducted for patients who are under quarantine.
 - g. Serial testing and healthcare surveillance is used to identify those who are infected so that they can be moved to isolation.
 - h. Patients shall not be released from quarantine until they have completed 14 days of quarantine and tested negative for COVID-19 by PCR. If testing is refused, quarantine shall be extended to 21 days.
 - i. Any inmate who develops symptoms shall be placed in isolation alone and tested for COVID-19.

2. Precautionary quarantine for persons who are post transfer

- a. Each facility shall maintain sufficient quarantine space to accommodate its historical average volume of transfers.
- b. For individual cases, the preference is for guarantine in a private room with a solid, closed door.
- c. If private rooms are not available, persons can be guarantined together as a cohort.
- d. If cohorting is essential, quarantine cohorts shall be as small as possible (2-4 persons).
- e. Cohorts with different movement dates shall be separated.
- f. Cohorts with different types of movement shall also be separated, including those coming in from jails or transferring between institutions.
- g. Patients arriving to an institution shall not be released from quarantine until they have completed quarantine and tested negative for COVID-19 by PCR.
- h. Any inmate who develops symptoms should be placed in isolation alone and tested for COVID-19.

EXHIBIT 2

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OFFICE of the INSPECTOR GENERAL

Independent Prison Oversight

STATE of CALIFORNIA

Roy W. Wesley, Inspector General Bryan B. Beyer, Chief Deputy Inspector General

Regional Offices

Sacramento Bakersfield Rancho Cucamonga

Face Covering and Physical Distancing Follow-up Monitoring

Introduction

In October 2020, the Office of the Inspector General (the OIG) issued a public report regarding the California Department of Corrections and Rehabilitation's (the department) compliance with face covering and physical distancing requirements for staff and incarcerated persons. The report identified frequent noncompliance by both staff and incarcerated persons, lax enforcement efforts by departmental supervisors and managers, and questioned the prudence of loosening of face covering requirements in June 2020. In response to the report, United States District Court Judge Jon S. Tigar invited the OIG to conduct follow-up monitoring at the department's prisons to observe and report whether staff and incarcerated persons have come into compliance with the department's current requirements. Below are the results of our monitoring activities through January 6, 2021.

Unannounced Monitoring Visits and Video Review

Our staff conducted unannounced visits at 17 prisons and two juvenile facilities. These visits focused on face covering and physical distancing compliance among staff and incarcerated persons. Our staff visited various locations throughout each prison visited. Additionally, where possible, we reviewed a sampling of video recordings from the prisons with usable footage. Although most staff, incarcerated persons, and youths adhered to the department's requirements, we still observed significant noncompliance at several prisons and juvenile facilities. Our most significant observations are detailed on the next page.

Based on our observations we assigned each prison two ratings, one for staff's compliance and one for the incarcerated population's compliance. The ratings are defined on the next page, at the end of the table.

Facility	Staff Face Covering Compliance	Incarcerated Population Face Covering Compliance
Avenal State Prison	Full Compliance	Full Compliance
California City Correctional Facility	Substantial Compliance	Full Compliance
California Correctional Center	Substantial Compliance	Significant Non-Compliance
California Health Care Facility	Partial Compliance	Significant Non-Compliance
California Institution for Men	Substantial Compliance	Substantial Compliance
California Medical Facility	Partial Compliance	Partial Compliance
California Men's Colony	Full Compliance	Substantial Compliance
California Rehabilitation Center	Full Compliance	Significant Non-Compliance
California State Prison, Sacramento	Substantial Compliance	Partial Compliance
California Substance Abuse Treatment Facility and State Prison, Corcoran	Substantial Compliance	Significant Non-Compliance
Calipatria State Prison	Full Compliance	Partial Compliance
Chuckawalla Valley State Prison	Full Compliance	Substantial Compliance
Pelican Bay State Prison	Full Compliance	Significant Non-Compliance
Salinas Valley State Prison	Substantial Compliance	Significant Non-Compliance
San Quentin State Prison	Substantial Compliance	Substantial Compliance
Valley State Prison	Full Compliance	Substantial Compliance
Wasco State Prison	Substantial Compliance	Substantial Compliance
N.A. Chaderjian Youth Correctional Facility	Substantial Compliance	Significant Non-Compliance
Ventura Youth Correctional Facility	Substantial Compliance	Full Compliance

Full Compliance	All individuals observed in all locations were properly wearing face coverings
Substantial Compliance	Very few individuals observed without face coverings or improperly wearing face coverings
Partial Compliance	Several non-compliant individuals observed in the locations we visited within the facility, but the non- compliance was not widespread
Significant Non-Compliance	Several non-compliant individuals observed in more than one of the locations we visited within the facility or many non-compliant individuals observed in one location

Compliance Rating Definitions:

Significant Observations

Below are our staff's most significant observations from our visits focusing on face covering and physical distancing compliance, as well as from our staff during our other routine monitoring activities:

- **California Correctional Center (December 29, 2020):** The OIG observed staff announcing that incarcerated persons should "mask up" when the staff walked into the dormitory housing units. The OIG spoke with a lieutenant regarding this occurrence and the lieutenant informed us face coverings are not required for incarcerated persons in the dorm unless staff enter, or the incarcerated persons exit, the building. The OIG followed up with the warden, who reported that incarcerated persons in the dorms are expected to wear face coverings if they are off their own bunks. The warden also stated she had recently clarified her (and the department's) expectations with her managerial staff.
- **California Substance Abuse and Treatment Facility and State Prison, Corcoran (December 14, 2020):** The OIG observed multiple incarcerated persons working in the central kitchen wearing face coverings over their mouths only. The OIG did not witness any of the staff present (neither custody nor other kitchen staff) instruct the incarcerated culinary workers to properly don their face coverings. The OIG is concerned since the meals prepared and packaged by these individuals, who are not taking proper health and safety precautions, are disseminated throughout the institution and could potentially cause cross-contamination.
- **California Correctional Institution (week of January 4, 2021):** The OIG observed incarcerated persons in the isolation (housing COVID-positive persons) and quarantine (housing suspected COVID positive persons) units. The OIG observed that patients in the isolation unit did not have N95 masks. These incarcerated persons, who have been confirmed of having COVID, wore cloth face coverings, some wore bandanas, and some wore KN95 masks. In the quarantine units, patients wore cloth face coverings, including bandanas, but often improperly. Some patients wore no face covering until directed by staff to don a mask and some patients were not corrected at all as they walked through the common area. Additionally, during the course of our visit, OIG staff observed several other staff members and incarcerated persons failing to wear face coverings properly, or sometimes neglecting to don them at all.

• California State Prison, Solano (January 5, 2021):

- 1. Many employees, probably more than half that we observed, appeared to have modified their N95 masks so that the straps of the mask looped around their ears rather than their heads. For another officer who was wearing her mask looped around her ears, we observed a noticeable gap between the officer's mask and her cheek and nose.
- 2. Additionally, we observed many (probably more than a dozen) employees wearing their N95 masks incorrectly with the bottom loop dangling in front of their throats as opposed to being around their neck.
- 3. We also observed at least two employees who were not wearing their masks at all, donning them only when they saw us.
- 4. We observed about a dozen incarcerated persons not wearing masks while they were out on the exercise yard. Some of them were in very close proximity to others. A couple of them donned their mask when they saw us approaching; others did not. We did not observe correctional staff order any of them to put on their masks.

• **Multiple institutions:** We observed several staff members who had altered their N95 face coverings by refashioning the straps, seemingly to obtain a more comfortable fit, thus compromising the seal of the N95.

Review of Disciplinary Actions

Related to the department's face covering and physical distancing requirements, we requested and received copies of disciplinary actions taken by the department's prisons and youth facilities against staff, as well as corrective actions and rules violation reports issued by prisons to incarcerated persons from December 1 through December 29, 2020. The actions are summarized below by facility and type of action:

			STAFF		_	INCARCE POPULA	
Prison	Verbal Counseling	Written Counseling	Letters of Instruction	Referrals for Investigation or Punitive Action	Punitive Actions	Corrective Counseling	Rules Violation Reports
Avenal State Prison	37	5	0	0	0	15	2
California City Correctional Facility	2	0	0	0	0	0	0
California Correctional Center	6	0	6	0	0	0	2
California Correctional Institution	6	2	1	0	0	0	0
California Health Care Facility	3	0	3	0	0	0	0
California Institution for Men	5	0	0	0	0	0	0
California Institution for Women	0	4	0	1	0	1	5
California Medical Facility	5	6	1	0	0	0	0
California Men's Colony	12	0	1	0	0	0	0
California Rehabilitation Center	23	0	0	0	0	7	2
California State Prison, Corcoran	13	4	1	0	0	0	0
California State Prison, Los Angeles County	6	0	0	0	0	0	2
California State Prison, Sacramento	31	0	0	0	0	1	0
California State Prison, Solano	0	0	0	0	0	0	0
California Substance Abuse Treatment Facility and State Prison, Corcoran	4	1	1	0	0	2	0
Calipatria State Prison	2	0	0	0	0	0	1
California State Prison, Centinela	0	2	0	0	0	1	0
Central California Women's Facility	0	0	0	0	0	0	1
Chuckawalla Valley State Prison	6	0	0	0	0	2	0
Correctional Training Facility	3	0	0	0	0	1	0
Deuel Vocational Institution	17	0	0	0	0	0	0
Folsom State Prison	8	1	1	0	0	0	1
High Desert State Prison	13	0	0	0	0	0	0
Ironwood State Prison	8	2	0	0	0	0	0
Kern Valley State Prison	6	3	0	0	0	0	0
Mule Creek State Prison	9	0	7	0	0	0	0
North Kern State Prison	8	0	0	0	0	0	0
Pelican Bay State Prison	8	0	0	0	0	1	1
Pleasant Valley State Prison	3	0	1	0	0	0	0
Richard J. Donovan Correctional Facility	3	23	1	0	0	1	0

	_		STAFF				INCARCERATED POPULATION		
Prison	Verbal Counseling	Written Counseling	Letters of Instruction	Referrals for Investigation or Punitive Action	Punitive Actions	Corrective Counseling	Rules Violation Reports		
Salinas Valley State Prison	5	2	0	0	0	1	2		
San Quentin State Prison	6	0	7	0	0	0	4		
Sierra Conservation Center	9	4	1	0	0	3	1		
Valley State Prison	0	0	0	0	0	0	0		
Wasco State Prison	2	1	0	0	0	0	1		
Totals	269	60	32	1	0	36	25		
N.A. Chaderjian Youth Correctional Facility	1	0	0	1	0	70	4		
O.H. Close Youth Correctional Facility	0	0	0	0	0	0	0		
Pine Grove Youth Conservation Camp	0	0	0	0	0	0	0		
Ventura Youth Correctional Facility	1	0	0	0	0	42	0		
Totals	2	0	0	1	0	112	4		

Self-Monitoring Documentation (Non-Compliance Tracking Logs)

On October 27, 2020, the department issued directives that regional health care executives and associate directors, or their designees, must conduct visits to observe compliance with face coverings and physical distancing within 30 days, and on a 120-day interval thereafter. The OIG requested documentation to support the completion of these compliance visits. However, for one prison, High Desert State Prison, the department failed to provide any documentation at all. Additionally, for another six prisons, the department provided documentation of compliance monitoring required by a May 11, 2020, memorandum to be completed by prison managers. The department did not provide documentation of visits required to be completed by regional health care executives and associate directors, or their designees. Specifically, the department did not provide the correct compliance monitoring checklists for the following prisons:

- California Correctional Center
- California Health Care Facility
- California Institution for Men
- California Rehabilitation Center
- California State Prison, Sacramento
- San Quentin State Prison