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UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

OAKLAND DIVISION

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

CASE NO. 01-1351 JST

JOINT CASE MANAGEMENT CONFERENCE STATEMENT

Judge: Hon. Jon S. Tigar
Date: February 16, 2022
Time: 9:30 a.m.
Crtrm.: 6, 2nd Floor

The parties submit the following joint statement in advance of the February 16, 2022 Case Management Conference.

I. UPDATES REGARDING THE CURRENT COVID-19 OUTBREAK AND CDCR AND CCHCS'S COVID-19 RESPONSE

Plaintiffs' Position: Large COVID outbreaks continue in many prisons, with thousands of patients statewide isolated due to active infections or quarantined for exposure.[1] In recent weeks three incarcerated people and one staff member have died from COVID. The 15-day statewide modified program or lockdown imposed on January 9 because of widespread staff shortages and to hopefully limit the spread of the virus was twice-extended before ending on February 13. During that time, medical care was generally limited to essential services, and many appointments were postponed or canceled. That remains so even with the end of the statewide modified program, as all prisons currently are in Phase I of the CDCR / CCHCS RoadMap to Re-Opening, in which medical care is similarly restricted. It will take at least approximately one month before a prison can resume full programming, if there are no further outbreaks. In that regard, CCHCS data shows that large numbers of new cases continue to be identified, though fewer now than in previous weeks.

Most fundamentally, the massive current outbreak shows, again, the extreme vulnerability of CDCR-incarcerated people, and the prisons' medical delivery system, to the air-borne coronavirus. As the Receiver stated last year, "If the coronavirus were designing its ideal home, it would build a prison."[2] During this wave, twelve prisons

[1] As of February 9, nearly 3,000 patients with active COVID cases were on isolation, and approximately 23,400 others were quarantined, according to CCHCS data publicly posted or made available to us; even larger numbers of people had been isolated or quarantined each day for the previous three weeks.

[2] *See* Assembly Budget Subcommittee No. 5 on Public Safety, Monday, Feb. 8, 2021, available at https://www.assembly.ca.gov/media/budget-subcommittee-5-public-safety-20210208/video [at 1:38:25 et seq.].

experienced outbreaks in which more than 400 patients tested positive for COVID-19.[3] Thousands more patients were placed on quarantine at those prisons. In many cases the isolated and quarantined patients far surpassed the number of beds those prisons had previously set aside for COVID-19 isolation and quarantine purposes.

Mandating staff vaccinations is necessary to reduce the risk of infections and to reduce the frequency and breadth of outbreaks (and the consequent interruption of prison operations, including medical services). The State should also reduce the prison population to reduce crowding, so as to protect the particularly vulnerable, limit the number infected, and protect the medical delivery system. These actions are especially necessary now, given the possibility of future variants that may be more virulent and more contagious than prior variants.

Defendants below emphasize the low hospitalization rate among incarcerated persons, and assert without citation that "[t]his is undoubtedly the result of CCHCS's and CDCR's vaccination program and their efforts to provide vaccination boosters to the incarcerated population." Medical science, however, suggests that less severe disease among populations during the Omicron wave results from the variant's markedly reduced virulence as well as increased immunity brought about both by previous infections and vaccination—and that, as stated above, it is not known whether the next variant will induce more severe disease.[4]

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[3] According to CDCR's tracker, the following prisons reported outbreaks of at least 400 patients in January or February of this year: ASP, CCWF, CIM, CRC, CVSP, FOL, NKSP, MCSP, SCC, SATF, SQ, and WSP. *See* Cal. Dep't of Corr. & Rehab., *Population COVID-19 Tracking, CDCR Patients: COVID-19 By Institution*, https://www.cdcr.ca.gov/covid19/population-status-tracking/ (last accessed Feb. 9, 2022).

[4] *See* Alex Sigal, *Milder disease with Omicron: is it the virus or the pre-existing immunity?*, 22 Nature Review Immunology 69-71 (2022), at https://www.nature.com/articles/s41577-022-00678-4 ("Lower viral pathogenicity and higher population immunity do not have to exclude one another. Most likely both play a part in what is by now clear: Omicron leads to less severe disease at the population level.

Defendants below also assert that the hospitalization rate among CDCR incarcerated people during the Omicron wave is significantly lower than that among the general California population. However, CCHCS only reports patients hospitalized "for" COVID, using strict definitions for such, while statewide data, as we understand it, includes those hospitalized both "for" and "with" the virus. Further, even if the hospitalization rates were validly comparable, Defendants' assertion overlooks the fact that during the first year or so of the pandemic, COVID ravaged the CDCR population, infecting people at nearly six times the rate as in the community, with approximately one-half the population testing positive and more than 1,000 hospitalized.[5]

If the viral component is as important as it seems, then the question is, what kind of SARS-CoV-2 variant will we get next?").

[5] Defendants below also note that Plaintiffs' counsel met with five incarcerated people at Folsom State Prison (FOL) on February 3, to discuss refusals to test for COVID-19, and that testing rates at that prison have not yet improved. As we reported to Defendants on February 7, we learned from the incarcerated people that recent refusals to test for COVID-19 at FOL were largely the result of changes to isolation practices at the prison, which caused a loss of trust among many, including because of reasonable concerns about whether prison officials' actions were causing the virus to spread.

With regard to new isolation practices possibly spreading the virus, the residents explained that during the previous large outbreak, FOL used tents and temporary housing in the visiting room to house patients on isolation. This time, however, there were no tents, and, with hundreds testing positive for COVID-19 at once, a currently-occupied housing unit was used for those on medical isolation. Prison officials first moved people out of that unit to make space for the COVID-positive patients. The incarcerated people explained that some people in that building had been exposed to a COVID-positive staff member, and they were concerned that moving people from that building into other buildings spread the virus. While everyone was swabbed for COVID before they were moved, some people were moved out of that building before their test results came back, and received positive test results after they had been moved to other buildings.

Separately, people also reported that during the previous outbreak, people were told that if they tested positive, they would be moved to a tent or to visiting, and then would return to their same cell, with their same cellmate. By contrast, when this outbreak began, those assurances were not made, and people were concerned they would be permanently moved to an entirely different cell or building after their isolation period ended.

As we stated during the February 7 call, all of this underscores the fact that CDCR remains vulnerable to significant COVID-19 outbreaks due to the designs of the prisons

Defendants' Position:

A. Current COVID-19 Outbreak

The rate of COVID-19 cases in California's prisons spiked in January, just as they did across California and the entire country.[6] But COVID-19 cases among incarcerated people and staff have drastically decreased since January, again, mirroring trends throughout the United States. *Id.*

Significantly, the hospitalization rate among the incarcerated population remained exceedingly low during the Omicron surge. This is undoubtedly the result of CCHCS's and CDCR's vaccination program and their efforts to provide vaccination boosters to the incarcerated population. As of February 14, 2022, four patients were admitted to community hospitals, which constitutes a hospitalization rate for the incarcerated population that is slightly over 4 per 100,000. By contrast, on February 14, 2022, the New York Times reported that California's statewide COVID-19 hospitalization rate was significantly higher, at about 25 per 100,000.[7]

The hospitalization rate is a very important metric. In fact, there appears to be a developing consensus in the public health arena to pay less attention to case counts and more attention to the number of people who become seriously ill. "Omicron case count[] . . . numbers don't carry the same weight they used to. State and local health departments are preparing to explain that to the public and start reporting more meaningful

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(particularly those like FOL, where most housing units consist of large open-tiered cell blocks with non-solid cell fronts) and the size of the prison population, with too few cells readily available to quickly isolate positive patients.

[6] *See* Cal. Dep't Corr. & Rehabiliation, *Population COVID-19 Tracking, Trended Tab*, https://www.cdcr.ca.gov/covid19/population-status-tracking/ (last visited Feb. 10, 2022).

[7] *See* https://www.nytimes.com/interactive/2021/us/california-covid-cases.html (last visited Feb. 14, 2022).

data on the virus."[8] Experts also debate whether all hospitalization numbers or intensive care unit numbers would more meaningfully measure the severity of the Omicron variant. *Id*. Case counts "should be relied on only as broad indicators of the velocity and direction of the disease's transmission." *Id*. Experts instead advise that hospitalization numbers reflect the severity of an outbreak more accurately than case counts. *Id*.

As an infectious disease specialist at the University of California, San Francisco explained in November, "[w]e are not going to be able to eradicate cases of this virus . . . [w]hat is important to track is what impacts public health and impacts people's lives . . . which is getting sick."[9] She cautions against focusing resources on "chasing cases . . . instead of protecting people from illness." *Id*.

As discussed below and in previous statements, CDCR continues to vigilantly monitor trends in the virus and implement safety measures as needed to protect its incarcerated population and workers.

B. Modified Programming

The statewide modified program CDCR implemented on January 9, 2022 will continue through February 13, 2022. CDCR determined this to be a necessary public health measure to reduce incarcerated people's and staff members' risk of exposure to COVID-19. The downward trend in COVID-19 cases among both the incarcerated and staff populations is encouraging. CDCR continues to work closely with CCHCS and public health experts to reopen as safely and expeditiously as possible. CDCR is closely following the Roadmap to Reopening, which follows guidance from the Receiver and public health experts. The public can access an overview of the Roadmap at https://www.cdcr.ca.gov/covid19/reopening/, and can view each institution's current

[8] Modern Healthcare, *A Shift Away from Daily COVID Case Counts Has Begun* (Jan. 14, 2022), https://www.modernhealthcare.com/safety-quality/shift-away-daily-covid-case-counts-has-begun.

[9] ABC7 News, *UCSF Doctors Say Focus Should be on COVID Hospitalizations and Deaths, Not Case Counts* (Nov. 13, 2021), https://abc7news.com/florida-california-covid-vs-ca-cdc-data-hospitalizations/11234088/.

reopening phase under the "Reopening" tab on CDCR's COVID-19 Population Tracker at https://www.cdcr.ca.gov/covid19/population-status-tracking/. CCHCS and CDCR are currently exploring ways in which institutions may safely resume programming sooner than the current Roadmap allows. Any changes will be reflected in an updated version of the Roadmap.

C. Movement

Movement is conducted consistent with the current iteration of the Movement Matrix, which includes quarantine, testing, and isolation mandates for transfers between and within institutions. The Movement Matrix was revised on February 1, 2022 to adjust quarantine durations consistent with public health guidance. A current copy is available at https://cchcs.ca.gov/wp-content/uploads/sites/60/COVID19/Appendix13-PatientMovement.pdf. Institutions continue to quarantine and isolate incarcerated people as appropriate based on healthcare orders and the Movement Matrix.

Healthcare services are currently limited to essential clinical services, including urgent, emergent, and priority needs. Dayroom activity, canteen, and phone calls continue as long as physical distancing is maintained. Only one housing unit or dorm participates in recreation at a time to avoid mixing units. Education, vocation, Integrated Substance Use Disorder Treatment, and religious programs are being provided directly to incarcerated people in their housing units.

D. Face Coverings for the Incarcerated Population

Current CDCR policy continues to require institutions to provide appropriate face coverings to the incarcerated population, including at least two disposable procedure masks per week. Institutions are also to offer all incarcerated people one KN95 mask per week, which they may choose to wear for enhanced protection. Incarcerated people with work assignments in quarantine or isolation areas must be fit tested and wear N95 masks in those settings, and must be provided N95 replacements at the beginning of each work shift or as often as needed or requested.

E. Testing of the Incarcerated Population

CDCR enlisted Plaintiffs' counsel's assistance in persuading incarcerated people refusing to take COVID-19 tests in large numbers to comply with testing policies. CDCR facilitated a call between Plaintiffs' counsel and five incarcerated people at Folsom State Prison on February 3, 2022. It does not appear testing compliance among incarcerated people has improved at that institution yet.

F. Department Operations Center

The Department Operations Center continues to conduct daily calls with each institution to assess their needs and monitor their outbreak response. Incident command posts at each institution serve as healthcare and custody staff's central point for organizing local outbreak response efforts.

G. Intake

CDCR continues to monitor county jail intake on a daily basis. The evaluation process considers CDCR's current ability to transfer incarcerated people throughout the state, as well as backlogs at county jails. North Kern State Prison and Wasco State Prison have opened intake on a limited basis. Intake at the Central California Women's Facility will resume on a limited basis starting the week of February 14, 2022.

H. Visiting

CDCR suspended in-person visiting on January 9, 2022, for the safety of visitors, incarcerated people, and CDCR staff. Understanding this is a hardship for incarcerated people and their loved ones, CDCR expanded video visitation to Saturday and Sunday. Beginning February 14, 2022, institutional operations will be consistent with CDCR's Roadmap to Reopening Plan. Institutions in phase one will continue expanded video visitation and in-person visiting will resume for institutions as they progress to phases 2 two and three of the Roadmap.

I. Plaintiffs' Requests for Information

Plaintiffs sent numerous requests for information to CDCR, CCHCS, and the Receiver on January 26 and 28, 2022, which they describe throughout this statement.

Attached as **Exhibit 1** is a non-comprehensive chart summarizing Plaintiffs' requests since the last case management conference, and the status of CDCR, CCHCS, and the Receiver's response to each.

II. COVID-19 VACCINE

A. Patients

Plaintiffs' Position: We continue to appreciate the work to vaccinate and provide boosters to the resident population.

With regard to offering incentives to the unvaccinated, CCHCS previously informed us that it was sending surveys on the subject to a large number of such patients, which it intended to collect by the end of January. On January 28, we asked CCCHS to inform us how many survey responses had been received, the status of its staff tabulating results and making recommendations regarding incentives, and whether there was a date by which the Receiver will make a recommendation. On February 7, CCHCS replied, saying that it anticipates analysis of the survey, including number received and findings, will be completed by late February or early March. We believe this matter should be determined expeditiously.

Defendants' Position: Eighty-two percent of CDCR's incarcerated population—78,673 people—is fully vaccinated against COVID-19, and an additional two percent—1,576 people—is partially vaccinated. Currently, 72,058 incarcerated people are eligible for COVID-19 vaccine booster shots, 55,537 (77 percent of those eligible) accepted a booster shot, and 13,207 declined it. CCHCS began offering the Pfizer booster to eligible patients shortly after the United States Food and Drug Administration (FDA) granted emergency use authorization in late September, 2021, and began offering Janssen and Moderna boosters to eligible patients in the third week of October 2021, not long after the FDA released its emergency use authorization for those vaccines. Consistent with their efforts to follow the most up-to-date public health guidance throughout the pandemic, CDCR and CCHCS are preparing to offer fourth doses to eligible immunocompromised

incarcerated people in accordance with current public health guidelines. Healthcare staff continue to treat every patient encounter as an opportunity to encourage patients to accept the vaccine or a booster shot, as appropriate.

B. Staff

Plaintiffs' Position: Vaccinating and boosting prison staff, who are the primary vector of COVID infections in the prions, is the primary means to reduce the substantial risk of harm the virus poses to incarcerated people. Alarmingly, correctional officers, the largest single group among prison staff and those who have the most contact with residents, continue to have poor vaccination rates. According to the most recent data provided by CCHCS, only 61% of the approximately 21,400 correctional officers statewide were completely vaccinated. *See* Memorandum (January 21, 2022) at Attachment B, attached hereto as **Exhibit 2**. For example, at Mule Creek State Prison, only 50% of nearly 700 officers are completely vaccinated, and Mule Creek is but one of a half-dozen prisons where that rate is at least that low. *Id.* These prisons include California Correctional Center, High Desert State Prison, and Pelican Bay State Prison, where 40% or fewer officers are completely vaccinated. *Id.*

While this Court's order mandating COVID vaccination for all prison staff is stayed pending appeal, the California Department of Public Health (CDPH) August 19, 2021 order mandates vaccination for some staff, including all at the California Health Care Facility (CHCF) and California Medical Facility (CMF), unless they have been granted a religious or medical exemption. More specifically, the CDPH order requires vaccination or an exemption for approximately 38% of prison staff statewide. *See* **Exhibit 2** at Attachment A (showing 54,469 prison staff statewide) and Attachment C (showing 20,613 staff covered by the CDPH order).

The CDPH order shows that vaccine mandates work to improve vaccination rates: at CHCF and CMF, 85% and 81%, respectively, of all staff were completely vaccinated as of January 12. *See* **Exhibit 2** at Attachment A. These are highest rates among CDCR

prisons and well above the statewide prison staff average of 68%. *Id.*

We have serious concerns about the religious exemption or accommodation process being used by CDCR and CCHCS to excuse staff from the CPDH vaccination mandate. Data shows that as of early to mid-January, at least 1,165 staff subject to the mandate had been approved for a religious exemption, and 491 others had a request pending. *See* **Exhibit 2** at Attachments D (showing CDCR staff approved and pending religious accommodations) and E (showing that data for CCHCS staff). We are particularly concerned whether Defendants, when granting this very large number of religious accommodations, considered and properly determined whether doing so would impose an undue hardship on CDCR's functioning by increasing the risk of the spread of COVID in the prisons – surely not a "de minimis cost."[10] In our view, granting these accommodations substantially undermines the purpose and efficacy of the CDPH mandate and unreasonably endangers the health and safety of people incarcerated in CDCR, particularly at CHCF and CMF, where staff vaccination is mandatory. On January 26, we asked the Receiver to review and report on these religious accommodations, and to act if

[10] Under state and federal law, employees with sincerely held religious beliefs should be provided reasonable accommodations only if the accommodations do not impose an undue hardship. *See* Cal. Gov't Code § 12940(l); 42 U.S.C. § 2000e(j); *Cook v. Lindsay Olive Growers*, 911 F.2d 233, 241 (9th Cir. 1990). The "undue hardship" standard is not a high bar; it is met "whenever that accommodation results in 'more than a de minimis cost' to the employer." *Soldinger v. Nw. Airlines, Inc.*, 58 Cal. Rptr. 2d 747, 762 (Ct. App. 1996) (quoting *Ansonia Bd. of Educ. v. Philbrook*, 479 U.S. 60, 67 (1986)).

"The EEOC has released guidance explaining that . . . an employee's request for an exemption from a COVID-19 vaccination mandate can be denied . . . on the ground that such an exemption would pose an 'undue hardship' by burdening 'the conduct of the employer's business' through increasing 'the risk of the spread of COVID-19 to other employees or to the public.'" *Doe v. San Diego Unified Sch. Dist.*, 19 F.4th 1173, 1180 (9th Cir. 2021), *reconsideration en banc denied*, No. 21-56259, 2022 WL 130808 (9th Cir. Jan. 14, 2022) (quoting *What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws* at L.2 to L.3, U.S. Equal Emp. Opportunity Comm'n (Oct. 25, 2021), https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#L).

the exemption process is not being properly applied. To date, no substantive response has been received.[11]

On January 28, we asked CCHCS and Defendants a number of other questions related to the application of the CDPH vaccination mandate. Defendants previously stated that staff newly hired or assigned to a position for which CDPH mandates vaccination have a grace period before they are required to comply. A February 14 response indicates there is no grace period for new hires, because vaccination records or a request for an exemption is required to be submitted as part of the hiring process. Unfortunately, no information was provided regarding staff who are already hired then newly assigned to a position for which CDPH mandates vaccination, as presumably happens when staff transfer between prisons. This remains an open concern: staff should not be newly assigned to a position for which vaccination is required unless they are in compliance with CDPH's mandate.

Separately, CCHCS reported that the number of its staff subject to the CDPH mandate for whom it has no information showing vaccination or whether an exemption had been granted or requested and against whom no discipline had been taken has been reduced from 480 to 72. We appreciate the attention to these staff members. As to the 72, CCHCS says three are new hires (which is puzzling, since it was explained that staff are required to comply with the CDPH mandate before being hired), 17 are pending or have been issued discipline action, and the remaining approximately 50 are "pending verification." This last group, while relatively small in number compared to the total CCHCS staff, is puzzling given that nearly three months have passed since the CDPH mandate compliance date.

We also asked CCHCS and CDCR about staff against whom they said progressive discipline had been taken for not complying with the CDPH mandate. Specifically, we

[11] Defendants provided revisions to this Statement (at 15:5-17:7) responding to Plaintiffs' concerns regarding the religious accommodations exemptions at 5:02 p.m. on the day of filing (February 14). Plaintiffs have not yet had an opportunity to review Defendants' position on this issue.

asked how many of their respective staff members had been issued a Letter of Instruction (LOI) for failure to comply, and what happened with those staff, including any further discipline. CCHCS reported 150 of its staff received LOIs. Of them, 92 are now fully vaccinated, 26 have pending or approved exemption requests, 16 have "separated" from CCHCS, six are on long term leave, seven are "still in process," and three have been served a notice of adverse action. We appreciate CCHCS's attention to the enforcement of the mandate. In sum, the process has resulted in further staff being vaccinated and extremely few leaving.

CDCR said it does not have the resources to gather the data that CCHCS provided regarding the number of staff issued LOIs and what became of them. This is not acceptable, because this review should be done in order to ensure adequate enforcement of the CDPH mandate. As a result, there is a major gap in information and an inability to assess whether CDCR is actually enforcing the CDPH mandate among its staff.

We also on January 28 asked CDCR and CCHCS to tell us whether efforts to confirm the vaccination status of contractor staff subject to the August 19 CDPH order, including the accommodation status of such staff, had been completed. On February 14, it was reported that 66 of approximately 1,360 contractor staff statewide are pending verification of compliance with the CDPH mandate, that staff not in compliance will be terminated, and that all contractor staff starting March 2 will be further checked for compliance with the December 2021 CDPH order requiring a booster shot.

Defendants' Position[12]*:* Seventy-one percent of CDCR's staff are fully vaccinated against COVID-19, and an additional one percent are partially vaccinated. CDCR and CCHCS's efforts to keep an accurate account of staff vaccinations continues. In addition to efforts reported in the January 19, 2022 statement (*see* ECF No. 3771 at 17-20), DAI

[12] Defendants note that the question of whether every worker entering CDCR's institutions must be vaccinated is pending before the Ninth Circuit. Defendants addressed their position on this topic in briefing filed with the Ninth Circuit, previous case management statements filed with this Court, and their briefing in response to this Court's order to show cause.

has reassigned three staff members at each institution to manually check the vaccination status and testing requirements for each worker entering the institution. This is a time-consuming process, but allows institutions to track workers who must test and who are not compliant with the CDPH vaccination requirement in the absence of an automated system. Additionally, it bears noting that prior to hire for positions subject to the CDPH vaccination mandate, CDCR candidates must submit proof of vaccination or complete a request for a religious accommodation or medical reasonable accommodation. Mask and testing requirements must be followed pending determination of the accommodation request. If an accommodation is denied, employees must follow the instructions for compliance provided in the denial letter within 14 days, similar to CCHCS's process.

Separately, on February 8, 2022, the Receiver provided the parties data showing compliance with the August 19, 2021 CDPH order for staff tracked in Telestaff, which includes all posted custody and nursing positions—approximately two thirds of all institutional staff, not including contractors. As shown in the yellow table in **Exhibit 3**, attached, more than 90 percent of Telestaff workers at all but five institutions complied with the August 19 CDPH order by being fully vaccinated. At least 88 percent of Telestaff workers complied by being fully vaccinated at four of the remaining five institutions, and 80 percent of Telestaff workers complied this way at the fifth. These numbers under report Telestaff workers' compliance with the CDPH order because they do not include staff who complied by receiving a medical or religious exemption.

Additionally, on January 25, 2022, CDPH extended the deadline for relevant workers to receive a booster shot from February 1, 2022 to March 1, 2022. *See* Cal. Dep't Pub. Health, *Adult Care Facilities and direct care Worker Vaccine Requirement* (Jan. 25, 2022), https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Adult-Care-Facilities-and-Direct-Care-Worker-Vaccine-Requirement.aspx. CDCR adopted this new deadline in a memorandum jointly issued with the Receiver to all custody and healthcare staff on January 28, 2022. A copy of this

memorandum is attached as **Exhibit 4**. The same memorandum extends the compliance deadline for all contract and registry workers subject to the August 19 and December 22, 2021 CDPH orders to March 1, 2022. After March 1, assignments for noncompliant contract and registry workers will be terminated.

With respect to religious accommodations from the vaccine requirement for workers subject to the CDPH vaccination order, CDCR and CCHCS are implementing the CDPH order, which provides that covered "[w]orkers . . . be exempt from the vaccination requirements . . . only upon providing the operator of the correctional facility or detention center a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on religious beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons."[13] The CDPH order does not contemplate, and certainly does not require, covered employers to deny religious or medical exemption requests. Indeed, it specifies that exemptions are available upon submission of a declination form, so denying all religious requests as an undue burden, as Plaintiffs appear to advocate, would be at odds with the order itself. The CDPH order also specifies additional mitigation procedures that exempt employees must follow, including bi-weekly or weekly testing and wearing a surgical mask or higher, which procedures CDCR and CCHCS have ensured these employees meet or exceed. Accordingly, the state public health officer has determined, in imposing a vaccine and booster mandate for these workers, that availability of religious and medical exemptions is both appropriate and can be supported without undue risk or burden when paired with additional mitigation requirements for exempt workers.

Plaintiffs' apparent position—that CDCR and CCHCS should deny all religious exemptions—is at odds with the governing public health directive. Their reliance on a

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[13] *See* Cal. Dep't Pub. Health, *State and Local Correctional Facilities and Detention Centers Health Care Worker Vaccination Requirement* (Jan. 25, 2022), https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Correctional-Facilities-and-Detention-Centers-Health-Care-Worker-Vaccination-Order.aspx.

general statement from EEOC guidance fails to account for the specific facts governing this vaccine mandate, which is critical given the fact-specific nature of reasonable accommodation requests and the required interactive process with employees to address such requests. *See, e.g.*, *Enforcement Guidance on Reasonable Accommodation and Undue Hardship under the ADA*, General Principles, U.S. Equal Emp. Opportunity Comm'n (Oct. 17, 2002), https://www.eeoc.gov/laws/guidance/enforcement-guidance-reasonable-accommodation-and-undue-hardship-under-ada#undue ("Instead, undue hardship must be based on an individualized assessment of current circumstances that show that a specific reasonable accommodation would cause significant difficulty or expense.").[14] CDCR carefully evaluates each accommodation request it receives. Each initial decision regarding a request must pass a review before being finalized. When appropriate, requesting employees are engaged in the interactive process before a request is approved or denied. CDCR has a robust accommodation process that predates COVID-19, which it will continue to follow.

Finally, despite Plaintiffs' common refrain, repeated above, that vaccinating staff "is the primary means to reduce the substantial risk of harm the virus poses to incarcerated people," it bears repeating that this is inconsistent with the CDC's recommendations, which note that vaccines protect against serious illness, hospitalization and death for *oneself*, not for others. Indeed, the CDC states that "[c]urrent vaccines are expected to protect against severe illness, hospitalizations, and deaths due to infection with the

[14] Plaintiffs also oversimplify the legal landscape around this hotly contested issue, ignoring entirely the First Amendment implications involved. In *Fulton v. City of Philadelphia*, ___ U.S. ___ (2021), the U.S. Supreme Court recently held that policies that allow exceptions for non-religious reasons but do not allow exceptions for religious beliefs are subject to strict scrutiny under the First Amendment. All the recent appellate cases involving this issue, including the *Doe* case cited by Plaintiffs, were resolved on emergency injunction-pending-appeal postures. Accordingly, there is no case law applying current Supreme Court case law that establishes clearly that Plaintiffs' proposed approach of categorically denying all religious exemption requests is constitutional.

Omicron variant. *However, breakthrough infections in people who are vaccinated are likely to occur.* People who are up to date with their COVID-19 vaccines and get COVID-19 are less likely to develop serious illness than those who are unvaccinated and get COVID-19."[15] Thus, as Defendants have consistently stated, the most effective way to protect the incarcerated population from serious illness and death attributable to COVID-19 is for patients themselves to be vaccinated, particularly because even vaccinated staff can still become infected with the virus.

III. STAFF TESTING AND MASKING REQUIREMENTS

Plaintiffs' Position: After the last Case Management Conference, Plaintiffs consulted with a public health expert, Dr. Adam Lauring, and met with the Receiver and CCHCS regarding staff testing. The Receiver and CCHCS leadership also reported that they had met separately with the State and with a group of public health experts, to discuss staff testing policies. CCHCS thereafter proposed a revised plan for staff testing. Plaintiffs provided written comments, and CCHCS provided a further revised plan on February 11, as follows:

1. Test all unvaccinated, partially vaccinated, and booster eligible but not boosted staff at CHCF, CMF, and CCWF SNF twice weekly by POC or PCR testing, with results available to staff and EHP program within 24 hours. The interval of subsequent tests shall be between 48 and 72 hours. If staff return to the institution (e.g. from regular days off or vacation) and have not received a negative result within the past 72 hours, staff shall test on the day they return. Testing vendor will be onsite conducting testing 7 days per week with the same hours as currently.
2. At all remaining sites, test unvaccinated, partially vaccinated, and booster eligible but not boosted staff once weekly by POC or PCR testing, with results available to staff and EHP program within 24 hours. If staff return to the institution (e.g. from regular days off or vacation) and have not received a negative result within the past

[15] *See* https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html (last visited Feb. 14, 2022), emphasis added.

7 days, staff shall test on the day they return. Testing vendor will be onsite conducting testing 7 days per week with same hours as currently.

3. During outbreaks in the prison or nearby communities, based on clinical and public health consultation, we may transition to testing all staff, regardless of vaccination status, more than once per week, as determined by the specifics of the outbreak.

The Receiver requested the parties' responses to the plan by February 14. In general, we support the new plan. As we stated during the meet-and-confers, we appreciate in particular that the new plan would ensure results would be received no later than 24 hours after the test sample is collected. This would be a significant improvement; during the latest outbreak, test results for staff have taken 4-5 days to be received at many prisons, preventing CDCR and CCHCS from quickly identifying positive staff members.

We requested some revisions to the policy, to clarify that for those staff required to test "once weekly," the interval between tests should be between 5 and 7 days. We also requested that the requirement that staff test upon return from vacation or regular days off be clarified such that staff are required to test if they have not *tested* within the required interval and received a negative result (rather than just received a negative result within the required interval, which could mean they tested days prior).

During the meet-and-confer process, we also noted that the new plan gives significant discretion to the prisons to increase testing during outbreaks. We believe increased testing is necessary in outbreak situations, and explained that in order for us to do our due diligence as class counsel, if this policy is implemented, CDCR and CCHCS must provide us timely updates regarding whether and how testing policies have been modified at impacted prisons.

Finally, we also reiterated our position that enforcement of these requirements will be critical. As we have previously reported, CCHCS and CDCR face significant challenges in enforcing and monitoring staff testing rules. The most recent testing data we have received (for the week ending February 6) shows that substantial numbers

(approximately 30% statewide) of unvaccinated custody and nursing staff are not in compliance with testing requirements. *See* **Exhibit 5**. At four prisons (CHCF, CMF, RJD, and San Quentin), the compliance rate was below 60%. *Id.* CCHCS and CDCR have previously said that some staff may be incorrectly identified as noncompliant because they are sick or on leave, but they do not know precisely how many.

CCHCS and CDCR have also said that noncompliant staff are not currently prohibited from coming into the prisons, because CDCR and CCHCS do not enforce testing requirements in real time. Defendants below correctly note that a CCHCS "Staff Testing Analysis" Report dated January 23, 2021 and attached hereto as **Exhibit 6** concluded by recommending that "an 'on-grounds' process be implemented to ensure staff entering the institution have received COVID related testing consistent with current guidelines." **Exhibit 6** at 8; *see also id.* at 6-7 (recommending testing policies be enforced during entrance screening). However, we believe Defendants are incorrect in implying that such a process exists today. As we reported in the last Joint Case Management Conference Statement, we were told that CDCR and CCHCS *previously* stationed staff at the entrances to all prisons to screen staff, including for compliance with testing requirements. *See* ECF No. 3566 at 16. Staff who stated they had not recently been tested were given a rapid test. *Id.* That entrance screening was stopped in July 2021 (staff are now directed to self-screen for symptoms and exposure), at a time when active case counts had been very low for several weeks.[16] During a call on January 14, 2022, CCHCS and CDCR explained that compliance with testing requirements is currently monitored only retroactively—staff are reviewed each week for their compliance with the testing requirements during the previous week, and reportedly referred to the disciplinary process

[16] *See* Cal. Dep't of Corr. & Rehab., *Novel Coronavirus Disease 2019 (COVID-19) New Self-Screening Process*, https://www.cdcr.ca.gov/covid19/novel-coronavirus-disease-2019-covid-19-new-self-screening-process-and-elearning-course (July 12, 2021); Cal. Dep't of Corr. & Rehab., *Novel Coronavirus Disease 2019 (COVID-19) self-screening entrance process – updated*, https://www.cdcr.ca.gov/covid19/novel-coronavirus-disease-2019-covid-19-self-screening-entrance-process-updated (updated Jan. 3, 2022).

if they are identified as noncompliant.

During our February 8, 2022 meet and confer with CCHCS, the Receiver explained he was hopeful that with the revised policy (and in particular the quicker turnaround times for test results), improvements could be made to the system for enforcing testing requirements, but that CCHCS and CDCR had not yet decided how this would be done. We have requested another call with CCHCS and CDCR to discuss enforcement of staff testing requirements.

More generally, these enforcement challenges underscore the limitations of the staff testing program. Testing is an important risk reduction measure, but will not identify all active COVID-19 infections in staff. As the recent wave of outbreaks has make clear, with thousands of staff coming in and out of the prisons each day, the prisons remain incredibly vulnerable to outbreaks of COVID-19. Thus, while we support the revised staff testing policy, we continue to believe the State must adopt further measures—including mandatory vaccination policies—to mitigate the significant risk that staff will introduce and spread the virus in the prisons.

Defendants responded to the Receiver's proposed revised staff testing policy on February 14, stating that "CDCR would like to continue to meet and confer to clarify the services vendors can offer and how compliance measurement will improve with the new proposed plan. CDCR is unable to implement the plan without ironing out logistics in advance, and will continue to follow the existing policies in the meantime." Defendants' reluctance is concerning. We understand from the Receiver's office that the vendor(s) could do all that the new policy requires. Further, while we agree that it is necessary for CCHCS and CDCR to improve their systems for measuring and enforcing compliance with staff testing policies, determining how that will be done should not prevent adoption of the new policy. Most importantly, Defendants do not dispute the public health basis for the new policy, including the need to improve turnaround times for test results.

Defendants' Position: The Receiver provided the parties a report analyzing staff testing data on January 23, 2021. The report details the information required to accurately track staff testing rates, reasons for gaps in information, and recommendations for enhancing tracking systems. A copy of this report is attached as **Exhibit 6**. It concludes by recommending that "an 'on-grounds' process be implemented to ensure staff entering the institution have received COVID related testing consistent with current guidelines[,]" recognizing "[s]uch a process could be tremendously laborious[.]" *Id*. at 8. As described in the COVID-19 Vaccines section above, CDCR has already devoted staff to this task at each institution. CDCR disciplines noncompliant staff as soon as it discovers noncompliance.

Consistent with the multilayered approach CDCR adopted early in the pandemic, testing is not the only method for mitigating the spread of the virus. All workers entering CDCR's institutions, regardless of vaccination status, are currently expected to wear KN95 masks. Staff working in quarantine and isolation areas must be fit tested and wear N95 masks. KN95 and N95 masks are readily available at each institution. CDCR and the Receiver jointly issued this direction on January 24, 2022. *See* **Exhibit 7**, attached. Staff must follow testing policies in addition to adhering to these masking requirements. Currently, as the Court acknowledged at the January 24, 2022 case management conference, staff not fully vaccinated are required to test twice a week.

CDCR, in its continued effort to be transparent about its processes, alerted the Court and Plaintiffs to errors in data reported by CCHCS in November 2021. (*See* Supplemental Decl. Gipson Supp. Defs' Reply for Mot. Stay Order re: Mandatory COVID-19 Vaccinations Pending Appeal, ECF No. 3741-1 at 2-3.) Data validation has been one of CDCR and CCHCS's primary focuses since then.

On February 3, 2022, Defendants met and conferred with the Receiver regarding the Receiver's forthcoming staff testing policy. On February 8, 2022, the Receiver circulated a recommended testing policy for Defendants' and Plaintiffs' consideration. Defendants

met and conferred with the Receiver regarding the revised testing policy on February 10, 2022. During this meet and confer session, the Receiver explained the proposed policy is designed in part to detect infections sooner, particularly in light of current delays in receiving PCR test results, and reduce the significant resources currently devoted to tracking and verifying staff testing compliance. The Receiver also explained that the logistics of implementing the proposed plan had not yet been considered. That afternoon, the Receiver circulated a revised draft of the recommended testing policy. On February 14, 2022, after considering the most recent version of the Receiver's proposed staff testing policy, Defendants requested that meet and confer efforts continue to iron out the logistics of implementing the proposed staff testing plan before a new plan is implemented. In the meantime, Defendants intend to continue enforcing current policies.

Testing in accordance with the Movement Matrix continues to be successful. To date, no outbreak has been traced to movement conducted in accordance with the Matrix.

IV. VENTILATION

Plaintiffs' Position: Since last month's Case Management Conference, we asked CDCR and CCHCS questions regarding housing unit ventilation, and, separately, regarding the requirements of the December 8, 2021 joint CDCR/CCHCS memorandum (attached hereto as **Exhibit 8**), requiring air filtration units for indoor group activity areas.

Housing Unit Ventilation: On January 27, we asked for the current schedule for repairs and maintenance of about 140 housing unit Air Handling Units (AHUs) identified as still needing such action (*see* ECF No. 3771 at 24:22-25:6). On February 14, an updated schedule, current as of January 24, was provided. *See* Memorandum, February 14, 2022, attached hereto as **Exhibit 9**. It shows that AHU repairs and maintenance are not complete at nine prisons, with such work scheduled to be done at four by February 28 (including two previously scheduled to be completed by January 31), at four by March 31, and at one by April 30. We will continue to monitor this matter.

We also asked how the exhaust fans in quarantine housing units, or units housing multiple COVID-positive patients, are known to be operational, as a January 5, 2022 CDCR Memorandum requires them to be because, in CDCR's words, such fans "are especially critical" in those units (*see* ECF No. 3771 at Exhibit H). We specifically asked what process is used to determine if the fans are operational, and whether the January 5 memorandum requires cells with non-operational exhaust fans to be red-lined.

The February 14 response to our questions stated that operations staff are not inspecting exhaust fans daily, but that all staff and patients can ask for a fan to be repaired or replaced. *See* **Exhibit 9**. This is not adequate. The response does not explain how someone would know whether an exhaust fan is working. Given the "especially critical" importance of these fans, CDCR and CCHCS should at the least provide written educational information to the incarcerated population and staff that explains how to determine if a cell or living area exhaust fan is not working, advises that a non-working fan should be immediately reported, and states exactly how that should be done.[17]

Air Filtration Units For Indoor Group Activity Areas: We appreciate that CDCR and CCHCS, as Defendants report below, are working on a formal written procedure embodying the requirements of the December 8, 2021 joint memorandum, and have developed a tool for calculating the number of filtration units required for indoor group spaces. We also appreciate that CDCR and CCCHS say the prisons will use this tool, then submit results to headquarters which will verify them by the end of March, after which it will be provided to us. We will in the interim ask Defendants for a demonstration of the calculation tool.

We continue to have a major concern about the apparent lack of a plan to verify that air filtration units are actually placed where required by the joint memorandum. On January 19 and 26, we asked Defendants about this. Neither their February 10 responses

[17] Defendants revised the Statement to state that "CDCR has directed the prisons to conduct a one-time check of all housing unit living spaces to ensure that exhaust fans are operational" at 5:02 p.m. on the day of filing (February 14).

to our questions (*see* Memorandums, February 10, 2022, attached hereto as **Exhibit 10**) nor their presentation below address this concern. We continue to believe such self-monitoring and reporting is essential.

Finally, one of Defendants' February 10 memorandums troublingly suggests that air filtration units are not necessary if an indoor group space, such as a dayroom or dining hall, is used at less than full capacity, implying that "prior direction regarding distancing requirements" would suffice if the spaced has a reduced capacity. *See* **Exhibit 10**. This approach overlooks the fundamental fact that "distancing requirements" were born of the theory, now revised, that the primary vector of pathogen transmission causing COVID was large drops ejected during the most vigorous exhalation events, including coughing and sneezing. It is now widely accepted that the virus spreads through these droplets and, crucially, air-borne particles which can move far away from the infectious person and accumulate indoors over time.[18] Air filtration units should be placed in all group activity and program areas.

Defendants' Position: In addition to completing the system-wide air-filter-upgrade project, CDCR has continued to make progress on maintenance and repairs to air-handling units throughout the prison system. Defendants last reported that there were 140 units still in need of attention. That number has now been reduced to 116, and a schedule for the completion of that work has been updated and provided to Plaintiffs.

As Defendants reported last month, CDCR has issued a memorandum directing facilities staff to prioritize repairs to exhaust fans. Plaintiffs have expressed concerns about the identification of exhaust fans that are inoperable. If an exhaust fan stops working, facilities staff are typically notified right away of a need for the repair through requests from residents and staff who live or work in the relevant area. But to ensure that

[18] *See* EPA, *Indoor Air and Coronavirus (COVID-19)*, https://www.epa.gov/coronavirus/indoor-air-and-coronavirus-covid-19 (last accessed February 13, 2022).

any inoperable exhaust fans are identified, CDCR has directed the prisons to conduct a one-time check of all housing unit living spaces to ensure that exhaust fans are operational. If any exhaust fans are found to be inoperable, work orders will be submitted.

Throughout much of the pandemic, indoor group programs have either been suspended or run at reduced capacity to allow for better physical distancing in indoor spaces. On December 8, 2021, CDCR and CCHCS issued a memorandum concerning efforts to increase the capacity of indoor group programming back to normal levels. Among many requirements for increasing group programming capacity, the memorandum discussed a portable-air-filter requirement in spaces where increased-capacity groups will program. The memorandum also provided a process for calculating the number of portable filters required for a given group space. CCHCS and CDCR are currently in the process of developing a Health Care Department Operations Manual section to address the use of air filters.

At the last conference, Plaintiffs expressed concerns that prisons might not correctly calculate the number of portable air filters for a group space, and the Court requested that Defendants advise whether there is a way to routinize the calculation process. In Defendants' view, the December 8 memorandum already provides a routine process for making the calculations. But CDCR has now additionally developed a room-filter calculation tool that it has issued to the prisons. The room-filter calculator is a programmed spreadsheet that will automatically calculate the number of required air filters for a given room once certain measurements and data are added to the spreadsheet. The prisons have been directed to complete this spreadsheet for each of their spaces where air filters have been deployed to allow for an increase in group programming capacity in order to verify the accuracy of their previous calculations, and to return the completed spreadsheets to CDCR Headquarters by early March 2022. Headquarters staff will then review the spreadsheets to confirm that they were completed correctly and that the calculations are correct. It is anticipated that Headquarters' validation of calculations will

be completed by the end of March 2022, and CDCR will produce the information to Plaintiffs' counsel at that time.

V. IMPACT OF COVID-19 ON MEDICAL CARE SERVICES

Plaintiffs' Position: As stated in Part I, above, the statewide modified program has resulted in the postponement or cancellation of many medical appointments, and this will continue for weeks until prisons resume full programming. The number of backlogged Primary Care Provider (PCP) appointments statewide has ballooned to more than 8,000, according to CCHCS data as of January 31. This number does not include any appointments that were cancelled and then rescheduled for a future date, thus delaying care. We believe there are many such appointments.

The experience last month at California State Prison – Los Angeles County (LAC) illustrates how the current COVID surge restricts primary care appointments. As the Court knows, LAC for months has had a substantial backlog of PCP appointments, and, as we reported last month, had reduced it by approximately 1,000 in the last two and one-half months of 2021, and had robust plans, including extra clinics and providers, to promptly reduce it even more. *See* ECF No. 3771 at 26:8-15. However, CCHCS reports that the LAC backlog was only reduced by 127 appointments in January, explaining that a COVID outbreak "significantly impacted staffing and patient movement due to the quarantine of multiple housing units," resulting in the decision to prioritize emergent and urgent primary care appointments and use the special weekend and evening clinics – originally intended to reduce the PCP appointments backlog – to offer prophylactic medication to patients especially vulnerable to severe sickness or death if COVID-infected. We do not take issue with the decisions made, but report on them to emphasize how COVID outbreaks continue to result in primary care delays for many.

There also continue to be substantial number of backlogged specialty services appointments statewide. CCHCS reports that an abstract of information recently presented to its executives on this subject is being prepared for us. With regard to delayed cancer-

screening ultrasound exams for patients with advanced liver disease, we remain hopeful that this backlog (more than 800 as of early January) will be eliminated by CCHCS's plan to hold additional ultrasound clinics this month. We will check with CCHCS about this in March.

In early January, we reported medication delivery delays to patients at Richard J. Donovan Correctional Facility (RJD). CCHCS subsequently said delays occurred in the first week of the month, due to staffing shortages caused by COVID-19 outbreaks and the large amount of medication distributed at the prison. We subsequently reported further problems with medication delivery at the prison, including patient records stating that medication was not provided on multiple days due to "custody release issues" and not received at other times because the patient did not show up when in fact the patient had not been permitted to go to the medication line. CCHCS documents indicate a Headquarters Team then traveled to the prison to review medication operations. While we await a full written response from CCHCS regarding this, we are told that problems are now resolved, including by having nurses administer medication in housing units instead of from pill lines in the medical clinics.

Defendants' Position: The Receiver's office advised the parties on February 8, 2022 that it is exploring options for attracting consultants to help alleviate appointment backlogs, particularly in specialties like optometry and ophthalmology with the highest backlogs. And as possible, custody staff was hired or redirected to assist healthcare staff with their usual duties. For example, between January 1 and February 8, 2022, statewide custody staff logged approximately 935 hours (or roughly 117 eight-hour shifts) of suicide watch coverage. Defendants will continue to work with the Receiver and CCHCS to ensure the delivery of medical care services to patients to the full extent possible during the COVID pandemic and the recent spread of the Omicron variant.

VI. CALPROTECT REPORT

Plaintiffs' Position: The final CalPROTECT[19] report, resulting from that organization's multiple site visits to CDCR prisons in 2021, remains pending. On February 8, the Receiver indicated it would likely be a few weeks before a final report was issued. The draft report provided in January indicates that findings and recommendations will be made on a variety of COVID-related matters, including for example outbreak prevention and management, ventilation and air filtration, and preventing COVID transmission from staff. We look forward to receiving the final report, and to hearing what action CCHCS and CDCR will take in response to the findings and recommendations.

Defendants' Position: The parties received a draft of CalPROTECT's report evaluating CDCR's response to the pandemic and recommending certain mitigation measures in January 2022. The Receiver advised the parties in a February 8, 2022 meet and confer that the draft will be revised again before it is finalized. Defendants reserve discussion about the report until they review and evaluate a final version.

VII. DELEGATIONS

The parties were previously scheduled to meet and confer regarding the delegation of medical care at the California Rehabilitation Center (CRC) on February 24, 2022. In light of the current outbreak at CRC, Plaintiffs requested and the Receiver agreed to postpone this meet and confer to April 26, 2022.

[19] CalPROTECT, a special project of Amend at UCSF, is an initiative across University of California, San Francisco and University of California, Berkeley. CalPROTECT is comprised of a multidisciplinary team of academics and healthcare professionals with expertise in clinical medicine, public health, epidemiology, economics, environmental and exposure science, public policy, infectious disease, health systems, geriatrics, and palliative care. The CalPROTECT team is co-led by Dr. Brie Williams and Dr. Stefano Bertozzi.

DATED: February 14, 2022

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Exhibit 1

Date of Plaintiffs' Request	Summary of Plaintiffs' Request	Status of Response
01/19/22	Email to CDCR, CCHCS, and Receiver with questions re: ventilation filters in various areas in prisons, status of HCDOM policy re: ventilation, status of validation of ventilation data calculations.	Response provided on 02/10/22.
01/21/22	Email to CCHCS re: status of report on specialty services, questions re: temporary nurses hired, medication administration at RJD.	Response provided on 02/11/22.
01/26/22, 10:33 a.m.; 01/28/22, 11:58 a.m.	Email to Receiver requesting meeting to discuss COVID-19 updates.	Meeting held on 02/08/22. CCHCS counsel advised Plaintiffs responses to their inquiries are being prepared.
01/26/22, 10:45 a.m.	Email to Receiver and Defendants requesting verification of compliance with requirements of 12/08/21 memo re: ventilation for indoor group activity areas, and request for a list from each prison showing number of filtration units in each part of each prison.	Response provided on 02/10/22.
01/26/22, 11:19 a.m.	Email to Receiver regarding CDCR and CCHCS's religious accommodation process, requesting immediate review and report on religious accommodations CDCR and CCHCS granted to workers subject to CDPH order.	Addressed in case management conference statement filed on 02/14/22. The Receiver, CCHCS, and CDCR may provide additional response.
01/26/22, 11:39 a.m.	Email to CCHCS with query re: shortening of COVID-19 quarantine period to 10 days	Response provided on 01/26/22.
01/26/22, 11:46 a.m.	Corrected email to Receiver regarding CDCR and CCHCS's religious accommodation process, requesting immediate review and report on religious accommodations CDCR and CCHCS granted to workers subject to CDPH order.	Addressed in case management conference statement filed on 02/14/22. The Receiver, CCHCS, and CDCR may provide additional response.
01/26/22, 8:21 p.m.	Email to CCHCS and Receiver re: status of final CalPROTECT report.	Response provided on 02/14/22.
01/27/22, 12:01 p.m.	Email to Receiver, CCHCS, and CDCR with questions and requests re: housing unit ventilation matters.	Response provided on 02/14/22.
01/27/22, 2:05 p.m.	Email to Receiver, CCHCS, and CDCR with requests for number of backlogged PCP	Response provided on 02/09/22.

	appointments at LAC, names of patients, request for modification to CCHCS HCDOM procedures.	
01/28/22, 9:22 a.m.	Email to Receiver, CCHCS, and CDCR with multiple policy recommendations re: staff subject to CDPH order and questions re: discipline of staff who fail to comply with CDPH COVID-19 vaccination order, data re: staff discipline, data showing vaccination and accommodation status of staff subject to CDPH order, vaccination of contractor staff, enforcement of CDPH order for newly-hired workers.	Response provided on 02/14/22.
01/28/22, 9:52 a.m.	Email to Receiver, CCHCS, and CDCR with questions re: COVID-19 vaccine and booster shot offers, vaccine and booster acceptance among patients, data tracking the same.	Response provided on 02/07/22.
		01/28/22, 10:40 a.m.: Email from CCHCS counsel to Plaintiffs' counsel advising that Plaintiffs of the workload resulting from Plaintiffs' requests, responses to certain requests may not be ready in time for Plaintiffs' consideration at the upcoming case management conference, and staff will make every effort to respond to Plaintiffs' inquiries as soon as feasible.
01/28/22, 10: 46 a.m.	Email to Receiver, CCHCS, and CDCR with requests re: impact of COVID-19 on medical operations, including information re: additional nursing staff hired, requests re: medication administration at RJD, request for further updates re: impact of Omicron outbreaks on CCHCS medical services operations.	Responses provided on 02/01/22, 02/11/22.
02/01/22, 9:39 a.m.	Email to Receiver requesting redlined version of updated COVID-19 Screening and Testing Matrix	Response provided on 02/01/22.

Exhibit 2

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

MEMORANDUM

Date : January 21, 2022

To : Steven Fama, Prison Law Office

Subject : **PRISON LAW OFFICE NON-PARAGRAPH 7 CONCERN RELATING TO STAFF VACCINATION DATA**

California Correctional Health Care Services (CCHCS) and California Department of Corrections and Rehabilitation (CDCR) are providing the italicized information below in response to your e-mail inquiry dated December 21, 2021.

1. We request a 1/7/22 Zoom or Teams meeting including with one or more CCHCS and CDCR staff knowledgeable about this matter. We ask for that so we can hear from and ask questions of those who can provide details regarding how the staff vaccination verification process was done (or is being done) and, if the process is not completed, the remaining steps and when it expected to be done. In addition, we'd like to hear about how self-reports of vaccination are verified, and whether false vaccination information could be or has been presented.

   This portion of the inquiry was discussed during the teleconference on January 14, 2022.

2. We request that on or before 1/14/22, you provide verified staff vaccination data as of a specified date on or after 1/10/22, as follows (the first two matters concern general staff vaccination data, the others pertain to that related to those subject to the 8/19/21 California Department of Public Health (CDPH) order):

   a. Statewide and prison-specific vaccination data for all staff.

      Refer to Attachment A for a breakdown of statewide and institution-specific vaccination data for all CDCR and CCHCS staff as of January 12, 2022.

   b. Statewide and prison-specific vaccination data for the correctional officer classification.

      Refer to Attachment B for a breakdown of statewide and institution-specific vaccination data for the correctional officer classification as of January 12, 2022.

   c. The number of staff statewide and at each prison who are subject to the CDPH order, and the number and percentages of such staff, statewide and at each prison, who are vaccinated and unvaccinated, respectively. Please include within that data the numbers and percentages of CDCR and CCHCS employed versus contractor staff.

      Refer to Attachment C for statewide and institution-specific vaccination data of CDCR and CCHCS staff who are subject to the August 19, 2021, CDPH order as of January 12, 2022.

d. The number of prison staff statewide and at each prison who are subject to the CDPH order, are unvaccinated, and have been granted a religious or medical exemption or have such a request pending (please provide the numbers for each). Please also provide the number of religious exemption requests granted and pending, and the same data for medical exemptions. Please include within that data the numbers of CDCR and CCHCS employed versus contractor staff (and please explain how information about contractor staff exemptions is known).

Refer to Attachment D for a breakdown of statewide and institution-specific data of CDCR staff who are subject to the August 19, 2021, CDPH order. This data includes pending and approved medical and religious accommodations, as well as current progressive disciplinary measures applied to CDCR staff not in compliance with the August 19, 2021, CDPH order as of January 9, 2022.

Refer to Attachment E for a breakdown of statewide and institution-specific data of CCHCS staff and contractors who are subject to the August 19, 2021, CDPH order. This data includes pending and approved medical and religious accommodations, as well as current progressive disciplinary measures applied to CCHCS staff not in compliance with the August 19, 2021, CDPH order as of January 14, 2022.

Information on religious accommodation requests from CDCR and CCHCS contractors are known through the hiring authorities and the CDCR Office of Civil Rights. Information on reasonable medical accommodation requests from CDCR and CCHCS contractors are identified by the vendor, contractor, and/or network contractor. For CCHCS, the vendor, contractor, and/or network contractor receives and processes the requests; CCHCS is notified once there is a determination.

e. The number of prison staff statewide and at each prison who are subject to the CDPH order who are not contractors, are unvaccinated, and do not have an exemption request granted or pending. Please include within that data the numbers of CDCR and CCHCS employed versus contractor staff (and please explain how information about contractor staff exemptions is known).

Refer to Attachment D for a breakdown of statewide and institution-specific data of CDCR staff subject to the August 19, 2021, CDPH order. This data includes pending and approved medical and religious accommodations, as well as current progressive disciplinary measures applied to CDCR staff not in compliance with the August 19, 2021, CDPH order as of January 9, 2022.

Refer to Attachment E for a breakdown of statewide and institution-specific data of CCHCS staff and contractors who are subject to the August 19, 2021, CDPH order. This data includes pending and approved medical and religious accommodations, as well as current progressive disciplinary measures applied to CCHCS staff not in compliance with the August 19, 2021, CDPH order as of January 14, 2022.

Refer to the response to question 2d regarding information on how CDCR and CCHCS contractor staff exemptions are identified.

f. The number of staff statewide and at each prison who are subject to the CDPH order and are CDCR or CCHCS employees, are unvaccinated, do not have an exemption request granted or pending, and have had progressive discipline taken against them for not complying with the CDPH order. Please also provide the numbers and types of progressive discipline taken. If there are substantial disparities regarding the amount of or nature of progressive disciplinary actions taken between the prisons, or between hiring authorities at those prisons, please explain.

Refer to Attachment F for a breakdown of cumulative statewide and institution-specific data of CCHCS staff subject to progressive discipline and the type of disciplinary action taken for non-compliance with the August 19, 2021, CDPH order as of January 11, 2022. Refer to Attachment D for a cumulative breakdown of statewide and institution-specific data of CDCR staff subject to progressive discipline and the type of disciplinary action taken for non-compliance with the August 19, 2021, CDPH order as of January 9, 2022.

g. The number of staff statewide and at each prison who are subject to the CDPH order and are CDCR or CCHCS employees, are unvaccinated, do not have an exemption request granted or pending, who have not had progressive discipline taken against them for not complying with the CDPH order. If there are such staff, please explain why progressive discipline has not been taken.

Refer to Attachment D for a breakdown of statewide and institution-specific data of CDCR staff subject to the August 19, 2021, CDPH order. This data includes pending and approved medical and religious accommodations, as well as current progressive disciplinary measures applied to CDCR staff not in compliance with the August 19, 2021, CDPH order as of January 9, 2022.

Refer to Attachment E for a breakdown of statewide and institution-specific data of CCHCS staff and contractors who are subject to the August 19, 2021, CDPH order. This data includes pending and approved medical and religious accommodations, as well as current progressive disciplinary measures applied to CCHCS staff not in compliance with the August 19, 2021, CDPH order as of January 14, 2022.

Additionally, refer to Attachments D and F for a cumulative breakdown of statewide and institution-specific data of CDCR and CCHCS staff and the type of disciplinary action taken for non-compliance with the August 19, 2021, CDPH order as of January 9, 2022, for CDCR and January 11, 2022, for CCHCS. A careful review indicated most unvaccinated staff who have not received discipline are new hires/newly-appointed to post, on long term leave, etc. The Chief Executive Officers and Wardens continue to ensure that staff comply with the August 19, 2021, CDPH order or that corrective and/or adverse action is taken for non-compliant staff.

h. The number of contractor staff statewide and at each prison who are subject to the CDPH order who are unvaccinated, do not have an exemption request granted or pending, and continue to work in the prisons. If there are such staff, please explain, including any plan to prohibit their entry into the prison and the timeframe for doing so.

MEMORANDUM

Re: Staff Vaccination Data

Efforts to confirm the vaccination status of contractors statewide are ongoing. Individual institutions are manually tabulating the vaccination and accommodation status of contractors subject to the August 19, 2021, and December 22, 2021, CDPH orders.

Effective October 15, 2021, if a contractor is non-compliant with the COVID-19 vaccination requirement per the August 19, 2021, CDPH order, they would be instructed to leave institution grounds immediately, reported to the vendor, contractor, and/or network contractor, and their contracted assignment would cease. On December 30, 2021, additional direction was provided to institution and facility hiring authorities regarding mandatory COVID-19 booster and testing for institution and facility staff; refer to Attachment G for the memorandum. On and after February 2, 2022, assignments will be ended for registry providers and contractors who are non-compliant with the booster shot requirements per the December 22, 2021, CDPH order and have neither requested nor received a religious or reasonable medical accommodation. Hiring authorities will communicate with the vendor, contractor, and/or network contractor to report non-compliance prior to the February 2, 2022, deadline to ensure services are provided and appropriate staffing levels are maintained.

Thank you.

cc: Clark Kelso, Receiver
Directors, CCHCS
CCHCS Office of Legal Affairs
Office of Legal Affairs, CDCR
Office of the Attorney General
Hanson Bridgett, LLP
Jackie Clark, Deputy Director (A), Institution Operations, CCHCS
DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS
Kimberly Seibel, Deputy Director, Division of Adult Institutions Facility Operations, CDCR
Annette Lambert, Deputy Director, Quality Management, CCHCS
Migdalia Siaca, Deputy Director, Health Care Services *Plata* Personnel, CCHCS
Angela Ponciano, Deputy Director, Business Services, CCHCS
Erin Hoppin, Associate Director, Risk Management Branch, CCHCS
Regional Deputy Medical Executives, Regions I-IV, CCHCS
Regional Health Care Executives, Regions I-IV, CCHCS
Regional Nursing Executives, Regions I-IV, CCHCS

ATTACHMENT A

All Staff Vaccination Data as of January 12, 2022

Institution	ALL					Healthcare					Custody					Administrative, Maintenance & Operations Services					Contractor Staff				
	Total number of staff	Completely Vaccinated		Vaccinated with at Least 1 Dose		Total number of staff	Completely Vaccinated		Vaccinated with at Least 1 Dose		Total number of staff	Completely Vaccinated		Vaccinated with at Least 1 Dose		Total number of staff	Completely Vaccinated		Vaccinated with at Least 1 Dose		Total number of staff	Completely Vaccinated		Vaccinated with at Least 1 Dose	
		#	%	#	%		#	%	#	%		#	%	#	%		#	%	#	%		#	%	#	%
SW	**54469**	**37215**	**68%**	**37997**	**70%**	**10511**	**9373**	**89%**	**9449**	**90%**	**26321**	**16300**	**62%**	**16666**	**63%**	**11909**	**8812**	**74%**	**8955**	**75%**	**5725**	**2728**	**48%**	**2925**	**51%**
ASP	1412	928	66%	950	67%	171	138	81%	139	81%	731	463	63%	475	65%	394	275	70%	282	72%	115	51	44%	53	46%
CAC	744	422	57%	443	60%	112	102	91%	102	91%	380	172	45%	183	48%	154	104	68%	107	69%	98	44	45%	51	52%
CAL	1298	995	77%	1018	78%	143	119	83%	121	85%	733	560	76%	572	78%	327	260	80%	262	80%	95	56	59%	63	66%
CCC	975	459	47%	471	48%	93	80	86%	80	86%	553	228	41%	235	42%	237	118	50%	121	51%	92	33	36%	35	38%
CCI	1585	896	57%	932	59%	206	188	91%	190	92%	924	442	48%	461	50%	336	207	62%	211	63%	119	59	50%	70	59%
CCWF	1339	905	68%	936	70%	287	247	86%	250	87%	534	306	57%	323	60%	392	285	73%	290	74%	126	67	53%	73	58%
CEN	1307	1049	80%	1066	82%	150	124	83%	125	83%	726	601	83%	608	84%	340	279	82%	285	84%	91	45	49%	48	53%
CHCF	3955	3343	85%	3399	86%	1692	1582	93%	1590	94%	1060	857	81%	873	82%	593	488	82%	496	84%	610	416	68%	440	72%
CIM	1880	1302	69%	1324	70%	357	324	91%	325	91%	869	561	65%	568	65%	400	302	76%	306	77%	253	115	45%	125	49%
CIW	1341	967	72%	982	73%	364	324	89%	326	90%	490	351	72%	355	72%	275	230	84%	233	85%	212	62	29%	68	32%
CMC	1907	1299	68%	1321	69%	388	350	90%	354	91%	871	510	59%	516	59%	473	374	79%	377	80%	175	65	37%	74	42%
CMF	2619	2127	81%	2134	81%	798	749	94%	750	94%	884	775	88%	777	88%	392	354	90%	355	91%	545	249	46%	252	46%
COR	2066	1407	68%	1440	70%	370	326	88%	329	89%	1112	657	59%	676	61%	433	324	75%	333	77%	151	100	66%	102	68%
CRC	1294	856	66%	873	67%	171	152	89%	154	90%	733	443	60%	450	61%	278	214	77%	220	79%	112	47	42%	49	44%
CTF	1321	1035	78%	1056	80%	201	188	94%	190	95%	639	449	70%	461	72%	382	312	82%	315	82%	99	86	87%	90	91%
CVSP	912	619	68%	632	69%	119	102	86%	105	88%	441	294	67%	299	68%	277	196	71%	197	71%	75	27	36%	31	41%
FSP	1192	802	67%	813	68%	168	150	89%	153	91%	577	373	65%	375	65%	319	236	74%	239	75%	128	43	34%	46	36%
HDSP	1249	607	49%	614	49%	172	135	78%	136	79%	703	261	37%	264	38%	289	156	54%	159	55%	85	55	65%	55	65%
ISP	1360	873	64%	904	66%	129	101	78%	104	81%	681	449	66%	462	68%	303	206	68%	209	69%	247	117	47%	129	52%
KVSP	1597	1073	67%	1100	69%	242	211	87%	215	89%	951	563	59%	582	61%	344	259	75%	263	76%	60	40	67%	40	67%
LAC	1693	1150	68%	1200	71%	350	303	87%	305	87%	809	492	61%	507	63%	347	250	72%	255	73%	187	105	56%	133	71%
MCSP	1732	1114	64%	1129	65%	371	321	87%	324	87%	864	434	50%	442	51%	441	317	72%	320	73%	56	42	75%	43	77%
NKSP	1508	1028	68%	1042	69%	253	220	87%	220	87%	781	498	64%	504	65%	341	252	74%	255	75%	133	58	44%	63	47%
PBSP	1296	637	49%	650	50%	133	93	70%	93	70%	809	331	41%	338	42%	300	179	60%	184	61%	54	34	63%	35	65%
PVSP	1338	835	62%	859	64%	177	149	84%	150	85%	788	447	57%	462	59%	300	209	70%	214	71%	73	30	41%	33	45%
RJD	2229	1574	71%	1606	72%	483	446	92%	448	93%	1068	705	66%	724	68%	392	324	83%	331	84%	285	98	34%	102	36%
SAC	1911	1235	65%	1255	66%	382	343	90%	347	91%	925	564	61%	575	62%	334	252	75%	254	76%	270	76	28%	79	29%
SATF	1903	1263	66%	1288	68%	380	312	82%	316	83%	990	594	60%	606	61%	446	303	68%	308	69%	87	54	62%	58	67%
SCC	1160	652	56%	664	57%	131	117	89%	117	89%	640	328	51%	332	52%	303	172	57%	176	58%	86	35	41%	39	45%
SOL	1458	960	66%	981	67%	223	205	92%	206	92%	729	427	59%	442	61%	361	279	77%	284	79%	145	49	34%	49	34%
SQ	2155	1425	66%	1483	69%	339	311	92%	315	93%	1009	703	70%	733	73%	337	275	82%	280	83%	470	136	29%	155	33%
SVSP	1919	1435	75%	1457	76%	394	365	93%	368	93%	958	645	67%	657	69%	403	304	75%	310	77%	164	121	74%	122	74%
VSP	1189	896	75%	910	77%	253	227	90%	228	90%	551	360	65%	364	66%	316	264	84%	269	85%	69	45	65%	49	71%
WSP	1625	1047	64%	1065	66%	309	269	87%	274	89%	808	457	57%	465	58%	350	253	72%	255	73%	158	68	43%	71	45%

ATTACHMENT B

Correctional Officer Classification Vaccination Data as of January 12, 2022

Institution	Correctional Officers				
	Total number of staff	Completely Vaccinated		Vaccinated with at Least 1 Dose	
		#	%	#	%
SW	**21414**	**13107**	**61%**	**13427**	**63%**
ASP	585	363	62%	371	63%
CAC	288	114	40%	125	43%
CAL	595	453	76%	464	78%
CCC	420	168	40%	175	42%
CCI	785	372	47%	389	50%
CCWF	405	240	59%	253	62%
CEN	600	496	83%	502	84%
CHCF	908	722	80%	737	81%
CIM	718	456	64%	462	64%
CIW	379	267	70%	271	72%
CMC	703	403	57%	407	58%
CMF	716	623	87%	625	87%
COR	923	542	59%	558	60%
CRC	623	374	60%	381	61%
CTF	501	350	70%	360	72%
CVSP	341	226	66%	230	67%
FSP	451	286	63%	288	64%
HDSP	575	220	38%	223	39%
ISP	557	362	65%	375	67%
KVSP	786	464	59%	482	61%
LAC	675	401	59%	414	61%
MCSP	697	346	50%	353	51%
NKSP	616	389	63%	394	64%
PBSP	660	250	38%	257	39%
PVSP	660	370	56%	382	58%
RJD	883	582	66%	600	68%
SAC	768	468	61%	477	62%
SATF	788	462	59%	474	60%
SCC	488	242	50%	246	50%
SOL	603	344	57%	356	59%
SQ	840	579	69%	603	72%
SVSP	791	532	67%	541	68%
VSP	430	276	64%	280	65%
WSP	656	365	56%	372	57%

ATTACHMENT C

COV D Staff Vaccination for Staff Covered by CD H Order as of January 12, 2022

Institution	ot st in tion r uir d ord r							Healthcare							Custody							Administrative, Maintenance & Operations Services							Contractor Staff						
	Total number of staff	Vaccinated		artially Vaccinated		nvaccinated		Total number of staff	Vaccinated		artially Vaccinated		nvaccinated		Total number of staff	Vaccinated		artially Vaccinated		nvaccinated		Total number of staff	Completely Vaccinated		artially Vaccinated		nvaccinated		Total number of staff	Completely Vaccinated		artially Vaccinated		nvaccinated	
		#	%	#	%	#	%		#	%	#	%	#	%		#	%	#	%	#	%		#	%	#	%	#	%		#	%	#	%	#	%
SW	**20613**	**17153**	**83%**	**196**	**1%**	**3264**	**16%**	**10427**	**9305**	**89%**	**74**	**1%**	**1048**	**10%**	**5315**	**4280**	**81%**	**50**	**1%**	**985**	**19%**	**2834**	**2377**	**84%**	**27**	**1%**	**430**	**15%**	**2037**	**1191**	**58%**	**45**	**2%**	**801**	**39%**
ASP	314	261	83%	2	1%	51	16%	171	138	81%	1	1%	32	19%	88	75	85%	1	1%	12	14%	55	48	87%	0	0%	7	13%	0	0		0		0	
CAC	153	129	84%	0	0%	24	16%	112	102	91%	0	0%	10	9%	41	27	66%	0	0%	14	34%	0	0		0		0		0	0		0		0	
CAL	274	250	91%	1	0%	23	8%	142	119	84%	1	1%	22	15%	73	73	100%	0	0%	0	0%	51	50	98%	0	0%	1	2%	8	8	100%	0	0%	0	0%
CCC	156	121	78%	1	1%	34	22%	82	70	85%	0	0%	12	15%	59	42	71%	1	2%	16	27%	6	4	67%	0	0%	2	33%	9	5	56%	0	0%	4	44%
CCI	300	250	83%	6	2%	44	15%	200	183	92%	2	1%	15	8%	58	38	66%	2	3%	18	31%	24	17	71%	0	0%	7	29%	18	12	67%	2	11%	4	22%
CCWF	531	430	81%	6	1%	95	18%	285	247	87%	2	1%	36	13%	70	67	96%	1	1%	2	3%	86	64	74%	0	0%	22	26%	90	52	58%	3	3%	35	39%
CEN	267	227	85%	3	1%	37	14%	143	118	83%	1	1%	24	17%	67	62	93%	0	0%	5	7%	35	28	80%	1	3%	6	17%	22	19	86%	1	5%	2	9%
CHCF	3955	3343	85%	56	1%	556	14%	1692	1582	93%	8	0%	102	6%	1060	857	81%	16	2%	187	18%	593	488	82%	8	1%	97	16%	610	416	68%	24	4%	170	28%
CIM	626	546	87%	4	1%	76	12%	356	323	91%	1	0%	32	9%	164	141	86%	1	1%	22	13%	77	62	81%	1	1%	14	18%	29	20	69%	1	3%	8	28%
CIW	626	538	86%	5	1%	83	13%	360	321	89%	2	1%	37	10%	172	135	78%	2	1%	35	20%	67	60	90%	0	0%	7	10%	27	22	81%	1	4%	4	15%
CMC	647	552	85%	5	1%	90	14%	388	350	90%	4	1%	34	9%	151	112	74%	1	1%	38	25%	103	86	83%	0	0%	17	17%	5	4	80%	0	0%	1	20%
CMF	2619	2127	81%	7	0%	485	19%	798	749	94%	1	0%	48	6%	884	775	88%	2	0%	107	12%	392	354	90%	1	0%	37	9%	545	249	46%	3	1%	293	54%
COR	672	575	86%	4	1%	93	14%	370	326	88%	3	1%	41	11%	176	134	76%	0	0%	42	24%	74	70	95%	1	1%	3	4%	52	45	87%	0	0%	7	13%
CRC	329	278	84%	3	1%	48	15%	170	151	89%	2	1%	17	10%	85	64	75%	1	1%	20	24%	52	45	87%	0	0%	7	13%	22	18	82%	0	0%	4	18%
CTF	379	345	91%	5	1%	29	8%	201	188	94%	2	1%	11	5%	86	76	88%	1	1%	9	10%	72	62	86%	1	1%	9	13%	20	19	95%	1	5%	0	0%
CVSP	278	221	79%	5	2%	52	19%	118	101	86%	3	3%	14	12%	101	78	77%	2	2%	21	21%	50	39	78%	0	0%	11	22%	9	3	33%	0	0%	6	67%
FSP	299	270	90%	5	2%	24	8%	160	146	91%	3	2%	11	7%	79	73	92%	0	0%	6	8%	36	33	92%	0	0%	3	8%	24	18	75%	2	8%	4	17%
HDSP	296	214	72%	1	0%	81	27%	172	135	78%	1	1%	36	21%	85	53	62%	0	0%	32	38%	39	26	67%	0	0%	13	33%	0	0		0		0	
ISP	246	186	76%	4	2%	56	23%	129	101	78%	3	2%	25	19%	66	50	76%	1	2%	15	23%	49	34	69%	0	0%	15	31%	2	1	50%	0	0%	1	50%
KVSP	402	344	86%	6	1%	52	13%	242	211	87%	4	2%	27	11%	95	77	81%	2	2%	16	17%	64	55	86%	0	0%	9	14%	1	1	100%	0	0%	0	0%
LAC	496	425	86%	6	1%	65	13%	333	287	86%	2	1%	44	13%	102	89	87%	2	2%	11	11%	35	28	80%	1	3%	6	17%	26	21	81%	1	4%	4	15%
MCSP	619	504	81%	6	1%	109	18%	368	320	87%	3	1%	45	12%	142	91	64%	1	1%	50	35%	94	78	83%	2	2%	14	15%	15	15	100%	0	0%	0	0%
NKSP	420	366	87%	0	0%	54	13%	252	219	87%	0	0%	33	13%	147	129	88%	0	0%	18	12%	21	18	86%	0	0%	3	14%	0	0		0		0	
PBSP	255	176	69%	3	1%	76	30%	133	93	70%	0	0%	40	30%	66	43	65%	2	3%	21	32%	55	39	71%	1	2%	15	27%	1	1	100%	0	0%	0	0%
PVSP	324	261	81%	3	1%	60	19%	174	146	84%	1	1%	27	16%	98	72	73%	2	2%	24	24%	52	43	83%	0	0%	9	17%	0	0		0		0	
RJD	560	513	92%	2	0%	45	8%	481	444	92%	2	0%	35	7%	1	1	100%	0	0%	0	0%	78	68	87%	0	0%	10	13%	0	0		0		0	
SAC	917	631	69%	12	1%	274	30%	381	343	90%	4	1%	34	9%	187	135	72%	4	2%	48	26%	106	86	81%	1	1%	19	18%	243	67	28%	3	1%	173	71%
SATF	615	501	81%	8	1%	106	17%	380	312	82%	4	1%	64	17%	124	101	81%	1	1%	22	18%	92	72	78%	2	2%	18	20%	19	16	84%	1	5%	2	11%
SCC	205	170	83%	1	0%	34	17%	126	112	89%	0	0%	14	11%	53	41	77%	0	0%	12	23%	19	12	63%	1	5%	6	32%	7	5	71%	0	0%	2	29%
SOL	393	332	84%	6	2%	55	14%	222	204	92%	1	0%	17	8%	80	58	73%	3	4%	19	24%	70	59	84%	2	3%	9	13%	21	11	52%	0	0%	10	48%
SQ	646	563	87%	6	1%	77	12%	339	311	92%	4	1%	24	7%	234	186	79%	1	0%	47	20%	73	66	90%	1	1%	6	8%	0	0		0		0	
SVSP	823	733	89%	4	0%	86	10%	392	364	93%	3	1%	25	6%	203	165	81%	0	0%	38	19%	127	108	85%	1	1%	18	14%	101	96	95%	0	0%	5	5%
VSP	427	356	83%	4	1%	67	16%	253	227	90%	1	0%	25	10%	105	72	69%	0	0%	33	31%	65	56	86%	2	3%	7	11%	4	1	25%	1	25%	2	50%
WSP	544	415	76%	6	1%	123	23%	302	262	87%	5	2%	35	12%	113	88	78%	0	0%	25	22%	22	19	86%	0	0%	3	14%	107	46	43%	1	1%	60	56%

ATTACHMENT D

CDCR - Division of Adult Institutions

COVID Vaccination Compliance Rates

Institution	Week Ending 1/9/22			Staff Pending or with Approved Accommodations				Percentage of DAI Staff in Compliance w/ the 8/19/21 CDPH Order	**Number of staff requiring explanation (indicate on tab)
	TOTAL DAI Staff	**DAI Staff subject to CDPH Order Denominator	DAI Staff In Denominator with No Confirmed Vaccination	Number of staff with *pending* Medical Accommodation	Number of staff with *approved* Medical Accommodation	Number of staff with *pending* Religious Accommodation	Number of staff with *approved* Religious Accommodation		
Statewide	33,643	6,427	1,004	25	15	277	647	99%	36
ASP	94	94	11	0	0	5	6	100%	0
CAC	514	46	13	0	0	0	12	98%	1
CAL	1020	78	6	1	0	0	5	100%	0
CCC	753	60	19	0	1	2	14	97%	2
CCI	879	68	10	0	1	0	9	100%	0
CCWF	821	126	50	0	0	3	46	99%	1
CEN	1025	68	4	0	1	0	3	100%	0
CHCF	1520	1,348	172	7	0	164	0	100%	1
CIM	1131	176	23	0	1	1	21	100%	0
CIW	689	176	37	0	0	0	35	99%	2
CMC	1207	152	35	0	0	2	33	100%	0
CMF	1098	1,089	109	2	0	10	97	100%	0
COR	1130	184	27	0	5	5	17	100%	0
CRC	1032	154	30	1	1	13	15	100%	0
CTF	1307	83	8	0	0	1	7	100%	0
CVSP	903	61	8	0	0	0	8	100%	0
FSP	799	75	4	0	1	0	0	96%	3
HDSP	924	88	29	4	0	3	22	100%	0
ISP	938	72	16	0	0	3	10	96%	3
KVSP	1306	97	19	2	2	1	14	100%	0
LAC	996	105	26	0	0	1	22	97%	3
MCSP	1692	141	45	0	1	8	36	100%	0
NKSP	1061	130	13	0	0	0	13	100%	0
PBSP	248	84	18	0	0	1	15	98%	2
PVSP	1299	301	47	3	0	1	36	98%	7
RJD	1628	247	35	2	0	6	26	100%	1
SAC	1241	205	42	0	0	27	14	100%	1
SATF	976	119	18	0	0	7	3	93%	4
SCC	936	59	16	0	0	6	10	100%	0
SOL	1047	81	13	2	0	3	8	100%	0
SQ	997	246	15	1	0	0	12	99%	2
SVSP	1169	205	35	0	0	4	31	100%	0
VSP	93	93	29	0	0	0	27	98%	2
WSP	1170	116	22	0	1	0	20	99%	1
DAI-HQ								N/A	0

CAC

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Sergeant*	*No Action, on Extended Leave*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

CCC

Sequential number	Classification	Discipline/Reason (No Action, LOI, Adverse*)
1	*Correctional Officer*	*Due to a telestaff error, the C/O did not show on reports as being assigned to the designated post identified in the CDPH Order. Pending 2nd vaccination dose 01/26/2022.*
2	*Correctional Officer*	*Recently assigned to a mandated position - pending vaccination 01/26/2022.*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

CCWF

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	No Action; assigned 11/29/2021; in process of recieving 2nd dose; 1/14/2022 tested positive.

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

CHCF

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*No Action - Received 1st Dose, Needs Follow up.*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

CIW

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*New HCA position, LOI will be issued if the employee does not start the vaccination process within the prescribed timeframe.*
2	*Correctional Officer*	*New HCA position, LOI will be issued if the employee does not start the vaccination process within the prescribed timeframe.*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

FSP

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*No Action - Vaccination Process Started on 1/08/22*
2	*Correctional Officer*	*No Action - Vaccination Process Started on 1/13/22*
3	*Correctional Officer*	*Officer became assigned to a CDPH position on January 3, 2022. The officer was informed he is required to obtain full-vaccination within 30 days. No LOI issued.*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

ISP

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	No Action, Extended Leave effective 8/26/2021 - Maternity Leave
2	*Correctional Officer*	No Action, Partial Vaccination, waiting period to get 2nd Shot on 2/04/2022
3	*Correctional Officer*	No Action, Extended Leave effective 9/8/2021 -Long Term Sick

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

LAC

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*New HCA position, vaccination form required/LTS*
2	*Correctional Officer*	*New HCA position, vaccination form required/LTS*
3	*Correctional Officer*	*New to HCA position CDCR/CCHCS COVID-19 Vaccination Requirement Form Completed. Emplyee has 7 days to comply with CDPH order.*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

PBSP

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*New to Position 1/3/22*
2	*Correctional Officer*	*New to Position 1/3/22*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

PVSP

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*No Action - Long Term Sick*
2	*Pharmacist I*	*No Action - Long Term Sick*
3	*Office Technician (Typing)*	*No Action - Long Term Sick*
4	*Office Technician (Typing)*	*No Action - Long Term Sick*
5	*Licensed Vocational Nurse, CDCR*	*No Action - Long Term Sick*
6	*Psychiatric Technician (Safety)*	*No Action - Long Term Sick*
7	*Custodian I*	*No Action - Long Term Sick*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

RJD

Sequential number	Classification	Discipline/Reason (No Action, LOI, Adverse*)
1	*Custodian Supervisor I*	PIA Supervisor Confirmed EE is Vaccinated - Pending Proof to EH to update Registry

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*First dose of Moderna was 12/16/21.*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

SATF

Sequential number	Classification	Discipline/Reason (No Action, LOI, Adverse*)
1	Correctional Officer	Pending ERO Drafting & Service of Adverse Action
2	Correctional Officer	LOI issued; Religious Accomm. submitted - pending approval
3	Correctional Officer	LOI pending issuance to employee upon return (out sick)
4	Correctional Officer	pending transfer (bid) out of position

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

SQSP

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*Newly Assigned 01-03-22 No Action*
2	*Correctional Officer*	*COVID POSITIVE within 90 Days No Action*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

VSP

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*Pending Religious Accommodation/Awaiting Verification*
2	*Correctional Officer*	*New Hire Awaiting Verification - Vaccination/Accommodation*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

WSP

Sequential number	**Classification**	**Discipline/Reason** (No Action, LOI, Adverse*)
1	*Correctional Officer*	*Assigned to Medical Post on 1/3/22. Not eligible for vaccine due to recent COVID positive test.*

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

INSTITUTION NAME

Sequential number	Classification	Discipline/Reason (No Action, LOI, Adverse*)
1	*Office Technician (T)*	*New Hire 12/6/2021*
2	*Office Technician (T)*	*Adverse - Pending Skelly*
3	*Correctional Officer*	*No Action*
4	*Correctional Officer*	*No Action*
5	*Correctional Officer*	*Adverse - Pending Skelly*
6	*AGPA*	*LOI*
7	*AGPA*	*RTW 12/3/2021*
8		
9		
10		
11		
12		
13		

*For those served formal adverse action; please advise of the current status of action (Pending Request for Adverse Action (CDCR-989), Pending NOAA, Skelly Hearing, SPB, etc.)

Vaccination Compliance Tracking DAI Methodology

[redacted]

Staff Subject to CDPH Number = Denominator

Staff assigned to post as identified in CDPH's August 19, 2021, Executive Order and the August 23, 2021, memorandum titled *"Mandatory COVID-19 Vacccines and Testing for Institution Staff."*

-Staff off work (paid or unpaid)
-Extended Leave
-Camp Extended Leave
-Jury Duty
-Leave of Absence (with or without pay)
-Staff with pending or approved Religious/Medical Accomodations

[redacted]

Explanation Requirement*

This includes staff who:

-Fall within the denominator
-Unvaccinated
-Accommodation request (Medical/Religious) denied
-No accommodation was requested

*For those served formal adverse action; please advise of the current status of action (Skelly Hearing, etc.)

ATTACHMENT E

CCHCS nstitution Operations Staff oster

COVID Vaccination Compliance Rates

A nstitution	Wee ndin 1 14 22			clusions planation									% in Column D Accounted for *(Sum of E to M, divided by D)*	% Staff in Compliance with CD H Mandate *(Sum of Fully-Vaccinated Staff and E to L, divided by C)*	umber of staff re uirin e planation *(Indicate on tab)*
	Total CCHCS Staff *(Inclusive of Civil Service and Contract/Registry)*	C CCHCS Staff Denominator[1] *(Column B minus staff in exclusions list)*	D CCHCS Staff n Column C with o Confirmed Vaccination	ull Vaccination ot n System	umber of staff with *pending* Medical Accommodation	umber of staff with *approved* Medical Accommodation	H umber of staff with *pending* eli ious Accommodation	umber of staff with *approved* eli ious Accommodation	J umber of staff with *pending* Medical & eli ious Accommodation	umber of staff with *approved* Medical & eli ious Accommodation	L endin Approved Accomodation nstitution eported	M endin ssued ro ressive Discipline			
SW	**14,223**	**13,823**	**1,686**	**86**	**20**	**68**	**214**	**518**	**7**	**8**	**121**	**11**	**62%**	**95%**	**633**
ASP	224	220	33	1	0	4	4	23	0	0	1	0	100%	100%	0
CAC	112	110	9	0	0	0	0	7	0	0	0	0	78%	98%	2
CAL	194	187	17	0	0	2	1	13	0	0	0	0	94%	99%	1
CCC	94	92	15	2	1	4	3	2	0	0	1	0	87%	98%	2
CCI	235	232	21	3	0	2	1	11	0	0	1	0	86%	99%	3
CCWF	404	391	45	4	0	1	4	29	0	0	0	0	84%	98%	7
CEN	186	183	29	0	3	2	3	6	0	0	11	0	86%	98%	4
CHCF	2449	2,414	256	1	0	4	18	42	0	0	4	0	27%	92%	187
CIM	448	436	40	4	0	0	7	25	0	0	1	3	100%	99%	0
CIW	440	434	37	2	1	0	2	26	0	3	2	0	97%	100%	1
CMC	491	474	37	4	0	2	3	23	0	0	4	0	97%	100%	1
CMF	1488	1,434	279	3	1	1	23	0	0	0	17	2	17%	84%	232
COR	491	481	43	1	4	0	25	1	6	0	5	0	98%	100%	1
CRC	239	226	14	0	3	0	9	0	0	0	2	0	100%	100%	0
CTF	283	278	18	5	0	2	5	1	0	0	2	0	83%	99%	3
CVSP	166	158	22	0	0	1	0	18	0	0	2	0	95%	99%	1
FSP	213	212	20	6	1	0	2	8	0	0	3	0	100%	100%	0
HDSP	202	195	38	0	0	13	1	16	0	3	4	0	97%	99%	1
ISP	172	163	30	0	0	3	3	19	0	0	5	0	100%	100%	0
KVSP	304	292	27	1	1	3	7	11	0	0	2	0	93%	99%	2
LAC	381	371	40	1	0	0	0	36	0	0	3	0	100%	100%	0
MCSP	465	459	52	0	2	0	5	43	0	0	1	1	100%	100%	0
NKSP	265	262	30	1	1	0	0	21	0	0	2	0	83%	98%	5
PBSP	181	167	37	0	0	6	2	21	0	1	4	0	92%	98%	3
PVSP	219	211	24	4	1	0	1	16	0	1	0	0	96%	100%	1
RJD	544	530	32	1	0	0	5	24	0	0	2	0	100%	100%	0
SAC	699	697	216	29	0	1	32	2	1	0	0	0	30%	78%	151
SATF	478	461	71	4	0	13	12	2	0	0	32	0	89%	98%	8
SCC	145	142	18	1	0	0	1	14	0	0	2	0	100%	100%	0
SOL	287	278	22	0	0	0	6	8	0	0	2	2	82%	98%	4
SQ	398	393	26	0	0	0	7	7	0	0	1	3	69%	97%	8
SVSP	594	584	32	0	1	2	17	10	0	0	0	0	94%	100%	2
VSP	310	304	28	1	0	1	3	20	0	0	3	0	100%	100%	0
WSP	422	352	28	7	0	1	2	13	0	0	2	0	89%	99%	3

[1] *Denominator excludes staff on Long Term Leave, Duplicate Records, Separations, etc.*

ATTACHMENT F

CCHCS Vaccine Non-Compliance Letter of Instructions and Adverse Actions
Issued as of January 11, 2022

Institution	LOIs	Adverse Actions
ASP	3	0
CAL	7	0
CEN	1	0
CHCF	68	3
CIM	5	0
CIW	8	0
CMC	1	0
CMF	5	0
CRC	2	0
CVSP	4	0
HDSP	1	0
HQ Staff	1	0
ISP	1	0
KVSP	1	0
LAC	10	0
MCSP	2	1
NKSP	1	0
PVSP	3	0
RJD	13	0
SAC	3	0
SATF	3	0
SCC	1	0
SOL	2	0
SQ	2	0
VSP	1	0
WSP	1	0
Total	**150**	**4**

ATTACHMENT G

CALIFORNIA DEPARTMENT of CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date:	December 30, 2021
To:	California Department of Corrections and Rehabilitation – All Institution and Facility Staff California Correctional Health Care Services – All Institution and Facility Staff
From:	DocuSigned by: Jeffrey Macomber For 5957F5D0C55F473... KATHLEEN ALLISON, Secretary, CDCR DocuSigned by: Clark Kelso 2E3708FD02AF4DC... J. CLARK KELSO, Receiver, CCHCS
Subject:	**MANDATORY COVID-19 VACCINATION, BOOSTER AND TESTING FOR INSTITUTION/FACILITY STAFF**

The purpose of this memorandum is to address the order issued by the California Department of Public Health (CDPH) on December 22, 2021, which builds upon the August 19, 2021, CDPH order.

AUGUST 19, 2021 CDPH ORDER – FULL VACCINATION REQUIREMENT FOR STAFF

The August 19, 2021, CDPH order requires workers in specified correctional health care facilities to show evidence of full vaccination for COVID-19 by October 14, 2021, or to obtain approval for a reasonable medical or religious accommodation precluding them from the mandatory full vaccination. Workers to whom this requirement applies cannot opt out of vaccination or routinely test in lieu of vaccination. The implementation plans for the August 19, 2021, CDPH order are outlined in the memoranda issued by the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) on August 23, 2021, September 20, 2021 and October 04, 2021.

On December 22, 2021, CDPH updated the August 19, 2021, CDPH order and now requires booster-eligible workers to receive their booster dose by no later than February 1, 2022, or to undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted.

Both the August 19, 2021, CDPH order and subsequent December 22, 2021, CDPH order apply to all workers at California Health Care Facility (CHCF), California Medical Facility (CMF), and the Skilled Nursing Facility at Central California Women's Facility (CCWF). In addition, it applies to those workers regularly assigned to work in the following health care areas or posts within institutions system-wide.

1. All Correctional Treatment Centers (CTC) and similar locations, including:
   a. Medical CTC beds
   b. Licensed and Unlicensed Psychiatric In-Patient Program housing
   c. Licensed and Unlicensed Mental Health Crisis housing

2. All Outpatient Housing Units (OHUs)
3. Medical, Specialty, Mental Health, and Dental clinic treatment areas
4. Hospice beds
5. Dialysis units
6. Treatment and Triage Areas (TTAs)
7. Staff identified on the Master Assignment Roster as assigned to transportation or medical guarding in the community
8. All Department of Juvenile Justice (DJJ) staff assigned to the Mental Health Residential Units, Intensive Behavioral Treatment Program Units, and Sexual Behavior Treatment Program Units
9. All staff assigned to the Medical Wings within DJJ facilities
10. All staff assigned to the Program Center at N.A. Chaderjian Youth Correctional Facility

All paid and unpaid regularly assigned workers/volunteers subject to both CDPH orders include but are not limited to the following: clinicians, nurses/nursing assistants, technicians, therapists, phlebotomists, pharmacists, dietary staff, janitorial and laundry staff, administrative staff, registry staff, contract staff, volunteers, custody staff, health facility maintenance workers and inmate workers. Both CDPH orders shall apply to all five-day-a-week posts and regular-day-off posts. Currently, both CDPH orders will not apply to non-regularly assigned staff, such as relief staff, voluntary overtime, mandatory overtime, swaps, or those who do not work in the area regularly, such as staff making pick-ups or deliveries, conducting maintenance repairs, conducting tours, etc. Additionally, both CDPH orders will not apply to any staff responding to emergencies.

DECEMBER 22, 2021, CDPH ORDER – BOOSTER AND TESTING REQUIREMENTS FOR STAFF

The December 22, 2021, CDPH order applies to the same CDCR/CCHCS workers impacted by the August 19, 2021, CDPH order, as defined above, and requires the following:

1. All workers currently eligible for boosters, who provide services or work in facilities as defined above shall be "fully vaccinated and boosted" for COVID-19 by receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A.
   a. Those workers currently eligible for booster doses (per Table A) shall receive their booster dose by no later than February 1, 2022.
   b. Workers not yet eligible for boosters shall be in compliance no later than 15 days after the recommended timeframe per Table A for receiving the booster dose.

2. Beginning December 27, 2021, booster-eligible workers who have not yet received their booster dose shall undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted. Fully-vaccinated workers who are not yet eligible for a booster are only required to test once they become eligible for a booster but remain unboosted.

Table A: California Immunization Requirements for Covered Workers

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 months after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 months after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

JULY 26, 2021, CDPH ORDER – WORKER PROTECTIONS IN HIGH-RISK SETTINGS

As a reminder, the August 19, 2021 CDPH order and subsequent December 22, 2021, CDPH order do not supplant the July 26, 2021, CDPH order. Therefore, pursuant to the July 26, 2021, CDPH order, all unvaccinated and partially vaccinated workers in High-Risk Congregate Settings, including state and local correctional facilities, shall undergo screening and testing for COVID-19 twice-weekly with at least 72 hours between each test, until fully-vaccinated.

VACCINE, BOOSTER AND TESTING LOCATIONS

Workers may obtain no-cost COVID-19 vaccination and booster from CDCR/CCHCS vaccine clinics. Alternatively, workers may obtain no-cost vaccination/booster outside CDCR/CCHCS from any clinic listed on the website myturn.ca.gov, or from their personal health care provider.

Workers may obtain no-cost COVID-19 testing from CDCR/CCHCS institution and non-institution testing locations. Alternatively, workers may obtain no-cost testing outside CDCR/CCHCS from any location listed on California's COVID-19 website, or from their personal health care provider.

Workers who obtained vaccination/booster/testing from outside CDCR/CCHCS shall submit proof as follows:

- To submit vaccination/booster documentation, follow the steps in Attachment A.
- To submit testing documentation, follow the steps in Attachment B.
- Division of Adult Institutions staff shall also submit proof of vaccination/booster/testing to the appropriate local compliance unit. Contact your supervisor/manager for details.

QUALIFYING ACCOMMODATION REQUESTS

Workers to whom the mandatory COVID-19 vaccination/booster apply but who opt out of the COVID-19 vaccination/booster on the basis of their sincerely-held religious belief or due to qualifying medical reason(s) may submit a request for a religious or reasonable medical accommodation following the processes outlined in the August 23, 2021 and September 20, 2021, memoranda. The Department shall engage in the interactive process with workers to ensure a timely and appropriate determination of religious or reasonable medical accommodation.

Workers with a pending or approved/denied request shall continue reporting to work and obtain COVID-19 testing twice-weekly with at least 72-hours between each test. If the accommodation request is denied, the worker has 14 calendar days to initiate a vaccination/booster.

FACE COVERING REQUIREMENTS FOR STAFF

Fully-vaccinated and booster-eligible workers (regardless of booster status) shall continue to wear at least a procedure mask while on CDCR institution/facility grounds, unless an N95 mask is required pursuant to the California Code of Regulations (CCR) Title 8, Section 5199 or the July 26, 2021, CDPH Order. Unvaccinated or partially vaccinated workers, including those with a pending or denied/approved accommodation request or disciplinary action, shall wear an N95 mask while on CDCR institution/facility grounds. Limited exceptions to masking requirements apply as outlined in the December 6, 2021, memorandum.

NON-COMPLIANCE ACCOUNTABILITY

For civil service workers, refusal to comply with vaccination, booster, testing and masking mandates may result in corrective or disciplinary action in accordance with CCR Title 15, Section 3392, Employee Discipline, and the Department Operations Manual, Article 22,

Employee Discipline, Section 33030.8, Causes for Corrective Action, and 33030.9, Causes for Adverse Action. Further directions to local Hiring Authorities (HA) will be forthcoming specifying expectations of progressive discipline for non-compliance by civil service workers.

For registry providers and contract workers, local HAs shall report non-compliance to the vendor/contractor/network contractor. On and after February 2, 2022, the assignment for non-compliant registry providers, contractors, and applicable retired annuitants who have neither requested nor received a religious or reasonable medical accommodation shall be ended. Assignments shall not be ended prior to this deadline. HAs shall follow the established method of communication with the vendor/contractor/network contractor to report non-compliance prior to the deadline to ensure services are provided and appropriate staffing levels are maintained.

REQUIREMENTS FOR LOCAL HIRING AUTHORITY

Each local hiring authority shall be responsible for identifying workers to whom the August 19, 2021, CDPH order and subsequent December 22, 2021, CDPH order apply and notifying these workers that they are covered by and shall comply timely with both CDPH orders.

HAs may utilize the COVID-19 Staff Vaccination Registry and the COVID-19 Staff Testing Registry to monitor compliance with COVID-19 vaccination, booster, testing, and masking requirements. It is the HA's responsibility to regularly review information from these reports and share relevant non-compliance information with their respective managers and supervisors. For any questions or concerns regarding the COVID-19 staff registries, please contact CCHCS Quality Management at QMStaff@cdcr.ca.gov

QUESTIONS OR CONCERNS

A revised Frequently-Asked-Question document regarding the August 19, 2021, CDPH order and subsequent December 22, 2021, CDPH order is forthcoming. Refer to Attachment C for a quick one-page guide of all CDPH orders related to COVID-19 vaccination, booster and testing.

If you have any questions or concerns, inquiries shall be directed as follows:

- For Wardens, contact your mission's Associate Director, Division of Adult Institutions.
- For Chief Executive Officers, contact your respective Regional Health Care Executive.
- For Division of Juvenile Justice, contact either Deputy Director.
- For religious accommodation-related questions, contact the local EEO coordinator.
- For reasonable medical accommodation-related questions, contact the RTWC for civil service workers, or appropriate vendor/contractor/network contractor for registry providers and contractors.
- For progressive discipline-related questions, contact the assigned Employee Relations Officer or Health Care Employee Relations Officer.
- For COVID-19 vaccination, booster, or testing questions, and any other COVID-19-related questions, contact the Employee Health Program at EHP@cdcr.ca.gov.

CALIFORNIA DEPARTMENT of CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

ATTACHMENT A
SUBMISSION OF COVID-19 VACCINATION RECORD

CDCR, CCHCS and Division of Juvenile Justice (DJJ) staff who have been vaccinated from an outside provider shall securely submit ***COVID-19 Vaccination Record Cards*** directly to the Environmental Health and Safety (EHS) Data Team. The EHS module within the Business Information Systems (BIS) platform is being used to capture vaccination data from the Centers for Disease Control and Prevention (CDC) ***COVID-19 Vaccination Record Card*** via DocuSign.

Staff should submit a ***COVID-19 Vaccination Record Card*** if:

1. You have completed your two shot series (Pfizer-BioNTech or Moderna) with at least one shot received outside of the CDCR offered COVID-19 Vaccination Program; ***OR***
2. You have received the Johnson & Johnson Janssen single dose vaccine outside of the CDCR offered COVID-19 Vaccination Program; ***AND***
3. You have an email account where you can verify your submission. For the best user experience,please use your @CDCR.CA.GOV email account.

NOTE: If you have received your entire COVID-19 Vaccination series from CDCR, there is no need to submit your ***COVID-19 Vaccination Record Card***.

Staff may submit a ***COVID-19 Vaccination Record Card*** using any of the following methods:

1. DocuSign (preferred)

- Click below to initiate the COVID-19 Vaccination Record Card in DocuSign:
  COVID Vaccination Record Card
  A confirmation code will be sent to the email address you provide via DocuSign.
- Once you confirm the email account provided, DocuSign will launch.
- Enter the required information into DocuSign, which includes Name, Date, PERNR # and Date of Birth.
- Attach your scanned or photographed ***COVID-19 VaccinationRecord Card.***
- Click Finish to submit.

2. Email to EHS Help Desk Mailbox at EHSHelpDesk@cdcr.ca.gov

3. Via US Postal Service to the below address. NOTE: If sending via US Postal Service, do not send your original ***COVID-19 Vaccination Record Card*** to the EHS team.

Department of Corrections and Rehabilitation
Enterprise Information Services
1940 Birkmont Drive, Rancho Cordova, CA 95742
Attn: EHS Help Desk

Please allow 5-7 business days for your information to be entered into EHS. If you have any questions, please contact EHSHelpDesk@cdcr.ca.gov.

CALIFORNIA DEPARTMENT of CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

ATTACHMENT B
SUBMISSION OF COVID-19 TESTING DOCUMENTATION

CDCR, CCHCS and DJJ staff who have been tested from an outside provider shall securely submit documentation of ***Non-CDCR/CCHCS COVID-19 Test Result*** directly to the Employee Health Program team using this DocuSign PowerForm. The PowerForm can be used only if staff has an email account where they can verify their submittal. For the best user experience, staff shall use their @CDCR.CA.GOV email account.

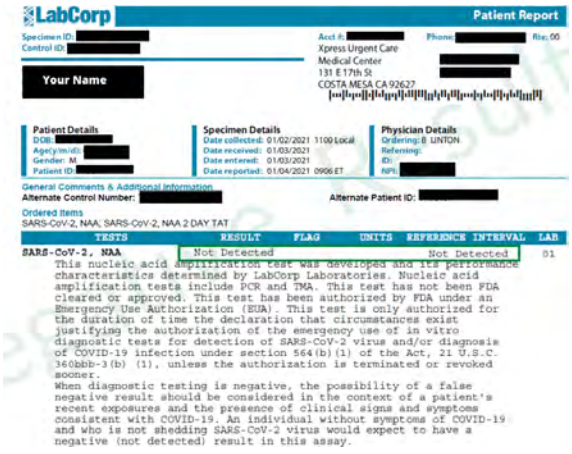
Staff shall submit documentation of COVID-19 test result only if they have tested outside of CDCR/CCHCS (e.g. Kaiser, Sutter, CVS, etc.). Tests completed within CDCR/CCHCS will automatically be recorded in BIS. Documentation of test results shall include the following:

1. Name of the company that conducted the test
2. Name and date-of-birth of the employee
3. The test result

Directions for Using the PowerForm

1. A confirmation code will be sent to the email address provided while initiating the PowerForm.
2. Once confirmed via the email account provided, the ***Non-CDCR/CCHCS COVID-19 Test Result*** ***PowerForm*** will launch for staff to fill out.
3. Enter all required information into the form.
4. Attach the documentation of ***Non-CDCR/CCHCS COVID-19 Test Result***.
5. Click Finish once all required information are entered and the documentation of ***Non-CDCR/CCHCS COVID-19 Test Result*** is attached.

- Name:
- Date:
- PERNR:
- Date of Birth:
- Attach documentation of ***Non-CDCR/CCHCS COVID-19 Test Result*** (as shown in Example photo).


LabCorp Patient Report

Your Name

Xpress Urgent Care
Medical Center
131 E 17th St
COSTA MESA CA 92627

Patient Details
Specimen Details
Date collected: 01/02/2021 1100 Local
Date received: 01/03/2021
Date entered: 01/03/2021
Date reported: 01/04/2021 0906 ET
Physician Details
Ordering: B LINTON
Referring:

General Comments & Additional Information
Alternate Control Number:
Alternate Patient ID:

Ordered Items
SARS-CoV-2, NAA; SARS-CoV-2, NAA 2 DAY TAT

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
SARS-CoV-2, NAA	Not Detected			Not Detected	01

This nucleic acid amplification test was developed and its performance characteristics determined by LabCorp Laboratories. Nucleic acid amplification tests include PCR and TMA. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b) (1), unless the authorization is terminated or revoked sooner.
When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. An individual without symptoms of COVID-19 and who is not shedding SARS-CoV-2 virus would expect to have a negative (not detected) result in this assay.

Although **DocuSign is the preferred method**, staff may also mail-in their documentation of test results tothe following address:

California Correctional Health Care Services
Attn: Employee Health Program, E-1
PO Box 588500
Elk Grove, CA 95758

CALIFORNIA DEPARTMENT of CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

ATTACHMENT C

CDPH PUBLIC HEALTH ORDERS FOR STAFF COVID-19 VACCINATION, BOOSTER, AND TESTING

A Quick Guide for Institutional and Facility Staff

1. **JULY 26, 2021 - WORKER PROTECTIONS IN HIGH-RISK SETTINGS**
   a. **Summary of Order:** Specified facilities, such as State and Local Correctional Facilities and Detention Centers, **shall verify vaccine status of all workers, and unvaccinated or partially vaccinated workers shall test twice-weekly with at least 72-hours between each test.**
   b. **CDCR/CCHCS Implementation Plans:**
      - July 30, 2021, memorandum
      - August 23, 2021, memorandum
      - December 6, 2021, memorandum
   c. **Resources:**
      - CDPH Questions & Answers

2. **AUGUST 19, 2021 - STATE AND LOCAL CORRECTIONAL FACILITIES AND DETENTION CENTERS HEALTH CARE WORKER VACCINATION REQUIREMENT**
   a. **Summary of Order:** All paid and unpaid individuals regularly assigned to provide health care or health care services to inmates, prisoners, or detainees **shall show evidence of full-vaccination against COVID-19 by October 14, 2021,** unless they qualify for an accommodation based on a sincerely-held religious beliefs or due to qualifying medical reason(s).
   b. **CDCR/CCHCS Implementation Plan:**
      - August 23, 2021, memorandum
      - September 20, 2021, memorandum
      - October 4, 2021, memorandum
   c. **Resources:**
      - CDPH Questions & Answers

3. **DECEMBER 22, 2021 - STATE AND LOCAL CORRECTIONAL FACILITIES AND DETENTION CENTERS HEALTH CARE WORKER VACCINATION REQUIREMENT**
   a. **Summary of Order:** Booster-eligible workers covered by the August 19, 2021, CDPH Order **shall be boosted by February 1, 2022 or test twice-weekly with at least 72-hours between each test until boosted.**
   b. **CDCR/CCHCS Implementation Plan:**
      - December 30, 2021, memorandum
   c. **Resources:**
      - CDPH Questions & Answers

Exhibit 3

AUG ORDER
Must be Either Boosted or Vaccinated

Statewide	10261	1329	87%
Institution	Tele-Staff Denominator	Tele-Staff Non-Compliant	Tele-Staff Compliance %
ASP	152	27	82%
CAC	100	19	81%
CAL	131	11	92%
CCC	90	19	79%
CCI	155	19	88%
CCWF	190	15	92%
CEN	134	23	83%
CHCF	2112	204	90%
CIM	343	43	87%
CIW	352	58	84%
CMC	322	56	83%
CMF	1277	104	92%
COR	378	60	84%
CRC	105	21	80%
CTF	171	12	93%
CVSP	149	25	83%
FSP	152	8	95%
HDSP	146	42	71%
ISP	121	24	80%
KVSP	195	24	88%
LAC	255	38	85%
MCSP	298	73	76%
NKSP	276	35	87%
PBSP	109	28	74%
PVSP	168	34	80%
RJD	243	17	93%
SAC	340	57	83%
SATF	273	43	84%
SCC	114	20	82%
SOL	185	22	88%
SQ	363	30	92%
SVSP	383	39	90%
VSP	204	41	80%
WSP	275	38	86%

NOT UNDER ORDER
Must be Vaccinated or Test Routinely or Have a Recent Positive Case

Statewide	17456	910	95%
Institution	Tele-Staff Denominator	Tele-Staff Non-Compliant	Tele-Staff Compliance %
ASP	570	23	96%
CAC	293	9	97%
CAL	566	17	97%
CCC	286	25	91%
CCI	744	41	94%
CCWF	397	21	95%
CEN	559	12	98%
CHCF	0	0	-
CIM	618	17	97%
CIW	237	2	99%
CMC	621	28	95%
CMF	0	0	-
COR	811	33	96%
CRC	507	24	95%
CTF	446	14	97%
CVSP	280	16	94%
FSP	443	19	96%
HDSP	534	42	92%
ISP	528	32	94%
KVSP	704	20	97%
LAC	592	30	95%
MCSP	614	40	93%
NKSP	544	15	97%
PBSP	602	111	82%
PVSP	624	24	96%
RJD	855	69	92%
SAC	613	31	95%
SATF	716	35	95%
SCC	360	31	91%
SOL	543	27	95%
SQ	668	42	94%
SVSP	631	30	95%
VSP	376	8	98%
WSP	574	22	96%

OVERALL COMPLIANCE
Combination of Green & Blue Tables

Statewide	27717	2239	92%
Institution	Tele-Staff Denominator	Tele-Staff Non-Compliant	Tele-Staff Compliance %
ASP	722	50	93%
CAC	393	28	93%
CAL	697	28	96%
CCC	376	44	88%
CCI	899	60	93%
CCWF	587	36	94%
CEN	693	35	95%
CHCF	2112	204	90%
CIM	961	60	94%
CIW	589	60	90%
CMC	943	84	91%
CMF	1277	104	92%
COR	1189	93	92%
CRC	612	45	93%
CTF	617	26	96%
CVSP	429	41	90%
FSP	595	27	95%
HDSP	680	84	88%
ISP	649	56	91%
KVSP	899	44	95%
LAC	847	68	92%
MCSP	912	113	88%
NKSP	820	50	94%
PBSP	711	139	80%
PVSP	792	58	93%
RJD	1098	86	92%
SAC	953	88	91%
SATF	989	78	92%
SCC	474	51	89%
SOL	728	49	93%
SQ	1031	72	93%
SVSP	1014	69	93%
VSP	580	49	92%
WSP	849	60	93%

DEC ORDER TREND
Those under Order & Boosted

Statewide	10261	5858	43%
Institution	Tele-Staff Denominator	Tele-Staff Non-Boosted	Tele-Staff Boosted %
ASP	152	104	32%
CAC	100	67	33%
CAL	131	70	47%
CCC	90	53	41%
CCI	155	113	27%
CCWF	190	110	42%
CEN	134	73	46%
CHCF	2112	1161	45%
CIM	343	229	33%
CIW	352	189	46%
CMC	322	197	39%
CMF	1277	609	52%
COR	378	221	42%
CRC	105	60	43%
CTF	171	64	63%
CVSP	149	89	40%
FSP	152	77	49%
HDSP	146	84	42%
ISP	121	74	39%
KVSP	195	100	49%
LAC	255	159	38%
MCSP	298	209	30%
NKSP	276	186	33%
PBSP	109	79	28%
PVSP	168	116	31%
RJD	243	114	53%
SAC	340	216	36%
SATF	273	200	27%
SCC	114	65	43%
SOL	185	75	59%
SQ	363	141	61%
SVSP	383	254	34%
VSP	204	119	42%
WSP	275	181	34%

Exhibit 4

CALIFORNIA DEPARTMENT of CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date:	January 28, 2022
To:	California Department of Corrections and Rehabilitation – All Institution and Facility Staff California Correctional Health Care Services – All Institution and Facility Staff
From:	DocuSigned by: Kathleen Allison 066FFF332C694AB... KATHLEEN ALLISON, Secretary, CDCR DocuSigned by: Clark Kelso 2E3708FD02AF4DC... J. CLARK KELSO, Receiver, CCHCS
Subject:	**(UPDATED) MANDATORY COVID-19 VACCINATION, BOOSTER AND TESTING FOR INSTITUTION/FACILITY STAFF**

This memorandum supersedes the December 30, 2021, memorandum entitled, Mandatory COVID-19 Vaccination, Booster and Testing for Institution/Facility Staff, to include an extended deadline for compliance with mandatory COVID-19 booster, updated masking requirements, and testing requirements during an outbreak.

AUGUST 19, 2021 CDPH ORDER – FULL VACCINATION REQUIREMENT FOR STAFF

The August 19, 2021, California Department of Public Health (CDPH) order requires workers in specified correctional health care facilities to show evidence of full vaccination for COVID-19 by October 14, 2021, or to obtain approval for a reasonable medical or religious accommodation precluding them from the mandatory full vaccination. Workers to whom this requirement applies cannot opt out of vaccination or routinely test in lieu of vaccination. The implementation plans for the August 19, 2021, CDPH order are outlined in the memoranda issued by the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) on August 23, 2021, September 20, 2021, and October 04, 2021.

On December 22, 2021, CDPH updated the August 19, 2021, CDPH order and now requires booster-eligible workers to receive their booster dose by no later than March 1, 2022[1], and to undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted. Workers not yet eligible for a booster shall be in compliance no later than 15 days after the recommended timeframe to get boosted, and once booster-eligible, shall undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted.

Both the August 19, 2021, CDPH order and subsequent December 22, 2021, CDPH order apply to

[1] *On January 25, 2022, CDPH extended the deadline for covered workers to acquire their booster dose from February 1, 2022, to March 1, 2022. This change was necessary because of challenges caused by the Omicron surge that made it difficult for some to obtain their booster doses by the initial deadline.*

all workers at California Health Care Facility (CHCF), California Medical Facility (CMF), and the Skilled Nursing Facility at Central California Women's Facility (CCWF). In addition, it applies to those workers regularly assigned to work in the following health care areas or posts within institutions system-wide.

1. All Correctional Treatment Centers (CTC) and similar locations, including:
   a. Medical CTC beds
   b. Licensed and Unlicensed Psychiatric In-Patient Program housing
   c. Licensed and Unlicensed Mental Health Crisis housing
2. All Outpatient Housing Units (OHUs)
3. Medical, Specialty, Mental Health, and Dental clinic treatment areas
4. Hospice beds
5. Dialysis units
6. Treatment and Triage Areas (TTAs)
7. Staff identified on the Master Assignment Roster as assigned to transportation or medical guarding in the community
8. All Department of Juvenile Justice (DJJ) staff assigned to the Mental Health Residential Units, Intensive Behavioral Treatment Program Units, and Sexual Behavior Treatment Program Units
9. All staff assigned to the Medical Wings within DJJ facilities
10. All staff assigned to the Program Center at N.A. Chaderjian Youth Correctional Facility

All paid and unpaid regularly assigned workers/volunteers subject to both CDPH orders include but are not limited to the following: clinicians, nurses/nursing assistants, technicians, therapists, phlebotomists, pharmacists, dietary staff, janitorial and laundry staff, administrative staff, registry staff, contract staff, volunteers, custody staff, health facility maintenance workers, and inmate workers. Both CDPH orders shall apply to all five-day-a-week posts and regular-day-off posts. Currently, both CDPH orders will not apply to non-regularly assigned staff, such as relief staff, voluntary overtime, mandatory overtime, swaps, or those who do not work in the area regularly, such as staff making pick-ups or deliveries, conducting maintenance repairs, conducting tours, etc. Additionally, both CDPH orders will not apply to any staff responding to emergencies.

DECEMBER 22, 2021, CDPH ORDER – BOOSTER AND TESTING REQUIREMENTS FOR STAFF

The December 22, 2021, CDPH order applies to the same CDCR/CCHCS workers impacted by the August 19, 2021, CDPH order, as defined above, and requires the following:

1. All workers currently eligible for boosters, who provide services or work in facilities as defined above shall be "fully vaccinated and boosted" for COVID-19 by receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A.
   a. Those workers currently eligible for booster doses (per Table A) shall receive their booster dose by no later than March 1, 2022.
   b. Workers not yet eligible for boosters shall be in compliance no later than 15 days after the recommended timeframe per Table A for receiving the booster dose.

2. Beginning December 27, 2021, booster-eligible workers who have not yet received their booster dose shall undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted. Fully-vaccinated workers who are not yet eligible for a booster are only required to test once they become eligible for a booster, until boosted.

Table A: California Immunization Requirements for Covered Workers

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 months after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 months after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

JULY 26, 2021, CDPH ORDER – WORKER PROTECTIONS IN HIGH-RISK SETTINGS

As a reminder, the August 19, 2021 CDPH order and subsequent December 22, 2021, CDPH order do not supplant the July 26, 2021, CDPH order. Therefore, pursuant to the July 26, 2021, CDPH order, all unvaccinated and partially vaccinated workers in high-risk congregate settings, including state and local correctional facilities, shall undergo screening and testing for COVID-19 twice-weekly with at least 72 hours between each test, until fully-vaccinated.

VACCINE, BOOSTER AND TESTING LOCATIONS

Workers may obtain no-cost COVID-19 vaccination and booster from CDCR/CCHCS vaccine clinics. Alternatively, workers may obtain no-cost vaccination/booster outside CDCR/CCHCS from any clinic listed on the website myturn.ca.gov, or from their personal health care provider.

Workers may obtain no-cost COVID-19 testing from CDCR/CCHCS institution and non-institution testing locations. Alternatively, workers may obtain no-cost testing outside CDCR/CCHCS from any location listed on California's COVID-19 website, or from their personal health care provider.

Workers who obtained vaccination/booster/testing from outside CDCR/CCHCS shall submit proof as follows:

- To submit vaccination/booster documentation, follow the steps in Attachment A.
- To submit testing documentation, follow the steps in Attachment B.
- Division of Adult Institutions staff shall also submit proof of vaccination/booster/testing to the appropriate local compliance unit. Contact your supervisor/manager for details.

QUALIFYING ACCOMMODATION REQUESTS

Workers to whom the mandatory COVID-19 vaccination/booster apply but who opt out of the COVID-19 vaccination/booster on the basis of their sincerely-held religious belief or due to qualifying medical reason(s) may submit a request for a religious or reasonable medical accommodation following the processes outlined in the August 23, 2021 and September 20, 2021, memoranda. The Department shall engage in the interactive process with workers to ensure a timely and appropriate determination of religious or reasonable medical accommodation.

Workers with a pending or approved/denied request shall continue reporting to work and obtain COVID-19 testing twice-weekly with at least 72-hours between each test. If the accommodation request is denied, the worker has 14 calendar days to initiate a vaccination/booster.

FACE COVERING REQUIREMENTS FOR STAFF

Facial covering directives are regularly reviewed and revised as necessary based on the response to the current COVID-19 outbreak. Current facial covering directives are posted on Lifeline.

LOCAL TESTING REQUIREMENTS DURING A COVID-19 OUTBREAK

Hiring Authorities (HA) have the discretion to temporarily authorize more stringent testing requirements for staff (i.e. more frequent testing intervals, requiring fully vaccinated staff to undergo routine testing, etc.) in response to the current COVID-19 outbreaks.

NON-COMPLIANCE ACCOUNTABILITY

For civil service workers, refusal to comply with vaccination, booster, testing, and masking mandates may result in corrective or disciplinary action in accordance with CCR Title 15, Section 3392, Employee Discipline, and the Department Operations Manual, Article 22, Employee Discipline, Section 33030.8, Causes for Corrective Action, and 33030.9, Causes for Adverse Action. Further directions to local HAs will be forthcoming specifying expectations of progressive discipline for non-compliance by civil service workers.

For registry providers and contract workers, local HAs shall report non-compliance to the vendor/contractor/network contractor. On and after March 2, 2022, the assignment for non-compliant registry providers, contractors, and applicable retired annuitants who have neither requested, nor received, a religious or reasonable medical accommodation shall be ended. Assignments shall not be ended prior to this deadline. HAs shall follow the established method of communication with the vendor/contractor/network contractor to report non-compliance prior to the deadline to ensure services are provided and appropriate staffing levels are maintained.

REQUIREMENTS FOR LOCAL HIRING AUTHORITY

Each local hiring authority shall be responsible for identifying workers to whom the August 19, 2021, CDPH order and subsequent December 22, 2021, CDPH order apply, and notifying these workers that they are impacted by and shall comply timely with both CDPH orders.

HAs may utilize the COVID-19 Staff Vaccination Registry and the COVID-19 Staff Testing Registry to monitor compliance with COVID-19 vaccination, booster, testing, and masking requirements. It is the HA's responsibility to regularly review information from these reports and share relevant non-compliance information with their respective managers and supervisors. For any questions or concerns regarding the COVID-19 staff registries, please contact CCHCS Quality Management at QMStaff@cdcr.ca.gov.

QUESTIONS OR CONCERNS

A revised Frequently-Asked-Question document regarding the August 19, 2021, CDPH order and subsequent December 22, 2021, CDPH order is forthcoming. Refer to Attachment C for a quick one-page guide of all CDPH orders related to COVID-19 vaccination, booster, and testing.

If you have any questions or concerns, inquiries shall be directed as follows:

- For Wardens, contact your mission's Associate Director, Division of Adult Institutions.
- For Chief Executive Officers, contact your respective Regional Health Care Executive.
- For Division of Juvenile Justice, contact either Deputy Director.
- For religious accommodation-related questions, contact the local Equal Employment Opportunity Coordinator.
- For reasonable medical accommodation-related questions, contact the Return to Work Coordinator for civil service workers, or appropriate vendor/contractor/network contractor for registry providers and contractors.
- For progressive discipline-related questions, contact the assigned Employee Relations Officer or Health Care Employee Relations Officer.
- For COVID-19 vaccination, booster, or testing questions, and any other COVID-19-related questions, contact the Employee Health Program at EHP@cdcr.ca.gov.

ATTACHMENT A
SUBMISSION OF COVID-19 VACCINATION RECORD

CDCR, CCHCS, and DJJ staff who have been vaccinated from an outside provider shall securely submit ***COVID-19 Vaccination Record Cards*** directly to the Environmental Health and Safety (EHS) Data Team. The EHS module within the Business Information Systems (BIS) platform is being used to capture vaccination data from the Centers for Disease Control and Prevention (CDC) ***COVID-19 Vaccination Record Card*** via DocuSign.

Staff should submit a ***COVID-19 Vaccination Record Card*** if:

1. You have completed your two shot series (Pfizer-BioNTech or Moderna) with at least one shot received outside of the CDCR offered COVID-19 Vaccination Program; ***OR***
2. You have received the Johnson & Johnson Janssen single dose vaccine outside of the CDCR offered COVID-19 Vaccination Program; ***AND***
3. You have an email account where you can verify your submission. For the best user experience,please use your @CDCR.CA.GOV email account.

NOTE: If you have received your entire COVID-19 Vaccination series from CDCR, there is no need to submit your ***COVID-19 Vaccination Record Card***.

Staff may submit a ***COVID-19 Vaccination Record Card*** using any of the following methods:

1. DocuSign (preferred)

- Click below to initiate the COVID-19 Vaccination Record Card in DocuSign:
  COVID Vaccination Record Card
  A confirmation code will be sent to the email address you provide via DocuSign.
- Once you confirm the email account provided, DocuSign will launch.
- Enter the required information into DocuSign, which includes Name, Date, PERNR #, and Date of Birth.
- Attach your scanned or photographed ***COVID-19 VaccinationRecord Card.***
- Click Finish to submit.

2. Email to EHS Help Desk Mailbox at EHSHelpDesk@cdcr.ca.gov

3. Via US Postal Service to the below address. NOTE: If sending via US Postal Service, do not send your original ***COVID-19 Vaccination Record Card*** to the EHS team.

Department of Corrections and Rehabilitation
Enterprise Information Services
1940 Birkmont Drive, Rancho Cordova, CA 95742
Attn: EHS Help Desk

Please allow 5-7 business days for your information to be entered into EHS. If you have any questions, please contact EHSHelpDesk@cdcr.ca.gov.

CALIFORNIA DEPARTMENT of CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

ATTACHMENT B
SUBMISSION OF COVID-19 TESTING DOCUMENTATION

CDCR, CCHCS, and DJJ staff who have been tested from an outside provider shall securely submit documentation of ***Non-CDCR/CCHCS COVID-19 Test Result*** directly to the Employee Health Program team using this DocuSign PowerForm. The PowerForm can be used only if staff has an email account where they can verify their submittal. For the best user experience, staff shall use their @CDCR.CA.GOV email account.

Staff shall submit documentation of COVID-19 test result only if they have tested outside of CDCR/CCHCS (e.g. Kaiser, Sutter, CVS, etc.). Tests completed within CDCR/CCHCS will automatically be recorded in BIS. Documentation of test results shall include the following:

1. Name of the company that conducted the test
2. Name and date-of-birth of the employee
3. The test result

Directions for Using the PowerForm

1. A confirmation code will be sent to the email address provided while initiating the PowerForm.
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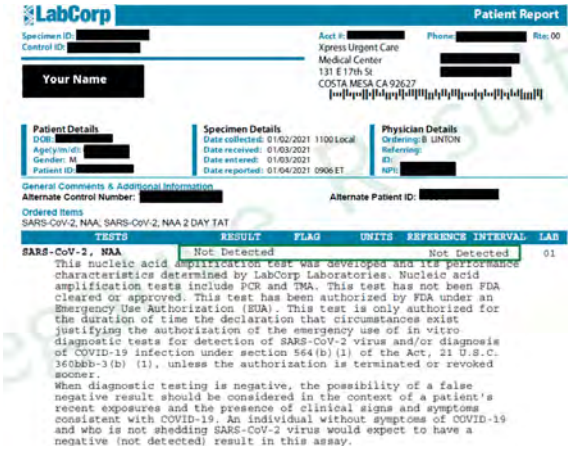
5. Click Finish once all required information are entered and the documentation of ***Non-CDCR/CCHCS COVID-19 Test Result*** is attached.

- Name:
- Date:
- PERNR:
- Date of Birth:
- Attach documentation of ***Non-CDCR/CCHCS COVID-19 Test Result*** (as shown in Example photo).


LabCorp Patient Report

Your Name

Xpress Urgent Care
Medical Center
131 E 17th St
COSTA MESA CA 92627

Patient Details
Specimen Details
Physician Details

General Comments & Additional Information
Ordered Items
SARS-CoV-2, NAA; SARS-CoV-2, NAA 2 DAY TAT

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
SARS-CoV-2, NAA	Not Detected			Not Detected	01

This nucleic acid amplification test was developed and its performance characteristics determined by LabCorp Laboratories. Nucleic acid amplification tests include PCR and TMA. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.
When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. An individual without symptoms of COVID-19 and who is not shedding SARS-CoV-2 virus would expect to have a negative (not detected) result in this assay.

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California Correctional Health Care Services
Attn: Employee Health Program, E-1
PO Box 588500
Elk Grove, CA 95758

CALIFORNIA DEPARTMENT of CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

ATTACHMENT C

CDPH PUBLIC HEALTH ORDERS FOR STAFF COVID-19 VACCINATION, BOOSTER, AND TESTING

A Quick Guide for Institutional and Facility Staff

1. **JULY 26, 2021 - WORKER PROTECTIONS IN HIGH-RISK SETTINGS**
   a. **Summary of Order:** Specified facilities, such as State and Local Correctional Facilities and Detention Centers, shall verify vaccine status of all workers, and unvaccinated or partially vaccinated workers shall test twice-weekly with at least 72-hours between each test.
   b. **CDCR/CCHCS Implementation Plans:**
      - July 30, 2021, memorandum
      - August 23, 2021, memorandum
   c. **Resources:**
      - CDPH Questions & Answers

2. **AUGUST 19, 2021 - STATE AND LOCAL CORRECTIONAL FACILITIES AND DETENTION CENTERS HEALTH CARE WORKER VACCINATION REQUIREMENT**
   a. **Summary of Order:** All paid and unpaid individuals regularly assigned to provide health care or health care services to inmates, prisoners, or detainees shall show evidence of full-vaccination against COVID-19 by October 14, 2021, unless they qualify for an accommodation based on a sincerely-held religious beliefs or due to qualifying medical reason(s).
   b. **CDCR/CCHCS Implementation Plan:**
      - August 23, 2021, memorandum
      - September 20, 2021, memorandum
      - October 4, 2021, memorandum
   c. **Resources:**
      - CDPH Questions & Answers

3. **DECEMBER 22, 2021 - STATE AND LOCAL CORRECTIONAL FACILITIES AND DETENTION CENTERS HEALTH CARE WORKER VACCINATION REQUIREMENT**
   a. **Summary of Order:** Booster-eligible workers covered by the August 19, 2021, CDPH Order shall be boosted by March 1, 2022 or test twice-weekly with at least 72-hours between each test until boosted.
   b. **CDCR/CCHCS Implementation Plan:**
      - January 28, 2022, memorandum
   c. **Resources:**
      - CDPH Questions & Answers

Exhibit 5

Staff Members in TeleStaff and Days Worked

Measurement Period: 01/10/2022 - 02/06/2022

Methodolo y

Testin Cycle Definition

Wee l Test n alendar ee from Monda to Sunda
T e Wee l Test n T o tests must be om leted at least 3 da s a art

li ibility Criteria

Staff o are not full a nated e 2 ee s s n e om let n r mar ser es
Staff under CDPH Order o are booster el ble but not boosted
Staff o are ass ned to an Inst tut on
Staff must not a e a Pos t e Co d Test Colle t on date t n 90 da s of t e start of t e test n ee

Calculations

Number of tests re u red
- o Telestaff Da s bet een f rst and last telestaff s ft 3 2 Tests
- o Telestaff Da s bet een f rst and last telestaff s ft 3 1 Test
- o Non Telestaff 2 tests

Number of tests ta en der ed from r or ee test dates
Da s bet een tests f 2 tests date2 date1 else 0

Compliance Determination

Number of Tests Ta en Number of Tests Re u red If Number of Tests Re u red 2 a bet een t ose t o tests s 3 da s

Measurement Period: 01/10/2022 - 02/06/2022

COVID Testing Rates by Institution for CDCR Custody and Nursing Staff Confirmed to Work via Telestaff During the Calendar Week

nstitution	Wee ndin 01 16 2022			Wee ndin 01 23 2022				Wee ndin 01 30 2022				Wee ndin 02 06 2022			
	Total Staff ncluded in Denominator	Staff n Denominator with o Test Durin the Wee	ercenta e of Staff in Denominator with Compliant Testin Durin Wee	Total Staff ncluded in Denominator	Staff n Denominator with o Test Durin the Wee	ercenta e of Staff in Denominator with Compliant Testin Durin Wee	% Difference from revious Wee	Total Staff ncluded in Denominator	Staff n Denominator with on Compliant Testin Durin the Wee	ercenta e of Staff in Denominator with Compliant Testin Durin Wee	% Difference from revious Wee	Total Staff ncluded in Denominator	Staff n Denominator with on Compliant Testin Durin the Wee	ercenta e of Staff in Denominator with Compliant Testin Durin Wee	% Difference from revious Wee
SW	6 736	860	87%	6 539	1 327	80%	*-8%*	4 996	1 433	71%	*-8.4%*	5 672	1 691	70%	*-1.1%*
ASP	160	29	82%	150	30	80%	*-2%*	107	32	70%	*-9.9%*	133	42	68%	*-1.7%*
CAC	97	8	92%	112	15	87%	*-5%*	83	21	75%	*-11.9%*	108	19	82%	*+7.7%*
CAL	118	18	85%	119	29	76%	*-9%*	86	30	65%	*-10.5%*	89	29	67%	*+2.3%*
CCC	159	8	95%	146	13	91%	*-4%*	106	18	83%	*-8.1%*	117	23	80%	*-2.7%*
CCI	219	37	83%	225	45	80%	*-3%*	166	35	79%	*-1.1%*	203	57	72%	*-7.0%*
CCWF	149	18	88%	143	32	78%	*-10%*	101	24	76%	*-1.4%*	126	24	81%	*+4.7%*
CEN	91	15	84%	84	15	82%	*-1%*	69	21	70%	*-12.6%*	75	17	77%	*+7.8%*
CHCF	525	75	86%	507	183	64%	*-22%*	408	174	57%	*-6.6%*	449	234	48%	*-9.5%*
CIM	237	47	80%	225	47	79%	*-1%*	179	46	74%	*-4.8%*	214	61	71%	*-2.8%*
CIW	113	14	88%	115	26	77%	*-10%*	83	22	73%	*-3.9%*	93	18	81%	*+7.2%*
CMC	274	12	96%	271	15	94%	*-1%*	221	29	87%	*-7.6%*	237	35	85%	*-1.6%*
CMF	303	52	83%	280	86	69%	*-14%*	206	72	65%	*-4.2%*	224	105	53%	*-11.9%*
COR	293	28	90%	279	39	86%	*-4%*	225	47	79%	*-6.9%*	255	57	78%	*-1.5%*
CRC	112	13	88%	113	21	81%	*-7%*	82	26	68%	*-13.1%*	104	33	68%	*-0.0%*
CTF	127	16	87%	111	20	82%	*-5%*	76	19	75%	*-7.0%*	79	13	84%	*+8.5%*
CVSP	97	13	87%	91	20	78%	*-9%*	62	15	76%	*-2.2%*	68	22	68%	*-8.2%*
FSP	128	8	94%	129	25	81%	*-13%*	96	30	69%	*-11.9%*	103	33	68%	*-0.8%*
HDSP	229	14	94%	230	35	85%	*-9%*	162	45	72%	*-12.6%*	195	33	83%	*+10.9%*
ISP	146	20	86%	143	30	79%	*-7%*	107	40	63%	*-16.4%*	114	32	72%	*+9.3%*
KVSP	222	30	86%	209	29	86%	*-0%*	164	37	77%	*-8.7%*	173	33	81%	*+3.5%*
LAC	158	28	82%	149	41	72%	*-10%*	123	42	66%	*-6.6%*	138	50	64%	*-2.1%*
MCSP	289	26	91%	270	39	86%	*-5%*	197	38	81%	*-4.8%*	224	69	69%	*-11.5%*
NKSP	166	14	92%	147	25	83%	*-9%*	120	32	73%	*-9.7%*	143	38	73%	*+0.1%*
PBSP	327	12	96%	339	62	82%	*-15%*	255	76	70%	*-11.5%*	283	85	70%	*-0.2%*
PVSP	204	19	91%	194	22	89%	*-2%*	146	27	82%	*-7.2%*	178	32	82%	*+0.5%*
RJD	188	57	70%	191	76	60%	*-9%*	139	64	54%	*-6.3%*	174	96	45%	*-9.1%*
SAC	243	22	91%	222	23	90%	*-1%*	183	48	74%	*-15.9%*	189	56	70%	*-3.4%*
SATF	280	31	89%	279	42	85%	*-4%*	212	53	75%	*-9.9%*	237	58	76%	*+0.5%*
SCC	143	17	88%	145	20	86%	*-2%*	123	40	67%	*-18.7%*	133	32	76%	*+8.5%*
SOL	166	17	90%	161	30	81%	*-8%*	121	39	68%	*-13.6%*	158	43	73%	*+5.0%*
SQ	219	73	67%	215	86	60%	*-7%*	154	69	55%	*-4.8%*	164	74	55%	*-0.3%*
SVSP	228	15	93%	231	39	83%	*-10%*	182	52	71%	*-11.7%*	210	68	68%	*-3.8%*
VSP	135	20	85%	132	22	83%	*-2%*	105	25	76%	*-7.1%*	116	22	81%	*+4.8%*
WSP	191	34	82%	182	45	75%	*-7%*	147	45	69%	*-5.9%*	166	48	71%	*+1.7%*

Exhibit 6

STAFF TESTING ANALYSIS

Data Validation & Risk Reporting Reliability

INTRODUCTION

In September 2020, California Department of Corrections & Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) agreed to transfer the responsibilities of the employee occupational health services under CDCR to CCHCS. Among the top priorities assigned to the new CCHCS Employee Health Program (EHP) were COVID-19 related functions, including overseeing staff testing and conducting contact investigations and tracings when staff positive results were returned.

To support the EHP and institutions, the CCHCS Quality Management (QM) Unit was tasked with evaluating the available data sources to see if it was possible to get an accurate accounting of staff testing in order to create reports to measure and monitor adherence to the testing requirements put forth by CCHCS leadership, in collaboration with public health experts. The goal was to extract data for operational tools and performance reports from department databases, without having to establish new and potentially onerous data collection systems, such as locally-maintained logs and spreadsheets, to avoid adding workload to institutions already burdened by outbreak management activities.

In order to do this, QM had to not just work with CCHCS and CDCR IT colleagues to set up and understand the established data system, but also evaluate whether the data sources and data within were complete and accurate enough to responsibly report to both internal and external stakeholders.

This report will explain the approach taken to evaluate the completeness and accuracy of the data system and identify gaps effecting the accuracy and reliability of reporting. This report also provides recommendations for addressing identified gaps.

APPROACH TO UNDERSTANDING DATA VALIDITY AND REPORTING RELIABILITY

Accurate reporting depends upon multiple factors, including but not limited to the following:

- Completeness of data being available
- Accuracy of underlying data entered into the system
- Adequately defining the population being measured during a given reporting timeframe

QM collaborated with CCHCS and CDCR IT to evaluate that staff testing data was transmitting though the data system wholly and correctly. The existing data system requires contracted lab vendors to transmit lab test results to the BIS system/Employee Health Record (BIS/EHR), and then data is transferred between the BIS system and CCHCS's data warehouse. Record counts for staff tests were compared between lab vendors and the BIS/EHR, and then between BIS/EHR and CCHCS's data warehouse.

Secondly, QM collaborated with institution staff to evaluate the information being reporting was complete and accurate. Using a random sampling method, 10 employees at each institution, as identified in the BIS system, were selected for each of the four following categories:

1) Staff with positive results being reported during the specific test cycle being evaluated.
2) Staff with negative results being reported during the specific test cycle being evaluated.
3) Staff with no results being reported during the specific test cycle being evaluated, that had a result reported in at least one previous test cycle
4) Staff with no result being reported during test cycle being evaluated and all previous test cycles (i.e. never been tested).

STAFF TESTING ANALYSIS

Data Validation & Risk Reporting Reliability

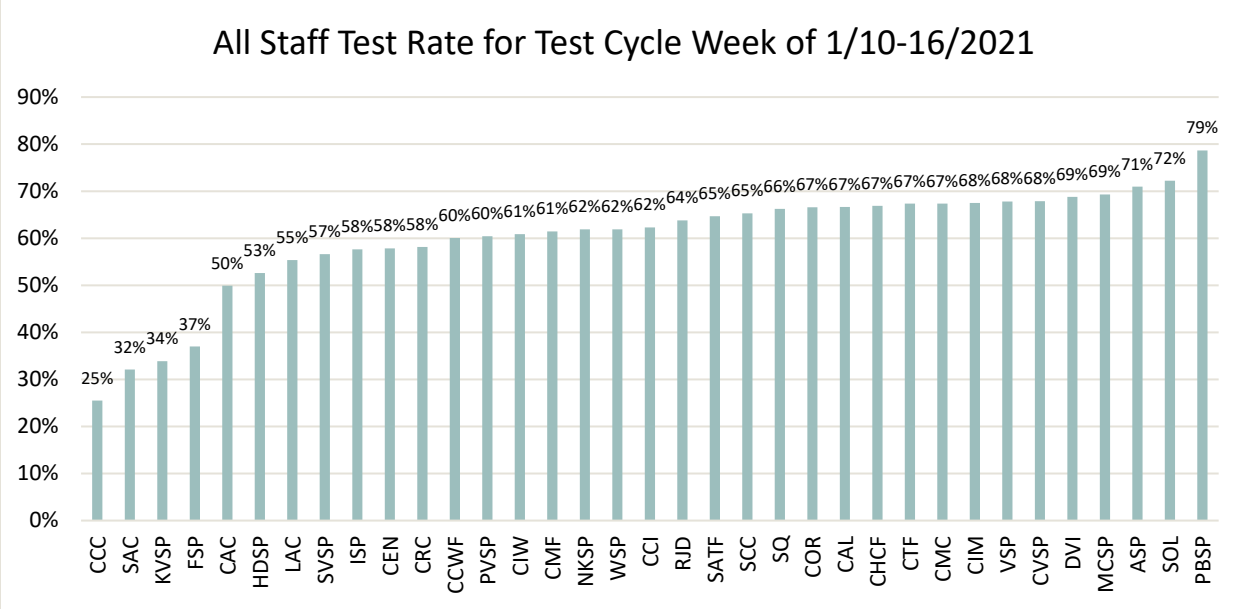
Ten institutions (ASP, CCI, CCWF, CEN, CIW, COR, DVI, FSP, SAC, and SATF) provided validation results for the week of 12/13 through 12/19/2020 test cycle.

FINDINGS

Record count matches between lab vendors and BIS/EHR to date show approximately 95% of all staff records being successfully transmitted. With over a million staff test events having occurred, the cumulative number of unsuccessful transfers was just under 50,000 records.

The current staff testing rates using the existing data from the lab vendors and the BIS/EHR system shows a wide range in adherence to staff testing, from 25.5% at CCC to 78.7% at PBSP.

Graph 1. Staff Testing Rates for Week of 1/10 – 16, 2021.



Agreement between QM and Institutions

The overall agreement between the QM reports and the institution validation is estimated between 92% and 96% across the four categories of validation (i.e. 399 sampled staff testing events reviewed by the 10 different institutions). The specific findings of the categories are outlined below.

1) **Staff Positive Results** – Institutions verified 98 of the 100 staff positive test results reported by QM during the test cycle week of 12/13 through 12/19/2020. With the two disputed positive results, one staff positive result couldn't be confirmed by the institution as the staff person reportedly did not work at the assigned institution, and the other had no reason provided why they disagreed with the positive test result being reported.

Positive Results During Cycle Evaluated (12/13-19) QM-Institution Agreement	%
QM data reported + Institution feedback agreement	98
QM data reported + Institution feedback disagreement	2

Positive Result Reason Break Down for Disagreements	%
Staff Reported to Not Belong to Institution	1
No Reason Given by Institution	1

2) **Staff Negative Results** – Institutions verified 83 of the 100 staff negative test results reported by QM during the test cycle week of 12/13 through 12/19/2020. Upon review of the 17 disputed results, the remaining 17 testing events were disputed as not being the most recent test result available (i.e. they provided test results that were reported after 12/19/2020).

Negative Results During Cycle Evaluated (12/13-19) QM-Institution Agreement	%
QM data reported + Institution feedback agreement	83
QM data reported + Institution feedback disagreement	17

Negative Result Reason Break Down for Disagreements	%
Result reported by Institution was outside of test cycle being evaluated	17

3) **Staff Not Tested During Cycle Being Evaluated** – Institutions verified 89 of the 100 cases that QM reported as "Not being tested" during the test cycle week of 12/13 through 12/19/2020. The reasons for why staff did not receive a test were numerous, but included reasons like sick leave (both long-term and short-term), vacation, FMLA, and workman's compensation cases.

Upon further review of the 11 disputed results, three instances reported test results outside of the test cycle being evaluated, so do not reflect true inaccuracies of QM reported data. Five of the 11 disputed cases were tests reported by staff from testing conducted outside of testing offered by CDCR/CCHCS, which means these testing occurrences aren't in the established system at any point (i.e. Lab Vendor systems, BIS/EHR, or QM data warehouse). Two additional instances reported test results that QM did not report, meaning that either these results were also conducted offsite, or these results did not successfully transmit from the data system.

The remaining disputed case was reported as a staff who teleworking during the test cycle, which would have meant that they would not have had to test that week.

Staff Not Tested During Cycle Evaluated (12/13-19) QM-Institution Agreement	%
QM data reported + Institution feedback agreement	89
QM data reported + Institution feedback disagreement	11

Staff Not Tested During Cycle Evaluated (12/13-19) Reason Break Down for Agreements	%
Reason Not Provided	42%
Long Term Leave; including Long Term Sick and Not Otherwise Specified	16%
Short Term Leave; including Sick, Vacation, FMLA, and Not Otherwise Specified	15%
Workman's Comp	5%
Institution Reported Past Positives; Potentially Missing Data	3%
Staff on Special Assignment (CCPOA; SOMS)	2%

Staff Teleworking	1%
Staff Retired/Burning Leave Credits	1%
Retired Annuitant Staff - Off that week	1%
Staff Working Away from Institution (Fire Camp)	1%
Staff on Military Leave	1%
Staff Refusal to Test	1%

Staff Not Tested During Cycle Evaluated (12/13-19) Reason Break Down for Disagreements	**%**
Offsite Testing Result Reported to Institution	5%
Results reported for incorrect testing cycle (12/20-26 or 12/27-1/2)	3%
Institution Reported Test Result During Correct Test Cycle; Potentially Missing Data	1%
Institution Reported Positive Test Result During Previous Test Cycle; Potentially Missing Data	1%
Staff Teleworking	1%

4) **Staff with no result being reported during test cycle being evaluated and all previous test cycles (i.e. never been tested)** – There are a proportion of staff identified in BIS/EHR for which QM does not have a record of a single COVID test in the history of CDCR/CCHCS offered testing. 93 of 99 sampled staff reviewed, the institution confirmed that these staff never tested, providing reasons for all but 13 of the staff identified.

Of the 6 staff cases that the institutions disputed, all six instances reported that staff were providing test results from non CDCR/CCHCS offered testing venues.

Staff Never Tested - QM-Institution Feedback Matching	**%**
QM data reported + Institution feedback agreement	93
QM data reported + Institution feedback disagreement	6
QM data reported + No Institution feedback provided	1

Staff Never Tested Reason Break Down for Agreements	**%**
Long Term Leave; including Long-Term and Not Otherwise Specified	43%
Workman's Comp	29%
Reason Not Provided	13%
Staff Teleworking	5%
Staff on Special Assignment	2%
Staff Separated from CDCR	1%
Staff Never Tested Reason Break Down for Disagreements	**%**
Staff Reported Offsite Testing Results	6%

DISCUSSION

Completeness of Staff Testing Related Data – Identified Gaps

- **Manual data entry errors leading to missing tests results.** Manual data entry errors likely are occurring at two primary points: 1) at the time of lab specimen collection, and 2) lab specimen processing by the vendor lab. These manual data entry errors result in the associated test data failing to transmit to the BIS/EHR system. As of the end of January 2021, the number of records not successfully being uploaded into the BIS system was roughly 50,000, representing just under five percent (5%), of the more than 1,000,000 test results that have been collected since staff testing began.

- **Non-CDCR/CCHCS testing leading to missing test results.** CDCR staff may receive COVID testing from outside sources, and provide results to their institution leadership as proof of staff testing. From the institution data validation efforts described above, the Offsite Testing Reported as a reason for the Staff not testing during the Testing Cycle was 5% and for those that have Never Tested was 6%.

From a reporting perspective, missing staff test data will result in lower performance than actual, as individuals with missing test results will typically be identified as needing a test, but will not be identified as getting a test).

Accuracy of Staff Source Data – Identified Gaps

- **Non-civil service staff entries into BIS/EHR are not curated.** Historically, Contract/Volunteer staff were not included in the BIS/EHR system. However, with the need to provide, store, and track COVID tests and vaccinations for all staff working at CDCR facilities, a solution to issue a special "PERNR" number to all contract/volunteer staff who were issued a CDCR identification card in the last two years. This added roughly 5,500 Contract/Volunteer Staff, without verifying their current work status. QM estimates that roughly 60% of the Contract/Volunteer Staff have been received at least one test through the contracted testing vendors. However, without a process to maintain a current visit of 'active' contractor/volunteer staff, the number of non-civil service employees in the BIS/EHR system will grow over time without removing those that are no longer working in CDCR institutions.

- **Staff employment status not updated into BIS/EHR timely.** Repeated examples reported by participating institutions indicated that staff reported as being "active" (i.e. needing to be tested for COVID) in the BIS/HER system were, in fact, out on long-term leave (e.g. long-term sick, serving in the military, or have left employment from CDCR/CCHCS). The current process for an employee's status to become "inactive" or "withdrawn" in the BIS/EHR system can take weeks, as the process involving, the local institution, regional/headquarters Human Resources, and the State Controller's Office. Employees who remain employed but go out on long-term leave may remain "active" in the BIS system for several weeks, until their work status is processed and changed to "inactive". This is further complicated by staff who telework, especially those who telework intermittently.

Additionally, the institutions have reported inconsistencies of staff who work at an institution versus where staff are assigned in the BIS system. In some instances, the employees have been at the institution for months, but are not associated with that specific institution in the BIS system.

From a reporting perspective, accuracy of the staff source data will result in lower performance than actual, as the individuals will be incorrectly identified as needing a test as they aren't expected to showing up to work to be tested.

Other Gaps Identified

- **Short-term absences cannot be identified from existing data sources.** Beyond the lag of personnel on "long-term leave" described above, there numerous reasons why personnel may not be present for part or all of a given testing cycle week. These issues include but are not limited to:
    - Sick call-outs
    - Vacation
    - FMLA
    - Telework
    - Part-Time Employment/Retired Annuitant status

  The BIS/EHR system's purpose is not to account for staff with short-term absences. CCHCS does not have access to any data source that would provide this information to apply to exclusionary criteria for reports. Furthermore, even if a data source became available, the timeliness of this information being available would likely not occur to apply to the frequency in which staff testing is being requested.

- **Staff testing rules are not static.** Since late November 2020, the expectation has been for all staff to be tested weekly, at all institutions, as the COVID pandemic was surging throughout most California, and nearly all of our institutions were experiencing increasing positivity rates among staff and patients. However, staff testing frequency changes will wax and wane, depending on factors such as whether a COVID outbreak has been identified in the surrounding community or specific to the institution, as well as whether the institution is considered to be like a Skilled Nursing Facility (e.g. CHCF or CMF) or not. Keeping up with dynamic and nuanced changes is prohibitive for timely and accurate reporting in an automated fashion. If provided with standardized criteria for defining when an institution should increase/decrease the frequency of staff testing, then an automated report could likely be developed.

Given the identified concerns identified above, CCHCS QM cannot accurately nor reliably report staff testing numbers from the BIS system and vendor lab data alone at this time.

SOME POSSIBLE REPORTING MODELS

Institution Clearance Process at Entry

Headquarters provides institutions with a list of known employee test results and dates of the test. Employees must verify that they have been tested in the past week in order to enter the institution. If the employee has been tested through his or her provider, the employee can produce those results at entry and EHP staff can enter the information into BIS. The performance reporting for this type of process might

be on-site observation that the process is in place and is appropriately excluding employees without test results.

- Issues: Labor ramifications, operational impacts due to additional time processing staff at entry and possible shift coverage issues if a significant number of employees are unable to produce evidence of testing (may be an issue only early in implementation), unsure if institutions have sufficient staff for this process, could be combined with current screening process, works best if CCHCS stays with consistent testing timeframe

New Data Source: Institution Employee Roster

Institution staff maintain a list of active employees and contractors, posted to a centralized location (e.g., through a SharePoint site), which becomes the basis for comparison with BIS data.

- Issues: Historically, these types of lists are difficult to maintain and involve a lot of data entry problems, requires ITSD resources to set up new system, frequency of reporting will make it difficult to correct data if inaccuracies occur

Improving Completeness of Testing Data

1) Work with Institution Staff and Lab Vendors to improve data entry processes to reduce the number of errors that result in the testing data from successfully transmitting to the BIS/EHR going forward. If possible, minimize/eliminate manual entry of staff identifiers (e.g. PERNR number, last name, first name, date of birth, etc.), by having these data elements auto-populate within systems whenever possible.
2) Establish a method of monitoring and reporting the volume and rate of testing data successfully/unsuccessfully transmitting between lab vendors and BIS/EHR, and between BIS/HER and CCHCS's data warehouse.
3) Ensure the staff test results which failed to transmit to the BIS/EHR system are entered. While these result may be older, it is important for all the staff test records to be stored in the correct staff file.
4) Create a process to enter offsite test results into the BIS/EHR system. Going forward the EHP staff and Return to Work Coordinators should have the knowledge and ability to enter staff test results into the correct staff file.

Improving Accuracy of Underlying Staff Source Data

5) Reconcile the Contractor/Volunteer staff lists uploaded into BIS/EHR with the institutions with whom the staff are identified in BIS/EHR. Given that there has been significant reduction of non-essential activities within the institutions, it is possible that some contract/volunteer staff are not allowed to enter facilities and/or may no longer be considered non-civil service staff with CDCR/CCHCS. Once the institutions have reconciled the lists of contract/volunteer staff with the staff in the BIS/EHR system, an ongoing process to maintain the accuracy of the civil service and non-civil service staff rosters should be established.
6) Evaluate the existing process for updating civil service staff employee status (e.g. active, inactive, or withdrawn) to be more entered more timely. Given the complexity of this process, utilizing experts in Lean-Six-Sigma would also be recommended.

7) Develop a methodology that might provide an "adjusted" rate for staff testing adherence with testing requirements, once the issues with completeness testing data and accuracy of staff data are addressed. This "adjusted" rate could estimate an expected amount of short-term and long-term leave, based on historic information for each institution.
8) Establish discrete criteria for when frequency of testing will go up or down, if possible. Historically, the frequency of testing for each institution has been made by public health subject matter experts likely using more nuanced decision-making than can be accounted for in a computer algorithm.

CONCLUSION

Until the staff testing data issues are resolved, it is recommended that an "on-grounds" process be implemented to ensure staff entering the institution have received COVID related testing consistent with current guidelines.

Such a process could be tremendously laborious and would likely slow down staff entry, particularly during usual shift changes.

QM is developing a staff testing registry that will be available to EHP staff which may be a useful tool for looking up staff and if their most recent test is within the expected timeframe. Additionally, institution staff may need to have access to the lab vendor portals to look up an employee's test result in the situation when a lab test does not properly transmit to the BIS/EHR system or if the employee is associated with a different institution within the BIS/EHR system.

Exhibit 7

CALIFORNIA DEPARTMENT of CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date:	January 24, 2022
To:	California Department of Corrections and Rehabilitation – All Staff California Correctional Health Care Services – All Staff Division of Juvenile Justice – All Staff
From:	DocuSigned by: Kathleen Allison 066FFF332C694AB... KATHLEEN ALLISON Secretary CDCR DocuSigned by: Clark Kelso 2E3708FD02AF4DC... J. CLARK KELSO Receiver CCHCS
Subject:	**UPDATED: REQUIRED COVID-19 FACIAL COVERINGS FOR ALL INSTITUTIONAL AND FACILITY STAFF**

This memorandum updates expectations and requirements outlined in previous memoranda regarding personal protective equipment, specifically facial coverings in response to COVID-19, at California Department of Corrections and Rehabilitation (CDCR) institutions and facilities. Effective immediately and until further notice, all civil service employees and contractors entering CDCR institutions and facilities shall abide by the procedures outlined in this memorandum.

This memorandum supersedes previous memoranda regarding facial coverings, including:

- December 6, 2021, Required COVID-19 Facial Coverings for all Institutional and Facility Staff
- January 7, 2022, Required COVID-19 Facial Coverings for all Institutional and Facility Staff

N95 MASKING

All civil service employees and contractors who enter or work in isolation or quarantine areas shall be fit tested and wear an N95 mask at all times.

The N95 mask requirement also applies to staff who transport and/or guard isolation or quarantine patients, and effectively supersedes parts of the December 27, 2021, COVID-19 Screening and Testing Matrix for Patient Movement memorandum that pertain to N95 masking. The matrix previously required all transportation staff to wear an N95 mask during all transfers. With the new requirement, transportation staff shall be fit tested and wear an N95 mask when transporting isolation or quarantine patients, or when entering or working in isolation or quarantine areas. For all other transfers, a KN95 mask shall be worn. A revised matrix is forthcoming, in the meantime, all other directives in the matrix continue to be in effect until further notice.

CDCR All Staff
CCHCS All Staff
DJJ All Staff

MEMORANDUM

KN95 MASKING

All civil service employees and contractors who **do not** enter or work in isolation or quarantine areas shall wear a KN95 mask at all times while on CDCR institution/facility grounds.

The KN95 mask requirement also applies to staff who have been exposed to COVID-19, are asymptomatic, and return to work during contingency/critical staffing operations, and effectively supersedes parts of the January 7, 2022, Novel Coronavirus Disease 2019 Staff Exposure (Quarantine) Update memorandum that pertains to N95 masking. The January 7, 2022, memorandum previously required exposed and asymptomatic staff to wear an N95 mask while at work. With the new requirement, exposed and asymptomatic staff shall wear a KN95 mask while at work, except when fit-tested and entering or working in isolation or quarantine areas where an N95 mask is required. All other directives in the January 7, 2022, memorandum continue to be in effect until further notice.

The N95/KN95 mask requirement applies to all employees and contractors regardless of vaccination/booster status. N95/KN95 masks are readily available at each institution/facility and shall be provided to staff when requested.

As a reminder, leadership at each institution shall continue to monitor staff for compliance with facial coverings and physical distancing. Supervisors and managers shall utilize the progressive discipline process as outlined in the California Code of Regulations, Title 15, section 3392, Employee Discipline, and the Department Operations Manual (DOM), Article 22, Employee Discipline, to address staff who fail to comply with these directives. Supervisors and managers are also reminded to utilize DOM section 33030.8, Causes for Corrective Action, and section 33030.9, Causes for Adverse Action.

Current masking directives are posted on Lifeline. This directive will be regularly reviewed and revised as necessary based on response to the current COVID-19 outbreak.

Additional details are forthcoming regarding N95 mask fit testing and religious and/or reasonable medical accommodation requests.

For questions or concerns, please contact your respective supervisor or manager.

Exhibit 8

CALIFORNIA DEPARTMENT of CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date: December 8, 2021

To: Chief Executive Officers
Wardens
Supervisors of Correctional Education

From:

Connie Gipson
Director
Division of Adult Institutions

DocuSigned by:
Joseph Bick
347167202A8A404...

Joseph Bick, M.D.
Director
Health Care Operations

Subject: **INCREASING CAPACITY FOR INDOOR GROUP ACTIVITIES, PROGRAMMING, AND VISITING**

The purpose of this memorandum is to provide direction regarding the measures required to allow increased capacity for indoor group activities and programming. Group activities and programming, for the purpose of this memorandum, include but are not limited to: education programs within classrooms, mental health treatment groups, Inmate Leisure Time Activity Groups (ILTAG), the Offender Mentor Certification Program (OMCP), Integrated Substance Use Disorder Treatment (ISUDT) groups, religious programs, and visiting.

In order to reduce the likelihood for transmission of COVID-19 and other common respiratory illnesses, the following measures are required at all institutions.

1. Exclude individuals who are in isolation or quarantine from in-person programming.
2. Continue to encourage all staff and residents to complete the COVID-19 vaccine series.
3. Optimize ventilation
   https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html
   a. Utilize outdoor locations when possible to decrease COVID-19 transmission
      i. Activities that involve yelling or singing should be conducted outside, when possible.
   b. For indoor programming, maximize ventilation and:
      i. Open windows if possible.
      ii. Maximize use of outside air.
      iii. Use a MERV 13 filter in air handling unit, if possible.
4. Post signs in each classroom/group room area regarding COVID-19 signs and symptoms, hand hygiene, use of face coverings, and physical distancing.
5. Face coverings which cover the nose and mouth are mandatory at all times for all those in group/classroom settings.
6. All attendees shall perform self-screening for symptoms at the beginning of each session, and those who are symptomatic shall not participate and shall be referred to nursing for additional screening.
7. Require hand hygiene when entering and exiting group spaces.

a. Hand sanitizer (at least 60 percent ethanol or 70 percent isopropanol) or
b. Soap and water can be used (water does not need to be hot). Scrub for at least 20 seconds with soap and water and then rinse.

8. Require disinfection of surfaces and devices after each use.

Effective immediately, normal group attendance, to include inmate visiting, shall resume if the following criteria is met:

1) The facility or institution is in Phase 3 of the Roadmap to Reopening, **and**
2) All vaccinated attendees to wear procedure masks and all unvaccinated attendees to wear N95 masks at all times while in the group, **and**
3) A free standing High Efficiency Particulate Air (HEPA) filtration or a Do-It-Yourself (DIY) MERV-13 unit appropriate for the size of each group space is located in the group space and operational or a combination thereof (see attachments).

Once the Hiring Authority or designee has confirmed that the aforementioned criteria has been met, the inmate assignment offices shall ensure classes and programs are filled to operational capacity based on prioritized waitlists. Hiring Authorities and Supervisors of Correctional Education Programs (Principals) shall closely monitor compliance.

If you have any questions or require additional information related to this memorandum, please contact the following:

- Wardens: Contact your mission's Associate Director, Division of Adult Institutions
- Chief Executive Officers: Contact your Regional Health Care Executive
- Principals: Contact your Regional Associate Superintendent
- Additionally, questions can be emailed to m_HealthCare@cdcr.ca.gov and inquiries will be routed to the appropriate person.

Attachments

cc: Regional Health Care Executives, CCHCS
Associate Directors, Division of Adult Institutions
Superintendent, Office of Correctional Education

Do-It-Yourself - Corsi-Rosenthal Cube

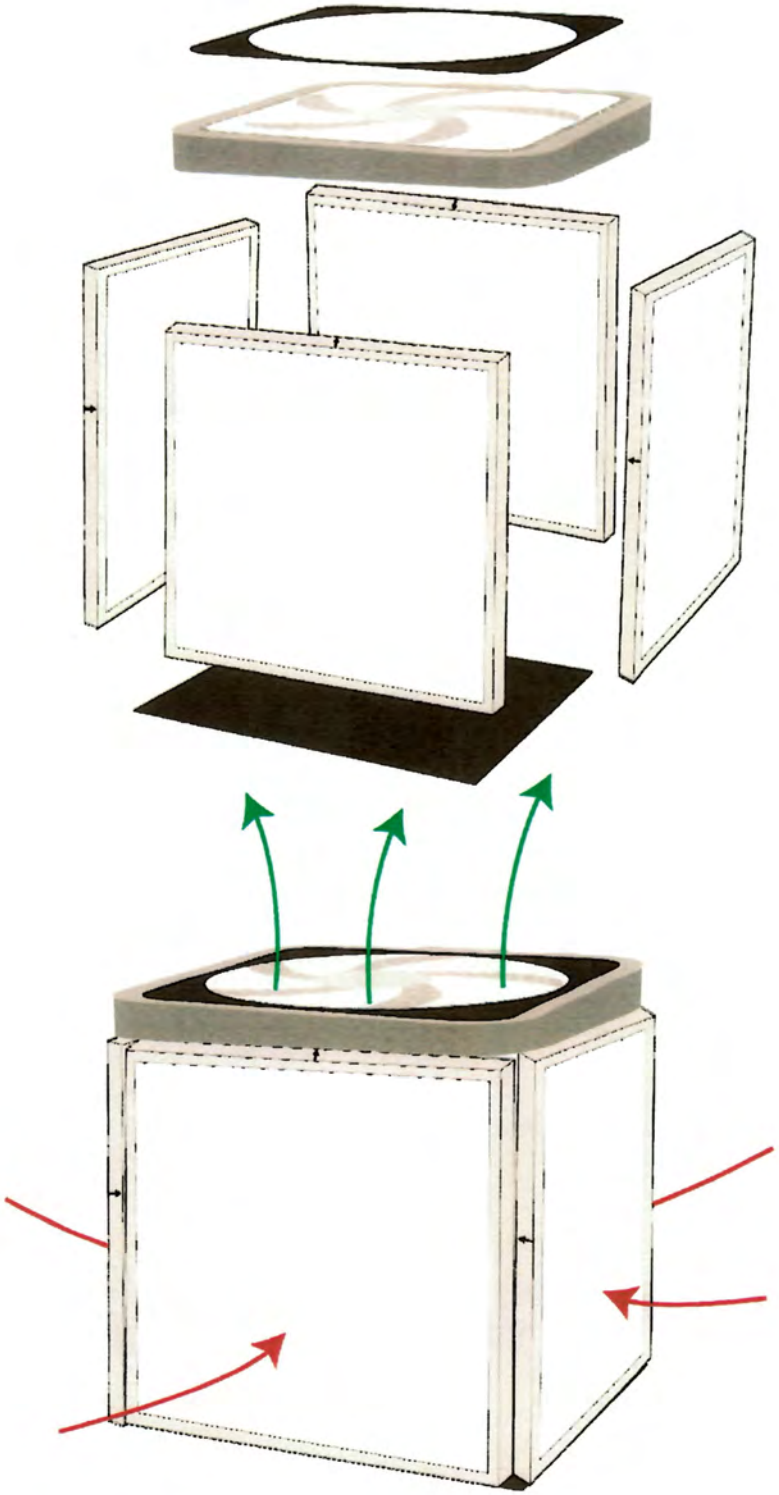
The **Corsi-Rosenthal Cube** (sometimes called a Comparetto Cube) is an inexpensive, do-it-yourself (DIY) air cleaner that can be easily constructed out of a box fan and MERV-13 air filters.

What is needed:

- Four (4) 2 inch thick **MERV-13** air filters. You will need to purchase 20 inch by 20 inch sized MERV-13 filters. For the 3M Filtrete brand of filters, this is "FPR 1900."
- A 20 inch box fan
- Duct tape
- Some cardboard (The box of the fan works well for this purpose.)

How to construct:

1. Duct tape the filters together, forming an incomplete cube. Try to avoid taping over the filter media part of each filter.
2. When taping the filters together, make sure to **arrange each filter so that the air intake direction of the filter goes *inward***. The filters should indicate which direction the air is supposed to flow. You want each filter's airflow direction to point *into* the cube, not out.
3. There should be two empty sides of your incomplete cube. The box fan will go on one of these empty sides and the cardboard will go on the other.
4. Cut your piece of cardboard to fit over the bottom area of the cube, where the cube will sit against the ground. Duct tape the cardboard to the bottom. For durability purposes you may choose to use plywood, Plexiglas, or sheet metal.
5. Duct tape the box fan to the top of the cube. You want the fan to blow air out of (not into) the cube. You can also place the fan on the side, rather than the top, of the cube (see below). Having the fan point directly up into the air is a bit better because it is less obtrusive.
6. Cut a piece of cardboard so that the circle created by the fan blades is exposed but the edges of the fan grill are covered. You can also use duct tape on the fan to create this 'shroud' as well. The optimal shroud opening has been determined based on the fan brand: For Lasko fans, cut the shroud with an internal diameter of 15 inches; for Utilitech fans, use 13.5 inches. For increased durability, you can use Coroplast (corrugated plastic) or 1/4 inch thick plywood to make the shroud.



Guidelines for use of HEPA Filters for Institutional Group Settings

The purpose of this procedure is to provide direction regarding the use of High Efficiency Particulate Air (HEPA) filters in institutional group setting to reduce the likelihood for transmission of COVID-19 and other common respiratory illnesses.

This policy applies to all group activity areas within a correctional institution including but not limited to: educational areas, religious areas, mental health group areas, visiting areas, dining halls, dayrooms, gymnasiums, and waiting rooms. HEPA filters are High Efficiency Particulate Air filters that are capable of trapping 99.97 percent of particles as small as 0.3 microns.

Procedural steps for ensuring HEPA filters are being deployed appropriately to reduce the likelihood for transmission of COVID-19 or other common respiratory illnesses:

1. Determining size of HEPA filter required for each area
    a. Identify area(s) requiring a HEPA filter.
    b. Identify space utilization type (clinic, classroom, common area, etc.).
    c. Calculate the needed Cubic Feet per Minute (CFM) using area.
    d. Calculate area of the room in cubic feet (width x depth x height).
    e. Multiply the area in cubic feet by 0.066. This will provide the needed CFM for four air exchanges per hour.
    f. Calculate the needed CFM using room occupancy.
    g. Determine the number of particpants, both staff and participants.
    h. Multiply the number of participants by 15.
    i. The size of the HEPA filter unit(s) required for that space should be a unit (or units) with a fan capacity meeting or exceeding the larger CFM using either the size of the room or the number of occupants.

Plant Operations shall utilize the CFM required for each space and determine the HEPA air filter unit that is appropriate for the space based on the manufacturer's CFM rating for each unit. In order to meet the needs of each space, multiple HEPA air filters can be utilized to provide enough capacity to meet the CFM requirement for that space.

NOTE: When using a DIY system, the number of units for each space will need to be doubled. For example: Once the CFM calculations have been completed and show the space requires three HEPA filters for the room; if utilizing DIY systems in lieu of purchased units the institutions will need to utilize six DIY units for this space.

2. Installation of HEPA filters
    a. Assess access to electrical outlets in identified area(s).
    b. Identify a safe location in each identified area(s) for placement. Avoid tripping hazards or long extension cords.
    c. Installation on a table or desk (a raised location instead of on the floor) is preferable.

3. Tracking location of HEPA filters
    a. Warehouse staff should Goods Receipt equipment into BIS identifying the location of equipment.
    b. Property Controller shall assign a property tag number identifying the location of equipment.

4. Routine Preventative Maintenance of HEPA filters
    a. Statewide Automated Preventative Maintenance System (SAPMS) Coordinator shall assign an asset number and input equipment into SAPMS.
    b. Determine maintenance schedule including filter replacement cycle from Original Equipment Manual (OEM).
    c. Assign maintenance frequency in SAPMS.

5. Repair and replacement of HEPA filters
    a. Correctional Plant Managers shall maintain a supply of replacement filters based on type of equipment and OEM.
    b. Utilize OEM to troubleshoot and assess equipment for repair or replacement.
    c. Maintain a supply of replacement HEPA filters to exchange out nonoperational HEPA filters pending repair or purchase.

6. Daily Use of HEPA filters
    a. When required to be used to reduce the likelihood for transmission of COVID-19 and other common respiratory illnesses, the HEPA filters will be turned on during the times that programming is being provided in group activity areas.
    b. During extended periods of no activity, including at the end of the day, the HEPA filters should be turned off.
    c. During the period when HEPA filters are required due to COVID-19 or other severe respiratory illnesses, if the HEPA filters are missing or if they malfunction and no longer can filter air, social distancing, and other preventative measures shall be applied in group activity areas.
    d. If previously installed HEPA air filters are missing from a space and cannot be located, a custody supervisor and/or Correctional Plant Supervisor shall be notified. If another HEPA filter cannot be located to replace the missing HEPA filter, institutions will resort back to COVID-19 social distancing protocols.
    e. If HEPA air filters are no longer required to reduce the likelihood for transmission of COVID-19 and other common resipratory illnesses, the HEPA air filters will be stored in such a way that they can be rapidly deployed to address future requirements for HEPA air filters.

Whirlpool WPPRO2000 Whispure

Institution:

[redacted]	Yard	Building	Room	Type of Space	Whirlpool (328)	Square Footage	Volume (Cubic Feet)	4 Air Changes per Hour	Needed CFM	Whirlpool (328)	Normal Occupancy Load	CFM per person	Needed CFM	Whirlpool (328)	Covid Occupancy Load
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
[redacted]					0			0.066	0	0		15	0	0	
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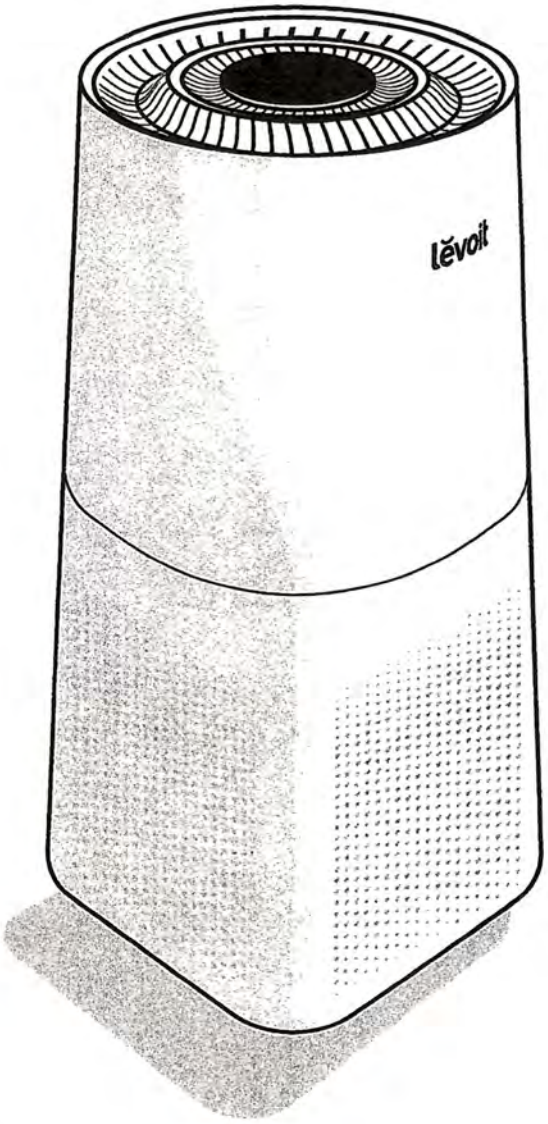
[redacted]					0			0.066	0	0		15	0	0	

levoit

USER MANUAL

Tower Pro True HEPA Air Purifier

Model: LV-H134 Series



Questions or Concerns?

Please contact us Mon–Fri, 9:00 am–5:00 pm PST/PDT
at **support@levoit.com** or at **(888) 726-8520**.

Table of Contents

Package Contents

1 x Air Purifier
1 x True HEPA Combination Filter (Pre-Installed)
1 x Power Cord
1 x User Manual

Specifications

Power Supply	AC 120V, 60Hz
Rated Power	45W
Ideal Room Size	710 ft^2 / 66 m^2 **Note:** Effective for larger rooms, but purification will take longer.
Operating Conditions	**Temperature:** 14°–104°F / -10°–40°C
	Humidity: ≤ 85% RH
Noise Level	23–57dB
CADR (Clean Air Delivery Rate)	312 CFM / 530 m^3/h
Standby Power	< 0.8W
Dimensions	12.8 x 12.8 x 29.2 in / 32.6 x 32.6 x 74.2 cm
Weight	18.6 lb / 8.44 kg

Whirlpool® WPPRO2000 Whispure™ Air Purifier Pearl White - WPPRO2000P (Flagship Model in Series)

- Advanced Electronic control (Smart Screen Touch)
- Low / Med / Hi / Turbo 4-Fan speed
- Air Quality Monitoring (Auto Mode – blue / yellow / red indicator)

Product Description

For large rooms up to 508 square feet, this air purifier features advanced electronic control, VOCs sensor, 4 fan speeds including Turbo Setting to clear the air quickly, and Sleep Mode with programmable timer for quiet operation while saving energy. The True HEPA filter captures 99.97% of particles as small as 0.3 microns. A charcoal pre-filter traps odors and pre-cleans the air before it reaches the HEPA filter. Removes airborne allergens such as dust, pet dander, pollen, tobacco smoke, fabric fibers and mold spores. The Whispure™ Quiet System offers the quietest high efficiency air purifier technology*.

Additional Information

UWCF Colors	
Model	WPPRO2000P
Rating	120V, 60Hz, 115W (@Turbo)
UWCF Sizes	
CADR	328cfm
Room Size	508 sq ft
Approval	CUL / AHAM / E-Star / CARB
Product Size	19.45" x 10.08" x 25.08"

Gross Wt	28.6 lbs
Net Wt	22.44 lbs

More Images




Exhibit 9

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

MEMORANDUM

Date : February 14, 2022

To : Steven Fama, Prison Law Office

Subject : **PRISON LAW OFFICE NON-PARAGRAPH 7 CONCERN RELATING TO REQUESTS AND QUESTIONS RE HOUSING UNIT VENTILATION MATTERS**

California Correctional Health Care Services (CCHCS) and California Department of Corrections and Rehabilitation (CDCR) are providing the italicized information below in response to your e-mail inquiry dated January 27, 2022.

1. In the Statement, Defendants said that "most" housing unit Air Handling Unit (AHU) CDCR has identified as necessary are complete, and that "a schedule is in place" for completion of repairs and maintenance for about 140 AHUs identified as still needing that. Id. at 24:22 -25:6. Please provide the current schedule.

   Please refer to Attachment A.

2. Defendants also included a 1/5/22 memorandum regarding housing unit ventilation (copy attached) as Exhibit H to the Case Management Conference Statement. Among other things, the memorandum states: The operation of exhaust fans are especially critical in quarantine housing units or housing units with multiple COVID-19 positive cases. If an exhaust fan is non-operational and a replacement fan is not immediately available, the cell(s) should be red-lined until the exhaust fan is replaced. We fully agree with the public health risk reduction premise underlying this provision (see, e.g., ECF No. 3762, December 14, 2021 at 12:19-25 [pointing out need for, among other things, ventilation exhaust funs to work adequately]), and very much appreciate that CDCR is now addressing this matter. However, it is not clear how exhaust fans in quarantine housing units or housing units with multiple COVID-19 positive cases are known to be operational or not when persons are placed therein or have such units so designated. Can you please explain how that is known or ascertained?

   Housing units may be converted into an isolation or quarantine space at a moment's notice and are removed from that status just as quickly. As a result, operations staff are not inspecting fans on a daily basis; however, if an exhaust fan stops working, all institution staff and patients have the ability to submit a routine or emergency work order to have the fan repaired or replaced as soon as possible.

3. CDCR must require plant operations staff to specially inspect exhaust fans in such housing units, and require that patients and staff in those units be informed in writing to immediately report if an exhaust fan is not working properly, with staff further required to immediately report such problems to plant operations so the fan can be immediately replaced or the cell red-lined. We request that the memorandum be revised to include such requirements.

   CCHCS and CDCR appreciate your concerns regarding the inspection of exhaust fans in quarantine housing units and housing units with multiple COVID-19 positive cases; however, there are no plans

MEMORANDUM

Re: **HOUSING UNIT VENTILATION MATTERS**

to revise the memorandum at this time. The use of the word "immediately" indicates now, and it is not necessarily feasible to red-line a cell at any moment throughout the day, or during after-hours, when operational staff resources may not be available. Therefore, the best practice is to continue with the submission of a work order to repair or replace an exhaust fan as quickly as possible.

4. The memorandum states that if a cell's "exhaust fan is non-operational and a replacement fan is not immediately available, the cell(s) should be red-lined until the exhaust fan is replaced" (underlined added). Is the word "should" intended to give prison staff discretion, such that they may or may not red-line the cell, depending on other circumstances? If so, please explain. If no, we ask that the memorandum be revised to use the word "shall" instead of "should" so that the mandatory requirement is made clear.

   Although CCHCS and CDCR acknowledge the request to change the language from "should" to "shall," the memo will not be revised at this time. Indicating "should" allows latitude for staff to work with Plant Operations to fix the system. Stating "shall" would require a cell to be red lined immediately when Plant Operations may be able to fix the exhaust fan by the end of the day or within 24 - 48 hours.

Thank you.

cc: Clark Kelso, Receiver
Directors, CCHCS
CCHCS Office of Legal Affairs
Office of Legal Affairs, CDCR
Office of the Attorney General
Hanson Bridgett, LLP
Jackie Clark, Deputy Director, Institution Operations, CCHCS
DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS
Kimberly Seibel, Deputy Director, Facility Operations, DAI, CDCR
Erin Hoppin, Associate Director, Risk Management Branch, CCHCS
Regional Deputy Medical Executive, Regions I-IV, CCHCS
Regional Health Care Executive, Region I-IV, CCHCS
Regional Nursing Executive, Region I-IV, CCHCS

ATTACHMENT A

Housing Unit Air Handling Unit Inspections

- Summary of Performance Measurements -

Institution	AHU Performance				Planned Repair Action(s) for AHUs with Airflow Below 90% of Design Specifications	
	Total Number of AHUs	Number of AHUs with Airflow at Least 90% of Design Specifications	Number of AHUs with Airflow Below 90% of Design Specifications	Number of AHUs Pending Airflow Measurement	Description	Estimated Date for Completion of Planned Repair Action(s)
ASP	66	66	0	———	———	———
CAC[1]	120	74	46	———	Utilize existing repair/maintenance contract	3/31/2022
CAL	70	70	0	———	———	———
CCC[2]	53	51 ~~48~~	0 ~~3~~	2	———	———
CCI	37	37	0	———	———	———
CCWF	62	54	8	———	Perform thorough cleaning/maintenance	2/28/2022
CEN	68	65	3	———	Replace worn parts	2/28/2022 ~~1/31/2022~~
CHCF[3]	62	———	———	———	———	———
CIM[4]	47	40	0	7	———	———
CIW	25	25	0	———	———	———
CMC	64	33	31	———	Adjust fan speeds	3/31/2022
CMF[4]	19	15	0	4	———	———
COR	57	57	0	———	———	———
CRC	16	16	0	———	———	———
CTF	8	8	0	———	———	———
CVSP[5]	25	25	0	———	———	———
FSP[4]	28	23 ~~19~~	1 ~~5~~	4	Replace AHU	2/28/2022

[1] CAC is a facility leased from a building owner; maintenance of AHUs is the responsibility of the building owner.

[2] Two AHUs at this prison have inaccessible ductwork and are not available for staff to measure airflow from the AHU.

[3] CHCF was constructed with a Building Management System that automatically controls airflow based on established parameters and field sensor communications. Because the system automatically varies airflow as required, it does not lend itself to the AHU inspection measurements.

[4] AHU airflow design specifications cannot be identified for certain AHUs at these prisons.

[5] These rows exclude newly-installed AHUs from the ISP/CVSP HVAC replacement project. These AHUs are under warranty by the General Contractor.

** Strikethrough/red font indicates changes as compared to the 12/10/21 report.*

Housing Unit Air Handling Unit Inspections

- Summary of Performance Measurements -

Institution	AHU Performance				Planned Repair Action(s) for AHUs with Airflow Below 90% of Design Specifications	
	Total Number of AHUs	Number of AHUs with Airflow at Least 90% of Design Specifications	Number of AHUs with Airflow Below 90% of Design Specifications	Number of AHUs Pending Airflow Measurement	Description	Estimated Date for Completion of Planned Repair Action(s)
HDSP	46	46	0	———	———	———
ISP[5]	9	1	8	———	Replace AHUs in phases via existing capital outlay project	4/30/2022
KVSP	26	26	0	———	———	———
LAC	68	68	0	———	———	———
MCSP	63	63	0	———	———	———
NKSP	54	54	0	———	———	———
PBSP	60	60	0	———	———	———
PVSP	68	68	0	———	———	———
RJD	74	74	0	———	———	———
SAC[4]	18	12	4	2	Replace worn parts	2/28/2022 ~~1/31/2022~~
SATF	80	80	0	———	———	———
SCC	53	17	36	———	Perform thorough cleaning and maintenance	3/31/2022
SOL	67	67	0	———	———	———
SQ[4]	20	14 ~~11~~	3 ~~6~~	3	Perform thorough cleaning and maintenance	3/31/2022
SVSP	62	62	0	———	———	———
VSP	77	77	0	———	———	———
WSP	60	60	0	———	———	———

[1] CAC is a facility leased from a building owner; maintenance of AHUs is the responsibility of the building owner.

[2] Two AHUs at this prison have inaccessible ductwork and are not available for staff to measure airflow from the AHU.

[3] CHCF was constructed with a Building Management System that automatically controls airflow based on established parameters and field sensor communications. Because the system automatically varies airflow as required, it does not lend itself to the AHU inspection measurements.

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** Strikethrough/red font indicates changes as compared to the 12/10/21 report.*

Exhibit 10

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

MEMORANDUM

Date : February 10, 2022

To : Steven Fama, Prison Law Office

Subject : **PRISON LAW OFFICE NON-PARAGRAPH 7 CONCERN RELATING TO FOLLOW-UP ON FILTRATION UNITS FOR GROUP ACTIVITY AREAS**

California Correctional Health Care Services (CCHCS) and California Department of Corrections and Rehabilitation (CDCR) are providing the italicized information below in response to your e-mail inquiry dated January 19, 2022.

1. First, will the 12/8/21 CDCR/CCHCS memo re "Increasing Capacity For Indoor Group Activities" (copy attached) result in the placement of HEPA or DIY MERV 13 filters in the dayrooms of all housing units, and in all dining halls? If no, please explain.

   The December 8, 2021, memorandum does not require that all spaces providing group programming have a high efficiency particulate air (HEPA) filter installed. Instead, the memorandum provides the requirements to increase the number of patients allowed to program in a space if an institution is in Phase III of the roadmap to reopening. HEPA and do-it-yourself (DIY) air filters are provided as one tool to be used to return to normal programming levels in group activity and programming spaces. This will not result in placement of HEPA or DIY air filters in every dayroom or dining hall statewide. If there is not a HEPA filter installed, a space can continue to be used, but at a reduced capacity consistent with prior direction regarding distancing requirements.

2. Also, Dave Lewis during the 1/14/22 meeting indicated, as I recall, that an attempt was being made to formalize the requirements of the 12/8/21 memo into policy. However, I don't recall if Dave said policy in DOM or HC-DOM. Can you please advise as to which one was referenced, and tell us when that is expected to be done?

   CCHCS and CDCR are currently in the draft phase of developing a Health Care Department Operations Manual section to address the use of HEPA filters. Once it is available, CCHCS will provide the PLO the draft policy per the established process.

3. Finally, Dave Lewis on 1/14/22 said that after the formal policy is done, validation of data calculations and verification of filter placement "might" be looked at. Validation of the filter unit calculations, and verification that the required number of filtration units are actually in place is necessary so as to ensure that the prisons are complying with the requirements of the policy embodied in the 12/8/21 memorandum. Specifically, we ask that CCHCS and CDCR now validate the calculations, or some subset of them as would be done via spot checks, so as to ensure that they were done correctly. This seems especially necessary given that Headquarters' initial calculations as provided to us were incorrect. We also ask that CCHCS and CDCR require each prison to verify that they have calculated portable filter requirements for each group activity area, and located the required number of fans in each such area, and further require each prison to provide a list of identifying each such area and the number of filters each has in place. We further request a copy of those lists.

MEMORANDUM

Re: Follow-up on Filtration Units for Group Activity Areas

CCHCS and CDCR have developed a tool to verify the calculations for the number of HEPA or DIY air filters that are required in group activity programming spaces if an institution is in Phase III of the roadmap to reopening and a decision is made to increase the programming capacity in those spaces to normal, pre-COVID levels, as described in the December 8, 2021 memorandum. Once completed by the institutions, the tool will specify the group activity programming spaces at each institution where increased-capacity groups will congregate, the location of the spaces, the size of the spaces, and the occupant load of the spaces. That information will then be used to verify the previous calculations of the filtering requirements for those spaces. Given the number of spaces that are impacted statewide and the current workload that staff are experiencing related to the latest outbreak, institutions have until early March 2022 to complete the tool. After review and verification, it is anticipated the data will be available by the end of March 2022.

Thank you.

cc: Clark Kelso, Receiver
Directors, CCHCS
CCHCS Office of Legal Affairs
Office of Legal Affairs, CDCR
Office of the Attorney General
Hanson Bridgett, LLP
Jackie Clark, Deputy Director, Institution Operations, CCHCS
DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS
Dave Lewis, Deputy Director, Facilities Planning and Activations Management, CCHCS
Erin Hoppin, Associate Director, Risk Management Branch, CCHCS
Regional Deputy Medical Executive, Regions I-IV, CCHCS
Regional Health Care Executive, Regions I-IV, CCHCS
Regional Nursing Executive, Regions I-IV, CCHCS

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

MEMORANDUM

Date : February 10, 2022

To : Steven Fama, Prison Law Office

Subject : **PRISON LAW OFFICE NON-PARAGRAPH 7 CONCERN RELATING TO VERIFICATION AND VALIDATION REGARDING COMPLIANCE WITH THE DECEMBER 8, 2021, MEMORANDUM**

California Correctional Health Care Services (CCHCS) and California Department of Corrections and Rehabilitation (CDCR) are providing the italicized information below in response to your e-mail inquiry dated January 26, 2022.

> With regard to the verification of filtration unit placement, we request that each prison provide a list, keyed to each yard or other applicable facility, that sets forth the educational areas, religious areas, mental health group areas, visiting areas, dining halls, dayrooms, gymnasiums, and waiting rooms within each yard or facility, and for each such area states the number of required HEPA or DIY MERV-13 filtration units, and indicates whether such filters are in place.
>
> *CCHCS and CDCR have developed a tool to verify calculations for the number of high efficiency particulate or do-it-yourself air filters that are required in group activity programming spaces if an institution is in Phase III of the roadmap to reopening and a decision is made to increase the programming capacity in those spaces to normal, pre-COVID levels, as described in the December 8, 2021 memorandum. Once completed by each institution, the tool will specify the group activity programming spaces at each institution where increased-capacity groups will congregate, the location of those spaces, the size of the spaces, and the occupant load of the spaces. That information will then be used to verify the previously determined calculations of the filtering requirement for the spaces. Given the number of spaces that are impacted statewide and the current workload that staff are experiencing related to the latest outbreak, institutions have until early March 2022 to complete the tool. After review and verification, it is anticipated the data will be available by the end of March 2022.*

Thank you.

cc: Clark Kelso, Receiver
Directors, CCHCS
CCHCS Office of Legal Affairs
Office of Legal Affairs, CDCR
Office of the Attorney General
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Jackie Clark, Deputy Director, Institution Operations, CCHCS
DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS
Dave Lewis, Deputy Director, Facilities Planning and Activations Management, CCHCS
Erin Hoppin, Associate Director, Risk Management Branch, CCHCS
Regional Deputy Medical Executive, Regions I-IV, CCHCS

MEMORANDUM

Re: Verification and Validation regarding Compliance with December 8, 2021, Memorandum

Regional Health Care Executive, Regions I-IV, CCHCS
Regional Nursing Executive, Regions I-IV, CCHCS