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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

**DEFENDANTS' RESPONSE TO ORDER  
RE: QUARANTINE AND ISOLATION  
SPACE; PROPOSED ORDER**

Judge: Hon. Jon S. Tigar

**INTRODUCTION**

Defendants' respectfully submit this response to the Court's July 7, 2020 order regarding quarantine and isolation cells. The Receiver only provided the final proposed methodology to determine reserved bed needs and the data concerning the numbers of beds that must be kept in reserve for isolation and quarantine purposes under his proposed methodology on Monday, July 13, at about 8:30 p.m. It is not surprising that the Receiver was unable to provide this information the previous week because the issue and task at hand are complex and not suitable for a rushed process. Undoubtedly, the process and the Receiver's final product would have benefited

1 significantly if more time had been permitted. Because this process has been rushed, Defendants  
2 and their public health expert have not had sufficient time to fully evaluate the appropriateness of  
3 the Receiver's proposed methodology or assess its likely impact on the institutions and prison  
4 operations. But even a cursory review of the Receiver's methodology and calculations for each  
5 institution raises a number of significant issues. Below, based on an initial review of the  
6 Receiver's documents, Defendants have identified a number of issues and concerns regarding the  
7 Receiver's methodology.

8 Defendants' recent decisions and actions to release significant numbers of additional  
9 inmates address the concerns underlying the Court's July 7 order in a much more meaningful way  
10 than could this response or any expert declaration. As the Court stated last week, the release of  
11 more inmates from the institutions "would make all of this less necessary, maybe even  
12 unnecessary." (ECF No. 3387; Hr'g Tr. 40:10-12, July 7, 2020.) And releasing additional  
13 inmates under new and modified criteria is precisely what CDCR has decided to do, as described  
14 in more detail below. In sum, on top of the reduction in the population by approximately 10,000  
15 inmates that has already occurred since the COVID-19 pandemic hit California, CDCR will reduce  
16 its population by about 8,000 inmates before the end of August, and releases under these measures  
17 will continue on a rolling basis as long as is necessary.

18 In light of this new significant effort to further reduce the inmate population, and the need  
19 for more time to develop a better method for determining the extent to which institutions need  
20 additional reserved space, Defendants submit a proposed order that directs the parties and the  
21 Receiver to continue to meet and confer regarding this subject and to try to reach agreement within  
22 two weeks. If the parties are unable to do so, and if the Court still believes an order might be  
23 necessary despite the numerous planned releases and other remedial measures Defendants have  
24 taken, the Court should request that the parties submit additional briefing and evidence on the  
25 subject and consider whether an order can or should be made.

26 In the meantime, the additional time will allow the Receiver, the parties, and their public  
27 health experts to further vet the Receiver's proposed methodology and to devise possible  
28 alternative approaches that would be better tailored to address each of the institutions. Additional

1 time would also allow all stakeholders to observe how the newly planned releases will improve  
 2 physical distancing and possibly affect the analysis for determining space needs.

3 **I. CDCR WILL RELEASE ABOUT 8,000 INMATES BEFORE THE END OF**  
 4 **AUGUST AND HAS TAKEN OTHER STEPS TO ENSURE ADEQUATE**  
**SPACE IN THE EVENT OF OUTBREAKS.**

5 Even before the new rounds of releases described below began, CDCR's previous  
 6 decompression efforts in response to the pandemic have reduced its prison population by about  
 7 10,000 inmates since mid-March 2020. (Decl. Diaz ¶ 2.) CDCR now plans to build on its  
 8 previous efforts. As the Court requested, CDCR has expanded the scope of the 180-day inmate  
 9 cohort and has implemented additional measures to increase the number of inmates who will be  
 10 released in the coming weeks. (*Id.*) Indeed, these releases are already underway, and their impact  
 11 on the institutions should be seen beginning this week.

12 CDCR modified the criteria for its plan to release inmates who are scheduled for release  
 13 within 180 days (180 Day Plan). (*Id.* ¶ 3.) Under the modified criteria, more inmates will be  
 14 released and the releases will happen quicker. (*Id.*) With the modifications, approximately 4,800  
 15 inmates will be released under the 180 Day Plan by the end of July 2020. (*Id.*) And inmates will  
 16 thereafter continue to be released under the 180 Day Plan on a rolling basis until the plan is no  
 17 longer necessary. (*Id.*)

18 CDCR is also implementing a new plan to release certain inmates who are within one year  
 19 of their release dates (One Year Plan). (*Id.* ¶ 4.) The One Year Plan focusses on eight specific  
 20 prisons that were selected based on several factors, including, but not limited to, the size of the  
 21 population of high-risk inmates and the physical plant layout: San Quentin, Central California  
 22 Women's Facility, California Health Care Facility, California Institution for Men, California  
 23 Institution for Women, California Medical Facility, Folsom State Prison, and Richard J. Donovan  
 24 Correctional Facility. (*Id.*) Under the One Year Plan, about 700 inmates age thirty or over will  
 25 become immediately eligible for release and should be released before the end of July 2020, and  
 26 about 300 additional inmates who are under age 30 will be considered for release on a case-by-  
 27 case basis. (*Id.*) The One Year Plan will also continue on a rolling basis until it is no longer  
 28 necessary. (*Id.*)

1 CDCR will also implement a new plan to award twelve weeks of positive programming  
 2 credits to all inmates except inmates who are serving a life sentence without the possibility of  
 3 parole, inmates who are condemned to death, and inmates who received a serious rules violation  
 4 between March 1 and July 5, 2020 (Credit Plan). (*Id.* ¶ 5.) CDCR estimates that about 108,000  
 5 inmates will be awarded the credits and that the Credit Plan will result in approximately 2,100  
 6 additional releases between July and the end of August 2020. (*Id.*) And the impact of the Credit  
 7 Plan will continue indefinitely because it will advance the release dates or parole-consideration  
 8 dates for every inmate who is awarded the credits. (*Id.*)

9 CDCR has also established criteria for releasing medically high-risk inmates who will be  
 10 evaluated for release on a case-by-case basis (High Risk Medical Plan). (*Id.* ¶ 6.) Because of the  
 11 nature of the High Risk Medical Plan, CDCR is currently unable to estimate the number of  
 12 releases that will result from its implementation. (*Id.*)

13 Additionally, CDCR is reviewing potential release protocols for incarcerated persons who  
 14 are in hospice or pregnant because they are considered at high risk for COVID-19 complications.  
 15 (*Id.* ¶ 7.) And CDCR will be expediting the release of incarcerated persons who have been found  
 16 suitable for parole by the Board of Parole Hearings, but who have not yet been released from  
 17 prison. (*Id.*)

18 Like the Court, CDCR is concerned about the institutions' preparedness for significant  
 19 outbreaks. (*Id.* ¶ 8.) That is why on July 2, 2020, CDCR ordered the activation of Incident  
 20 Command Posts at each institution. (*Id.* ¶ 8, Ex. A.) The purpose of that order was to enhance  
 21 each institution's ability to mitigate, prepare for, respond to, and recover from a COVID-19  
 22 outbreak in accordance with the Department All-Hazards Emergency Operations Plan. (*Id.*) All  
 23 CDCR institutions have now activated an Incident Command Post in response to the pandemic  
 24 and have submitted strategic plans for dealing with outbreaks. (*Id.*)

25 The objectives of the Incident Command Posts include, among many other things, the  
 26 following:

- 27 • Identifying logistical needs and resource deployments;
- 28 • Identifying potential challenges in responding to outbreaks;

- 1 • Conducting advance planning;
- 2 • Managing COVID-19 testing; and
- 3 • Identifying new or potential COVID-19 cases. (*Id.* ¶ 9.)
- 4

5 One of the objectives of the Incident Command Posts will be to assess and identify the  
 6 need for quarantine and isolation space in the institutions. (*Id.* ¶ 10.) CDCR has already taken  
 7 some steps to ensure additional space is readily available if it is needed, such as securing a  
 8 contract with a vendor that can erect fully functional tents to provide additional housing or  
 9 treatment spaces within 72 hours. (*Id.*) CDCR has also obtained advanced approval from the  
 10 State Fire Marshal to convert gymnasiums into housing spaces in a number of institutions, and has  
 11 already outfitted some gymnasiums with beds and lockers so that they can be used for housing at a  
 12 moment's notice. (*Id.*)

13 In light of the new significant efforts to reduce the population, it does not make sense to  
 14 rush the imposition of orders mandating the implementation of reserved spaces at every institution  
 15 based on an unvetted and overly simplistic methodology to address a highly complex issue. As  
 16 the party responsible for running California's prison system, Defendants cannot simply rubber-  
 17 stamp the Receiver's one-size-fits-all approach for identifying reserve-bed needs, and neither  
 18 should the Court.

19 Furthermore, although Defendants want to implement a reasonable plan to ensure adequate  
 20 isolation and quarantine space in the institutions, Defendants object to the issuance of any order  
 21 mandating that this be done. The Court cannot reasonably conclude that CDCR is deliberately  
 22 indifferent or has otherwise ignored a threat to the health and safety of inmates, a prerequisite for  
 23 issuing injunctive relief under the Prison Litigation Reform Act (PLRA). 18 U.S.C. § 3626(a)(1).  
 24 Nor can the Court reasonably conclude that an order mandating the reservation of space under the  
 25 Receiver's methodology satisfies the PLRA's needs-narrowness-intrusiveness requirements. *Id.*  
 26 As the Court itself recognized last week, such an order might not be necessary if CDCR were to  
 27 release more inmates, which is exactly what CDCR is now doing.

**II. DEFENDANTS AND THEIR EXPERTS HAVE NOT HAD SUFFICIENT TIME TO EVALUATE THE RECEIVER'S PROPOSED DIRECTIVES.**

On Tuesday, July 7, the Court issued its order regarding quarantine and isolation beds, which seemed to assume that the Receiver's production of a draft plan for determining the need for isolation and quarantine beds was imminent and that the parties would have the remainder of the week to evaluate the plan and its impact on the institutions before submitting their court ordered responses on Monday, July 13.<sup>1</sup> (ECF No. 3381 at 1.) But this did not happen. Instead, the Receiver produced a three-page draft document on Wednesday, July 8, that the parties had a number of questions about and that Defendants were not able to fully comprehend. (Decl. McClain ¶ 2, Ex. A.) The only guidance the draft document provided regarding the number of beds that should be reserved for quarantine and isolation—found in the very last paragraph of the document—was especially challenging to understand. (*Id.* Ex. A at 3.) The draft document did not specify the number of beds that should be reserved at any institution. (*Id.* Ex. A.)

The Receiver's office advised that it would provide additional information on Thursday, July 9, and proposed a meeting with the parties on July 9 to discuss the draft document. (Decl. McClain ¶ 3.) On July 9, the Receiver's office provided a new document to the parties that purported to demonstrate how the Receiver's proposed methodology would be used to determine how many reserved quarantine and isolation beds would be needed at each institution. (*Id.* ¶ 3, Ex. B.) The document addressed a single prison—California Correctional Institution—but the parties were advised during the meeting that the numbers used for the example were likely incorrect. (*Id.*) No explanation was provided regarding a public-health basis for the methodology that the Receiver selected. (*Id.*)

During the July 9 meeting, the Receiver acknowledged that the methodology document needed revision and clarification and advised that a new draft might be provided by July 10.

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<sup>1</sup> The report of a COVID-19 positive inmate at the Correctional Medical Facility seemed to be a primary reason for the urgency and rushed process contemplated by the Court. Thus, it is significant that it was later determined that the report regarding the inmate at the California Medical Facility was the result of a false positive COVID-19 test.

1 (Decl. McClain ¶ 4.) The Receiver also indicated that a document—similar to the one prepared  
2 for California Correctional Institution—would be prepared for each of the other institutions so that  
3 the parties could see the number of isolation and quarantine beds that should be held in reserve at  
4 each prison under the Receiver’s proposed methodology. (*Id.*) Neither the revised methodology  
5 nor the documents showing the amount of reserved space needed at the institutions were provided  
6 to the parties on July 10. (*Id.*)

7 On Saturday, July 11, the Receiver sent the parties a revised methodology document and  
8 calculations for all 35 institutions. (Decl. McClain ¶ 5, Exs. C-D.) The parties then conferred and  
9 agreed to seek an extension of time to Wednesday to either file a stipulated order or competing  
10 orders if no agreement is reached. (*Id.*) Defendants believed it was important to seek more time  
11 to try to understand the documents, which were confusing, and to ask for additional clarification  
12 from the Receiver. (*Id.*) The parties asked the Receiver for another meeting on Monday, July 13,  
13 to further discuss those subjects. (*Id.*)

14 During the Monday, July 13 conference call, the Receiver acknowledged that the document  
15 describing the methodology for determining space needs required further revisions, in part because  
16 the methodology document still did not comport with the method that was actually used for the  
17 Receiver’s calculations of needed reserved space at the institutions. (Decl. McClain ¶ 6.) The  
18 Receiver sent the parties a new revised methodology document on Monday night, July 13. (*Id.*  
19 Ex. E.)

20 Although Defendants and their public health expert have had time to conduct a  
21 preliminary review of the Receiver’s documents—a review that has revealed a number of potential  
22 problems with the Receiver’s methodology—they have not had enough time to fully evaluate the  
23 Receiver’s methodology or to devise ways to improve it. (Decl. McClain ¶ 7.) There simply has  
24 not been sufficient time since Monday night, when the final draft of the Receiver’s proposed  
25 methodology was provided, for Defendants or their public health experts to fully evaluate the  
26 Receiver’s documents. (*Id.*) Nor have they had enough time to fully assess the impact on the  
27 institutions and prison operations if the Court were to order that the Receiver’s plan to be  
28 implemented. (*Id.*) Nor have Defendants or their expert had sufficient time to determine and



1 demonstrate possible alternatives to the Receiver's proposal that might be superior, better tailored  
2 to each institution's needs, and less intrusive. (*Id.*)

3 Defendants recognize the importance and urgency of ensuring adequate space is available  
4 at each institution for responding to an outbreak, but strongly believe that a more nuanced  
5 approach should be developed with more input from the parties and public health experts.  
6 Because this is an important issue, the Receiver and the parties should not be forced to rush the  
7 completion and implementation of measures that have not been thoroughly evaluated and  
8 discussed. Nor should the Court be in a rush to order such measures.

9 **III. THERE ARE PROBLEMS WITH THE RECEIVER'S PROPOSED**  
10 **METHODOLOGY FOR DETERMINING SPACE-RESERVATION NEEDS AT**  
11 **THE INSTITUTIONS.**

12 Defendants appreciate the Receiver's efforts to develop an approach for determining the  
13 need to reserve quarantine and isolation spaces within the institutions, and those efforts have  
14 helped advance the discussion on this subject among the parties and stakeholders. But the  
15 Receiver's planned methodology is far from fully developed. It would be inappropriate for the  
16 Court to issue an order mandating that CDCR implement it.

17 The Receiver's own statements about the proposed methodology make clear that it is not  
18 fully developed. His attorney's cover email from July 13 states: "We reiterate that this is not a  
19 formal policy or procedure document and reflects current thinking. It is, therefore, subject to  
20 modification or reconsideration as and if circumstances warrant." (Decl. McClain Ex. E.) And  
21 the most current draft of the Receiver's methodology document itself states:

22 A number of caveats apply to use of this document:

- 23 1) This product was intended to guide the decision of how many beds  
24 are needed to house the residents of an institution, and not to  
25 determine where they will go or whether they need to be released.
- 26 2) Use of the word "shall" does not result in this document being  
27 directive. It is not directive and does not constitute policy or  
28 procedure.
- 3) Realities on the ground might require exceptions to the points  
noted in these documents.

(*Id.* Ex. F at 1.) These statements do not support the notion that the Receiver's methodology



1 should be mandated by a Court order. And “realities on the ground” should be considered and  
2 addressed before the Court considers mandating the Receiver’s proposal by Court order.

3 The newest draft of the portion of the Receiver’s proposed methodology that addresses the  
4 formula for calculating the reserved space needed at each institution in case of an outbreak states:

5 To plan for the possibility of a large-scale outbreak of COVID-19, each facility  
6 in each prison shall identify space that will allow for rapid isolation and  
7 quarantine of impacted patients. Each facility shall identify its largest  
8 congregate living space. Each facility shall maintain empty beds equivalent to  
the capacity of its largest congregate living space or 20% of the current  
population of the facility, whichever is larger.

9 (Decl. McClain Ex. F at 3.) On Monday, the Receiver’s staff advised that there are no public-  
10 health guidelines describing this proposed methodology for determining space needs and that the  
11 Receiver did not obtain input from his own public health experts in developing the methodology.  
12 (*Id.* ¶ 8.) The Receiver’s staff further advised that they are aware of no other prison system that  
13 uses this methodology for determining reserved space needs, and in fact, are aware of no other  
14 prison system that is addressing this issue as proactively as CDCR. (*Id.* ¶ 9.)

15 The Receiver’s staff acknowledged that their assessment of space needs is based solely on  
16 a simple formula, and that in arriving at the calculated space needs for each institution, no  
17 consideration was given to the unique layout of each institution, the specific population in each  
18 institution (e.g., the medical acuity or average age of the population at each institution), or the  
19 number of patients in each institution who have already contracted and recovered from COVID-  
20 19. (*Id.* ¶ 10.) Nor did the Receiver adjust the calculations of needed space at any institution  
21 based on the availability of alternative spaces for housing patients, such as gyms, tents, and other  
22 buildings that could be readily converted into housing. (*Id.*) In developing the methodology, the  
23 Receiver did not consider the possibility of housing recovered COVID-19 patients with COVID-  
24 19 positive patients. (*Id.* ¶ 11.) Nor did the Receiver consider the possibility of moving recovered  
25 patients into denser housing arrangements to create more space for isolation and quarantine  
26 patients in other locations. (*Id.*) The Receiver’s staff also acknowledged that if a safe transfer  
27 protocol is developed, the ability to transfer patients to locations with more space would change  
28 the space needs at institutions. (*Id.*) And the Receiver’s staff advised that the documents provided



1 institutions for outbreaks, the Court could request that the parties submit additional briefing and  
2 evidence on the subject, and consider whether an order can or should be made.

3  
4 DATED: July 15, 2020

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5  
6 By: /s/ Paul B. Mello

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8 SAMANTHA D. WOLFF  
9 KAYLEN KADOTANI  
Attorneys for Defendants

10 DATED: July 15, 2020

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MARCIANO PLATA, et al.,

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v.

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CASE NO. 01-1351 JST

**DECLARATION OF RALPH DIAZ IN  
SUPPORT OF DEFENDANTS'  
RESPONSE TO ORDER RE:  
QUARANTINE AND ISOLATION SPACE**

Judge: Hon. Jon S. Tigar

I, Ralph Diaz, declare:

1. I am the Secretary of the California Department of Corrections and Rehabilitation (CDCR). I was appointed by Governor Gavin Newsom as CDCR's Secretary on March 27, 2019. Before my appointment as Secretary, I served in several positions at CDCR's headquarters, including Undersecretary of Operations, Deputy Director of Facility Operations, and Associate Director of High Security Institutions. And before I worked at CDCR's headquarters, I served as a prison Warden, Correctional Counselor Supervisor, and Correctional Counselor, after starting my career as a Correctional Officer in 1991. I submit this declaration to support Defendants' response to the Court's order regarding quarantine and isolation spaces.

1           2.           On Friday, July 10, 2020, CDCR announced additional actions to reduce the prison  
2 population and maximize space systemwide to address COVID-19. Even before CDCR  
3 announced the new measures, which are described below, CDCR's previous decompression  
4 efforts in response to the pandemic had already reduced its prison population by about 10,000  
5 inmates since mid-March, 2020. CDCR now plans to build on its previous efforts. CDCR  
6 estimates that the new measures will result in the prison population reducing by at least another  
7 8,000 between now and September.

8           3.           CDCR modified the criteria for its plan to release inmates who are scheduled for  
9 release within 180 days (180 Day Plan). Under the modified criteria, more inmates will be  
10 released and the releases will happen quicker. With these modifications, approximately 4,800  
11 inmates will be released under the 180 Day Plan by the end of July 2020. And inmates will  
12 thereafter continue to be released under the 180 Day Plan on a rolling basis until the plan is no  
13 longer necessary.

14           4.           CDCR is also implementing a new plan to release certain inmates who are within  
15 one year of their release dates (One Year Plan). The One Year Plan focusses on eight specific  
16 prisons that were selected based on several factors, including, but not limited to, the size of the  
17 population of high-risk inmates and the physical plant layout: San Quentin, Central California  
18 Women's Facility, California Health Care Facility, California Institution for Men, California  
19 Institution for Women, California Medical Facility, Folsom State Prison, and Richard J. Donovan  
20 Correctional Facility. Under the One Year Plan, about 700 inmates age thirty or over will become  
21 immediately eligible for release and should be released before the end of July 2020, and about 300  
22 additional inmates who are under age 30 will be considered for release on a case-by-case basis.  
23 The One Year Plan will also continue on a rolling basis until it is no longer necessary, and it may  
24 be expanded to other locations.

25           5.           CDCR has also implemented a new plan to award twelve weeks of positive  
26 programming credits to all inmates except inmates who are serving a life sentence without the  
27 possibility of parole, inmates who are condemned to death, and inmates who received a serious  
28 rules violation between March 1 and July 5, 2020 (Credit Plan). CDCR estimates that about

1 108,000 inmates will be awarded the credits and that the Credit Plan will result in approximately  
2 2,100 additional releases between July and the end of August 2020. And the impact of the Credit  
3 Plan will continue indefinitely because it will advance the release dates or parole-consideration  
4 dates for every inmate who is awarded the credits.

5 6. CDCR has also established criteria for releasing medically high-risk inmates who  
6 will be evaluated for release on a case-by-case basis (High Risk Medical Plan). Because of the  
7 nature of the High Risk Medical Plan, CDCR is currently unable to estimate the number of  
8 releases that will result from its implementation.

9 7. Additionally, CDCR is reviewing potential release protocols for incarcerated  
10 persons who are in hospice or pregnant because they are considered at high risk for COVID-19  
11 complications. And CDCR will be expediting the release of incarcerated persons who have been  
12 found suitable for parole by the Board of Parole Hearings and Governor, but who have not yet  
13 been released from prison.

14 8. I understand that the Court is concerned about the institutions' preparedness for  
15 significant outbreaks. CDCR shares those concerns, which is why on July 2, 2020, CDCR ordered  
16 the activation of Incident Command Posts at each institution. A true copy of this directive is  
17 attached to this declaration as Exhibit A. The purpose of that order was to enhance each  
18 institution's ability to mitigate, prepare, respond, and recover from COVID-19 outbreaks in  
19 accordance with the Department All-Hazards Emergency Operations Plan. All CDCR institutions  
20 have now activated an Incident Command Post in response to the pandemic and have submitted  
21 strategic plans for dealing with outbreaks.

22 9. The objectives of the Incident Command Posts include, among many other things,  
23 the following:

- 24 Identifying logistical needs and resource deployments;
- 25 Identifying potential challenges in responding to outbreaks;
- 26 Conducting advance planning;
- 27 Managing COVID-19 testing; and
- 28 Identifying new or potential COVID-19 cases.

10. One of the objectives of the Incident Command Posts will be to assess and identify the need for quarantine and isolation space in the institutions. And CDCR has already taken some steps to ensure additional space is readily available if it is needed, such as securing a contract with vendor that can erect fully functional tents to provide additional housing or treatment spaces within 72 hours. CDCR has also obtained advanced State Fire Marshal approval to convert gymnasiums in a number of institutions into housing spaces, and has already outfitted some gymnasiums with beds and lockers so that they can be used for housing at a moment's notice.

11. I understand that there is more work to be done, and I look forward to working with CDCR's public health expert, the California Department of Public Health, and the Receiver to assess space needs within the institutions and to develop ways to better prepare the institutions for COVID-19 outbreaks.

I declare under penalty of perjury that I have read this document, and its contents are true and correct to the best of my knowledge. Executed on July 15, 2020, in Sacramento, California.

RALPH DIAZ



# **EXHIBIT A**

State of California

Department of Corrections and Rehabilitation

# Memorandum

**Date:** July 2, 2020

**To:** CDCR Institutions Wardens  
CDCR CCHCS CEOs  
DJJ Superintendents

**Subject: IMMEDIATE ACTIVATION OF INSTITUTIONAL INCIDENT COMMAND POSTS**

The purpose of this directive is to enhance the facility's ability to mitigate, prepare, respond, and recover from COVID-19 declared disaster involving California Department of Corrections and Rehabilitation (CDCR) sites in accordance with the Department All-Hazards Emergency Operations Plan. All CDCR institutions shall activate an Incident Command Post (ICP) in response to the COVID-19 pandemic. All ICPs shall utilize the Incident Command System (ICS) and the appropriate ICS Forms for documentation purposes.

## **Incident Command Post Management Objectives**

Wardens and California Correctional Health Care Services (CCHCS) Chief Executive Officers (CEO) shall reference their respective institution's Emergency Operations Plan (EOP) and establish a Unified Command (UC) structure. The ICP's functions for preparing and responding to emergencies include, but are not limited to the following:

- Conducting advanced planning
- Managing COVID-19 testing
- Identifying new or potential COVID-19 cases
- Identifying logistical needs and resource deployments
- Managing external affairs
- Daily tracking and reporting of incidents
- Daily Unified Command Objectives Meeting (including weekends if applicable)
- Identify trends and anticipate challenges relative to potential outbreak concerns

ICP staff shall adhere to existing policies and guidelines for protective masking and social distancing.

## **Incident Command Post Minimum Staffing**

ICP positions shall include, at minimum, the following staffing:

- Co-Incident Commanders from Division of Adult Institutions (DAI) and CCHCS
- Co-Planning Chief
- Co-Operations Chief
- Co-Logistics Chief

CDCR Institutions Wardens  
CDCR CCHCS CEOs  
Division of Juvenile Justice Superintendents  
Page 2

- Finance Chief
- Public Information Officer
- CDCR COVID-19 DOC Liaison

ICs may establish additional positions based on operational need.

### **Incident Command Post Strategic Objectives**

The ICP roles and responsibilities shall include, but not be limited to the following:

- Provide a current assessment and situational awareness report of all areas within the institution as related to COVID-19 mitigation efforts
- Develop contingency plans and countermeasures to address identified needs
- Identify and address logistical and resource needs
- Prepare and submit an internal daily situation report from the ICP to the CDCR COVID-19 DOC, no later than 1000 hours (See attachment A)
- Prepare an external situation report to be shared with local stakeholders to include Emergency Medical Services teams (EMS), county public health agencies, local hospitals, local law enforcement partners (i.e., Police, Probation, Sheriff), and local government representatives (See attachment B)
- Create and maintain a daily Incident Action Plan (IAP) to include management and strategic objectives comprised of ICS forms (i.e. ICS 202, ICS 203, ICS 205A, ICS 207, ICS 208, ICS 209, ICS 213, and ICS 214)
- Track COVID-19 related expenditures
- Enhanced communications with public health, local hospitals, and healthcare providers will be essential in the event of significant changes in circumstances
- Extend an invitation to local Public Health officials to participate in their ICP operation in the event an outbreak occurs
- Establish a dedicated CDCR COVID-19 DOC liaison and include their contact information with every prepared report submitted to the CDCR COVID-19 DOC (Name, telephone number, email)
- ICs shall participate in the DOC's daily conference call that will provide a daily operational briefing to the ICPs. This call will occur Monday through Friday at 1400 hours
- Ensure all staff assigned to the ICP complete ICS Form 214 daily
- All resource request shall be submitted with a completed ICS Form 213, through the CDCR COVID-19 DOC electronic email at [DOCCOVID19@cdcr.ca.gov](mailto:DOCCOVID19@cdcr.ca.gov).

Please email the CDCR COVID-19 DOC at [DOCCOVID19@cdcr.ca.gov](mailto:DOCCOVID19@cdcr.ca.gov) with any questions or concerns.

CDCR COVID-19 Department Operations Center

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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

**DECLARATION OF DAMON MCCLAIN  
IN SUPPORT OF DEFENDANTS'  
RESPONSE TO ORDER RE:  
QUARANTINE AND ISOLATION SPACE**

Judge: Hon. Jon S. Tigar

I, Damon McClain, declare:

1. I am an attorney admitted to practice before the courts of the State of California and before this Court. I am employed by the California Attorney General's Office as a Deputy Attorney General and I am counsel of record for Defendants. I am competent to testify to the matters set forth in this declaration and would do so if called upon by this Court.

2. On Wednesday, July 8, 2020, the Receiver produced a three-page draft document concerning the need for reserved quarantine and isolation space in the institutions. A true copy of that document is attached to this declaration as Exhibit A. The parties had a number of questions about this document and neither my clients nor their counsel were able to fully comprehend the

1 methodology it proposed. The only guidance the draft document provided regarding the number  
2 of beds that should be reserved for quarantine and isolation—found in the very last paragraph of  
3 the document—was especially challenging to understand. The draft document did not specify the  
4 number of beds that should be reserved at any institution.

5       3. The Receiver’s office advised that it would provide additional information on July 9  
6 and proposed a meeting with the parties on July 9 to discuss the draft document. On July 9, the  
7 Receiver’s office provided a new document to the parties that purported to demonstrate how the  
8 Receiver’s proposed methodology would be used to determine how many reserved quarantine and  
9 isolation beds would be needed at each institution. The document addressed a single prison—  
10 California Correctional Institution—but the parties were advised during the meeting that the  
11 numbers used for the example were likely incorrect. A true copy of that document is attached to  
12 this declaration as Exhibit B. No explanation was provided regarding a public-health basis for the  
13 methodology that the Receiver selected during this meeting.

14       4. During the July 9 meeting, the Receiver acknowledged that the proposed methodology  
15 document needed revision and clarification, and advised that a new draft might be provided by  
16 July 10. The Receiver also indicated that a document—similar to the one prepared for California  
17 Correctional Institution—would be prepared for each of the other institutions so that the parties  
18 could see the number of isolation and quarantine beds that should be held in reserve at each prison  
19 under the Receiver’s proposed methodology. Neither the revised methodology nor the documents  
20 showing the amount of reserved space needed at the institutions were provided to the parties on  
21 July 10.

22       5. On Saturday, July 11, the Receiver sent the parties a revised methodology document  
23 and calculations for all 35 institutions. A true copy of the revised methodology document is  
24 attached to this declaration as Exhibit C, and a true copy of the calculations for the 35 institutions  
25 are attached to this declaration as Exhibit D. The parties then conferred and agreed to seek an  
26 extension of time to Wednesday to either file a stipulated order or competing orders if no  
27 agreement is reached. Defendants believed it was important to seek more time to try to understand  
28 the documents, which were confusing, and to ask for additional clarification from the Receiver.

1 The parties asked the Receiver for another meeting on Monday, July 13, to further discuss those  
2 subjects.

3 6. During the Monday, July 13 conference call, the Receiver acknowledged that the  
4 document describing the methodology for determining space needs required further revisions, in  
5 part because the methodology document still did not comport with the method that was actually  
6 used for the Receiver's calculations of needed reserved space at the institutions. The Receiver's  
7 counsel, Martin Dodd, sent the parties a new revised methodology document on Monday night,  
8 July 13, 2020. A true copy of Mr. Dodd's email is attached to this declaration as Exhibit E, and a  
9 true copy of the Receiver's final proposed methodology document is attached to this declaration as  
10 Exhibit F.

11 7. Although Defendants and their public health expert have had time to conduct a  
12 preliminary review of the Receiver's documents—a review that has revealed a number of potential  
13 problems with the Receiver's methodology—they have not had enough time to fully evaluate the  
14 Receiver's methodology or to devise ways to improve it. There simply has not been sufficient  
15 time since Monday night, when the final draft of the Receiver's proposed methodology was  
16 provided, for Defendants or their public health expert to fully evaluate the Receiver's documents.  
17 Nor have they had enough time to fully assess the impact on the institutions and prison operations  
18 if the Court were to order that the Receiver's proposed methodology to be implemented. Nor have  
19 Defendants or their experts had sufficient time to determine and demonstrate possible alternatives  
20 to the Receiver's proposal that might be superior, better tailored to each institution's needs, and  
21 less intrusive.

22 8. During the conference call with the Receiver and his staff on Monday July 13, 2020,  
23 the Receiver's staff advised that there are no public-health guidelines describing this proposed  
24 methodology for determining space needs and that the Receiver did not obtain input from his own  
25 public health experts in developing the methodology.

26 9. The Receiver's staff further advised that they are aware of no other prison system that  
27 uses the Receiver's proposed methodology for determining reserved space needs, and in fact, are  
28 aware of no other prison system that is addressing this issue as proactively as CDCR.

10. The Receiver's staff also acknowledged that their assessment of space needs is based solely on a formula, and that in arriving at the calculated space needs for each institution, no consideration was given to the unique layout of each institution, the specific population in each institution (e.g., the medical acuity or average age of the population at each institution), or the number of patients in each institution who have already contracted and recovered from COVID-19. Nor did the Receiver adjust the calculations of needed space at any institution based on the availability of alternative spaces for housing patients, such as gyms, tents, and other buildings that could be readily converted into housing.

11. The Receiver's staff also advised that in developing the methodology, the Receiver did not consider the possibility of housing recovered COVID-19 patients with COVID-19 positive patients. Nor did the Receiver consider the possibility of moving recovered patients into denser housing arrangements to create more space for isolation and quarantine patients in other locations. And the Receiver's staff also acknowledged that if a safe transfer protocol is developed, the ability to transfer patients to locations with more space would change the space needs at institutions.

12. The Receiver's staff further advised that the documents provided to the parties are subject to change and that some "table-top test runs" should be conducted at some institutions to figure out if the methodology actually works.

I declare under penalty of perjury that I have read this document, and its contents are true and correct to the best of my knowledge. Executed on July 15, 2020, in San Francisco, California.

/s/ Damon McClain  
DAMON MCCLAIN



# **EXHIBIT A**

## **COVID-19 SPACE NEEDS FOR PREVENTION, ISOLATION AND QUARANTINE**

### **July 8, 2020**

Below is a summary of public health principles and strategies that guide how the department should manage physical space and prison populations in order to both prevent the introduction of COVID-19 into the prison and to contain the spread of COVID-19 infection once introduced.

Although the summary focuses on the inmate populations that need to be separated into different types of isolation and quarantine spaces, the overall public health approach must include all of the following:

- 1) Routine periodic COVID-19 testing of staff;
- 2) Management of work assignments to minimize overlap of staff contact between different inmate populations;
- 3) Consistent and appropriate utilization of personal protective equipment; and
- 4) Intensified cleaning and disinfection practices of housing and work spaces.

Early data suggests that inadequate ventilation may contribute to the transmission of COVID-19 within congregate living environments. Strong consideration should be given to performance monitoring of and routine preventive maintenance of all components of housing unit ventilation systems (e.g., fans, filters, ducts, supply diffusers, and exhaust grilles) and any air-cleaning devices in use. Performance monitoring should include directional airflow assessment and measurement of supply and exhaust airflows to compare with recommended air change rates.

#### **Isolation and Quarantine basic concepts**

There are two major categories of patient populations to consider once a case has been identified: *isolation* and *quarantine*, and within each of these categories, there are two subcategories.

For the populations requiring isolation space, there are two different populations that should not be cohorted together:

- 1) Persons who have confirmed COVID-19 infection; and
- 2) Those who are symptomatic but do not have confirmed infection.

For populations requiring quarantine space, there are two groups that should not be cohorted together and who require different levels of clinical monitoring to identify persons who become symptomatic:

- 1) Persons with known exposure to COVID-19 who are asymptomatic; and
- 2) Those who are asymptomatic but have a higher risk of infection due to their movement history or having been in crowded conditions without public health precautions.

In planning for effective isolation and quarantine space, each institution must also take into account unique patient factors that may impact upon where a patient can be housed. Examples include Clark, Coleman, and Armstrong factors as well as restricted housing needs.

**Prevention In the absence of cases**

Cohorts, or household units, should be as small as possible (1-8 persons) to minimize spread once the virus is introduced. Inmates and staff should be cohorted in housing areas with minimal contact between household units. In dorms or celled housing without solid doors, household cohorts should be physically separated by empty cells or solid physical barriers.

Wherever possible, rooms must be arranged to have as few inmates as possible and to allow as much physical distancing as possible. If cells have bars rather than walls, or are porous rather than solid closed doors, ideally one would leave an empty cell on each side of an occupied cell to maintain distancing.

Transfers of inmates should be limited to those which are necessary for clinical care, medical isolation or quarantine, reduction of overcrowding, and serious custody concerns. If transfer must take place, pre and post transfer quarantine and COVID-19 testing is required. Inmates shall wear face coverings during transfer, and staff shall wear appropriate PPE and utilize disinfected transportation vehicles.

**Containment once a case is identified**

Patients who are placed in either isolation or quarantine should move outside of the isolation or quarantine space as little as possible. Medical care should be provided and meals should be served within the space, isolated and quarantined persons should be assigned a dedicated bathroom, and group activities should be postponed.

*1. Isolation: Persons who are CONFIRMED to have COVID-19:*

- Isolation is necessary.
- For individual cases, the preference is for isolation in a negative pressure room.
- Second choice is isolation in a private room with a solid, closed door.
- Multiple confirmed cases can be housed together.
- Confirmed positive patients should not be housed in the same unit with those who are not known to have COVID-19.
- If there are no other options and these patients must be housed in the same building with non-infected patients, they must be physically separated from patients who do not have COVID-19. Physical separation requires solid walls and solid doors.
- Daily healthcare monitoring is necessary for patients diagnosed with COVID-19.

*2. Isolation: Persons who are SYMPTOMATIC but not confirmed to have COVID-19 (tests are pending or refused):*

- Isolation is necessary.
- The preference is for isolation in a negative pressure room.
- Second choice is isolation in a private room with a solid, closed door.
- If they cannot be isolated alone, they can be isolated with other patients who have the same symptoms; however, 6 feet of distancing is necessary between each patient.
- Daily healthcare monitoring is necessary for patients with symptoms of pneumonia.

*3. Quarantine: Persons who have been EXPOSED to COVID-19, but are asymptomatic:*

- Quarantine is necessary.

- These patients are at risk of being infected and/or becoming infected as a result of their exposure. Thus, they need to be separated from the confirmed cases and from the symptomatic but not yet confirmed cases to avoid re-exposure.
- Quarantine cohorts should be as small as possible (1-8 persons) to minimize spread.
- Cohorts with different exposure dates should be separated. Cohorts with different types of exposures should be separated, including those coming in from jails or transferring between institutions.
- Serial testing and healthcare surveillance is used to identify those infected so that they can be moved to isolation.

4. *Quarantine: Asymptomatic persons who are being prepared to move from one institution to another, and those arriving from another institution:*

- Quarantine is necessary.
- Each facility must maintain sufficient quarantine space to accommodate its historical average volume of transfers in and out.
- Quarantine cohorts should be as small as possible (1-8 persons) to minimize spread.
- Cohorts with different movement dates should be separated. Cohorts with different types of movement should be separated, including those coming in from jails or transferring between institutions.
- Serial testing and healthcare surveillance is used to identify those infected so that they can be moved to isolation.
- Except in emergency situations, patients shall not be routinely moved from one institution to another without testing COVID-19 negative.
- Patients arriving to an institution shall not be released from quarantine until they have sequentially tested negative for COVID-19.

**Containment in the setting of a large scale outbreak**

To plan for the possibility of a large scale outbreak of COVID-19, each facility shall identify space that will allow for rapid isolation and quarantine of impacted patients. Each facility shall identify its largest congregate living space. For every 2000 inmates, each facility shall then designate space that will allow for the isolation of at least 20% of the population of its largest congregate living space and the quarantine of the remaining 80%.

# **EXHIBIT B**

CCI		Male Only								
Level	Program	Bed Type	Blueprint Capacity (6 ft Physical Distancing)	Occupied Count	# of dorms/buildings	Largest Dorm/Building	20% Exposure	Covid Beds Needed	Net Beds Needed /1	Comments
I-Facility E	PF	Dorm	1,052	614	10	115	122	122	0	Available bed space in dorm setting if needed for isolation/quarantine
II-Fac D	PF	Dorm	1,305	874	8	113	174	174	100	Gym-100, Gym would need to be activated.
III-Fac C	SNY	270 Cell	1,000	688	5	145	138	145	0	C Facility has D yard inmates due to CPAP use/overflow. Can rehouse on D in Gym, if needed
IV- Fac B	SNY	180 Cell	814	599	7	112	136	160	0	Four sections needed for isolation/quarantine (40 beds/section)
	SNY	180 Cell	938	750	8	110	150	160	0	Four sections needed for isolation/quarantine (40 beds/section)
NA	ASU	180 Cell	124	76	1	76	14	14	0	Compact and place in one section
		180 Cell	124	76	1	76	14	14	0	Compact and place in one section
	OHU	Cell	16	0	Closed (HCFIP)			Closed	Closed	
Grand Total			5,429	3,692						A/B/C-all cells are closed door

Footnote 1: The net beds needed is the Covid Beds Needed less the available beds

D/E are dorm settings; bedding configured to accommodate 6 feet distancing

This population could also reside on Facilities C/E following vetting compatibility and elibility

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# **EXHIBIT C**

## **COVID-19 SPACE NEEDS FOR PREVENTION, ISOLATION AND QUARANTINE**

**July 11, 2020**

Below is a summary of public health principles and strategies that guide how the department should manage physical space and prison populations in order to both prevent the introduction of COVID-19 into the prison and to contain the spread of COVID-19 infection once introduced. A fundamental underlying tenet of this proposal is that each institution must have adequate space to allow for the housing, feeding, and programming of all inmates under its care.

Although the summary focuses on the inmate populations that need to be separated into different types of isolation and quarantine spaces, the overall public health approach must include all of the following:

- 1) Routine periodic COVID-19 testing of staff;
- 2) Management of work assignments to minimize overlap of staff contact between different inmate populations;
- 3) Consistent and appropriate utilization of personal protective equipment; and
- 4) Intensified cleaning and disinfection practices of housing and work spaces.

Early data suggests that inadequate ventilation may contribute to the transmission of COVID-19 within congregate living environments. Strong consideration should be given to performance monitoring of and routine preventive maintenance of all components of housing unit ventilation systems (e.g., fans, filters, ducts, supply diffusers, and exhaust grilles) and any air-cleaning devices in use. Performance monitoring should include directional airflow assessment and measurement of supply and exhaust airflows to compare with recommended air change rates.

### **Isolation and Quarantine basic concepts**

There are two major categories of patient populations to consider once a case has been identified: *isolation* and *quarantine*, and within each of these categories, there are two subcategories.

For the populations requiring isolation space, there are two different populations that shall not be cohorted together:

- 1) Persons who have confirmed COVID-19 infection; and
- 2) Those who are symptomatic but do not have confirmed infection.

For populations requiring quarantine space, there are two groups that shall not be cohorted together and who require different levels of clinical monitoring to identify persons who become symptomatic:

- 1) Persons with known exposure to COVID-19 who are asymptomatic; and
- 2) Those who are asymptomatic but have a higher risk of infection due to their movement history or having been in crowded conditions without public health precautions.

In planning for effective isolation and quarantine space, each institution must also take into account unique patient factors that may impact upon where a patient can be housed. Examples include Clark, Coleman, and Armstrong factors as well as restricted housing needs.

### **Prevention In the absence of cases**

Cohorts, or household units, should be as small as possible (1-8 persons) to minimize spread once the virus is introduced. Inmates and staff should be cohorted in housing areas with minimal contact between household units. In dorms or celled housing without solid doors, household cohorts shall be physically separated by solid physical barriers.

Wherever possible, rooms must be arranged to have as few inmates as possible and to allow as much physical distancing as possible. If cells have bars rather than walls, or are porous rather than solid closed doors, ideally one would leave an empty cell on each side of an occupied cell to maintain distancing.

Transfers of inmates shall be limited to those which are necessary for clinical care, medical isolation or quarantine, reduction of overcrowding, and serious custody concerns. If transfer must take place, pre and post transfer quarantine and COVID-19 testing is required. Inmates shall wear face coverings during transfer, and staff shall wear appropriate PPE and utilize disinfected transportation vehicles.

### **Containment once a case is identified**

Patients who are placed in either isolation or quarantine shall move outside of the isolation or quarantine space as little as possible. Medical care should be provided and meals should be served within the space, isolated persons should be assigned a dedicated bathroom, quarantined persons should be assigned a separate dedicated bathroom, and group activities should be postponed.

#### *1. Isolation: Persons who are CONFIRMED to have COVID-19:*

- Isolation is necessary.
- For individual cases, the preference is for isolation in a negative pressure room.
- The second choice is isolation in a private room with a solid, closed door.
- Multiple confirmed COVID-19 positive cases can be housed together.
- Confirmed positive patients shall not be housed in the same unit with those who are not known to have COVID-19.
- If there are no other options and these patients must be housed in the same building with non-infected patients, they must be physically separated from patients who do not have COVID-19. Physical separation requires solid walls and solid doors.
- Patients confirmed to have COVID-19 shall not be housed in dorms with those who are not confirmed to have COVID-19.
- Daily healthcare monitoring shall be conducted for patients diagnosed with COVID-19.

#### *2. Isolation: Persons who are SYMPTOMATIC but not confirmed to have COVID-19 (tests are pending or refused):*

- Isolation is necessary.
- For individual cases, the preference is for isolation in a negative pressure room.
- The second choice is isolation in a private room with a solid, closed door.
- If patients cannot be isolated alone, they can be isolated with other patients who have the same symptoms; however, 6 feet of distancing is necessary between each patient.
- Daily healthcare monitoring shall be conducted for patients with symptoms of pneumonia.

#### *3. Quarantine: Persons who have been EXPOSED to COVID-19, but are asymptomatic:*

- Quarantine is necessary.

- These patients are at risk of being infected and/or becoming infected as a result of their exposure. Thus, they shall be separated from both the confirmed cases and from the symptomatic but not yet confirmed cases to avoid re-exposure.
  - Quarantine cohorts shall be as small as possible (1-8 persons) to minimize spread.
  - Cohorts with different exposure dates shall be separated. Cohorts with different types of exposures shall also be separated, including those coming in from jails or transferring between institutions.
  - Serial testing and healthcare surveillance is used to identify those infected so that they can be moved to isolation.
4. *Quarantine: Asymptomatic persons who are being prepared to move from one institution to another, and those arriving from another institution:*
- Quarantine is necessary.
  - Each facility shall maintain sufficient quarantine space to accommodate its historical average volume of transfers in and out.
  - Quarantine cohorts shall be as small as possible (1-8 persons) to minimize spread.
  - Cohorts with different movement dates shall be separated. Cohorts with different types of movement shall also be separated, including those coming in from jails or transferring between institutions.
  - Serial testing and healthcare surveillance is used to identify those infected so that they can be moved to isolation.
  - Except in emergency situations, patients shall not be routinely moved from one institution to another without testing COVID-19 negative.
  - Patients arriving to an institution shall not be released from quarantine until they have sequentially tested negative for COVID-19.

#### **Containment in the setting of a large scale outbreak**

To plan for the possibility of a large scale outbreak of COVID-19, each facility shall identify space that will allow for rapid isolation and quarantine of impacted patients. Each facility shall identify its largest congregate living space. Each facility shall then designate space that will allow for the isolation of at least 20% of the population of its largest congregate living space and the quarantine of the remaining 80%.

#### **Quarantine space**

Each facility shall identify sufficient space to allow for the quarantine of all inmates who are arriving or departing from that institution.

# **EXHIBIT D**

Click on desired  
Institution to view  
Facility Space Details.

Institution
<a href="#"><u>ASP</u></a>
<a href="#"><u>CAC</u></a>
<a href="#"><u>CAL</u></a>
<a href="#"><u>CCC</u></a>
<a href="#"><u>CCI</u></a>
<a href="#"><u>CCWF</u></a>
<a href="#"><u>CEN</u></a>
<a href="#"><u>CHCF</u></a>
<a href="#"><u>CIM</u></a>
<a href="#"><u>CIW</u></a>
<a href="#"><u>CMC</u></a>
<a href="#"><u>CME</u></a>
<a href="#"><u>COR</u></a>
<a href="#"><u>CRC</u></a>
<a href="#"><u>CTF</u></a>
<a href="#"><u>CVSP</u></a>
<a href="#"><u>DVI</u></a>
<a href="#"><u>FSP</u></a>
<a href="#"><u>HDSP</u></a>
<a href="#"><u>ISP</u></a>
<a href="#"><u>KVSP</u></a>
<a href="#"><u>LAC</u></a>
<a href="#"><u>MCSP</u></a>
<a href="#"><u>NKSP</u></a>
<a href="#"><u>PBSP</u></a>
<a href="#"><u>PVSP</u></a>
<a href="#"><u>RJD</u></a>
<a href="#"><u>SAC</u></a>
<a href="#"><u>SATF</u></a>
<a href="#"><u>SCC</u></a>
<a href="#"><u>SQL</u></a>
<a href="#"><u>SQ</u></a>
<a href="#"><u>SVSP</u></a>
<a href="#"><u>VSP</u></a>
<a href="#"><u>WSP</u></a>

## INST ASP

Level- Facility	Program	Bldg Design- Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
II-Facility A	NDPS	270-Dorm- open	4	192	670	655	15	131	192	177	HU 140 is a 270, solid door type. Gym activation provides 50 additional beds maximum to support facility overflow, non-traditional housing (i.e. any room with a lockable door), Cots and locker totes will be needed to support non-traditional housing, transfer patients out of ASP, and/or release patients.
II-Facility B	NDPS	270-Dorm- open	4	192	712	734	-22	147	192	214	HU 140 is a 270, solid door type. Gym activation provides 50 additional beds maximum to support facility overflow, non-traditional housing (i.e. any room with a lockable door), Cots and locker totes will be needed to support non-traditional housing, transfer patients out of ASP, and/or release patients.
II-Facility C	NDPS	270-Dorm- open	4	192	712	696	16	139	192	176	HU 140 is a 270, solid door type. Gym activation provides 50 additional beds maximum to support facility overflow, non-traditional housing (i.e. any room with a lockable door), Cots and locker totes will be needed to support non-traditional housing, transfer patients out of ASP, and/or release patients.
II- Facility D	NDPS	270-Dorm- open	4	192	712	722	-10	144	192	202	HU 140 is a 270, solid door type. Gym activation provides 50 additional beds maximum to support facility overflow, non-traditional housing (i.e. any room with a lockable door), Cots and locker totes will be needed to support non-traditional housing, transfer patients out of ASP, and/or release patients.
II-Facility E	NDPS	270-Dorm- open	4	192	712	717	-5	143	192	197	HU 140 is a 270, solid door type. Gym activation provides 50 additional beds maximum to support facility overflow, non-traditional housing (i.e. any room with a lockable door), Cots and locker totes will be needed to support non-traditional housing, transfer patients out of ASP, and/or release patients.
II-Facility F	NDPS	270-Dorm- open	4	192	705	717	-12	143	192	204	HU 140 is a 270, solid door type. Gym activation provides 50 additional beds maximum to support facility overflow, non-traditional housing (i.e. any room with a lockable door), Cots and locker totes will be needed to support non-traditional housing, transfer patients out of ASP, and/or release patients.
OHU	NDPS	Infirmary	1	Stand Alone	29	16	13	3	29	13	Stand alone inpatient unit with solid door design. OHU does not have a level associated due to healthcare designation.
Grand Total			25	1,152	4,252	4,257	-5	851	1,181	1,183	Comments: Although the net beds needed is significant; ASP can use housing compactions to create quarantine/isolation dorms.

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.



INST **CAC**

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
H-Fac A	ASU	Solid Cell	1	78	78	62	16	12	78	62	Designate additional ASU housing in A for isolation/quarantine
H-Fac A	GP	Solid Cell	2	156	424	106	328	21	256	-72	Available space for additional ASU isolation/quarantine patients
H-Fac B	GP	Solid Cell	4	156	1,024	1,003	21	201	256	235	Clear and reserve 1 pod for housing isolation/quarantine patients and compact remaining patients in other 3 pods
H Fac C	GP	Solid Cell	4	156	1,024	969	55	194	256	201	Clear and reserve 1 pod
<b>Grand Total</b>			<b>11</b>	<b>846</b>	<b>2,550</b>	<b>2,140</b>	<b>410</b>	<b>428</b>	<b>846</b>	<b>426</b>	

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

## CAL

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure {20% of Occupied Count}	Covid Beds Needed	Net Beds Needed	Comments
MSF - I	FH	Dorm - open	1	10	10	8	2	2	10	8	
	ND	Dorm - open	2	150	150	95	55	19	150	95	
Fac D IV	SNY	270 Cell - solid	5	150	750	796	-46	159	159	205	
Fac C III	GP	270 Cell - solid	5	150	750	818	-68	164	164	232	
Fac B IV	GP	270 Cell - solid	5	150	750	655	95	131	150	55	
Fac A IV	GP	270 Cell - solid	5	150	750	680	70	136	150	80	
	ASU	270 Cell - solid	1	125	125	79	46	16	125	79	Building A 5 designated for COVID-19 Isolation
	OHU	270 Cell - solid	1	18	18	14	4	3	18	14	
Grand Total			25	903	3,303	3,145	158	629	926	768	The net beds needed may be overstated. Except for their minimum yard, CAL is all 270 bldgs with cells and solid doors. Minimum yard capacity is already COVID modified. In order of priority, the (1) chapel, (2) education and (3) visiting areas can be used for overflow or containment, although there may be custody factors impacting use of these options.

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count=** Current inmate population

**Available Beds =** (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure =** (formula) 20% of the Occupied Count

**Covid Beds Needed =** (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed =** (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments =** Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

CCC

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-Fac A	NDPF	Dorm-open	38	32	1,206	728	478	146	146	-332	Available bed space in gym setting if needed for isolation/quarantine
II-Fac B	NDPF	Dorm-open	38	32	1,206	809	397	162	162	-235	Available bed space in gym setting if needed for isolation/quarantine
III-Fac C	GP	270 Cell-solid/ASU	5	150	725	816	-91	163	163	254	C Facility in Gym, if needed
I- Fac M	NDPF/MSF	Dorm-open	9	32	288	26	262	5	32	-230	Available bed space in gym setting if needed for isolation/quarantine if Fac M reaches capacity
	Fire House	Dorm-open	1	17	13	10	3	2	17	14	Available bed space in MSF if needed for isolation/quarantine
	OHU	Dorm /Cell	8	8	8	4	4	1	8	0	
<b>Grand Total</b>			<b>99</b>	<b>271</b>	<b>3,446</b>	<b>2,393</b>	<b>1,053</b>	<b>479</b>	<b>528</b>	<b>-529</b>	

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

INST **CCWF**

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of	Covid Beds Needed	Net Beds Needed	Comments
A Yard	RC	Cross-Top-Solid	2	140	510	252	258	50	140	-118	Building 502 can be used to cohort COVID exposure if needed. RC has no intake at this time.
	GP	270-Solid	1	0	150	184	-34	37	37	71	Building 503 is identified for isolation, if needed. 20 rooms identified for 1.1.
	ASU	270-Solid	1	77	108	92	16	18	77	61	Building 504 is ASU and condemned.
	Condemned Row	270-Solid	0	0	23	18	5	4	4	-1	Building 504 is ASU and condemned.
B Yard	GP/EOP/TCU	Dorm-Solid	4	217	814	428	386	86	217	-169	Building 505 is Transitional Care Unit. Building 506/507 is GP. Building 508 is EOP.
C Yard	GP	Dorm-Solid	4	228	926	750	176	150	228	52	One wing in 509 is used for quarantine, if needed.
D Yard	GP	Dorm-Solid	4	203	926	741	185	148	203	18	
Firehouse	GP	Dorm	1	0	10	7	3	1	1	-2	
Infirmary	SNF/CB	Cell-Solid	1	0	32	23	9	5	5	-4	
Grand Total			18	865	3,499	2,495	1,004	499	911	-93	Numbers highlighted in yellow were added, they were not identified on temporary dorm capacities spreadsheet. Gym available with an 84 bed capacity, if needed.

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count=** Current inmate population

**Available Beds =** (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure =** (formula) 20% of the Occupied Count

**Covid Beds Needed =** (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed =** (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments =** Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

CCI

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-Facility E	PF	Dorm-open	10	115	1,052	610	442	122	122	-320	Available bed space in dorm setting if needed for isolation/quarantine
II-Fac D	PF	Dorm-open	8	113	1,305	871	434	174	174	-260	Gym-100, Gym would need to be activated. This pop could also reside on Fac c/e vetting compatibility and eligibility.
III-Fac C	SNY	270 Cell-solid	5	150	1,000	689	311	138	150	-161	C Facility has D yard inmates due to CPAP use/overflow. Can rehouse on D in Gym, if needed; Proposal submitted for use of D Gym to DAI for approval and was denied.
IV- Fac B	SNY	180 Cell-solid	7	96	814	605	209	121	121	-88	HU 1-6 SNY
IV-Fac A	SNY	180 Cell-solid	8	96	938	751	187	150	150	-37	HU 1-8 SNY; HU 8 Section B TMHU (101-105 units)
Fac-B	ASU	180 Cell-solid	1	76	124	72	52	14	76	24	Compact and place in one section; HU 8 ASU
	180 Cell-solid	1	76	124	75	49	15	76	76	27	Compact and place in one section; HU 7 Overflow
	OHU	Cell-solid	16	0	16	0	16	0	0	0	Closed
Grand Total			56	722	5,373	3,673	1,700	735	869	-815	

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

INST CEN 7/9/2020

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-Facility E	PF	Dorm-open	2	100	100	90	10	18	100	90	Consolidate ill in D5 described below. If D5 impacted - utilize Fac E chapel/program area space as an infirmary with >6-foot distancing
III-Fac A	GP	270 Cell-solid	5	150	750	753	-3	151	151	154	A5 currently dedicated as isolation and COVID-positive contacts quarantine (separate Unit Sections with separate HVAC). Transition to exclusively isolation if situation warrants and identify alternate quarantine space (air conditioned tents or another dedicated building as conditions warrant)
III-Fac D	GP	270 Cell-solid	5	150	750	725	25	145	150	125	D5 currently dedicated as isolation and COVID-positive contacts quarantine (separate Unit Sections with separate HVAC). Transition to exclusively isolation if situation warrants and identify alternate quarantine space (air conditioned tents or another dedicated building as conditions warrant)
IV-Fac B	GP	270 Cell-solid	5	150	750	835	-85	167	167	252	Establish single unit as isolation and COVID-positive contacts quarantine similar to A5 and D5. Transition to exclusively isolation if situation warrants and identify alternate quarantine space (air conditioned tents or another dedicated building as conditions warrant) - Gym not available as it serves as clinic swing space during HCFIP
IV-Fac C	GP	270 Cell-solid	5	150	750	828	-78	166	166	244	Establish single unit as isolation and COVID-positive contacts quarantine similar to A5 and D5. Transition to exclusively isolation if situation warrants and identify alternate quarantine space (air conditioned tents or another dedicated building as conditions warrant). Gym not available as it serves as clinic swing space during HCFIP
Fac-Z	ASU	180 Cell-solid	1	125	125	90	35	18	125	90	H-Pod currently dedicated as as isolation and COVID-positive contacts quarantine space. Dedicate another pod (e.g. G) as quarantine space for COVID-positive contacts if caseload warrants
Cent. Health	CTC	Cell-solid	1	13	13	9	4	0	13	0	Four negative pressure isolation rooms. Reserve CTC for only the highest acuity patients that cannot be managed on the yard
<b>Grand Total</b>			<b>24</b>	<b>838</b>	<b>3,238</b>	<b>3,330</b>	<b>-92</b>	<b>664</b>	<b>871</b>	<b>954</b>	<b>We believe the net beds needed are overstated. Except for the minimum yard, CEN is all 270 bldgs with solid doors. To assist with containment, housing in gyms were set up on A and D yard (B &amp; C impacted by HCFIP). CEN has the flexibility within each yard to designate a building as isolation and quarantine as needed. And, while not optimal, can also designate I/Q sections within a building.</b>

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

CHCF

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
A	MHCB	Cell-solid	98	38	98	18	80	16	38	-42	Combination of MHCB in A1A, A1B and A2B;
A	APP	Cell Solid	39	39	39	25	14	5	39	25	A2A APP
A Level II	GP	Cell-solid	196	196	196	179	17	36	196	179	Permanent Work Crew
B	ICF/APP	Cell-solid	475	60	475	433	42	87	87	45	PIP APP/ICF
C1A	OHU	DORM	50	50	50	49	1	10	50	49	OHU Level of CARE
C1B	OHU	DORM	50	50	50	50	0	10	50	50	OHU Level of CARE
C2A	OHU EOP	CELL- SOLID	48	48	48	48	0	10	48	48	OHU Level of CARE
C2B	OHU MAX	CELL SOLID	48	48	48	46	2	9	48	46	OHU Level of CARE
C3A	OHU MAX	CELL SOLID	48	48	48	46	2	9	48	46	OHU Level of CARE
C3B	OHU EOP	CELL SOLID	48	48	48	47	1	9	48	47	OHU Level of CARE
C4A	OHU	DORM	50	50	50	47	3	9	50	47	OHU Level of CARE
C4B	OHU	DORM	50	50	50	47	3	9	50	47	OHU Level of CARE
C5A	OHU	DORM	50	50	50	49	1	10	50	49	OHU Level of CARE
C5B	OHU	DORM	50	50	50	49	1	10	50	49	OHU Level of CARE
C6A	OHU	DORM	50	50	50	49	1	10	50	49	OHU Level of CARE
C6B	OHU	DORM	50	50	50	49	1	10	50	49	OHU Level of CARE
D1	CTC	CELL SOLID	60	60	60	58	2	12	60	58	CTC Level of CARE
D2	CTC	CELL SOLID	60	60	60	58	2	12	60	58	CTC Level of CARE
D3	CTC	CELL SOLID	60	60	60	55	5	11	60	55	CTC Level of CARE
D4	CTC	CELL SOLID	60	60	60	56	4	11	60	56	CTC Level of CARE
D5	CTC	CELL SOLID	60	60	60	59	1	12	60	59	CTC Level of CARE
D6	CTC	CELL SOLID	60	60	60	57	3	11	60	57	CTC Level of CARE
D7	OHU	CELL SOLID	60	60	60	60	0	12	60	60	OHU Level of CARE DEMENTIA AND PALLIATIVE LEVEL
E1A	ASU	CELL SOLID	50	50	50	36	14	7	50	36	EOP ASU HUB
E1B-F	EOP	CELL SOLID	484	100	484	415	69	83	100	31	EOP LEVEL II GP
E2	LEVEL II SOP	DORM	177	89	177	151	26	30.2	89	63	SPECIALIZED OUTPATIENT LEVEL OF CARE
E3	LEVEL II SOP	DORM	177	89	177	140	37	28	89	52	SPECIALIZED OUTPATIENT LEVEL OF CARE
E4	LEVEL II SOP	DORM	177	89	177	149	28	29.8	89	61	SPECIALIZED OUTPATIENT LEVEL OF CARE
E5	LEVEL II SOP	DORM	177	89	177	137	40	27.4	89	49	SPECIALIZED OUTPATIENT LEVEL OF CARE
Grand Total			3,062	1,851	3,062	2,662	400	545	1,878	1,478	Comments: CHCF is mainly concerned about quarantine/isolation in OHU Dorms and E-Facility as the remainder of the institution is celled housing. Quarantine/Isolation can be accomplished through bed moves to create buildings dedicated to quarantine/isolation.

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Blueprint Capacity	Covid Modified Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
Fac-A	PF	Dorm-open	8	120	1,280			0	0			
A-1-II	PF	Dorm-open			120	116	103	13	21	0	-13	
A-2-II	PF	Dorm-open			120	116	100	16	20	0	-16	
A-3-II	PF	Dorm-open			120	116	95	21	19	0	-21	
A-4-II	PF	Dorm-open			120	116	101	15	20	0	-15	
A-5-II	PF	Dorm-open			120	116	115	1	23	0	-1	
A-6-II	PF	Dorm-open			120	112	85	27	17	0	-27	
A-7_II	PF	Dorm-open			120	116	104	12	21	0	-12	
A-8-II	PF	Dorm-open			120	116	98	18	20	0	-18	
FACA Grand Total			8	120	960	924	801	123	160	0	-123	Covid Beds Needed: Each Dorm has available beds at this time.
Facility B	PF	Multi-Tier Cell Living	5	198	826			0	0			
B-1-All CH	RC-SNY	Solid door			153	187	103	45	21	0	-45	Single Cell Solid Doors
B-2-All BH	RC-GP	Pourous			154	154	142	49	28	0	-49	
B-3-All PH	ASU	Solid door			102	185	127	58	25	0	-58	Single Cell Solid Doors
B-4-All MH	RC-GP	Solid door			102	102	88	4	18	0	-4	Single Cell Solid Doors
B-5-All SH	RC-GP	Pourous			149	198	115	92	23	0	-92	Single Cell Solid Doors
FAC B Grand Total			13	318	660	826	575	248	115	0	-248	Covid Beds Needed: Each Unit has available beds at this time.
Facility C	PF	Cell Living	4	150	600			0	0			
C-1-II	PF	2 tier Cell Solid Door			150	150	191	-41	38	0	41	Single Cell Solid Doors
C-2-II	PF	2 tier Cell Solid Door			150	150	151	-1	30	0	1	Single Cell Solid Doors
C-3-II	PF	2 tier Cell Solid Door			150	150	90	60	18	0	-60	Single Cell Solid Doors
C-4-II	PF	2 tier Cell Solid Door			150	150	137	13	27	0	-13	Single Cell Solid Doors
FAC C Grand Total			17	468	600	600	569	31	114	0	-31	Covid Beds Needed: Although Matrix shows no needed Covid beds C-1 requires 41 beds and C-2 needs 1.
Facility D	PF	Dorm/Cell	13	252	1,924			0	0			
D-1-1	PF	Pourous			78	78	47	31	9	0	-31	Pourous= Open Bar cell door
D-2-1	PF	Pourous			252	252	167	85	33	0	-85	Covid Modified capacity Dorm setting is large enough to reconfigure dorm ie moving beds apart to develop a 8 man pod setting and allow for social distancing
D-3-1	PF	Dorm-open			156	127	105	22	21	0	-22	
D-4-1	PF	Dorm-open			150	150	85	65	17	0	-65	See response from D-2 Dorm
D-5-1	PF	Dorm-open			150	150	100	50	20	0	-50	See response from D-2 Dorm
D-6-1	PF	Dorm-open			150	150	71	79	14	0	-79	See response from D-2 Dorm
D-7-1	PF	Dorm-open			150	150	0	0	0	0	0	Housing Unit Off Line



D-8-1	PF	Dorm-open			150	0	0	0	0	0	0	Housing Unit Off Line
D-9-1	PF	Dorm-open			150	0	0	0	0	0	0	Housing Unit Off Line
D-10-1	PF	Dorm-open			150	150	99	51	20	0	-51	See response from D-2 Dorm
D-11-1	PF	Dorm-open			150	150	89	61	18	0	-61	See response from D-2 Dorm
D-12-1	PF	Dorm-open			150	150	84	66	17	0	-66	See response from D-2 Dorm
OHU-All	HOS	Solid Doors			78	78	66	12	13	0	-12	See response from D-2 Dorm
Fire	PF	Dorm			10	10	9	1	2	0	-1	
FAC D			13	252	1,924	1,445	922	523	184	0	-523	Covid Beds Needed: Each Dorm has available beds at this time.
Grand Total												

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Covid Modified Capacity** = This number is generated by starting with the Blueprint capacity and where applicable (e.g. dorms) apply 6' physical distancing standards and determine the total capacity that can be safely housed.

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

## CIW

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-IV Fac-A	GP	Cell Solid	7	220	1,480	1,182	298	236	236	-62	Former Reception Center activated as a Covid Isolation unit = 220 beds
SCU	EOP	Cell Solid	1	75	75	47	28	9	75	47	EOP Mainline
Ad-Seg/SHU		270 Cell Solid	1	102	102	28	74	6	102	28	Ad-Seg/SHU Same 270 building divided
PSU	EOP	Cell Solid	1	20	20	7	13	1	20	7	High Security EOP
PIP	ICF	Cell Solid	1	45	45	30	15	6	45	30	Psychiatric Inpatient
OHU	Med	Cell Solid	1	16	16	11	5	2	16	11	Unlicensed Medical
CTC	Med/MHCB	Cell Solid	1	18	18	5	13	1	18	5	Pre-Covid: 8-Med/10MHCB...Recv'd CDPH Waiver to surge all 18 for Isolation
Walker	UMHCB	Cell Solid	1	19	19	3	16	1	19	3	Unlicensed mental-health-crisis
Latham	GP	Open Dorm	1	36	28	0	28	0	36	8	Not Occupied
Emmons	GP	Open Dorm	1	36	28	0	28	0	36	8	Not Occupied
Barneberg	GP	Open Dorm	1	36	28	0	28	0	36	8	Not Occupied
Harrison	GP	Open Dorm	1	44	35	0	35	0	44	9	Not Occupied
Gym	Dorm	Open Dorm	1	32	32	0	32	0	32	0	Not Occupied
Grand Total			19	699	1,926	1,313	613	263	715	102	* Does not include 3-Remote Fire Camps. While the analysis indicates CIW needs 102 additional beds, CIW has capacity to manage an outbreak. All their GP buildings are 2-person cells with solid doors. In addition, the 220 bed Forestry unit (110 rooms with 2-bunk beds) and the 4 GP dorms are currently unoccupied.

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

## CMC

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
III - East - Fac. A	GP/PF	Old Style Tier Solid Door	2	300	600	522	78	104	300	222	Consists of upper and lower beds. Over/Under design. 69 Redline cells.
III - East - Fac. B	GP/PF/DDP	Old Style Tier Solid Door	1	300	300	244	56	49	300	244	Consists of upper and lower beds. Over/Under design. 6 Redline cells.
MAX - East Fac. B	ASU	Old Style Tier Solid Door	1	281	281	148	133	30	281	148	Consists of upper and lower beds. Over/Under design. 9 Redline cells.
III - East - Fac. C	GP/PF/CCCM <sub>S</sub>	Old Style Tier Solid Door	2	300	600	349	251	70	300	49	Consists of upper and lower beds. Over/Under design. 76 Redline cells. <b>One 300 bed building, Building 5, is used for medical isolation and quarantine including COVID-19 for entire CMC.</b>
II and III - East - Fac. D	PF/EOP/DDP	Old Style Tier Solid Door	2	300	550	526	24	105	300	276	Consists of upper and lower beds. Over/Under design. 7 Redline cells.
II - West - Fac. E	GP/PF	Open Dorm	9	66	720	565	155	113	113	-42	Consists of upper and lower bunks.
II - West - Fac. F	GP/PF	Open Dorm	10	68	720	613	107	123	123	16	Consists of upper and lower bunks.
II - West - Fac. G	GP/PF	Open Dorm	7	74	438	389	49	78	78	29	Consists of upper and lower bunks.
I and II - West - Fac. M	GP/PF/MSF/CAMP	Open Dorm	5	42	199	186	13	37	42	29	Consists of upper and lower bunks. CMC's Firehouse is excluded from all Facility M numbers.
<b>Grand Total</b>			<b>39</b>	<b>1,731</b>	<b>4,408</b>	<b>3,542</b>	<b>866</b>	<b>708</b>	<b>1,836</b>	<b>970</b>	<b>Comments: CMC's concern is West Facility which is dormitory style housing. CMC was able to effectively contain COVID in East Facility through the use of quarantine/isolation in celled housing.</b>
Multilevel/CTC-Medical	CTC	Single Cell Solid/ Double Cell Solid/ Dorm - Open	2	12	37	26	11	5	12	1	Medical CTC has two dorms with 12 beds each. Medical necessity prevents use of pod accommodation in dorms. The rest are double bed and single bed cells.
Multilevel/ CTC - Mental Health	CTC	Single Cell Solid	1	50	50	30	20	6	52	32	

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST CMF

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
RANCH	GP	Dorm-open	4	12	64	44	20	9	12	-8	
R-1	GP	Dorm-open	1	24	24	24	0	5	24	24	
C-DORM	GP	Dorm-open	1	150	150	94	56	19	150	94	
D-DORM	GP	Dorm-open	1	150	132	97	35	19	150	115	
HCT-A	PIP	Cell	1	16	16	16	0	3	16	16	
HCT-B	PIP	Cell	1	16	16	15	1	3	16	15	
HCT-C	PIP	Cell	1	16	16	16	0	3	16	16	
HCT-D	PIP	Cell	1	16	16	16	0	3	16	16	
J-1	GP	Dorm-open	13	8	138	102	36	20	20	-16	
J-2	GP	Dorm-open	13	8	114	90	24	18	18	-6	
J-3	GP	Dorm-open	13	8	114	92	22	18	18	-4	
L-1	PIP	Cell	1	35	35	44	-9	9	35	44	
L-2	EOP	Cell	1	38	57	72	-15	14	38	53	
L-3	EOP	Cell	1	37	56	36	20	7	37	17	
M-1	EOP	Cell	1	37	56	66	-10	13	37	47	
M-2	EOP	Cell	1	38	57	64	-7	13	38	45	
M-3	ASU-EOP	Cell	1	38	38	27	11	5	38	27	
N-1	EOP	Cell	1	37	56	59	-3	12	37	40	
N-2	EOP	Cell	1	38	57	68	-11	14	38	49	
N-3	EOP	Cell	1	38	57	67	-10	13	38	48	
P-1	PIP	Cell	1	32	32	30	2	6	32	30	
P-2	PIP	Cell	1	36	36	30	6	6	36	30	
P-3	PIP	Cell	1	30	30	30	0	6	30	30	
H-1	GP	Dorm/Cell	4	8	65	46	19	9	9	-10	
H-2	GP	Dorm/Cell	5	8	77	60	17	12	12	-5	
H-3	GP	Dorm/Cell	5	8	77	56	21	11	11	-10	
I-1	GP	Dorm/Cell	1	12	69	53	16	11	12	-4	
I-2	GP	Dorm/Cell	1	6	66	46	20	9	9	-11	
I-3	ASU-EOP	Cell	38	1	38	23	15	5	5	-10	
Y-DORM	GP	Dorm-open	1	42	32	16	16	3	42	26	
V-1	GP	Cell	1	42	42	41	1	8	42	41	
V-2	GP	Cell	1	58	58	56	2	11	58	56	
V-3	GP	Cell	1	58	58	57	1	11	58	57	
T-1	GP	Cell	1	42	42	42	0	8	42	42	
T-2	GP	Cell	1	58	58	57	1	11	58	57	
T-3	GP	Cell	1	58	58	34	24	7	58	34	
U-1	GP	Cell	1	40	40	39	1	8	40	39	
U-2	GP	Cell	1	58	58	58	0	12	58	58	
U-3	GP	Cell	1	58	58	57	1	11	58	57	
MHCB BED	MHCB	Cell	1	50	50	27	23	5	50	27	
X Corr	Hospice	Dorm/Cell	1	3	17	15	2	3	3	1	
W-1	ASU	Cell	1	41	41	24	17	5	41	24	
W-2	ASU	Cell	1	42	42	12	30	2	42	12	
W-2	ASU	VACANT	VACANT	42	42	0	0	0	0	0	
A-2	GP	Dorm-open	7	44	44	35	9	7	44	35	
A-3	GP	Dorm-open	5	40	40	27	13	5	40	27	
Q-1	PIP	Cell	1	29	29	25	4	5	29	25	
Q-2	PIP	Cell	1	31	31	30	1	6	31	30	
Q-3	PIP	Cell	1	30	30	24	6	5	30	24	
S-1	PIP	Cell	1	30	30	30	0	6	30	30	
S-2	PIP	Cell	1	30	30	30	0	6	30	30	
S-3	ASU	Cell	1	18	18	2	16	0	18	2	
G-1	GP	Dorm/Cell	3	11	27	26	1	5	11	10	
G-2	GP	Dorm/Cell	3	28	28	27	1	5	28	27	
G-3	GP	Dorm/Cell	4	48	47	41	6	8	48	42	
Grand Total			158	1,932	2,809	2,315	494	463	1,938	1,486	

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

## COR

Facility	Level/ Program	Bldg Design- Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
MSF	I PF	Dorm-open	3	115	190	147	43	29	115	72	MSF inmates are currently quarantined/isolated in 4B for solid cell
	III SNY	270 Cell-solid	4	150	600	690	-90	138	150	240	3A05 C section lower
	Max ASU EOP	270 Cell-solid	1	126	126	52	74	10	126	52	ASU EOP positives moved to C section lower
3B	II SNY	270 Cell-solid	5	150	750	628	122	126	150	28	Not full preparing for mission change
3C	IV GP	270 Cell-solid	5	150	750	713	37	143	150	113	Max custody with various STG, cant' compact
4A	Max	180 Cell-solid	8	96	648	369	279	74	96	-183	Pop mixed of ASU/SHU/PHU/LTRH
4B	II SNY	180 Cell-solid	8	96	768	798	-30	160	160	190	Not full, also MSF pipeline
ASU1	Max	stand alone Cell-solid	1	125	125	83	42	17	125	83	Would need to compact max custody
CTC	All inpatient	A -B Cell-solid	1	50	50	50	0	10	50	50	Single cells controlled by HCPOP
MHCB	All inpatient	C Cell-solid	1	25	25	20	5	4	25	20	Only 24 MHCB. One converted to IDTT room. Single cells controlled by HCPOP
OHU	All	D Cell-solid	1	21	21	14	7	3	21	14	Single cells controlled by HCPOP, 4 beds taken offline permanently. Only 16 OHU beds
<b>Grand Total</b>			<b>38</b>	<b>1,104</b>	<b>4,053</b>	<b>3,564</b>	<b>489</b>	<b>713</b>	<b>1,168</b>	<b>679</b>	<b>Comments: COR can effectively utilize 180 style housing to create quarantine/isolation housing through compaction and bed moves.</b>

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

INST **CRC**

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
II-Facility A	NDPF	Dorm-open	12	80	792	662	130	132	132	2	
II-Facility B	NDPF	Dorm-open	11	100	900	838	62	168	168	106	
II-Facility C	NDPF	Dorm-open	13	100	976	904	72	181	181	109	
II-Facility D	NDPF	Dorm-open	10	96	760	657	103	131	131	28	
N/A	OHU	Cells-solid door	4	4	10	6	4	1	4	0	Four rooms available (three 2-man rooms and one 4-man room)
<b>Grand Total</b>			50	380	3,438	3,067	371	613	616	245	We believe the 245 overstates the actual net beds needed. CRC is all Level II Non-designated Programming Facility with a great deal of flexibility in housing inmate-patients. Healthcare services are centralized and not provided on individual Facilities. Based on the need, any number of dorms on any yard can be designated at Isolated or Quarantined. In fact, CRC has already created a dormitory designated for quarantine.

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

## CTF

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	COVID Blueprint Numbers	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
II-Facility A	SNY	Dorm-open	1	100	150	51	99	10	100	1	
II-Facility A	SNY	Solid Door	2	84	909	1,098	-189	220	220	409	
II-Facility B	SNY	Dorm-open	1	150	150	73	77	15	150	73	
II-Facility B	SNY	Solid Door	2	83	891	1,078	-187	216	216	403	
II-Facility C	GP	Solid Door	9	92	1,875	1,997	-122	399	399	521	We are utilizing Y Wing for quarantine, isolation, and orientation status patients. Our 1st and 2nd tiers are for these patients and the 3rd tier is utilized for GP.
Facility C Ad Seg	ASU	Open Bar Door	1	48	144	60	84	12	48	-36	
Facility C OHU	OHU	Cells/Dorm	1	12	12	13	-1	3	12	13	
Facility D Dorm 2	PF	Dorm	6	96	750	385	365	77	96	-269	To comply with COVID-19 social distancing, there are currently 53 inmates housed in the Facility-D Gym.
Facility D Firehouse	FH	Dorm-open	1	6	6	5	1	1	6	5	
<b>Grand Total</b>			<b>24</b>	<b>665</b>	<b>4,881</b>	<b>4,760</b>	<b>126</b>	<b>951</b>	<b>1,241</b>	<b>1,115</b>	

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

## CVSP

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
ASU	ASU	270; door type varies.	1	100	126	27	99	5	100	1	Some doors are solid (those for MH use). Others are not solid, so the door type varies in ASU.
II-Fac A	NDF	Dorm-open	2	260	390	366	24	73	260	236	8 person pod, solid wall ceiling to floor to separate pods rather than 6 ft apart.
II-Fac B	NDF	Dorm-open	3	260	585	561	24	112	260	236	8 person pod, solid wall ceiling to floor to separate pods rather than 6 ft apart.
II-Fac C	NDF	Dorm-open	3	260	585	527	58	105	260	202	8 person pod, solid wall ceiling to floor to separate pods rather than 6 ft apart.
II-Fac D	NDF	Dorm-open	3	260	585	558	27	112	260	233	8 person pod, solid wall ceiling to floor to separate pods rather than 6 ft apart.
I-MSF	NDF	Dorm-open	2	200	150	113	37	23	200	163	Established 6 ft social distant housing.
I-Fire House	NDF	Door-open	1	10	10	8	2	2	10	8	Each bed is approximately 6 feet distant already.
CHS	OHU	Door	N/A	0	22	18	4	4	4	0	CVSP has a deactivated OHU that has been utilized during the CVSP COVID outbreak as a means to quarantine/isolated as necessary. However, since 2013, the OHU has been officially deactivated, so it is not fully functional as a true / valid OHU, merely a temporary housing/swing space option. Further, we have 12 total OHU cells, one which is dedicated to TMHU and we have the ability to double bunk two patients to a cell. The net beds need may be overstated. CVSP has adjusted all dorms to be COVID modified. While CVSP can't use gyms for overflow and containment (excess heat), they have used the visiting areas (20 patients) on each yard, and have use the chapel and education spaces (15 - 20 each) if needed.
<b>Grand Total</b>			<b>14</b>	<b>1,350</b>	<b>2,453</b>	<b>2,178</b>	<b>275</b>	<b>436</b>	<b>1,354</b>	<b>842</b>	

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.



INST **DVI**

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
K wing	ASU	Cell-solid	1	143	143	102	41	20	143	102	
I-OSD/MSF	PF	Dorm-open	2	108	172	80	92	16	108	16	
II-C wing	GP	Cell-solid	1	198	198	215	-17	43	198	215	DVI has separate Wing/Buildings and not yards with a number of Buildings on each yard. Identifying one wing for Level II Wings.
III-D wing	GP	Cell-solid	1	198	198	234	-36	47	198	234	DVI has separate wing/buildings and not yards with a number of Buildings on each yard.. Identifying one wing for all Level III Wings.
III-F wing	GP	Cell-solid	1	198	198	207	-9	41		9	
II-H wing	GP	Cell-solid	1	198	198	87	111	17		-111	
III-J wing	GP	Cell-solid	1	195	195	224	-29	45		29	
II-L wing	GP	Cell-solid	1	205	205	108	97	22		-97	
n/a-E wing	RC	Cell-solid	1	198	198	168	30	34	198	168	DVI has separate Wing/Buildings and not yards with a number of Buildings on each yard.. Identifying one Wing for all RC Wings.
n/a-G wing	RC	Cell-solid	1	198	198	79	119	16		-119	
n/a-E hall	RC	Cell-solid	1	225	225	86	139	17		-139	
n/a-W hall	RC	Cell-solid	1	0	224	0	224	0	0	-224	Closed due to door construction - completion date estimated 16 months.
OHU	OHU	Cell-solid	1	24	24	19	5	0	24	0	
<b>Grand Total</b>			<b>14</b>	<b>2,088</b>	<b>2,376</b>	<b>1,609</b>	<b>767</b>	<b>318</b>	<b>869</b>	<b>83</b>	

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

**INST****FSP**

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
Unit 1	GP	5 Tier Bar	1	460	951	945	6	189	189	183	
Unit 2	GP	5 Tier Bar	1	460	464	509	-45	102	102	147	
Unit 3	GP	5 Tier Bar	1	460	599	590	9	118	118	109	
Unit 4	GP	3 Tier-Bar & Solid	1	138	138	118	20	24	138	4	
Unit 5	GP	2 Tier-Solid w/ Holes	1	482	482	506	-24	101	482	125	
MSF	GP	Dorm	11	N/A	310	310	172	28	0	-172	
FIRE HOUSE	GP	Dorm	1	N/A	10	10	0	2	2	2	
FWF	N/A	Dorm/Cell/270	2	N/A	264	217	47	43	0	-47	
Grand Total			19	2,000	3,218	3,033	185	607	1,031	351	

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

INST **HDSP**

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-Facility E	MSF	Dorm	2	200	224	94	130	19	200	70	Dorm 1= 112 bed Covid Capacity, Dorm 2= 112 bed Covid Capacity w/6 ft distancing
III-Fac A	SNY	270 Cell-solid	5	150	750	835	-85	167	167	252	FAB4: Section C 34 beds designated quarantine/isolation; FAB5: Sections B and C 66 beds designated quarantine/isolation
IV-Fac B	SNY	270 Cell-solid	5	150	750	824	-74	165	165	239	FBB2: Sections A and B 66 beds designated quarantine/isolation; FBB5: Section C 34 beds designated quarantine/isolation
IV- Fac C	GP	180 Cell-solid	8	96	768	840	-72	168	168	240	FCB1: Sections A and B 66 beds designated quarantine/isolation
IV-Fac D	GP	180 Cell-solid	8	96	768	818	-50	164	164	214	FDB8: Sections A and B 66 beds designated quarantine/isolation
STRH	ASU	180 Cell-solid	1	96	200	120	80	24	96	16	
CTC	CTC	Hospital- solid	1	n/a	35	24	11	5	5	-6	
Grand Total			30	788	3,495	3,555	-60	711	964	1,024	In the event additional COVID Beds are needed in multiple locations, a PSR will be implemented modifying the entire institution program. COVID-19 positive patients will be housed together and movement will be strictly controlled to adhere to social distancing standards and prevent cross-contamination.

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count=** Current inmate population

**Available Beds =** (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure =** (formula) 20% of the Occupied Count

**Covid Beds Needed =** (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed =** (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments =** Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

ISP

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
Fac A-Lvl III	SNY	270 Solid Cell	5	150	750	843	-93	169	169	262	A5 is currently used as COVID Isolation and ASU Overflow. Blueprint capacity provided by custody.
Fac B-Lvl III	SNY	270 Solid Cell	5	150	750	935	-185	187	187	372	Blueprint capacity provided by custody.
Fac C-Lvl III	GP	270 Solid Cell	5	150	603	663	-60	133	150	210	C1 is currently vacant due to HVAC but slated for housing when HVAC resumes. Blueprint capacity provided by custody.
Fac D-Lvl III	GP	270 Solid Cell	4	150	600	638	-38	128	150	188	D5 is currently vacant due to HVAC but slated for housing when HVAC resumes. Blueprint capacity provided by custody.
Fac E-Lvl I	NON	Dorm	2	150	75	89	-14	18	150	164	
OHU	NON	Solid Cell	1	14	14	8	6	2	14	8	
Grand Total			22	764	2,792	3,176	-384	635	820	1,204	Facilities A-D each have 5 housing units with 100 (2 man) cells. Facility E has 2 dormitory housing units. None of ISP's gyms are suitable for housing inmates due to being utilized as HCFIP swing space and plant ops issues. On each yard, building #3 designated for quarantine patients. Net beds needed may be overstated as yards A - D are 270 buildings with cells and solid doors.

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

**INST KVSP**

Level-Facility <small>All BUDG Level IV, except MSF</small>	Program	Bldg Design-Door Type	# of doms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity <small>(From May Revise DAI Bed Plan)</small>	Occupied Count	Available Beds	20% Exposure <small>(20% of Occupied Count)</small>	Covid Beds Needed	Net Beds Needed	Comments
Fac-A	GP	180 Cell-solid	8	96	768	933	-165	187	187	352	Max Capacity with all patients positive for COVID = 512 w/distancing, single cell
FAC-B	GP	180 Cell-solid	8	96	768	867	-99	173	173	272	Max Capacity with all patients positive for COVID = 512 w/distancing, single cell
FAC-C	SNY	180 Cell-solid	7	96	672	696	-24	139	139	163	Max Capacity with all patients positive for COVID = 448 w/distancing, single cell
FAC-C8	EOP	180 Cell-solid	1	96	96	100	-4	20	96	100	Max Capacity with all patients positive for COVID = 48 w/distancing, single cell
FAC-D	SNY	180 Cell-solid	7	96	672	637	35	127	127	92	Max Capacity with all patients positive for COVID = 512 w/distancing, single cell
FAC-D7	MSF Pipeline	180 Cell-solid	1	96	96	69	27	14	96	69	D7 is utilized as a pipeline for MSF.
MSF	Non-Designated	Dorm	2	150	120	120	0	24	150	150	COVID Blueprint Capacity value of 120 is taken from KVSP Dorm info below.
STRH	Max Custody	Cell-Solid	1	200	125	115	10	23	200	190	Max Capacity with all patients positive for COVID = 100 w/distancing, single cell
ASU II	Max Custody	Cell-Solid	1	196	125	128	-3	26	196	199	Max Capacity with all patients positive for COVID = 98 w/distancing, single cell
CTC	Infirmary	MHC/Med Surg	1	22	22	16	6	3	22	16	
<b>Grand Total</b>			<b>37</b>	<b>1,144</b>	<b>3,464</b>	<b>3,681</b>	<b>-217</b>	<b>736</b>	<b>1,387</b>	<b>1,604</b>	Can accommodate approximately 160 inmate patients in a gym setting. This is not included in the total.

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count=** Current inmate population

**Available Beds =** (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure =** (formula) 20% of the Occupied Count

**Covid Beds Needed =** (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed =** (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments =** Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

Institution	Dorm	Current Inmate Count	Temporary Covid Capacity	# of inmates to transfer	Location to Transfer	8 person pod or 6ft	Established? If not when will it be?
KVSP	M1	62	60	2	N/A	6ft	4/20 when 2 inmates parole
KVSP	M2	62	60	2	N/A	6ft	4/22 when 2 inmates parole
<b>Total</b>		<b>124</b>	<b>120</b>	<b>4</b>	<b>Parole</b>		

## INST

## LAC

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-Facility E	MSF	Dorm-open	2	100	128	61	131	12	50	-38	Available bed space in dorm setting if needed for isolation/quarantine, one dorm could be used for isolation/quarantine
IV-Fac D	EOP	270 Cell-porous	4	150	250	510	290	102	100	-190	Fac D has porous doors; however, LAC has the ability to install lexan as needed. Fac D has 1 Gym available which could possibly house 36 inmates. Not ready for immediate use.
IV-Fac D	EOP HUB	270 Cell-solid	1	150	250	117	83	23	25	22	EOP/HUB is at its max capacity. With the statewide transfers limited our AdSeg units have many non max custody inmates but cannot be released to our local facilities due to enemy/safety concerns.
IV-Fac C	SNY	270 Cell-porous	5	150	250	593	207	119	125	-82	Fac C has porous doors; however, LAC has the ability to install lexan as needed. Fac C has 1 Gym available which could possibly house 36 inmates. Not ready for immediate use.
IV- Fac B	GP PPF	270 Cell-solid	5	150	250	880	120	176	125	5	Fac B has 1 Gym available which could possibly house 36 inmates. Not ready for immediate use.
III-Fac A	GP PPF	270 Cell-solid/porous	5	150	250	804	71	161	125	54	Fac A has 4 Housing Units with solid doors. HU 4 has mostly porous doors but some solid doors; however, LAC has the ability to add Lexan as needed. No Gym located on facility.
CTC	MHCB	Lincence Fac Solid doors	1	16	16	16	0	3	5	5	MHCB is full due to limited statewide movement. TMHUs have been activated but this process has
STRH	ASU	Stand Alone Design/ Solid Doors	1	200	126	116	80	23	25	-55	STRH is at its max capacity. With the statewide transfers limited our AdSeg units have many non max custody inmates but cannot be released to our local facilities due to enemy/safety concerns.
<b>Grand Total</b>			<b>24</b>	<b>1,066</b>	<b>1,520</b>	<b>3,097</b>	<b>982</b>	<b>619</b>	<b>580</b>	<b>-279</b>	<b>Comments: LAC can utilize compactions and bed moves to create isolation/buildings based on net beds available.</b>

Bldg. Design-Door Type = Bldg. design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Porous)

Covid Modified Capacity = This number is generated by starting with the Blueprint capacity and where applicable

Occupant Count= Current inmate population

Available Beds = (formula) Covid Modified Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (We need to define.. This will be a free text cell, no formula)

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST MCSP

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-Fac MSF	PF	Dorm-open	2	70	140	109	31	22	70	39	Multi Purpose Rooms at a total capacity 7 per building can be utilized to house patients. Total of 21.
II-Fac D	PF	Cross-top 6 man dorm solid front	3	264	792	756	36	151	264	228	Building 18 is EOP. 6 inmates can social distance if arranged properly. Multi Purpose Rooms at a total capacity 7 per building (Bldg 16/17) can be utilized to house patients. Total of 14. <b>HIGH RISK POPULATION OF 447 INMATE -PATIENTS</b>
II-Fac E	PF	Cross-top 6 man dorm solid front	3	264	792	790	2	158	264	262	6 inmates can social distance if arranged properly. <b>HIGH RISK POPULATION OF 506 INMATE -PATIENTS</b>
III-Fac B	SNY	270 Cell-solid	5	150	750	796	-46	159	159	205	Buildings 6&7 are EOP. GYM is prepared for housing of 40 with 6 ft. distancing. 51 single cell assignments. Temporary capacity of 34 beds in B Gym.
III-Fac C	SNY	270 Cell-solid	4	150	600	650	-50	130	150	200	Bldg 12 is AD Seg with pop of 106, C GYM is prepared for treatment of 20 active COVID cases. Currently empty. 41 single cell assignments
	ASU	270 Cell-solid	1	150	126	106	20	21	150	130	Bldg 12 is AD Seg with pop of 106, C GYM is prepared for treatment of 20 active COVID cases. Currently empty. 83 single cell assignments. Temporary capacity of 34 beds in A Gym.
IV-Fac A	SNY	270 Cell-solid	5	150	753	757	-4	151	151	155	
CTC	CTC	Solid	1	1	10	10	0	0	1	0	
Grand Total			24	1,199	3,963	3,974	-11	793	1,210	1,220	<b>Additional mitigation strategies may be employed. Priority is to ensure protections for high risk populations in dorm settings (Facility D &amp; E).</b>

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

## NKSP

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
III Fac A	GP	270 celled/solid door/-10 pourous w/plexi-glass)	5	150	995	791	162	158	158	-4	
Fac M	NDPF	Dorm-open	2	150	483	171	240	34	113	-127	
RC Fac B	GP	270 Cell-solid door	6	150	1,187	425	762	85	145	-617	
RC Fac C	GP/SNY	Dorm/open	6 (4GP/2SNY)	96	1,584	247	1,337	49	200	-1,137	
RC FAC D	SNY	270 celled/solid door	5 (4 SNY/ 1 GP)	150	1,123	518	103	103	200	97	
AD-SEG D^	ASU	270 celled/pourous door w/plexi-glass	1	150	200	99	101	19	200	99	
CTC	MED/MHCB	In-Patient/solid door	1	single bldg	15	6	9	1	15	6	
<b>Grand Total</b>			<b>15</b>	<b>0</b>	<b>5,587</b>	<b>2,257</b>	<b>2,714</b>	<b>449</b>	<b>1,031</b>	<b>-1,683</b>	

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count=** Current inmate population

**Available Beds =** (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure =** (formula) 20% of the Occupied Count

**Covid Beds Needed =** (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed =** (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments =** Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.



INST	Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
	Facility A	GP- Level IV	180 Cell-Porous	8	96	768	737	31	147	147	116	Two units are designated for isolation/quarantine (A1, A2), equating to 192 beds. Interim COVID clinic close to the designated units established and ready for activation.
	Facility B	GP- Level IV	180 Cell-Porous	6	96	576	690	-114	138	138	252	Initially move to designated isolation/quarantine units (A1, A2); 192 beds. Expansion within the facility would be through cohorting for quarantine or isolation. Interim COVID clinic established on the facility and ready for activation to accommodate expansion.
	RCGP (B1/B2)	RCGP	180 Cell-solid	2	96	180	78	102	16	96	-6	Move and place isolation/quarantine in one section (B2, C Section designated for isolation/quarantine; 12 beds) Interim COVID clinic established near designated section and ready for activation.
	Facility C	SHU ASU	Cell-Porous	12	60	691	386	305	77	77	-228	One unit (C10) designated for isolation/quarantine (50 beds). Interim COVID clinic in facility near the designated unit is established and ready for activation.
	Facility D	GP- Level II	Cell-Porous	10	50	500	467	33	93	93	60	Isolation/quarantine designated for in alternate facility (A1, A2). If additional space needed, compact, cohort, and/or isolate two units within the facility (100 beds).
	MSF	NDPF- Level I	Dorm-open	2	144	110	90	20	18	20	0	Available bed space in alternate facility (A1, A2) for quarantine/isolation of finite number of cases. Expansion to be achieved through co-horting within the facility.
	ASU	STRH ASU	Cell-solid	1	12	125	53	72	11	12	-60	Standalone design, each section has 10 cells. Section E, is designated for quarantine/isolation. Additional sections can be designated upon identification of cases through bed moves within the facility.
	Grand Total			41	554	2,950	2,501	449	500	584	135	Number cases and their housing location directs housing strategy. Active cases will be moved to designated isolation/quarantine housing units; 274 beds are currently available and designated for an outbreak. These units will be utilized until the number of cases exceeds designated housing. Further expansion will be conducted within the affected units/facilities. Future expansion currently identifies 464 beds with compaction and bed moves. Expansion beyond the 464 will be designated within the affected facility and achieved through designation of cohorts for quarantine or isolation. Services (meals, medications, etc.) will be delivered within housing units and interim COVID clinical spaces within each facility have been identified and are ready for activation to further limit transmission/exposure rates. This strategy of expansion was recently tested and was successful.

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Porous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

\*20/21 Budgeted "Blueprint Crowding" from May Revise 20/21 used for "Covid Blueprint Capacity" with the exception of the MSF (dorms). New COVID capacity used in that cell.

## INST

## PVSP

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-Facility E	NDPF	Dorm-open	2	144	144	102	42	20	144	102	Beds set for Covid 19 Distancing.
III-Fac D	NDPF	270 Cell solid	5	150	750	718	32	144	150	118	
III-Fac D		GYM/Dorm-open	1	72	36	0	36	0	72	36	Gym beds not set at this time
FAC-D TMHU D4		270- Cell Solid	1	16	16	0	16	0	16	0	
III- Fac C	GP	270 Cell-solid	5	150	750	762	-12	152	152	164	
III- Fac B	GP	270 Cell-solid	5	150	750	760	-10	152	152	162	
III- Fac B	GP	GYM/DORM	1	72	36	0	36	0	72	36	Gym beds not set at this time
III-Fac A	SNY	270 Cell-solid	5	150	750	697	53	139	150	97	
III- FAC A	SNY	GYM/DORM	1	72	36	0	36	0	72	36	Gym beds not set at this time
	ASU	Z UNIT	1	125	125	118	7	24	125	118	Compact and place in one section
	CTC	Cell-solid	16	0	16	0	0	0	0	0	Closed
<b>Grand Total</b>			<b>43</b>	<b>1,101</b>	<b>3,409</b>	<b>3,157</b>	<b>252</b>	<b>631</b>	<b>1,105</b>	<b>869</b>	<b>Comments: PVSP can utilize bed moves and compaction efforts to create isolation/quarantine buildings.</b>

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure** = (formula) 20% of the Occupied Count

**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed** = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

RJD

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
Facility A-III	SNY	270 Cell Design - solid	5	150	750	809	-59	162	162	221	
Facility B - III	PF	270 Cell Design - solid	3	150	450	477	-27	95	150	177	
Facility C-IV	SNY	270 Cell Design - solid	5	150	750	689	61	138	150	89	Alternative Housing: 10 TMHU: 10
Facility D-III	SNY	270 Cell Design - solid	5	150	750	786	-36	157	157	193	
Facility E_ II	PF	Cross Type Design - pourous	3	240	792	774	18	155	240	222	6 men dorm
Facility M	PF	Dorm - open	2	144	296	108	188	22	144	-44	Alternative Housing: 16
Facility B	ASU (6) EOP HUB ASU (7)	270 Cell Design - solid 270 Cell Design - solid	1 1	125 125	125 125	80 87	45 38	16 17	125 125	80 87	Alternative Housing: 21 TMHU: 5
N/A	CTC	Single Cell - solid	1	28	28	28	0	6	28	28	MHCb: 14; Medical: 12; Swing Room: 2
Grand Total			26	1,262	4,066	3,838	228	768	1,281	1,053	Net bed needs may be overstated. Yards A - D are 270 buildings with cells and solid doors; yard E has 6-person pods. For containment, a separate section of a building on each yard is used for isolation and quarantine. If needed, a whole building on a yard may be designated for isolation or quarantine.

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

INVESTIGATION

SAC

Level-Facility	Program	Bldg Design-Door Type	# of Dorms/Bldgs/Sections	Largest Dorm/ Bldg/Section	Blueprint Capacity	COVID Modified Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	COVID Beds Needed	Net Beds Needed	Comments
IV-FAC A	I-MSF	GP	2	64	288	128	112	16	22	22	6	IM's would be clustered in C-8, C-Section. Intake cells
	EOP/ASU	180 Cell-solid	1	96	72	72	70	2	14	14	12	IM's would be clustered in A-5, A-Section. Intake cells
	PSU	180 Cell-solid	2	96	128	128	111	17	22	22	5	IM's would be clustered in A2, C-Section. IM's moved to B-PSU
	EOP-GP	180 Cell-solid	4	96	451	450	396	54	79	85	31	
IV-FAC B	CTC	Cell-solid		26	26	26	26	0	2	2	2	Currently have 2 negative airflow cells in CTC-1
	PSU-LTRH	180 Cell-solid	2	96	140	140	57	83	13	13	-70	
	MHCBU	180 Cell-solid	1	96	20	20	19	1	5	5	4	IM's would be clustered in B7, B-Section, cells are available
	EOP-GP	180 Cell-solid	6	96	546	546	527	19	105	45	26	
IV-FAC C	GP	180 Cell-solid	8	96	768	768	900	(132)	180	170	302	GP IM's would be shifted to unaffected C-HU's to cluster the Quarantine IM's
IV-STRH	ASU	Cell-solid	8	125	125	125	110	15	22	23	8	
GRAND TOTAL:			34	887	2,564	2,403	2,328	75	465	401	326	

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

COVID Modified Capacity = This number is generated by starting with the Blueprint capacity and where applicable (e.g. dorms) apply 6'

Occupant Count= Current inmate population

Available Beds = (formula) COVID Modified Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

COVID Beds Needed = (We need to define.. This will be a free text cell, no formula)

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST SATF

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-Facility A	SNY	Dorm-open	3	211	432	601	-169	120	211	380	
I-Facility B	GP	Dorm-open	3	157	432	450	-18	90	157	175	
II-Facility C	GP	180 Cell-solid	8	96	768	676	92	135	135	43	Level IV
III-Facility D	SNY	270 Cell-solid	5	150	750	808	-58	162	162	220	Level IV
III-Facility E	SNY	270	5	150	750	805	-55	161	200	255	Cross top, F/G gym could be activated with approval
IV-Facility F	NDPF	8 man pod	3	293	804	804	0	161	0	0	Cross top, F/G gym could be activated with approval
IV-Facility G	NDPF	8 man pod	3	321	785	785	0	157	157	157	Level II, III, IV
STRH		180 Cell-solid	1	150	125	112	-112	22	150	262	
CTC		Cell-solid	1	40	0	40	-40	8	0	0	MHCB has 22 of the 40 beds
<b>Grand Total</b>			<b>32</b>	<b>1,568</b>	<b>4,846</b>	<b>5,081</b>	<b>-235</b>	<b>1,016</b>	<b>1,172</b>	<b>1,492</b>	<b>Above operational capacity</b>

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count=** Current inmate population

**Available Beds =** (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure =** (formula) 20% of the Occupied Count

**Covid Beds Needed =** (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed =** (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments =** Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

## SCC

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I/II-Fac A	PF	Dorm-open	37	32	1,184	896	288	179	179	-109	Fire camp yard. Dorm 35 is redlined; therefore not included in # of dorms
CHB (A&B)	OHU	Cell-solid	10	0	10	4	6	1	1	-5	2 cells dedicated TMHU if/when needed
I/II-Fac B	PF	Dorm-open	38	32	1,196	974	222	195	195	-27	A/B Gym not available as it is swing space for CHB HCFIP
III-Fac C	SNY	270 Cell-solid	4	150	784	685	99	137	150	51	C1,3,4,5 C Gym not available as it is occupied by Nursing (instructor, training, PT, IU exam room). Reduced Blueprint Capacity by 2% to account for permanent single-celled IPs
	ASU	270 Cell-solid	1	150	194	136	58	27	150	92	C2. Reduced Blueprint Capacity by 1% to account for permanent single-celled IPs
Grand Total			90	364	3,368	2,695	673	539	675	2	

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count=** Current inmate population

**Available Beds =** (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure =** (formula) 20% of the Occupied Count

**Covid Beds Needed =** (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed =** (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments =** Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST SOL

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
Facility A	GP	270- cell solid	6	200	1,200	979	221	196	200	-21	
Facility B	ASU	270- cell solid	1	200	200	120	80	24	200	120	
	GP	270- cell solid	5	200	1,000	749	251	150	200	-51	
	Gym	Dorm-open	1	64	64	0	64	0	64	0	B-Gym would need to be activated.
Facility C	GP	Dorm-open	6	200	1,200	858	342	172	200	-142	
	Gym	Dorm-open	1	64	64	44	20	9	64	44	
Facility D	GP	Dorm-open	6	200	1,200	930	270	186	200	-70	
Central Services	CTC	Dorm-open	1	17	17	13	4	3	17	13	
Grand Total			27	1,145	4,945	3,693	1,252	739	1,145	-107	* Inmate-patients utilizing CPAP machines should be housed in single-cells.

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

## Calculation

Include CTC in housing (MH & Medical)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

## SQ

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	COVID Blueprint Numbers	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I-FH	MSF	Dorm-open	1	15	15	10	5	2	15	10	
II EOP	EOP	Dorm-open	2	64	128	122	6	24	64	58	
II-PF	PF	Dorm-open	3	120	360	285	75	57	120	45	
II-PF	PF	Open Bar Door	2	828	1,295	1,334					
DR	DR	Open Bar Door	4	520	737	648	89	130	520	431	
RC	RC	Open Bar Door	4	494	1,005	575	430	115	494	64	
CTC/PIP	CTC	Solid Cell	1	50	50	38	12	8	50	38	
ASU	ASU	Solid Cell	2	185	235	195	40	39	185	145	
<b>Grand Total</b>			<b>19</b>	<b>2,276</b>	<b>3,825</b>	<b>3,207</b>	<b>657</b>	<b>375</b>	<b>1,448</b>	<b>791</b>	Comments: The use of non-traditional space at SQ is necessary to create COVID quarantine and isolation space to include tents, chapels, and warehouse space.

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count=** Current inmate population

**Available Beds =** (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure =** (formula) 20% of the Occupied Count

**Covid Beds Needed =** (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed =** (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments =** Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.



## INST

## SVSP

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
Facility A	SNY	270 Cell-solid	3	150	450	470	-20	94	150	170	IM will stay in designated cell for isolation /Quarantine. The following areas will be designated for Covid beds in each unit: 141-150 & 241-250
Facility A EOP	SNY/EOP	270 Cell-solid	2	150	300	218	82	44	150	68	IM will stay in designated cell for isolation /Quarantine. The following areas will be designated for Covid beds in each unit: 141-150 & 241-250
Facility B	GP	270 Cell-solid	5	150	750	628	122	126	150	28	IM will stay in designated cell for isolation /Quarantine. The following areas will be designated for Covid beds in each unit: 141-150 & 241-250
Facility C	ICF & GP	180 Cell-solid	8	24	704	610	94	122	122	28	IM will stay in designated cell for isolation/quarantine. The following areas will be designated for Covid beds for each unit: 109-115 & 209-215
Facility 1 ICF	ICF/PIP	Treatment Center 1 & 2	4	74	128	115	13	23	74	61	IM will stay in designated cell for isolation/quarantine. Psychiatric Inpatient Program Treatment Center 1 & 2 o Stand-alone hospital accredited unit o Has four "wings" consisting of primary single cells o A wing designated isolation area, all single cells
Facility D EOP	SNY/EOP	180 Cell-solid	1	128	96	92	4	18	128	124	IM will stay in designated cell for isolation/quarantine. The following areas will be designated for Covid beds for each unit: 109-115 & 209-215
Medical	CTC	Cell- Solid	1	22	12	10	2	2	22	20	10 Mental Health bed crisis unit closed
Facility M	SNY	Dorms	2	150	117	115	2	23	32	30	Minimum Security Facility (MSF) Consists of two separate building units; Dorm 1 and Dorm 2. Isolated inmates will be housed within the institution in unit D5. Alternate location will be bunk 1-20 in Dorm 2 unit.
Fac-D	ASU	180 Cell-solid	2	96	80	77	3	15	96	93	IM will stay in designated cell for isolation/quarantine. The following areas will be designated for Covid beds for each unit: 109-115 & 209-215
	SNY	180 Cell-solid	6	96	576	462	114	92	96	-18	IM will stay in designated cell for isolation/quarantine. The following areas will be designated for Covid beds for each unit: 109-115 & 209-215
Grand Total			34	1,040	3,213	2,797	416	559	1,020	604	

## Notes:

Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)

Occupant Count= Current inmate population

Available Beds = (formula) Covid Blueprint Capacity minus the Occupied Count

20% Exposure = (formula) 20% of the Occupied Count

Covid Beds Needed = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

Net Beds Needed = (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

Comments = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

VSP

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
II-FAC A	PF	Dorm-Pods	2	192	372	316	56	63	192	136	Compact and place in one section
II-FAC B	PF	Dorm-Pods	4	224	1,004	835	169	167	224	55	Compact and place in one section
II-FAC C	PF	Dorm-Pods	4	213	1,024	836	188	167	213	25	Compact and place in one section
II-FAC D	PF	Dorm-Pods	4	222	1,024	815	209	163	222	13	Compact and place in one section
Fac-A	ASU	270 Cell-solid	1	44	55	46	9	9	44	35	Compact and place in one section
Fac-A	A4-GP	270 Cell-solid	1	88	66	64	2	0	88	0	Compact and place in one section
INFIRMARY	OHU	Dorm	1	1	20	20	0	4	4	4	Compact and place in one section
<b>Grand Total</b>			<b>16</b>	<b>983</b>	<b>3,545</b>	<b>2,912</b>	<b>633</b>	<b>570</b>	<b>983</b>	<b>264</b>	

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count**= Current inmate population

**Available Beds** = (formula) Covid Blueprint Capacity minus the Occupied Count

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**Covid Beds Needed** = (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

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**Comments** = Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

## INST

WSP

Level-Facility	Program	Bldg Design-Door Type	# of dorms /bldgs	Largest Dorm/Bldg	Covid Blueprint Capacity	Occupied Count	Available Beds	20% Exposure (20% of Occupied Count)	Covid Beds Needed	Net Beds Needed	Comments
I FH	FH	Dorm	1	8	8	7	1	2	8	7	
I Fac M	NDS	Dorm	1	150	154	121	33	25	200	167	
II Fac C	RC-GP/SNY	Dorm	5	96	800	419	381	84	96	-285	
II Fac H	RC-GP/SNY	Dorm	5	96	400	241	159	49	196	37	
II Fac D-7	RC-GP/SNY	Dorm	1	96	96	71	25	15	96	71	
III/IV Fac B	RC-GP/SNY	270 Cell-solid	6	150	1,200	463	737	93	150	-587	Isolation Building Capacity 200: 100 single cell
III/IV Fac D	RC-GP/SNY	270 Cell-solid	5	150	1,000	366	634	73	150	-484	Isolation Building Capacity 200: 100 single cell
III Fac A	GP	270 Cell-solid	6	150	1,000	830	170	166	166	-4	Isolation Building Capacity 200: 100 singled cells
III/IV Fac D	ASU	270 Cell-perforated doors	1	150	198	74	124	15	150	26	Doors covered with plexiglass
NA	CTC	Single Cell-solid	1	16	16	14	2	3	16	14	
<b>Grand Total</b>			<b>32</b>	<b>1,062</b>	<b>4,872</b>	<b>2,606</b>	<b>2,266</b>	<b>524</b>	<b>1,228</b>	<b>-1,038</b>	<b>We have an adequate number of beds provided we do not reopen for intake from the counties.</b>

**Bldg Design-Door Type = Bldg design (e.g. 270, 180, Cross-Top). Door Type (e.g. Solid or Pourous)**

**Occupant Count=** Current inmate population

**Available Beds =** (formula) Covid Blueprint Capacity minus the Occupied Count

**20% Exposure =** (formula) 20% of the Occupied Count

**Covid Beds Needed =** (formula) Greater of "Largest Dorm/Bldg" or "20% Exposure"

**Net Beds Needed =** (formula) Covid Beds Needed minus Available beds. A negative number signifies capacity, a positive number signifies a bed need.

**Comments =** Free text to add relevant comments and/or explanations. Also use to signify extra capacity opportunities in gyms etc.

# **EXHIBIT E**

**From:** [Martin Dodd](#)  
**To:** [Don Specter](#); [Alison Hardy](#); [Sara Norman](#); [sophieh@prisonlaw.com](#); [Paul Mello \(Pmello@hansonbridgett.com\)](#); [Samantha Wolff](#); [Damon McClain](#)  
**Cc:** [Barrow, Roscoe@CDCR](#); [Clark Kelso](#); [Cullen, Vincent@CDCR](#); [Bick, Joseph@CDCR](#)  
**Subject:** COVID-19 Space Needs  
**Date:** Monday, July 13, 2020 8:28:16 PM  
**Attachments:** [COVID Space Needs for Prevent-Iso-Quar 07.13.20 .pdf](#)  
**Importance:** High

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All:

Attached is the revised version of the document that incorporates changes based on comments at today's conference call and suggested edits submitted thereafter. We reiterate that this is not a formal policy or procedure document and reflects current thinking. It is, therefore, subject to modification or reconsideration as and if circumstances warrant.

Martin



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# **EXHIBIT F**

## COVID-19 SPACE NEEDS FOR PREVENTION, ISOLATION AND QUARANTINE

July 11, 2020

Below is a summary of principles and strategies that guide how the department should manage physical space and prison populations in order to both prevent the introduction of COVID-19 into the prison and to contain the spread of COVID-19 infection once introduced. A fundamental underlying tenet of this proposal is that each institution must have adequate space to allow for the housing, feeding, and programming of all inmates under its care.

The methodology for determining the number of empty beds, including the 20% adjustment noted at the end of this document, was based upon our experience during the pandemic with outbreaks of different sizes. We have experienced four large outbreaks (total positives greater than 500), six medium-sized outbreaks (total positives greater than 100 and less than 500), and fourteen small outbreaks (total positives between 1 and 99). The goal of this analysis and its associated methodology is to ensure to the extent reasonably feasible that each institution has enough beds to handle the beginning phases of an outbreak in order to significantly reduce the risk of it blossoming into a medium-sized or large outbreak.

A number of caveats apply to use of this document:

- 1) This product was intended to guide the decision of how many beds are needed to house the residents of an institution, and not to determine where they will go or whether they need to be released.
- 2) Use of the word “shall” does not result in this document being directive. It is not directive and does not constitute policy or procedure.
- 3) Realities on the ground might require exceptions to the points noted in these documents.

Although the summary focuses on the inmate populations that need to be separated into different types of isolation and quarantine spaces, the overall public health approach must include all of the following:

- 1) Routine periodic COVID-19 testing of staff;
- 2) Management of work assignments to minimize overlap of staff contact between different inmate populations;
- 3) Consistent and appropriate utilization of personal protective equipment; and
- 4) Intensified cleaning and disinfection practices of housing and work spaces.

Early data suggests that inadequate ventilation may contribute to the transmission of COVID-19 within congregate living environments. Strong consideration should be given to performance monitoring of and routine preventive maintenance of all components of housing unit ventilation systems (e.g., fans, filters, ducts, supply diffusers, and exhaust grilles) and any air-cleaning devices in use. Performance monitoring should include directional airflow assessment and measurement of supply and exhaust airflows to compare with recommended air change rates.

### **Isolation and Quarantine basic concepts**

There are two major categories of patient populations to consider once a case has been identified: *isolation* and *quarantine*, and within each of these categories, there are two subcategories.

For the populations requiring isolation space, there are two different populations that shall not be cohorted together:

- 1) Persons who have confirmed COVID-19 infection; and
- 2) Those who are symptomatic but do not have confirmed infection.

For populations requiring quarantine space, there are two groups that shall not be cohorted together and who require different levels of clinical monitoring to identify persons who become symptomatic:

- 1) Persons with known exposure to COVID-19 who are asymptomatic; and
- 2) Those who are asymptomatic but have a higher risk of infection due to their movement history or having been in crowded conditions without public health precautions.

In planning for effective isolation and quarantine space, each institution must also take into account unique patient factors that may impact upon where a patient can be housed. Examples include Clark, Coleman, and Armstrong factors as well as restricted housing needs.

#### **Prevention In the absence of cases**

Cohorts, or household units, should be as small as possible (1-8 persons) to minimize spread once the virus is introduced. Inmates and staff should be cohorted in housing areas with minimal contact between household units.

Wherever possible, rooms must be arranged to have as few inmates as possible and to allow as much physical distancing as possible. If cells have bars rather than walls, or are porous rather than solid closed doors, ideally one would leave an empty cell on each side of an occupied cell to maintain distancing.

Transfers of inmates shall be limited to those which are necessary for clinical care, medical isolation or quarantine, reduction of overcrowding, and serious custody concerns. If transfer must take place, pre and post transfer quarantine and COVID-19 testing is required. Inmates shall wear face coverings during transfer, and staff shall wear appropriate PPE and utilize disinfected transportation vehicles.

#### **Containment once a case is identified**

Patients who are placed in either isolation or quarantine shall move outside of the isolation or quarantine space as little as possible. Medical care should be provided and meals should be served within the space, isolated persons should be assigned a dedicated bathroom, quarantined persons should be assigned a separate dedicated bathroom, and group activities should be postponed.

##### *1. Isolation: Persons who are CONFIRMED to have COVID-19:*

- Isolation is necessary.
- For individual cases, the preference is for isolation in a negative pressure room.
- The second choice is isolation in a private room with a solid, closed door.
- Multiple confirmed COVID-19 positive cases can be housed together.
- Confirmed positive patients shall not be housed in the same unit with those who are not known to have COVID-19.
- If there are no other options and these patients must be housed in the same building with non-infected patients, they must be physically separated from patients who do not have COVID-19. Physical separation requires solid walls and solid doors.
- Patients confirmed to have COVID-19 shall not be housed in dorms with those who are not confirmed to have COVID-19.
- Daily healthcare monitoring shall be conducted for patients diagnosed with COVID-19.



2. *Isolation: Persons who are SYMPTOMATIC but not confirmed to have COVID-19 (tests are pending or refused):*
  - Isolation is necessary.
  - For individual cases, the preference is for isolation in a negative pressure room.
  - The second choice is isolation in a private room with a solid, closed door.
  - If patients cannot be isolated alone, they can be isolated with other patients who have the same symptoms; however, 6 feet of distancing is necessary between each patient.
  - Daily healthcare monitoring shall be conducted for patients with symptoms of pneumonia.
3. *Quarantine: Persons who have been EXPOSED to COVID-19, but are asymptomatic:*
  - Quarantine is necessary.
  - These patients are at risk of being infected and/or becoming infected as a result of their exposure. Thus, they shall be separated from both the confirmed cases and from the symptomatic but not yet confirmed cases to avoid re-exposure.
  - Quarantine cohorts shall be as small as possible (1-8 persons) to minimize spread.
  - Cohorts with different exposure dates shall be separated. Cohorts with different types of exposures shall also be separated, including those coming in from jails or transferring between institutions.
  - Serial testing and healthcare surveillance is used to identify those infected so that they can be moved to isolation.
4. *Quarantine: Asymptomatic persons who are being prepared to move from one institution to another, and those arriving from another institution:*
  - Quarantine is necessary.
  - Each facility shall maintain sufficient quarantine space to accommodate its historical average volume of transfers in and out.
  - Quarantine cohorts shall be as small as possible (1-8 persons) to minimize spread.
  - Cohorts with different movement dates shall be separated. Cohorts with different types of movement shall also be separated, including those coming in from jails or transferring between institutions.
  - Serial testing and healthcare surveillance is used to identify those infected so that they can be moved to isolation.
  - Except in emergency situations, patients shall not be routinely moved from one institution to another without testing COVID-19 negative.
  - Patients arriving to an institution shall not be released from quarantine until they have sequentially tested negative for COVID-19.

#### **Containment in the setting of a large scale outbreak**

To plan for the possibility of a large-scale outbreak of COVID-19, each facility in each prison shall identify space that will allow for rapid isolation and quarantine of impacted patients. Each facility shall identify its largest congregate living space. Each facility shall maintain empty beds equivalent to the capacity of its largest congregate living space or 20% of the current population of the facility, whichever is larger.

#### **Quarantine space**

Each facility shall identify sufficient space to allow for the quarantine of all inmates who are arriving or departing from that institution.

### **Definitions**

“Facility” is that portion of a prison designated as a separate functional unit, usually denoted by a letter (e.g., Facility A, Facility B).

The “largest congregate living space” of a facility is the housing unit that has the capacity to house the largest number of people.

The “capacity” of the largest congregate living space shall be determined based on the “Covid Blueprint Capacity”: the number of people CDCR/CCHCS have determined may be housed in that living space consistent with physical distancing and other COVID-19 prevention measures currently in place.

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8 IN THE UNITED STATES DISTRICT COURT  
9 FOR THE NORTHERN DISTRICT OF CALIFORNIA  
10 OAKLAND DIVISION  
11

12 **MARCIANO PLATA,** ,

13 Plaintiffs,

Case No. 01-cv-01351-JST

**PROPOSED ORDER RE:  
QUARANTINE AND ISOLATION  
SPACE**

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15  
16 **EDMUND G. BROWN,** ,

17 Defendants.  
18

19 On June 7, 2020, the Court ordered the parties to meet and confer with the Receiver  
20 regarding the need for reserved quarantine and isolation space in the prisons if there is an  
21 outbreak of COVID-19, and to submit a joint proposed order on that subject, or competing  
22 proposed orders on that subject, for the Court's consideration. On Wednesday, July 15, 2020, the  
23 parties submitted competing proposed orders and briefing.

24 The Court adopts Defendants' proposed order, which allows the parties an additional two  
25 weeks to meet and confer with the Receiver to reach an agreement on a methodology for  
26 determining reserved space needs in the prisons. It is clear that this important issue is complex,  
27 and that the parties should not be unduly rushed to complete the meet-and-confer process. The  
28 additional time will enable to parties and the Receiver to consider important factors that might

1 impact the need for reserved space at each prison, such as the unique layout of each prison, the  
2 specific population in each prison (e.g., the medical acuity or average age of the population at  
3 each institution), the number of patients in each prison who have already contracted and  
4 recovered from COVID-19, the availability of alternative spaces for housing patients (e.g., gyms,  
5 tents, and other buildings that could be readily converted into housing), the possibility of housing  
6 recovered COVID-19 patients with COVID-19 positive patients, the possibility of moving  
7 recovered patients into denser housing arrangements to create more space for isolation and  
8 quarantine patients in other locations, and the impact that the development of a safe transfer  
9 protocol would have on the ability to transfer patients to locations with more space.

10 Additional time will also allow the parties and the Receiver to obtain input from multiple  
11 public health experts, and it will allow the parties to consider the impact of the newly announced  
12 releases on the population levels in the prisons and the need for reserved spaces.

13 Accordingly, the Court orders that the parties shall continue to meet and confer with the  
14 Receiver regarding the subject of the need for reserved isolation and quarantine spaces in  
15 CDCR's prisons. If the parties are unable to reach an agreement concerning reserved space  
16 needs, then the Court may request that the parties submit additional briefing and evidence on the  
17 subject and consider whether an order regarding reserved space needs in the prisons can or should  
18 be made.

19 IT IS SO ORDERED

20 Dated:

21 The Honorable Jon S. Tigar  
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