

DONALD SPECTER – 083925
STEVEN FAMA – 099641
ALISON HARDY – 135966
SARA NORMAN – 189536
RITA LOMIO – 254501
MARGOT MENDELSON – 268583
PRISON LAW OFFICE
1917 Fifth Street
Berkeley, California 94710-1916
Telephone: (510) 280-2621

MICHAEL W. BIEN – 096891
ERNEST GALVAN – 196065
LISA ELLS – 243657
JESSICA WINTER – 294237
MARC J. SHINN-KRANTZ – 312968
CARA E. TRAPANI – 313411
ROSEN BIEN
GALVAN & GRUNFELD LLP
101 Mission Street, Sixth Floor
San Francisco, California 94105-1738
Telephone: (415) 433-6830

Attorneys for Plaintiffs

UNITED STATES DISTRICT COURTS
EASTERN DISTRICT OF CALIFORNIA
AND NORTHERN DISTRICT OF CALIFORNIA
UNITED STATES DISTRICT COURT COMPOSED OF THREE JUDGES
PURSUANT TO SECTION 2284, TITLE 28 UNITED STATES CODE

RALPH COLEMAN, et al.,
Plaintiffs,

v.

GAVIN NEWSOM, et al.,
Defendants.

Case No. 2:90-CV-00520-KJM-DB
THREE JUDGE COURT

MARCIANO PLATA, et al.,
Plaintiffs,

v.

GAVIN NEWSOM,
Defendants.

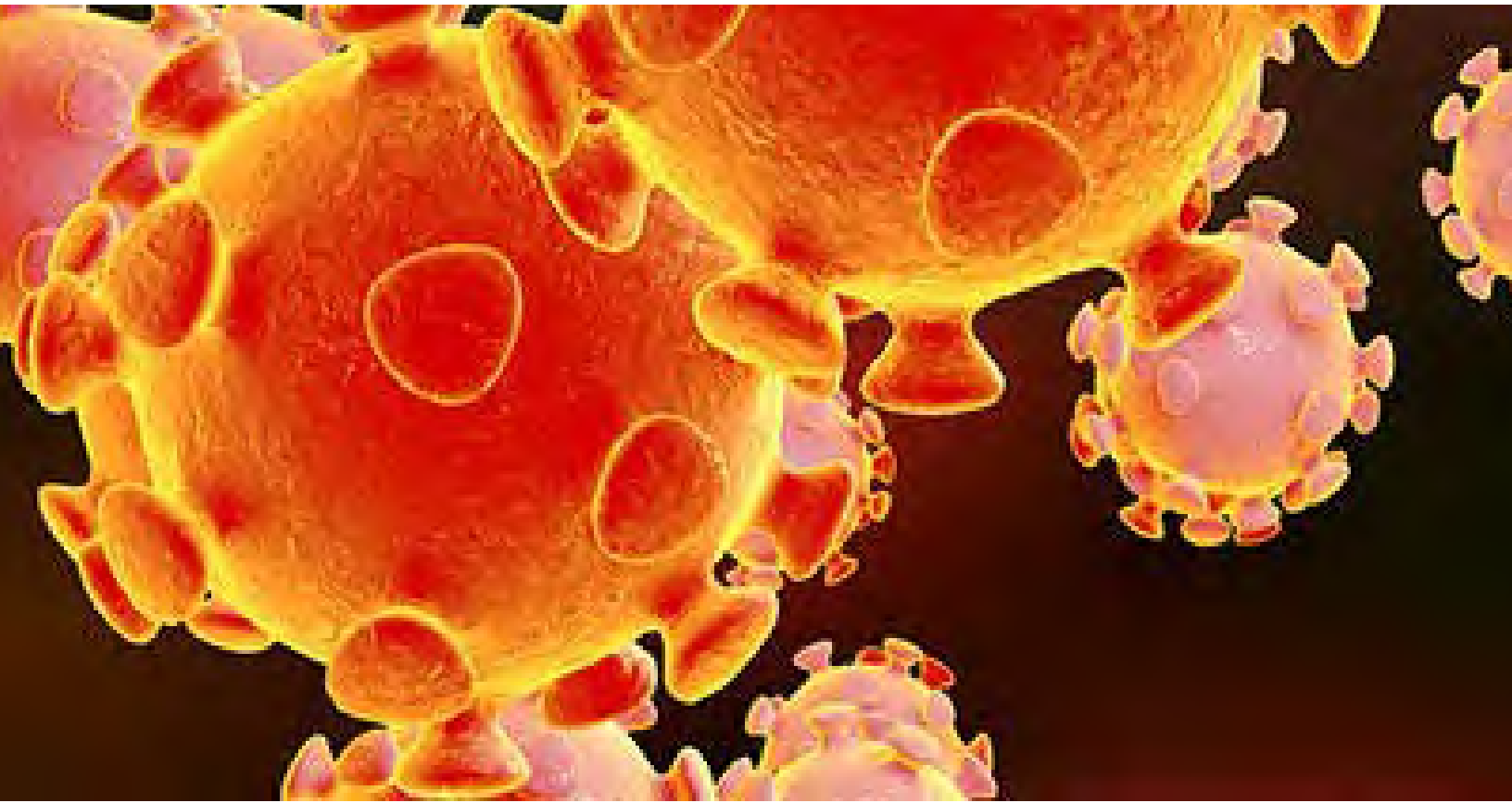
Case No. C01-1351 JST

THREE JUDGE COURT

**EXHIBITS 1-16 TO
DECLARATION OF MICHAEL W.
BIEN IN SUPPORT OF PLAINTIFFS’
EMERGENCY MOTION TO MODIFY
POPULATION REDUCTION ORDER**

Exhibit 1

COVID-19: Interim Guidance for Health Care and Public Health Providers



Public Health Nursing Program Version 1.0



**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

Table of Contents

INTRODUCTION	5
CLINICAL MANIFESTATIONS OF COVID-19	5
DIFFERENTIAL DIAGNOSIS	5
DIAGNOSTIC TESTING	6
TREATMENT	9
TRANSMISSION	9
COVID-19 RELATED PUBLIC HEALTH DEFINITIONS	10
CASE DEFINITIONS	10
CONFIRMED COVID-19 CASE	10
CONFIRMED INFLUENZA CASE	10
SUSPECTED COVID-19 / INFLUENZA CASE	10
NON-CASE DEFINITIONS	10
ASYMPTOMATIC CONTACT OF COVID-19	10
ASYMPTOMATIC CONTACT OF INFLUENZA	10
CONTACT OF A CONTACT	10
ISOLATION	10
QUARANTINE	11
MEDICAL HOLD	11
REPORTING	11
INFECTIOUSNESS OF PATIENTS BY CASE TYPE	12
PRECAUTIONS	12
PERSONAL PROTECTIVE EQUIPMENT (PPE)	12
SUMMARY TABLE OF TRANSMISSION-BASED PRECAUTIONS	14
SUMMARY FIGURE OF INTERVENTIONS	15
MANAGEMENT OF SUSPECTED AND CONFIRMED CASES OF COVID-19	15
MONITORING PATIENTS SUSPECTED OR CONFIRMED WITH COVID-19	16
ISOLATION	16
MEDICAL HOLD AND CONTACT INVESTIGATION	17
RESPONSE TO AN OUTBREAK	17
INITIAL NOTIFICATIONS	18
CRITERIA FOR RELEASE FROM ISOLATION	18



COVID-19: Interim Guidance for Health Care and Public Health Providers

MANAGEMENT OF ASYMPTOMATIC CONTACTS OF COVID-19	19
QUARANTINE	19
PATIENT SURVEILLANCE WHILE IN QUARANTINE	20
RELEASE FROM QUARANTINE	20
MANAGEMENT OF CONTACTS TO CONTACTS	21
STAFF AND VISITOR PRECAUTIONS AND RESTRICTIONS DURING THE PANDEMIC	21
RESPIRATORY HYGIENE AND COUGH ETTIQUETTE	21
ENVIRONMENTAL INFECTION CONTROL	22
RESOURCES	23
REFERENCES	23
APPENDIX 1: CORONAVIRUS DISEASE 2019 (COVID-19) CHECKLIST	25

Record of Change

Page | 4

INTRODUCTION

Coronaviruses are a large family of viruses that are common in many different species of animals; some coronaviruses cause respiratory illness in humans. Coronavirus disease 2019 (COVID-19) is caused by the novel (new) coronavirus SARS-CoV-2. It was first identified during the investigation of an outbreak in Wuhan, China, in December 2019. Early on, many ill persons with COVID-19 were linked to a live animal market indicating animal to person transmission. There is now evidence of person to person spread, as well as community spread (i.e., persons infected with no apparent high risk exposure contact). On March 11, 2020, the World Health Organization recognized COVID-19 to be a pandemic.

This guidance supersedes the Seasonal Influenza Guidance except where noted.

CLINICAL MANIFESTATIONS OF COVID-19

People with COVID-19 generally develop signs and symptoms, including respiratory symptoms and fever, average 5 days, range 2-14 days after infection.

Typical Signs and Symptoms

- **Common:** Fever, dry cough, fatigue, shortness of breath.
- **Less common:** sputum production, sore throat, headache, myalgia or arthralgia, chills.
- **<5% occurrence:** nausea, vomiting, diarrhea, nasal congestion

Mild to Moderate Disease

Approximately 80% of laboratory confirmed patients have had mild to moderate disease, which includes non-pneumonia and pneumonia cases. Most people infected with COVID-19 related virus have mild disease and recover.

Severe disease

Approximately 14% of laboratory confirmed patients have severe disease (dyspnea, respiratory rate ≥ 30 /minute, blood oxygen saturation $\leq 93\%$, and/or lung infiltrates $>50\%$ of the lung field within 24-48 hours).

Critical disease:

Approximately 6% of laboratory confirmed patients are critical (respiratory failure, septic shock, and/or multiple organ dysfunction/failure).

Asymptomatic infection has been reported, but the majority of the relatively rare cases who were asymptomatic on the date of identification/report, went on to develop disease.

DIFFERENTIAL DIAGNOSIS

Viral pneumonia can be caused by many respiratory pathogens. When Influenza is present (e.g., the height of seasonal influenza), it is the likely cause of influenza-like illness (ILI). Regardless of the known disease signs, symptoms, and epidemiology that

may distinguish influenza or other viral respiratory infections from COVID-19, no clinical factors can be relied upon to rule out COVID-19. Hence, laboratory testing is required.

DIAGNOSTIC TESTING

Testing for influenza and the virus that causes COVID-19 is important for establishing the etiology of ILI. **During the COVID-19 pandemic, testing for respiratory pathogens shall be ordered by providers as part of the evaluation of all patients with ILI.**

To be inclusive of both influenza and COVID-19 in the differential, ILI can be defined by any combination of fever or cough; sore throat is more common with influenza whereas difficulty breathing is more common with COVID-19.

Two approaches can be taken to testing: concurrent COVID-19 and influenza testing; or a tiered approach using a point of care influenza test followed by COVID-19 testing if the influenza test is negative.

Clinicians should use their judgment in testing for other respiratory pathogens.

Respiratory syncytial virus (RSV) Testing is indicated if it will affect clinical management. Consider testing for RSV in vulnerable populations, including those with heart or lung disease, bone marrow and lung transplant recipients, frail older adults, and those with multiple underlying conditions.

Additional considerations:

1. Patients of Concern: Because early diagnosis may improve clinical outcomes, priority for COVID-19 testing should be given to symptomatic individuals who are **older (age ≥ 60 years)** or have **chronic medical conditions and/or an immunocompromised** state that may put them at higher risk for poor outcomes (e.g., diabetes, heart failure, cerebrovascular disease, chronic lung disease, chronic kidney disease, cancer, liver disease, and pregnancy).
2. COVID-19 Contacts: Patients who have had close contact with an infectious case of COVID-19 are at increased risk of developing the disease. If a contact develops symptoms of COVID-19, they should be tested for COVID-19 immediately.
3. Outbreaks of ILI: Early identification of a COVID-19 outbreak may be key to mitigating its impact on staff, patients, and the surrounding community (including community hospitals). Therefore, if a cluster of ILI occurs and the Rapid Influenza Diagnostic Test (RIDT) is not available, use concurrent testing for subset of patients (a sentinel approach).
4. Influenza No Longer Prevalent: When influenza is no longer prevalent in the community, it is less likely to be the cause of ILI. Until California Department of Public Health (CDPH) downgrades influenza transmission to “sporadic” for the region where your institution is located, assume influenza is prevalent (see [CDPH](#)

[Weekly Influenza Report](#)). In 2019, influenza remained widespread through early April, regional in mid-April, and sporadic in May.

Rapid Influenza Diagnostic Test (CLIA waived)

While influenza remains prevalent, Rapid Influenza Diagnostic Testing (RIDT) may be used to quickly identify influenza infections. Patients with influenza or another etiology are unlikely to be co-infected with COVID-19 related virus. Therefore, COVID-19 testing is unnecessary if influenza is confirmed.

1. If RIDT is available at your facility and influenza prevalence is high, test symptomatic patients.
 - a. RIDT is only useful for ruling in influenza when prevalence is high. When the CDPH specifies that **influenza transmission has downgraded to “sporadic” for your institution’s geographic area, DO NOT USE the RIDT tests** any longer and instead use only the RT-PCR. [CDPH Weekly Influenza Report](#)
 - b. Headquarters Public Health Branch (PHB) will send notification of when RIDT is no longer useful due to decreased prevalence in your geographic area.
2. Due to unreliable sensitivity, if the RIDT result is negative, further testing is always indicated, order the influenza A/B RNA Qualitative PCR and COVID-19 RNA Qualitative PCR (see below).

COVID-19 Testing

For initial diagnostic testing for COVID-19, **the preferred specimen is a nasopharyngeal (NP) swab**. NP or oropharyngeal (OP) swabs should be collected in multi microbe media (M4), VCM medium (green-cap provided by Quest) tube or equivalent (UTM). Only one swab is needed and the NP specimen has the best sensitivity. Testing both NP and OP also increases sensitivity. If collecting both a NP and OP swab, they both can be put in the same VCM tube. Specimens should be collected as soon as possible, regardless of the time of symptom onset.

Please note: Sputum inductions are not recommended as a means for sample collection. Collection of sputum should only be done for those patients with productive coughs.

Please note: A different order will be needed if or when collecting a specimen for any other tests, e.g., influenza, use a different swab and the swab goes into a different tube.

Quest is accepting specimens for SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR testing (Quest Test Code: 39433).

1. Preferred specimen: NP swab or OP swab collected in multi microbe media (M4), VCM medium (green-cap) tube or equivalent (UTM). If collecting two swabs, both can be put in one tube.
2. Separate NP/OP Swab: Collect sample using a separate NP or OP swab for other tests (i.e., influenza test) requiring NP or OP swab. **DO NOT COMBINE swabs in one tube for both COVID-19 and influenza test.**
3. Storage and Transport: COVID-19 specimens must be refrigerated. Refrigerated stability is up to 72 hour.
4. Follow standard procedure for storage and transport of refrigerated samples.
5. Cold packs/pouches must be utilized if samples are placed in a lockbox.
6. COVID-19 is not a STAT test and a STAT pick-up cannot be ordered.
7. Turnaround time (TAT), published as 3-4 days, may be delayed initially due to high demand
8. The induction of sputum is not recommended.

SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR- Quest Test Code 39433:

Test Purpose: Aids in presumptive detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) RNA

Collect via Nasopharyngeal (NP) Swab or Oropharyngeal (OP) swab

Collected in multi microbe media (M4), VCM medium (green-cap) tube or equivalent (UTM) (one swab per tube)

Testing policy may change as CDC recommendations change. See: [CDC Guidelines for Collecting, Handling and Testing Clinical Specimens](#)

PRECAUTIONS FOR SPECIMEN COLLECTION:

- When collecting diagnostic respiratory specimens (e.g., NP swab) from a possible COVID-19 patient or conducting RIDT, the Health Care Personnel (HCP) in the room should wear an N-95 or higher-level respirator, eye protection, gloves, and a gown.



COVID-19: Interim Guidance for Health Care and Public Health Providers

- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Specimen collection should be performed in a normal examination room with the door closed.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control. [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

TREATMENT

Currently, there is no approved vaccine or medication treatments for COVID-19. Treatment is supportive, especially for respiratory distress. Experimental drugs may be available through compassionate use or clinical trials. See: [CDC Confirmed Case Management](#)

TRANSMISSION

- The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (“community spread”) in some affected geographic areas. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.
- The virus is thought to spread mainly from person-to-person (airborne, contact or droplet transmission), between people who are in close contact with one another (within 6 feet).
- People are thought to be most contagious when they are most symptomatic (the sickest).
- Except with the risk of exposure from aerosol generating procedures, airborne transmission is not the main route of transmission.
- Infectious respiratory droplets can land in the mouths or noses of people who are nearby and possibly be inhaled into the lungs.
- It may be possible that a person can get COVID-19 by touching a contaminated surface and then touching their own mouth, nose, or their eyes. Research shows longevity of viable virus particles on fomites, but infectiousness of this modality is unclear at this time.
- Symptoms of COVID-19 may appear in as few as two days or as long as 14 days after exposure (mean six days, median five days).
- Fecal shedding after symptom resolution has been found; however, the infectiousness of the fecal viral particles is unclear.

COVID-19 RELATED PUBLIC HEALTH DEFINITIONS

CASE DEFINITIONS

CONFIRMED COVID-19 CASE

A positive laboratory test for the virus that causes COVID-19 in at least one respiratory specimen. The tests no longer need to be confirmed by CDC.

CONFIRMED INFLUENZA CASE

A positive point-of-care or laboratory test for an influenza virus in respiratory specimen in a patient with influenza-like illness.

SUSPECTED COVID-19 / INFLUENZA CASE

HIGH SUSPECT: Any fever, respiratory symptoms, or evidence of a viral syndrome in a patient who had close contact with a confirmed case of COVID-19 within 14 days of onset **OR** linkage to a high risk group defined by public health during an outbreak (for example: an affected dorm, housing unit, or yard) but without a test result for COVID-19.

LOW SUSPECT: Fever and cough or shortness of breath (dyspnea) with evidence of a viral syndrome (ILI) of unknown etiology in a person without test results for COVID-19 or influenza and without high-risk exposure.

NON-CASE DEFINITIONS

ASYMPTOMATIC CONTACT OF COVID-19

A person who has had close (within 6.6 feet [2 meters]) and prolonged (generally ≥ 30 minutes) contact with the COVID-19 patient **OR** direct contact with secretions with a confirmed case of COVID-19 within the past 14 days, who has had no symptoms of COVID-19 and who has had no positive tests for COVID-19. Asymptomatic contacts should be monitored for symptoms; ideally, two times daily, and containment measures should be in place [e.g., housing with a cohort of asymptomatic contacts, “Confined To Quarters” (CTQ), etc.]

ASYMPTOMATIC CONTACT OF INFLUENZA

A person who has had close contact (within 6 feet) with an infectious influenza case within the past five days.

CONTACT OF A CONTACT

The contact of an asymptomatic contact is NOT to be included in the exposure cohort. The patient does not need to wear a mask. Health care workers do not need PPE.

ISOLATION

Separation of ill persons who have a communicable disease (confirmed or suspected) from those who are healthy. People who have different communicable diseases (e.g., one



COVID-19: Interim Guidance for Health Care and Public Health Providers

patient with COVID-19 and one with influenza), or who may have different diseases should not be isolated together. Isolation setting depends on the type of transmission-based precautions that are in effect. For airborne precautions, an airborne infection isolation room (AIIR) is the ideal setting; a private room with a solid, closed door is an alternative. Precautionary signs and PPE appropriate to the level of precautions should be placed outside the door to the isolation room.

QUARANTINE

The separation and restriction of movement of well persons who may have been exposed to a communicable disease. Quarantine facilitates the prompt identification of new cases and helps limit the spread of disease by preventing new people from becoming exposed. In CDCR, patients who are quarantined are not confined to quarters, but they do not go to work or other programs. They may go to chow as a group and go to the yard as a group, but not mix with others who are not quarantined.

MEDICAL HOLD

Prohibition of the transfer of a patient to another facility except for legal or medical necessity. In CDCR, medical holds are employed for both isolation and quarantine.

REPORTING

- When a patient with fever and respiratory symptoms is identified, institutional processes for notification to the Public Health Nurse (PHN) and/or PHN alternate must be established for ongoing surveillance and reporting. The PHN and/or PHN alternate is responsible for reporting of respiratory illness and outbreaks.
- Laboratory confirmed COVID-19 cases and suspect cases of COVID-19 shall immediately be reported to the PHN or PHN alternate.
- Confirmed COVID-19 cases should be immediately reported to the Local Health Department (LHD). Outbreaks of COVID-19 should also be immediately reported to the LHD. Follow usual guidelines for reporting influenza to the LHD. The LHD is responsible for reporting to CDPH.
- During the COVID-19 pandemic:
 - Notify CCHCS Public Health Branch (PHB) immediately at CDCRCCHCSPublicHealthBranch@cdcr.ca.gov if there are significant developments at the institution (e.g., first time the institution is monitoring one or more contacts, first confirmed case at the institution, first COVID-19 contact investigation at the institution.)
 - The following require same-day reporting to the COVID-19 SharePoint: https://cdcr.sharepoint.com/sites/cchcs_ms_phos
 - **All new suspected and confirmed COVID-19 cases.**
 - **All new COVID-19 contacts.**



COVID-19: Interim Guidance for Health Care and Public Health Providers

- For previously reported cases: new lab results, new symptoms, new hospitalizations, transfers between institutions, discharges/paroles, releases from isolation, deaths.
- For previously reported contacts: new exposures, transfers between institutions, discharges/paroles, releases from quarantine.
- Single or hospitalized cases of COVID-19, outbreaks of ILI, and influenza should be reported to the PHB via the Public Health Outbreak Response System (PhORS) <http://pors/>. Single cases of lab-confirmed influenza and single cases of ILI that result in hospitalization or death should be reported to PhORS.

INFECTIOUSNESS OF PATIENTS BY CASE TYPE

A patient with a confirmed or suspected case of COVID-19 is considered to be infectious from the time of symptom onset until symptoms resolve AND they are cleared by the local health department for release from isolation. See [Criteria for Release from Isolation](#) section of this document.

A patient with a confirmed or suspected case of influenza is considered infectious for seven days after the onset of symptoms or for 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.

An asymptomatic contact is not considered to be infectious.

PRECAUTIONS

Standard, contact, and airborne precautions, plus eye protection are required for any patient with suspected or confirmed COVID-19, or any asymptomatic contact to COVID-19.

For patients with confirmed influenza, **standard, contact, and droplet precautions** are required.

Standard precautions are sufficient for the patient who is a contact of a contact.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Gloves

- Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

Gowns

- Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for

waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use.

Respiratory Protection for Airborne Precautions

- Use respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering face piece respirator before entry into the patient room or care area.
- Disposable respirators (e.g., N95s) should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator. In cases of N95 respirator shortage, extended N95 use may be implemented per CDC and National Institute for Occupational Safety and Health (NIOSH) parameters.
(<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>)
- If reusable respirators, such as powered air purifying respirator (PAPR) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
- Respirator use must be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) Respiratory Protection standard ([29 CFR 1910.134 Respiratory Protection](#)). Staff should be medically cleared and fit-tested if using respirators with tight-fitting face pieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Respiratory Protection for Droplet Precautions

- Staff should wear a surgical mask when entering the room or area of a patient with confirmed influenza (where COVID-19 has been ruled out). After leaving the patient's room or area staff should remove the mask, dispose of the mask in a waste container, and perform hand hygiene.

Eye Protection

- Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

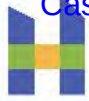
For further information on standard, contact, and airborne precautions, refer to Health Care Department Operational Manual, Chapter 3 Article 8, [Communicating Precautions from Health Care Staff to Custody Staff](#).



COVID-19: Interim Guidance for Health Care and Public Health Providers

SUMMARY TABLE OF TRANSMISSION-BASED PRECAUTIONS

Type of case or Non-Case	Isolation or Quarantine	Precautions	PPE Recommendations
Confirmed COVID-19 Case	ISOLATION (AIIR if available) alone or with other confirmed cases of COVID-19	Standard, contact, droplet, and airborne	Health Care Worker (HCW): N95 Respirator, gloves, gown, face shield or other eye protection Patient: surgical or procedure mask
Confirmed Influenza Case	ISOLATION alone or with other confirmed cases of influenza	Standard, contact, and droplet	HCW: surgical mask, gloves, gown Patient: surgical or procedure mask
Suspected Case (ILI of unknown etiology)	ISOLATION alone	Standard, contact, droplet, and airborne	HCW: N95 Respirator, gloves, gown, face shield or other eye protection Patient: surgical or procedure mask
Asymptomatic Contact to a COVID-19 Case (Non-Case)	QUARANTINE alone or with others who had the same exposure	Standard, contact, droplet, and airborne	HCW: N95 Respirator, gloves, gown, face shield or other eye protection Patient: surgical or procedure mask for transport or interactions with HCW
Asymptomatic Contact to an Influenza Case (Non-Case)	QUARANTINE alone or with others who had the same exposure	Standard, contact, and droplet	HCW: Surgical Mask, Gloves, Gown Patient: Surgical or Procedure Mask for transport
Asymptomatic Contact of a Contact (Non-Case)	NO INTERVENTION	Standard	HCW: No PPE Patient: No Mask



COVID-19: Interim Guidance for Health Care and Public Health Providers

SUMMARY FIGURE OF INTERVENTIONS



MANAGEMENT OF SUSPECTED AND CONFIRMED CASES OF COVID-19

For management of confirmed cases of influenza, see [CCHCS Seasonal Influenza Infection Prevention and Control Guidance](#)

- Immediately mask patients when COVID-19 is suspected. Surgical or procedure masks are appropriate for patients.
- Patients should be placed in AIIR as soon as possible. If AIIR is not immediately available, the patient shall be placed in a private room with the door closed. Appropriate signage indicating precautions should be visible outside the patient's room.
- Standard, contact, and airborne precautions plus eye protection should be implemented immediately ([see PPE section](#)).
- When possible, assign dedicated health care staff to provide care to suspected or confirmed cases.
- Ensure staff caring for or transporting patients with respiratory symptoms meeting criteria for COVID-19 utilize appropriate PPE: N95 respirator or PAPR, gloves, gown, and face shield or goggles.
- Limit movement of designated staff between different parts of the institution to decrease the risk of staff spreading COVID-19 to other parts of the facility.
- Patients shall only be transported for emergent medically necessary procedures or transfers, and shall wear a surgical or procedure mask during transport. Limit number of staff that have contact with suspected and/or confirmed cases.
- Assess and treat as appropriate soon-to-be released patients with suspected COVID-19 and make direct linkages to community resources to ensure proper isolation and access to medical care.



COVID-19: Interim Guidance for Health Care and Public Health Providers

MONITORING PATIENTS SUSPECTED OR CONFIRMED WITH COVID-19

- Patients with suspected COVID-19 require a minimum of twice daily nursing assessment, including, but not limited to:
 - Temperature monitoring
 - Pulse oximeter monitoring
 - Blood pressure checks
 - Lung auscultation
 - Assessing for signs and symptoms of dehydration (rapid pulse, sluggish skin turgor; dry mucous membranes, sunken eyes, confusion)
- Monitor patients for complications of COVID-19 infection, including respiratory distress and sepsis:
 - Fever and chills
 - Low body temperature
 - Rapid pulse
 - Rapid breathing
 - Labored breathing
 - Low blood pressure
 - Low oxygen saturation
 - Altered mental status or confusion

Patients with abnormal findings should be immediately referred to a provider for further evaluation.

ISOLATION

Promptly separate patients who are sick with fever and lower respiratory symptoms from well-patients. Patients with these symptoms should be isolated until they are no longer infectious and have been cleared by the health care provider.

- The preference is for isolation in a negative pressure room; second choice would be isolation in private room with a solid, closed door.
- When a negative pressure room or private, single room is not available, cohorting symptomatic patients who meet specific criteria is appropriate (see below). Groups of symptomatic patients can be cohorted in a separate area or facility away from well-patients. Possible areas to cohort patients could be an unused gym or section of a gym or chapel. When it is necessary to cohort patients in a section of a room or area with the general population of well-patients (e.g., dorm section) there should be at least 6 feet between the symptomatic patients and the well patient population. Tape can be placed on the floor to mark the isolation section with a second line of tape 6 feet away to mark the well-patient section which can provide a visual sign and alert



COVID-19: Interim Guidance for Health Care and Public Health Providers

well-employees and patients to remain outside of the isolation section unless they are wearing appropriate PPE.

- Patients with ILI of unknown etiology should be isolated alone. If they cannot be isolated alone, they should be isolated with other sick patients from the same housing unit.
- Patients with confirmed COVID-19 or influenza can safely be isolated in a cohort with other patients who have the same confirmed diagnosis.
- Correctional facilities should review their medical isolation policies, identify potential areas for isolation, and anticipate how to provide isolation when cases exceed the number of isolation rooms available.
- If possible, the isolation area should have a bathroom available for the exclusive use of the identified symptomatic patients. When there is no separate bathroom available, symptomatic patients should wear a surgical or procedure mask when outside the isolation room or area, and the bathroom should be sanitized frequently.
- A sign should be placed on the door or wall of an isolation area to alert employees and patients. All persons entering the isolation room or areas need to follow the required transmission-based precautions.
- When possible, assign dedicated health care staff to provide care to suspected or confirmed cases.
- If a patient with ILI or confirmed COVID-19 or influenza must be moved out of isolation, ensure a surgical or procedure mask is worn during transport. Staff shall wear an appropriate respirator during transport of these patients.

MEDICAL HOLD AND CONTACT INVESTIGATION

When a patient with a suspected or confirmed case of COVID-19 is identified

- The patient should be placed on a medical hold,
- A contact investigation should be conducted, and
- All patients housed in the same unit, and any other identified close contacts, should be placed on a medical hold as part of [quarantine measures](#).

RESPONSE TO AN OUTBREAK

When one or more laboratory confirmed cases of COVID-19 have been reported, surveillance should be conducted throughout the institution to identify contacts.

A standardized approach to stop COVID-19 transmission is necessary by identifying people who have been exposed to a laboratory confirmed COVID-19 case.

Containment: Stopping transmission will require halting movement of exposed patients. The goal is to keep patients who are ill or who have been exposed to someone

who is ill from mingling with patients from other areas of the prison, from food handling and duties in healthcare settings. Close as many affected buildings/units as needed to confine the outbreak. Remind patients not to share eating utensils, food or drinks. Stop large group meetings such as religious meetings and social events. Patients who are housed in the same affected building/unit may have pill line or yard time together.

Communication within the Institution: Establish a central command center to include Chief Medical Executive (CME), PHN, Chief Nurse Executive (CNE), Director of Nurses (DON), Infection Control Nurse (ICN), Warden and key custody staff. Call for an Exposure Control meeting with the Warden, CME, Facilities Captains, Department Heads and Employee Union Representatives to inform them of outbreak, symptoms of disease, number of patients affected and infection control measures.

Reporting and Notification: As soon as outbreak is suspected, contact your Statewide Public Health Nurse Consultant by telephone or email within 24 hours. Complete the Preliminary Report of Infectious Disease or Outbreak form (PORS). Report outbreak by telephone to the Local Health Department as soon as possible to assist with contact investigation, if needed. If your facility is considering halting all movement in and out of your institution, please consult with the PHB warmline at (916) 691-9901.

Tracking: For the duration of the outbreak, collect patient information systematically to ensure consistency in the data collection process. Assign back up staff for days off, to be responsible for tracking cases and reporting.

INITIAL NOTIFICATIONS

- If health care or custody staff become aware of or observe symptoms consistent with COVID-19 in a patient, staff, or visitor to the institution, they should immediately notify institutional leadership: a supervisor, manager or AOD (Administrative Officer of the Day). Institutional leadership should notify the Public Health Nurse (PHN) or PHN alternate (often the Infection Control Nurse) and the local health department.
- Institutional leadership is responsible for notifying the Office of Employee Health and Wellness (OEHW) and Return to Work Coordinator (RTWC) of the possibility of employees exposed to COVID-19.

CRITERIA FOR RELEASE FROM ISOLATION

1. Individuals with laboratory-confirmed COVID-19 who have are asymptomatic:
 - a. Discontinue isolation when at least seven days have passed since the date of their first positive COVID-19 diagnostic test and remain asymptomatic.
2. Individuals with symptomatic COVID-19 under isolation, considerations to discontinue Transmission-Based Precautions include:
 - a. Resolution of fever, without use of antipyretic medication; **AND**



COVID-19: Interim Guidance for Health Care and Public Health Providers

- b. Improvement in illness signs and symptoms; **AND**
- c. While ample testing supplies and laboratory capacity are available, negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥ 24 hours apart (total of two negative specimens).

Check for updates: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

MANAGEMENT OF ASYMPTOMATIC CONTACTS OF COVID-19

Patients with exposure to a confirmed or suspected COVID-19 case shall be placed in quarantine.

QUARANTINE

The criteria for imposing quarantine in a correctional facility will remain a dynamic process with possible re-direction and re-strategizing of disease control efforts based on recommendations from the LHD, CDPH, CCHCS PHB and Chief Medical Executive (CME). **Quarantine should be implemented for patients who are contacts to a COVID-19 case and are not ill.**

- Quarantined patients shall be placed on medical hold.
- Transport of patients in quarantine should be limited. If transport becomes necessary, assign dedicated staff to the extent possible. Patients under quarantine, and those transporting quarantined patients, must use appropriate PPE (quarantined patient should wear a surgical or procedure mask, transport staff should wear an N-95 respirator or other approved respirator).
- Quarantine does not include restricting the patient to his own cell for the duration of the quarantine without opportunity for exercise or yard time. Quarantined patients can have yard time as a group but should not mix with patients not in quarantine.
- Nursing staff must conduct twice daily surveillance on quarantined patients for the duration of the quarantine period to identify any new cases. If new case(s) are identified, the symptomatic patient must be masked and evaluated by a health care provider as soon as possible.
- Quarantined patients may be given meals in the chow hall as a group;
 - If they do not congregate with other non-quarantined patients,
 - Are the last group to get meals, and
 - The dining room can be cleaned after the meal.
 - If these parameters cannot be met in the chow hall, the patients shall be given meals in their cells.



COVID-19: Interim Guidance for Health Care and Public Health Providers

- In the event of a more severe outbreak, involving multiple suspected or confirmed cases or involving neighboring community, visitor entry and patient visits for well patients may be greatly restricted or even temporarily halted, if necessary.
- If one or more patients in quarantine develops symptoms consistent with COVID-19 infection, follow recommendations for isolation for ill patient(s). Separate the ill patients from the well quarantined patients.

PATIENT SURVEILLANCE WHILE IN QUARANTINE

Correctional nursing leadership is responsible for assigning nursing teams to conduct surveillance to identify new suspected cases. Twice daily surveillance rounds and the evaluation of well patients who have been exposed must be done in all housing units that have housed one or more patients with suspected or confirmed COVID-19.

- Surveillance Rounds must be conducted twice daily on quarantined patients.
- All quarantined patients shall be evaluated on a twice daily basis, including weekends and holidays.
- Using the electronic Surveillance Rounds form in EHRS, temperatures and any respiratory symptoms must be recorded to identify influenza-like illness (temperature > 100°F [37.8°C], cough,).
- Patients with symptoms should be promptly masked and escorted to a designated clinical area for medical follow up as soon as possible during the same day symptoms are identified, including weekends and holidays.
- Educate all patients about signs and symptoms of respiratory illness, possible complications, and the need for prompt assessment and treatment. Instruct patients to report respiratory symptoms at the first sign of illness.
- Surveillance may uncover patients in housing units with respiratory symptoms but without fever and who do not meet the case presentation for COVID-19. Consult with the treating provider and/or CME to determine if these patients should be isolated.
- Each correctional facility should ensure the PHN (or designee) is aware of any patients with ILI, and any suspected or confirmed COVID-19 cases. PHNs should be notified by phone and via the Electronic Health Record System (EHRS) Message Center.

RELEASE FROM QUARANTINE

For COVID-19, the period of quarantine is 14 days from the last date of exposure, because 14 days is the longest incubation period seen for similar coronaviruses. Someone who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others because they have not developed illness during the incubation period. **Quarantine must be extended by 14 days for every new exposure.**

Check for updates From CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#basics>

MANAGEMENT OF CONTACTS TO CONTACTS

CDC does **not** recommend testing, symptom monitoring, quarantine, or special management for people exposed to asymptomatic people who have had high-risk exposures to COVID-19, e.g., Contacts to Contacts.

STAFF AND VISITOR PRECAUTIONS AND RESTRICTIONS DURING THE PANDEMIC

See [COVID-19: Infection Control for Health Care Professionals](#)

- Correctional facilities should have signage posted at entry points in English and Spanish alerting staff and visitors that if they have fever and respiratory symptoms, they should not enter the facility.
- Visitor web sites and telephone services are updated to inform potential visitors of current restrictions and/or closures before they travel to the facility.
- Instruct staff to report fever and/or respiratory symptoms at the first sign of illness.
- Staff with respiratory symptoms should stay home (or be advised to go home if they develop symptoms while at work). Ill staff should remain at home until they are cleared by their provider to return to work.
- Advise visitors who have fever and/or respiratory symptoms to delay their visit until they are well.
- Consider temporarily suspending visitation or modifying visitation programs, when appropriate.
- Visitor signage and screening tools are available from the CCHCS PHB and can be distributed to visiting room staff.
- Initiate other social distancing procedures, if necessary (e.g., halt volunteer and contractor entrance, discourage handshaking).
- Post signage and consider population management initiatives throughout the facility encouraging vaccination for influenza.

RESPIRATORY HYGIENE AND COUGH ETIQUETTE

- Post visual alerts in high traffic areas in both English and Spanish instructing patients to report symptoms of respiratory infection to staff.



COVID-19: Interim Guidance for Health Care and Public Health Providers

- Encourage coughing patients with respiratory symptoms to practice appropriate respiratory hygiene and cough etiquette (e.g. cover your cough, sneeze into your sleeve, use a tissue when available, dispose of tissue appropriately in designated receptacles, and hand hygiene).
 - Additionally, coughing patients should not remain in common or waiting areas for extended periods of time and should wear a surgical or procedure mask and remain 6 feet from others.
- Ensure that hand hygiene and respiratory hygiene supplies are readily available.
- Encourage frequent hand hygiene.

ENVIRONMENTAL INFECTION CONTROL

- Routine cleaning and disinfection procedures should be used. Studies have confirmed the effectiveness of routine cleaning (extraordinary procedures not recommended at this time).
- After pre-cleaning surfaces to remove pathogens, rinse with water and follow with an EPA- registered disinfectant to kill coronavirus. Follow the manufacturer's labeled instructions and always follow the product's dilution ratio and contact time. (for a list of EPA- registered disinfectant products that have qualified for use against SARS-CoV-2, the novel coronavirus that causes COVID-19, go to: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)
- If an EPA-registered disinfectant is not available, use a fresh chlorine bleach solution at a 1:10 dilution.
- Focus on cleaning and disinfection of frequently touched surfaces in common areas (e.g., faucet handles, phones, countertops, bathroom surfaces).
- If bleach solutions are used, change solutions regularly and clean containers to prevent contamination.
- Special handling and cleaning of soiled linens, eating utensils and dishes is not required, but should not be shared without thorough washing.
- Linens (e.g., bed sheets and towels) should be washed by using laundry soap and tumbled dried on a hot setting. Staff should not hold laundry close to their body before washing and should wash their hands with soap and water after handling dirty laundry.
- Follow standard procedures for Waste Handling.

For further sanitation information: Communicating Precautions from Health Care Staff to Custody Staff [HCDOM, Chapter 3, Article 8 - Communicating Precautions from Health Care Staff to Custody Staff](#).

RESOURCES

For additional COVID-19 information refer to the following internal and external resources:

CCHCS: [COVID-19 Lifeline Page](#)

CDC Websites:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

REFERENCES

1. Influenza and Other Respiratory Viruses Weekly Report. California Influenza Surveillance Program.
https://www.cdph.ca.gov/programs/cid/dcdc/cdph%20document%20library/immunization/week2019-2009_finalreport.pdf
2. CDC Tests for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/about/testing.html>
3. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
4. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
5. California Department of Corrections and Rehabilitation California Correctional Health Care Services, Health Care Department Operations Manual. Chapter 3, Article 8; 3.8.8: Communication Precautions from Health Care to Custody Staff.
<http://lifeline/PolicyandAdministration/PolicyandRiskManagement/IMSPP/HCDOM/HCDOM-Ch03-art8.8.pdf>
6. Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings:
<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
7. United States Department of Labor, Occupational Safety and Health Administration
<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>
8. Public Health Outbreak Response System (PhORS) <http://phuoutbreak/>
9. Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>



COVID-19: Interim Guidance for Health Care and Public Health Providers

10. Centers for Disease Control Coronavirus Disease 2019 (COVID-19) Healthcare Professionals: Frequently Asked Questions and Answers
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
11. Centers for Disease Control Coronavirus Disease 2019 (COVID-19) Healthcare Professionals: Frequently Asked Questions and Answers About: **When can patients with confirmed COVID-19 be discharged from the hospital?**
<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#basic>
12. List N: Disinfectants for Use Against SARS-CoV-2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

APPENDIX 1: CORONAVIRUS DISEASE 2019 (COVID-19) CHECKLIST

1. RECOGNITION, REPORTING, AND DATA COLLECTION	
	a. Be on alert for patients presenting with fever or symptoms of respiratory illness.
	b. Report suspect cases to institutional leadership, local health department, and the Public Health Branch.
2. INFECTION PREVENTION AND CONTROL MEASURES	
	a. Isolate symptomatic patients immediately in airborne infection isolation room (AIIR). Implement Standard, Contact, and Airborne Precautions, plus eye protection.
	b. Educate staff & patients about outbreak. Emphasize importance of hand hygiene, respiratory etiquette, and avoiding touching eye, nose, or mouth. Post signage about the outbreak in high traffic areas.
	c. Increase available of hand hygiene supplies in housing units and throughout the facility.
	d. Separate patients identified as contacts from other patients and implement quarantine as appropriate.
	e. Increase cleaning schedule for high-traffic areas and high-touch surfaces (faucets, door handles, keys, telephones, keyboards, etc.). Ensure available cleaning supplies.
3. CARING FOR THE SICK	
	a. Implement plan for assessing ill patients. Limit number of staff providing care to ill patients, if possible.
	b. Ensure Personal Protective Equipment is available and accessible to staff caring for ill patients.
4. POSSIBLE ADMINISTRATIVE CONTROLS DURING OUTBREAKS	
	a. Institute screening for respiratory symptoms.
	b. Encourage patients to report respiratory illness.
	c. Halt patient movement between affected and unaffected units.
	d. Screen for respiratory illness in patient workers in Food Service and Health Services; exclude from work if symptomatic.
	e. Minimize self-serve foods in Food Service (e.g., eliminate salad bars).
	f. Do controlled movement by unit to chow hall (cleaning between units), or feed on the units.
	g. Temporarily discontinue group activities, e.g., recreation, chapel, activity therapy groups, education.
	h. Schedule daily status meetings involving custody and medical leadership; other stakeholders should attend as appropriate.
	i. Do controlled movement by unit to pill line, or administer medication on the units.
	j. Encourage ill staff to stay home until symptoms resolve and/or they are cleared to return to work by their provider.
	k. Post visitor notifications regarding outbreak. Advise visitors with respiratory symptoms to not enter the facility (If large outbreak, consider suspending visits).
	l. During large outbreaks, consider halting patient movement in and out (in consultation with local health department).

Exhibit 2

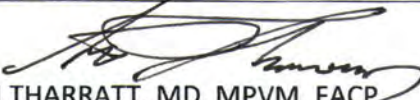


CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date: March 20, 2020

To: Wardens
Chief Executive Officers

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


CONNIE GIPSON, Director
Division Adult Institutions

Subject: COVID 19 Pandemic – Guidance Regarding Field Operations

In response to the current coronavirus disease 2019 (COVID-19) pandemic, and out of an abundance of caution, California Department of Corrections (CDCR) and California Correctional Health Care Services (CCHCS) are taking necessary precautions in an effort to reduce exposure to both inmates and staff. This memorandum replaces the one sent on March 18, 2020, and provides guidance on inmate screening, isolation, quarantine, social distancing, and essential health care services.

Screening on Entry into the Prison

Immediately upon entry, all inmates must be screened for symptoms of influenza-like illness (ILI) including COVID-19. The inmate populations that must be screened include, but are not limited to, inmates entering via reception centers, receiving and release locations, fire camps, and returning from court, a higher level of care, or an offsite specialty appointment. The screening shall include:

1. Asking the following questions.
 - a. Do you have a cough?
 - b. Do you have a fever?
 - c. Do you have difficulty breathing?
2. Measuring the patient's temperature.

MEMORANDUM

Page 2 of 4

Based on the outcome of the screening questions, temperature reading, and the nurse's clinical judgement, individuals shall be housed according to one of the three options noted below.

- 1) Isolation: Any inmate who answers "yes" to one or more of the screening questions and/or has a temperature above 100.4 must be isolated.
- 2) Quarantine: Reception center Inmates arriving from the jail who answer "no" to all of the screening questions must be quarantined for a period of 14 days.
- 3) Other Housing: *All other inmates* returning to CDCR or transferring between prisons who answer "no" to all of the screening questions may be housed as appropriate per custody and clinical protocol that does not require placing in quarantine.

Screening within the Institution

Patients with ILI symptoms including possible COVID-19 should be screened in a manner that minimizes exposures to others. Strategies to be considered include, but are not limited to, screening primarily in the housing unit clinics, separate "ILI-only" clinics, spaces made available by modified programming or, if needed, the triage and treatment area (TTA). Patients with ILI symptoms shall be isolated. Individuals exposed to patients with ILI symptoms should be quarantined.

Social Distancing

Social distancing strategies should be implemented as much as possible for all individuals; however, it is imperative that social distancing be enforced for the most vulnerable patients including, but not limited to, high risk 1, high risk 2, pregnant, and any other patient at high risk per clinical judgement.

Provide information to all individuals about why their movements may be restricted to a greater degree than others (e.g., older adults and those with serious health conditions), and consider the implications of potential stigma and social isolation. For prisons that do not have a large number of vulnerable patients, cohorting or housing these patients together should be avoided if possible. Cohorting vulnerable patients is not recommended as they are more susceptible to contracting and rapidly spreading the disease to other high-risk patients and are at high risk for developing serious complications or death related to the disease. For the most vulnerable patients delivery of meals and medications to the cell front should be considered *if feasible*.

General strategies for all individuals regardless of clinical risk will need to be tailored to the available space in the facility and the needs of the population and staff. Examples of strategies *where feasible* may include, but not be limited to:

- Maintaining a distance of six feet between individuals.

MEMORANDUM

Page 3 of 4

- Not congregating in groups of 10 or more individuals.
- Reassigning bunks to provide more space between individuals.
- Suspending group programs where participants are likely to be in close contact.
- Rearranging scheduled movements to minimize mixing of individuals from different housing areas.
- Minimizing housing assignment changes unless necessary for health care reasons and/or safety and security concerns.
- Providing meals inside the housing unit if feasible or extending meal times to reduce crowding and increase social distancing along with thoroughly disinfecting solid surfaces including but not limited to such as tables, chairs, railings, and door knobs.
- Restricting recreation yard usage to a single housing unit per yard, where feasible.

Essential Health Care Services

Hospital and Emergency Department Services

Hospital send outs should be limited to only those patients who require a higher level of care to prevent or reduce the risk of morbidity and mortality. If patients can safely receive clinically appropriate care at the prison they should not be sent out. Patients presenting with ILI symptoms that are manageable within our system capabilities should remain in our care. Symptomatic but stable patients should *not* be sent to emergency departments or community hospitals.

Specialty Services

Effective immediately, all elective procedures/surgeries shall be postponed, as well as onsite and non-essential offsite specialty medical appointments, until further notice. Use discretion in keeping only appointments that are absolutely necessary and consider telemedicine as an option as well. Examples of necessary specialty appointments include, but are not limited to, face-to-face oncology care for pre-chemotherapy planning, diagnostic colonoscopies for positive screening, and symptomatic patients that cannot wait several weeks for further evaluation and treatment. Patients who require frequent appointments outside the prison (such as daily chemo or radiation therapy or transports to an offsite Narcotic Treatment Program) may require special housing accommodations, *if feasible*, and should wear a surgical mask if possible.

Primary Care Services

Health Care 7362 requests that require a face-to face encounter should be conducted in ways that minimize patient movement and exposure to others within the facility. If possible, during

MEMORANDUM

Page 4 of 4

regular business hours, primary care teams should consider triaging patients complaining of ILI symptoms at cell front using appropriate Personal Protective Equipment (PPE). After regular business hours, 7362 screening for patients with ILI or COVID-19 symptoms shall be done at cell front by a nurse. Transport to TTA shall be reserved for patients needing urgent or emergent care. Whenever patients with ILI symptoms must be transported outside their cell, the patient shall wear a surgical mask.

Non-essential primary care appointments with providers such as preventive health screenings, routine health care 7362 referrals, some chronic care visits, and other appointments that do not pose a risk of harm if delayed several weeks should be postponed.

Medications

Medications need to be converted to "Keep on Person" (KOP) where possible. If medications must be prescribed Nurse Administered or Direct Observation Therapy (NA/DOT), the regiment should be prescribed once or twice daily if possible. In addition to administering medications cell front or bedside for the most vulnerable patients, institutions should consider other situations where cell front medications can be given depending on staffing in order to reduce movement and the congregation of more than ten persons that does not allow social distancing.

The health and safety of all individuals within the institutions is a top priority. We believe taking these steps now is in the best interest of all. Please work together at the institution to operationalize the guidance provided above.

cc: Joseph Bick, MD
Renee Kanan, MD, MPH
Barbara Barney-Knox
Regional Health Care Executives
Regional Chief Nurse Executives
Regional Deputy Medical Executives
CCHCS Deputy Directors
Kimberly Seibel
Jennifer Barretto
Associate Directors, DAI

Exhibit 3

Generated by :
MYRA.PONCE

Institution Bed Audit
Time run: 3/23/2020 9:51:11 AM

ASP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
ASP-Central Service	FIR	S FIR 1	Dorm	10	0	0	10	I	FH	10	10	0	0	100%
	INF	S INF 1	Cell	11	0	2	13	NA	OHU	11	4	9	0	36%
			Dorm	0	0	15	15	NA	OHU	0	4	11	0	
ASP-Central Service Total				21	0	17	38			21	18	20	0	86%
ASP-Facility A	110	A 110 1	270 Dorm	68	68	0	136	II	PF	102	111	25	0	163%
		A 110 2	270 Dorm	62	62	0	124	II	PF	93	102	22	0	165%
	120	A 120 1	270 Dorm	68	68	0	136	II	PF	102	110	26	0	162%
		A 120 2	270 Dorm	62	62	0	124	II	PF	93	103	21	0	166%
	130	A 130 1	Dorm	100	100	0	200	II	PF	150	153	47	0	153%
	140	A 140 1	270 Cell	50	50	0	100	II	PF	75	57	42	1	114%
		A 140 2	270 Cell	50	50	0	100	II	PF	75	55	45	0	110%
ASP-Facility A Total				460	460	0	920			690	691	228	1	150%
ASP-Facility B	210	B 210 1	270 Dorm	68	68	0	136	II	PF	102	114	22	0	168%
		B 210 2	270 Dorm	62	62	0	124	II	PF	93	93	31	0	150%
	220	B 220 1	Dorm	100	100	0	200	II	PF	150	118	82	0	118%
	230	B 230 1	270 Dorm	68	68	0	136	II	PF	102	110	26	0	162%
		B 230 2	270 Dorm	62	62	0	124	II	PF	93	91	33	0	147%
	250	B 250 1	270 Dorm	68	68	0	136	II	PF	102	108	28	0	159%
		B 250 2	270 Dorm	62	62	0	124	II	PF	93	76	48	0	123%
ASP-Facility B Total				490	490	0	980			735	710	270	0	145%
ASP-Facility C	310	C 310 1	270 Dorm	68	68	0	136	II	PF	102	103	33	0	151%
		C 310 2	270 Dorm	62	62	0	124	II	PF	93	91	33	0	147%
	320	C 320 1	Dorm	100	100	0	200	II	PF	150	124	76	0	124%
	330	C 330 1	270 Dorm	68	68	0	136	II	PF	102	105	31	0	154%
		C 330 2	270 Dorm	62	62	0	124	II	PF	93	83	41	0	134%
	350	C 350 1	270 Dorm	68	68	0	136	II	PF	102	107	29	0	157%
		C 350 2	270 Dorm	62	62	0	124	II	PF	93	88	36	0	142%
ASP-Facility C Total				490	490	0	980			735	701	279	0	143%
ASP-Facility D	410	D 410 1	270 Dorm	68	68	0	136	II	PF	102	105	31	0	154%
		D 410 2	270 Dorm	62	62	0	124	II	PF	93	95	29	0	153%
	420	D 420 1	Dorm	100	100	0	200	II	PF	150	142	58	0	142%
	430	D 430 1	270 Dorm	68	68	0	136	II	PF	102	109	27	0	160%
		D 430 2	270 Dorm	62	62	0	124	II	PF	93	90	34	0	145%
	450	D 450 1	270 Dorm	68	68	0	136	II	PF	102	112	24	0	165%
		D 450 2	270 Dorm	62	62	0	124	II	PF	93	86	38	0	139%
ASP-Facility D Total				490	490	0	980			735	739	241	0	151%
ASP-Facility E	510	E 510 1	270 Dorm	68	68	0	136	II	PF	102	114	22	0	168%
		E 510 2	270 Dorm	62	62	0	124	II	PF	93	83	41	0	134%
	520	E 520 1	Dorm	100	100	0	200	II	PF	150	137	63	0	137%
	530	E 530 1	270 Dorm	68	68	0	136	II	PF	102	114	22	0	168%
		E 530 2	270 Dorm	62	62	0	124	II	PF	93	83	41	0	134%
	550	E 550 1	270 Dorm	62	62	0	124	II	PF	93	117	7	0	189%
E 550 2		270 Dorm	62	62	0	124	II	PF	93	77	47	0	124%	
ASP-Facility E Total				484	484	0	968			726	725	243	0	150%
ASP-Facility F	610	F 610 1	270 Dorm	64	64	0	128	II	PF	96	103	25	0	161%
		F 610 2	270 Dorm	61	61	0	122	II	PF	92	77	45	0	126%
	630	F 630 1	270 Dorm	68	68	0	136	II	PF	102	95	41	0	140%
		F 630 2	270 Dorm	62	62	0	124	II	PF	93	112	12	0	181%
	640	F 640 1	Dorm	100	100	0	200	II	PF	150	137	63	0	137%
	650	F 650 1	270 Dorm	68	68	0	136	II	PF	102	89	47	0	131%
		F 650 2	270 Dorm	62	62	0	124	II	PF	93	80	44	0	129%
ASP-Facility F Total				485	485	0	970			728	693	277	0	143%
Grand Total				2920	2899	17	5836			4370	4277	1558	1	146%

Generated by :
MYRA.PONCE

CAC Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CAC-Facility A	001	A 001A1	Cell	0	0	0	0	II	GP	0	28	15	1	
		A 001A2	Cell	0	0	0	0	II	GP	0	0	44	0	
		A 001B1	Cell	0	0	0	0	II	GP	0	2	38	0	
		A 001B2	Cell	0	0	0	0	II	GP	0	0	40	0	
		A 001C1	Cell	0	0	0	0	NA	ASU	0	20	11	3	
		A 001C2	Cell	0	0	0	0	NA	ASU	0	40	2	2	
	002	A 002A1	Cell	0	0	0	0	II	GP	0	32	10	0	
		A 002A2	Cell	0	0	0	0	II	GP	0	29	15	0	
		A 002B1	Cell	0	0	0	0	II	GP	0	37	3	0	
		A 002B2	Cell	0	0	0	0	II	GP	0	38	2	0	
		A 002C1	Cell	0	0	0	0	II	GP	0	43	1	0	
		A 002C2	Cell	0	0	0	0	II	GP	0	44	0	0	
CAC-Facility A Total				0	0	0	0		0	313	181	6		
CAC-Facility B	001	B 001A1	Cell	0	0	0	0	II	GP	0	41	3	0	
		B 001A2	Cell	0	0	0	0	II	GP	0	41	3	0	
		B 001B1	Cell	0	0	0	0	II	GP	0	29	11	0	
		B 001B2	Cell	0	0	0	0	II	GP	0	32	8	0	
		B 001C1	Cell	0	0	0	0	II	GP	0	35	9	0	
		B 001C2	Cell	0	0	0	0	II	GP	0	35	9	0	
	002	B 002A1	Cell	0	0	0	0	II	GP	0	40	4	0	
		B 002A2	Cell	0	0	0	0	II	GP	0	37	7	0	
		B 002B1	Cell	0	0	0	0	II	GP	0	34	6	0	
		B 002B2	Cell	0	0	0	0	II	GP	0	37	3	0	
		B 002C1	Cell	0	0	0	0	II	GP	0	34	10	0	
		B 002C2	Cell	0	0	0	0	II	GP	0	38	6	0	
	003	B 003A1	Cell	0	0	0	0	II	GP	0	39	5	0	
		B 003A2	Cell	0	0	0	0	II	GP	0	41	3	0	
		B 003B1	Cell	0	0	0	0	II	GP	0	33	7	0	
		B 003B2	Cell	0	0	0	0	II	GP	0	35	5	0	
		B 003C1	Cell	0	0	0	0	II	GP	0	34	10	0	
		B 003C2	Cell	0	0	0	0	II	GP	0	41	1	0	
	004	B 004A1	Cell	0	0	0	0	II	GP	0	40	4	0	
		B 004A2	Cell	0	0	0	0	II	GP	0	36	8	0	
		B 004B1	Cell	0	0	0	0	II	GP	0	33	7	0	
		B 004B2	Cell	0	0	0	0	II	GP	0	32	8	0	
		B 004C1	Cell	0	0	0	0	II	GP	0	30	14	0	
		B 004C2	Cell	0	0	0	0	II	GP	0	38	6	0	
CAC-Facility B Total				0	0	0	0		0	865	157	0		
CAC-Facility C	001	C 001A1	Cell	0	0	0	0	II	GP	0	43	1	0	
		C 001A2	Cell	0	0	0	0	II	GP	0	38	6	0	
		C 001B1	Cell	0	0	0	0	II	GP	0	37	3	0	
		C 001B2	Cell	0	0	0	0	II	GP	0	36	4	0	
		C 001C1	Cell	0	0	0	0	II	GP	0	40	4	0	
		C 001C2	Cell	0	0	0	0	II	GP	0	37	5	0	
	002	C 002A1	Cell	0	0	0	0	II	GP	0	42	2	0	
		C 002A2	Cell	0	0	0	0	II	GP	0	38	6	0	
		C 002B1	Cell	0	0	0	0	II	GP	0	34	6	0	
		C 002B2	Cell	0	0	0	0	II	GP	0	39	1	0	
		C 002C1	Cell	0	0	0	0	II	GP	0	42	2	0	
		C 002C2	Cell	0	0	0	0	II	GP	0	41	3	0	
	003	C 003A1	Cell	0	0	0	0	II	GP	0	43	1	0	
		C 003A2	Cell	0	0	0	0	II	GP	0	41	1	0	
		C 003B1	Cell	0	0	0	0	II	GP	0	34	6	0	
		C 003B2	Cell	0	0	0	0	II	GP	0	36	3	1	
		C 003C1	Cell	0	0	0	0	II	GP	0	40	4	0	
		C 003C2	Cell	0	0	0	0	II	GP	0	40	4	0	
	004	C 004A1	Cell	0	0	0	0	II	GP	0	34	10	0	
		C 004A2	Cell	0	0	0	0	II	GP	0	40	4	0	
		C 004B1	Cell	0	0	0	0	II	GP	0	29	9	0	
		C 004B2	Cell	0	0	0	0	II	GP	0	29	11	0	
		C 004C1	Cell	0	0	0	0	II	GP	0	35	8	1	
		C 004C2	Cell	0	0	0	0	II	GP	0	32	12	0	
CAC-Facility C Total				0	0	0	0		0	900	116	2		
Grand Total				0	0	0	0		0	2078	454	8		

Generated by :
MYRA.PONCE

CAL Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CAL-AD SEG	001	Z 001 1	Cell	100	100	0	200	NA	ASU	125	81	112	5	81%
CAL-AD SEG Total				100	100	0	200			125	81	112	5	81%
CAL-Central Service	INF	S INF 1	Cell	0	0	18	18	NA	OHU	0	8	9	0	
CAL-Central Service Total				0	0	18	18			0	8	9	0	
CAL-Facility A	001	A 001 1	270 Cell	50	50	0	100	IV	GP	75	68	28	2	136%
		A 001 2	270 Cell	50	50	0	100	IV	GP	75	77	21	0	154%
	002	A 002 1	270 Cell	50	50	0	100	IV	GP	75	73	27	0	146%
		A 002 2	270 Cell	50	50	0	100	IV	GP	75	77	22	1	154%
	003	A 003 1	270 Cell	50	50	0	100	IV	GP	75	82	17	1	164%
		A 003 2	270 Cell	50	50	0	100	IV	GP	75	82	17	1	164%
	004	A 004 1	270 Cell	50	50	0	100	IV	GP	75	53	47	0	106%
		A 004 2	270 Cell	50	50	0	100	IV	GP	75	76	21	3	152%
	005	A 005 1	270 Cell	50	50	0	100	IV	GP	75	49	50	1	98%
		A 005 2	270 Cell	50	50	0	100	IV	GP	75	73	27	0	146%
CAL-Facility A Total				500	500	0	1000			750	710	277	9	142%
CAL-Facility B	001	B 001 1	270 Cell	50	50	0	100	IV	GP	75	66	23	3	132%
		B 001 2	270 Cell	50	50	0	100	IV	GP	75	70	28	0	140%
	002	B 002 1	270 Cell	50	50	0	100	IV	GP	75	56	41	1	112%
		B 002 2	270 Cell	50	50	0	100	IV	GP	75	74	24	0	148%
	003	B 003 1	270 Cell	50	50	0	100	IV	GP	75	74	20	0	148%
		B 003 2	270 Cell	50	50	0	100	IV	GP	75	70	30	0	140%
	004	B 004 1	270 Cell	50	50	0	100	IV	GP	75	65	33	0	130%
		B 004 2	270 Cell	50	50	0	100	IV	GP	75	77	22	1	154%
	005	B 005 1	270 Cell	50	50	0	100	IV	GP	75	64	33	1	128%
		B 005 2	270 Cell	50	50	0	100	IV	GP	75	55	45	0	110%
CAL-Facility B Total				500	500	0	1000			750	671	299	6	134%
CAL-Facility C	001	C 001 1	270 Cell	50	50	0	100	III	GP	75	80	17	3	160%
		C 001 2	270 Cell	50	50	0	100	III	GP	75	45	55	0	90%
	002	C 002 1	270 Cell	50	50	0	100	III	GP	75	72	24	2	144%
		C 002 2	270 Cell	50	50	0	100	III	GP	75	88	11	1	176%
	003	C 003 1	270 Cell	50	50	0	100	III	GP	75	83	15	0	166%
		C 003 2	270 Cell	50	50	0	100	III	GP	75	81	19	0	162%
	004	C 004 1	270 Cell	50	50	0	100	III	GP	75	72	28	0	144%
		C 004 2	270 Cell	50	50	0	100	III	GP	75	74	26	0	148%
	005	C 005 1	270 Cell	50	50	0	100	III	GP	75	37	62	1	74%
		C 005 2	270 Cell	50	50	0	100	III	GP	75	4	96	0	8%
CAL-Facility C Total				500	500	0	1000			750	636	353	7	127%
CAL-Facility D	001	D 001 1	270 Cell	50	50	0	100	IV	SNY	75	81	18	1	162%
		D 001 2	270 Cell	50	50	0	100	IV	SNY	75	80	17	3	160%
	002	D 002 1	270 Cell	50	50	0	100	IV	SNY	75	79	18	3	158%
		D 002 2	270 Cell	50	50	0	100	IV	SNY	75	84	15	1	168%
	003	D 003 1	270 Cell	50	50	0	100	IV	SNY	75	83	14	3	166%
		D 003 2	270 Cell	50	50	0	100	IV	SNY	75	81	16	3	162%
	004	D 004 1	270 Cell	50	50	0	100	IV	SNY	75	87	12	1	174%
		D 004 2	270 Cell	50	50	0	100	IV	SNY	75	80	19	1	160%
	005	D 005 1	270 Cell	50	50	0	100	IV	SNY	75	83	12	5	166%
		D 005 2	270 Cell	50	50	0	100	IV	SNY	75	47	51	0	94%
CAL-Facility D Total				500	500	0	1000			750	785	192	21	157%
CAL-MSF	001	M 001 1	Dorm	100	50	0	150	I	WC	150	66	84	0	66%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	68	132	0	68%
	FIR	M FIR 1	Dorm	8	0	0	8	I	FH	8	8	0	0	100%
CAL-MSF Total				208	150	0	358			308	142	216	0	68%
Grand Total				2308	2250	18	4576			3433	3033	1458	48	131%

Generated by :
MYRA.PONCE

CCC Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CCC-CAMPS	Alder	X20001 1	Dorm	100	10	0	110	I	CMP	100	63	47	0	63%
	Antelope	X25001 1	Dorm	120	12	0	132	I	CMP	120	100	32	0	83%
	Ben Lomond	X45001 1	Dorm	100	10	0	110	I	CMP	100	81	29	0	81%
	Chamberlain Creek	X17001 1	Dorm	100	10	0	110	I	CMP	100	74	36	0	74%
	Deadwood	X23001 1	Dorm	80	8	0	88	I	CMP	80	77	11	0	96%
	Delta	X08001 1	Dorm	120	12	0	132	I	CMP	120	77	55	0	64%
	Devils Garden	X40001 1	Dorm	100	10	0	110	I	CMP	100	64	46	0	64%
	Eel River	X31001 1	Dorm	120	12	0	132	I	CMP	120	74	58	0	62%
	High Rock	X32001 1	Dorm	100	10	0	110	I	CMP	100	63	47	0	63%
	Intermountain	X22001 1	Dorm	80	8	0	88	I	CMP	80	66	22	0	83%
	Ishi	X18001 1	Dorm	100	10	0	110	I	CMP	100	70	40	0	70%
	Konocti	X27001 1	Dorm	100	10	0	110	I	CMP	100	70	40	0	70%
	Parlin Fork	X06001 1	Dorm	100	10	0	110	I	CMP	100	81	29	0	81%
	Salt Creek	X07001 1	Dorm	120	12	0	132	I	CMP	120	79	53	0	66%
	Sugar Pine	X09001 1	Dorm	120	12	0	132	I	CMP	120	83	49	0	69%
	Trinity	X03001 1	Dorm	120	12	0	132	I	CMP	120	79	53	0	66%
	Valley View	X34001 1	Dorm	120	12	0	132	I	CMP	120	76	56	0	63%
	Washington Ridge	X44001 1	Dorm	100	10	0	110	I	CMP	100	74	36	0	74%
CCC-CAMPS Total				1900	190	0	2090			1900	1351	739	0	71%
CCC-Central Service	INF	S INF 1	Cell	14	0	0	14	NA	OHU	14	4	10	0	29%
			Dorm	5	0	0	5	NA	OHU	5	4	1	0	80%
CCC-Central Service Total				19	0	0	19			19	8	11	0	42%
CCC-Facility A	001	A 001A1	Dorm	107	107	0	214	I	PF	161	90	124	0	84%
		A 001A2	Dorm	112	112	0	224	I	PF	168	163	61	0	146%
		A 001B1	Dorm	112	112	0	224	I	PF	168	152	72	0	136%
		A 001B2	Dorm	112	112	0	224	I	PF	168	189	35	0	169%
		A 001C1	Dorm	80	80	0	160	I	PF	120	126	34	0	158%
		A 001C2	Dorm	80	80	0	160	I	PF	120	129	31	0	161%
CCC-Facility A Total				603	603	0	1206			905	849	357	0	141%
CCC-Facility B	001	B 001D1	Dorm	96	96	0	192	II	PF	144	170	22	0	177%
		B 001D2	Dorm	96	96	0	192	II	PF	144	186	6	0	194%
		B 001E1	Dorm	112	112	0	224	II	PF	168	178	46	0	159%
		B 001E2	Dorm	112	112	0	224	II	PF	168	166	58	0	148%
		B 001F1	Dorm	130	20	0	150	II	PF	195	109	41	0	84%
		B 001F2	Dorm	80	80	0	160	II	PF	120	125	35	0	156%
CCC-Facility B Total				626	516	0	1142			939	934	208	0	149%
CCC-Facility C	001	C 001 1	270 Cell	50	50	0	100	III	GP	75	98	2	0	196%
		C 001 2	270 Cell	50	50	0	100	III	GP	75	98	2	0	196%
	002	C 002 1	270 Cell	50	50	0	100	III	GP	75	95	5	0	190%
		C 002 2	270 Cell	50	50	0	100	III	GP	75	98	2	0	196%
	003	C 003 1	270 Cell	50	50	0	100	III	GP	75	94	6	0	188%
		C 003 2	270 Cell	50	50	0	100	III	GP	75	87	11	2	174%
	004	C 004 1	270 Cell	50	50	0	100	NA	ASU	63	57	28	15	114%
		C 004 2	270 Cell	50	50	0	100	NA	ASU	63	44	46	10	88%
	005	C 005 1	270 Cell	50	50	0	100	III	GP	75	84	16	0	168%
		C 005 2	270 Cell	50	50	0	100	III	GP	75	98	2	0	196%
CCC-Facility C Total				500	500	0	1000			725	853	120	27	171%
CCC-MSF	077	M 077 1	Dorm	19	19	0	38	I	PF	29	0	38	0	0%
	078	M 078 1	Dorm	19	19	0	38	I	PF	29	34	4	0	179%
	079	M 079 1	Dorm	19	19	0	38	I	PF	29	17	21	0	89%
	081	M 081 1	Dorm	19	19	0	38	I	PF	29	30	8	0	158%
	082	M 082 1	Dorm	19	19	0	38	I	PF	29	34	4	0	179%
	083	M 083 1	Dorm	19	19	0	38	I	PF	29	36	2	0	189%
	084	M 084 1	Dorm	19	19	0	38	I	PF	29	33	5	0	174%
	085	M 085 1	Dorm	19	19	0	38	I	PF	29	29	9	0	153%
	086	M 086 1	Dorm	19	19	0	38	I	PF	29	31	7	0	163%
	FIR	M FIR 1	Dorm	13	4	0	17	I	FH	13	12	5	0	92%
CCC-MSF Total				184	175	0	359			270	256	103	0	139%
Grand Total				3832	1984	0	5816			4757	4251	1538	27	111%

Generated by :
MYRA.PONCE

CCI Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CCI-Central Service	FIR	S FIR 1	Dorm	8	0	0	8	I	FH	8	6	0	0	75%
CCI-Central Service Total				8	0	0	8			8	6	0	0	75%
CCI-Facility A	001	A 001A1	180 Cell	10	10	0	20	IV	SNY	15	14	3	1	140%
		A 001A2	180 Cell	10	10	0	20	IV	SNY	15	15	4	1	150%
		A 001B1	180 Cell	10	10	0	20	IV	SNY	15	14	5	1	140%
		A 001B2	180 Cell	10	10	0	20	IV	SNY	15	14	3	3	140%
		A 001C1	180 Cell	11	11	0	22	IV	SNY	17	16	5	1	145%
		A 001C2	180 Cell	11	11	0	22	IV	SNY	17	20	2	0	182%
	002	A 002A1	180 Cell	11	11	0	22	IV	SNY	17	12	8	2	109%
		A 002A2	180 Cell	11	11	0	22	IV	SNY	17	17	4	1	155%
		A 002B1	180 Cell	10	10	0	20	IV	SNY	15	15	3	2	150%
		A 002B2	180 Cell	10	10	0	20	IV	SNY	15	11	8	1	110%
		A 002C1	180 Cell	10	10	0	20	IV	SNY	15	14	6	0	140%
		A 002C2	180 Cell	10	10	0	20	IV	SNY	15	16	3	1	160%
	003	A 003A1	180 Cell	10	10	0	20	IV	SNY	15	13	6	1	130%
		A 003A2	180 Cell	10	10	0	20	IV	SNY	15	15	3	2	150%
		A 003B1	180 Cell	10	10	0	20	IV	SNY	15	15	2	3	150%
		A 003B2	180 Cell	10	10	0	20	IV	SNY	15	16	4	0	160%
		A 003C1	180 Cell	11	11	0	22	IV	SNY	17	15	7	0	136%
		A 003C2	180 Cell	11	11	0	22	IV	SNY	17	16	5	1	145%
	004	A 004A1	180 Cell	11	11	0	22	IV	SNY	17	7	15	0	64%
		A 004A2	180 Cell	11	11	0	22	IV	SNY	17	3	19	0	27%
		A 004B1	180 Cell	10	10	0	20	IV	SNY	15	12	6	2	120%
		A 004B2	180 Cell	10	10	0	20	IV	SNY	15	11	8	1	110%
		A 004C1	180 Cell	10	10	0	20	IV	SNY	15	7	12	1	70%
		A 004C2	180 Cell	10	10	0	20	IV	SNY	15	5	15	0	50%
	005	A 005A1	180 Cell	10	10	0	20	IV	SNY	15	19	1	0	190%
		A 005A2	180 Cell	10	10	0	20	IV	SNY	15	19	1	0	190%
		A 005B1	180 Cell	10	10	0	20	IV	SNY	15	11	3	6	110%
		A 005B2	180 Cell	10	10	0	20	IV	SNY	15	12	3	5	120%
		A 005C1	180 Cell	11	11	0	22	IV	SNY	17	19	3	0	173%
		A 005C2	180 Cell	11	11	0	22	IV	SNY	17	16	6	0	145%
	006	A 006A1	180 Cell	11	11	0	22	IV	SNY	17	14	5	3	127%
		A 006A2	180 Cell	11	11	0	22	IV	SNY	17	18	2	2	164%
		A 006B1	180 Cell	10	10	0	20	IV	SNY	15	10	4	0	100%
		A 006B2	180 Cell	10	10	0	20	IV	SNY	15	14	5	1	140%
		A 006C1	180 Cell	11	11	0	22	IV	SNY	17	13	7	0	118%
		A 006C2	180 Cell	11	11	0	22	IV	SNY	17	13	4	3	118%
	007	A 007A1	180 Cell	11	11	0	22	IV	SNY	17	18	2	2	164%
		A 007A2	180 Cell	11	11	0	22	IV	SNY	17	15	4	1	136%
		A 007B1	180 Cell	12	8	0	20	IV	SNY	18	10	4	1	83%
		A 007B2	180 Cell	10	10	0	20	IV	SNY	15	17	1	2	170%
		A 007C1	180 Cell	11	11	0	22	IV	SNY	17	14	6	2	127%
		A 007C2	180 Cell	11	11	0	22	IV	SNY	17	14	4	0	127%
	008	A 008A1	180 Cell	11	11	0	22	IV	SNY	17	17	3	2	155%
		A 008A2	180 Cell	11	11	0	22	IV	SNY	17	17	3	2	155%
		A 008B1	180 Cell	10	10	0	20	IV	SNY	15	6	12	2	60%
		A 008B2	180 Cell	10	10	0	20	IV	SNY	15	13	4	3	130%
		A 008C1	180 Cell	10	10	0	20	IV	SNY	15	16	3	1	160%
		A 008C2	180 Cell	10	10	0	20	IV	SNY	15	11	7	2	110%
CCI-Facility A Total				502	498	0	1000			753	659	253	65	131%
CCI-Facility B	001	B 001A1	180 Cell	10	10	0	20	IV	SNY	15	16	2	0	160%
		B 001A2	180 Cell	10	10	0	20	IV	SNY	15	14	1	5	140%
		B 001B1	180 Cell	10	10	0	20	IV	SNY	15	16	1	3	160%
		B 001B2	180 Cell	10	10	0	20	IV	SNY	15	16	0	2	160%
		B 001C1	180 Cell	11	11	0	22	IV	SNY	17	17	2	3	155%
		B 001C2	180 Cell	11	11	0	22	IV	SNY	17	17	2	3	155%
	002	B 002A1	180 Cell	13	9	0	22	IV	SNY	20	14	2	2	108%
		B 002A2	180 Cell	11	11	0	22	IV	SNY	17	20	2	0	182%
		B 002B1	180 Cell	10	10	0	20	IV	SNY	15	14	0	4	140%
		B 002B2	180 Cell	10	10	0	20	IV	SNY	15	18	2	0	180%
		B 002C1	180 Cell	10	10	0	20	IV	SNY	15	14	3	3	140%
		B 002C2	180 Cell	10	10	0	20	IV	SNY	15	17	1	2	170%
	003	B 003A1	180 Cell	11	9	0	20	IV	SNY	17	12	5	1	109%
		B 003A2	180 Cell	10	10	0	20	IV	SNY	15	16	3	1	160%
		B 003B1	180 Cell	10	10	0	20	IV	SNY	15	14	4	2	140%
		B 003B2	180 Cell	10	10	0	20	IV	SNY	15	14	2	4	140%
		B 003C1	180 Cell	11	11	0	22	IV	SNY	17	17	4	1	155%
		B 003C2	180 Cell	11	11	0	22	IV	SNY	17	21	1	0	191%
	004	B 004A1	180 Cell	11	11	0	22	IV	SNY	17	19	0	3	173%
		B 004A2	180 Cell	11	11	0	22	IV	SNY	17	16	1	5	145%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CCI-Facility B	004	B 004B1	180 Cell	10	10	0	20	IV	SNY	15	15	2	3	150%
		B 004B2	180 Cell	10	10	0	20	IV	SNY	15	12	3	3	120%
		B 004C1	180 Cell	10	10	0	20	IV	SNY	15	15	2	1	150%
		B 004C2	180 Cell	10	10	0	20	IV	SNY	15	12	5	1	120%
	005	B 005A1	180 Cell	10	10	0	20	IV	SNY	15	19	1	0	190%
		B 005A2	180 Cell	10	10	0	20	IV	SNY	15	15	3	2	150%
		B 005B1	180 Cell	10	10	0	20	IV	SNY	15	18	2	0	180%
		B 005B2	180 Cell	10	10	0	20	IV	SNY	15	17	1	2	170%
		B 005C1	180 Cell	11	11	0	22	IV	SNY	17	15	2	3	136%
		B 005C2	180 Cell	11	11	0	22	IV	SNY	17	15	3	3	136%
	006	B 006A1	180 Cell	11	11	0	22	IV	SNY	17	18	3	1	164%
		B 006A2	180 Cell	11	11	0	22	IV	SNY	17	16	1	1	145%
		B 006B1	180 Cell	10	10	0	20	IV	SNY	15	19	0	1	190%
		B 006B2	180 Cell	10	10	0	20	IV	SNY	15	18	2	0	180%
		B 006C1	180 Cell	11	11	0	22	IV	SNY	17	12	7	3	109%
		B 006C2	180 Cell	11	11	0	22	IV	SNY	17	11	7	2	100%
	007	B 007A1	180 Cell	11	11	0	22	IV	SNY	17	7	15	0	64%
		B 007A2	180 Cell	11	11	0	22	IV	SNY	17	0	22	0	0%
		B 007B1	180 Cell	10	10	0	20	IV	SNY	15	15	4	1	150%
		B 007B2	180 Cell	10	10	0	20	IV	SNY	15	9	11	0	90%
		B 007C1	180 Cell	11	11	0	22	IV	SNY	17	11	11	0	100%
		B 007C2	180 Cell	11	11	0	22	IV	SNY	17	9	12	1	82%
	008	B 008A1	180 Cell	11	11	0	22	NA	ASU	14	13	8	1	118%
		B 008A2	180 Cell	11	11	0	22	NA	ASU	14	17	2	3	155%
		B 008B1	180 Cell	10	10	0	20	NA	ASU	13	7	13	0	70%
		B 008B2	180 Cell	10	10	0	20	NA	ASU	13	14	4	2	140%
		B 008C1	180 Cell	10	10	0	20	NA	ASU	13	15	2	3	150%
		B 008C2	180 Cell	10	10	0	20	NA	ASU	13	15	5	0	150%
	INF	B INF 1	Cell	16	0	0	16	NA	OHU	16	0	0	0	0%
CCI-Facility B Total				519	497	0	1016			755	701	191	81	135%
CCI-Facility C	001	C 001 1	270 Cell	50	50	0	100	III	SNY	75	66	32	0	132%
		C 001 2	270 Cell	50	50	0	100	III	SNY	75	51	30	3	102%
	002	C 002 1	270 Cell	50	50	0	100	III	SNY	75	57	35	6	114%
		C 002 2	270 Cell	50	50	0	100	III	SNY	75	65	32	2	130%
	003	C 003 1	270 Cell	50	50	0	100	III	SNY	75	61	38	1	122%
		C 003 2	270 Cell	50	50	0	100	III	SNY	75	53	44	1	106%
	004	C 004 1	270 Cell	50	50	0	100	III	SNY	75	64	34	2	128%
		C 004 2	270 Cell	50	50	0	100	III	SNY	75	55	40	5	110%
005	C 005 1	270 Cell	50	50	0	100	III	SNY	75	69	25	2	138%	
	C 005 2	270 Cell	50	50	0	100	III	SNY	75	46	51	1	92%	
CCI-Facility C Total				500	500	0	1000			750	587	361	23	117%
CCI-Facility D	DORM 1	D 00111	Dorm	83	83	0	166	II	PF	125	137	29	0	165%
	DORM 2	D 00121	Dorm	83	83	0	166	II	PF	125	126	40	0	152%
	DORM 3	D 00132	Dorm	80	80	0	160	II	PF	120	134	26	0	168%
	DORM 4	D 00142	Dorm	80	80	0	160	II	PF	120	127	33	0	159%
	DORM 5	D 00251	Dorm	83	83	0	166	II	PF	125	122	44	0	147%
	DORM 6	D 00261	Dorm	83	83	0	166	II	PF	125	135	31	0	163%
	DORM 7	D 00272	Dorm	80	80	0	160	II	PF	120	133	27	0	166%
	DORM 8	D 00282	Dorm	81	80	0	161	II	PF	122	130	31	0	160%
CCI-Facility D Total				653	652	0	1305			980	1044	261	0	160%
CCI-Facility E	Briggs Hall	E BH 1	Dorm	136	63	0	199	I	PF	204	138	61	0	101%
	Clark Hall	E CHL 1	Dorm	83	83	0	166	I	PF	125	105	61	0	127%
		E CHU 2	Dorm	83	83	0	166	I	PF	125	102	64	0	123%
	Davis Hall	E DHL 1	Dorm	27	23	0	50	I	PF	41	47	3	0	174%
		E DHU 2	Dorm	22	22	0	44	I	PF	33	37	7	0	168%
	Rex Deal	E RD 1	Dorm	52	52	0	104	I	PF	78	79	25	0	152%
	Van Weston	E VWL 1	Dorm	51	51	0	102	I	PF	77	12	90	0	24%
		E VWU 2	Dorm	59	57	0	116	I	PF	89	84	32	0	142%
	Willard Hall	E WHL 1	Dorm	33	30	0	63	I	PF	50	56	7	0	170%
E WHU 2		Dorm	21	21	0	42	I	PF	32	29	13	0	138%	
CCI-Facility E Total				567	485	0	1052			851	689	363	0	122%
Grand Total				2749	2632	0	5381			4096	3686	1429	169	134%

Generated by :
MYRA.PONCE

CCWF Female Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CCWF-Central Service	FIR	S FIR 1	Dorm	10	0	0	10	I	FH	10	6	4	0	60%
	INF	S INF 1	Cell	2	0	24	26	NA	CTC	2	21	5	0	1050%
				12	0	0	12		MCB	12	7	5	0	58%
CCWF-Central Service Total				24	0	24	48			24	34	14	0	142%
CCWF-Facility A	501	A 501 1	Dorm	127	127	0	254	NA	RC	191	234	20	0	184%
	502	A 502 1	Dorm	128	128	0	256	NA	RC	192	248	8	0	194%
	503	A 503 1	270 Cell	50	50	0	100	NA	RC	75	66	30	4	132%
		A 503 2	270 Cell	50	50	0	100	NA	RC	75	63	37	0	126%
	504	A 504 1	270 Cell	31	31	0	62	NA	ASU	39	40	22	0	129%
				19	19	0	38		DR	19	18	20	0	95%
		A 504 2	270 Cell	45	45	0	90	NA	ASU	56	42	47	1	93%
				5	5	0	10		DR	5	5	5	0	100%
CCWF-Facility A Total				455	455	0	910			652	716	189	5	157%
CCWF-Facility B	505	B 505 1	Dorm	119	119	0	238	NA	GP	179	56	181	0	47%
	506	B 506 1	Dorm	128	128	0	256	NA	GP	192	160	96	0	125%
	507	B 507 1	Dorm	128	128	0	256	NA	GP	192	211	45	0	165%
	508	B 508 1	Dorm	78	42	0	120	NA	EOP	117	68	52	0	87%
				48	48	0	96		GP	72	43	53	0	90%
CCWF-Facility B Total				501	465	0	966			752	538	427	0	107%
CCWF-Facility C	509	C 509 1	Dorm	128	128	0	256	NA	GP	192	174	82	0	136%
	510	C 510 1	Dorm	128	128	0	256	NA	GP	192	219	37	0	171%
	511	C 511 1	Dorm	128	128	0	256	NA	GP	192	210	46	0	164%
	512	C 512 1	Dorm	128	128	0	256	NA	GP	192	155	101	0	121%
CCWF-Facility C Total				512	512	0	1024			768	758	266	0	148%
CCWF-Facility D	513	D 513 1	Dorm	128	128	0	256	NA	GP	192	210	46	0	164%
	514	D 514 1	Dorm	128	128	0	256	NA	GP	192	216	40	0	169%
	515	D 515 1	Dorm	128	128	0	256	NA	GP	192	206	50	0	161%
	516	D 516 1	Dorm	128	128	0	256	NA	GP	192	119	137	0	93%
CCWF-Facility D Total				512	512	0	1024			768	751	273	0	147%
Grand Total				2004	1944	24	3972			2963	2797	1169	5	140%

Generated by :
MYRA.PONCE

CEN Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CEN-AD SEG	001	Z 001 1	Cell	100	100	0	200	NA	ASU	125	104	86	10	104%
CEN-AD SEG Total				100	100	0	200			125	104	86	10	104%
CEN-Central Service	INF	S INF 1	Cell	0	0	13	13	NA	CTC	0	6	4	0	
CEN-Central Service Total				0	0	13	13			0	6	4	0	
CEN-Facility A	001	A 001 1	270 Cell	50	50	0	100	III	GP	75	92	8	0	184%
		A 001 2	270 Cell	50	50	0	100	III	GP	75	100	0	0	200%
	002	A 002 1	270 Cell	50	50	0	100	III	GP	75	94	4	2	188%
		A 002 2	270 Cell	50	50	0	100	III	GP	75	98	2	0	196%
	003	A 003 1	270 Cell	50	50	0	100	III	GP	75	93	7	0	186%
		A 003 2	270 Cell	50	50	0	100	III	GP	75	97	2	1	194%
	004	A 004 1	270 Cell	50	50	0	100	III	GP	75	93	6	1	186%
		A 004 2	270 Cell	50	50	0	100	III	GP	75	97	3	0	194%
	005	A 005 1	270 Cell	50	50	0	100	III	GP	75	4	96	0	8%
		A 005 2	270 Cell	50	50	0	100	III	GP	75	8	91	1	16%
CEN-Facility A Total				500	500	0	1000			750	776	219	5	155%
CEN-Facility B	001	B 001 1	270 Cell	50	50	0	100	IV	GP	75	91	8	1	182%
		B 001 2	270 Cell	50	50	0	100	IV	GP	75	91	4	3	182%
	002	B 002 1	270 Cell	50	50	0	100	IV	GP	75	89	11	0	178%
		B 002 2	270 Cell	50	50	0	100	IV	GP	75	95	4	1	190%
	003	B 003 1	270 Cell	50	50	0	100	IV	GP	75	88	11	1	176%
		B 003 2	270 Cell	50	50	0	100	IV	GP	75	90	9	1	180%
	004	B 004 1	270 Cell	50	50	0	100	IV	GP	75	90	10	0	180%
		B 004 2	270 Cell	50	50	0	100	IV	GP	75	95	3	2	190%
	005	B 005 1	270 Cell	50	50	0	100	IV	GP	75	69	31	0	138%
		B 005 2	270 Cell	50	50	0	100	IV	GP	75	66	34	0	132%
CEN-Facility B Total				500	500	0	1000			750	864	125	9	173%
CEN-Facility C	001	C 001 1	270 Cell	50	50	0	100	IV	GP	75	78	21	1	156%
		C 001 2	270 Cell	50	50	0	100	IV	GP	75	88	8	0	176%
	002	C 002 1	270 Cell	50	50	0	100	IV	GP	75	88	10	2	176%
		C 002 2	270 Cell	50	50	0	100	IV	GP	75	85	14	1	170%
	003	C 003 1	270 Cell	50	50	0	100	IV	GP	75	77	21	2	154%
		C 003 2	270 Cell	50	50	0	100	IV	GP	75	85	15	0	170%
	004	C 004 1	270 Cell	50	50	0	100	IV	GP	75	80	17	1	160%
		C 004 2	270 Cell	50	50	0	100	IV	GP	75	92	8	0	184%
	005	C 005 1	270 Cell	50	50	0	100	IV	GP	75	84	12	2	168%
		C 005 2	270 Cell	50	50	0	100	IV	GP	75	87	12	1	174%
CEN-Facility C Total				500	500	0	1000			750	844	138	10	169%
CEN-Facility D	001	D 001 1	270 Cell	50	50	0	100	III	SNY	75	73	26	0	146%
		D 001 2	270 Cell	50	50	0	100	III	SNY	75	72	28	0	144%
	002	D 002 1	270 Cell	50	50	0	100	III	SNY	75	73	26	1	146%
		D 002 2	270 Cell	50	50	0	100	III	SNY	75	72	28	0	144%
	003	D 003 1	270 Cell	50	50	0	100	III	SNY	75	74	24	2	148%
		D 003 2	270 Cell	50	50	0	100	III	SNY	75	71	29	0	142%
	004	D 004 1	270 Cell	50	50	0	100	III	SNY	75	80	17	3	160%
		D 004 2	270 Cell	50	50	0	100	III	SNY	75	76	23	1	152%
	005	D 005 1	270 Cell	50	50	0	100	III	SNY	75	23	77	0	46%
		D 005 2	270 Cell	50	50	0	100	III	SNY	75	25	75	0	50%
CEN-Facility D Total				500	500	0	1000			750	639	353	7	128%
CEN-MSF	001	M 001 1	Dorm	100	100	0	200	I	WC	150	73	127	0	73%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	75	125	0	75%
	FIR	M FIR 1	Dorm	8	0	0	8	I	FH	8	7	1	0	88%
CEN-MSF Total				208	200	0	408			308	155	253	0	75%
Grand Total				2308	2300	13	4621			3433	3388	1178	41	147%

Generated by :
MYRA.PONCE

CHCF Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CHCF-Facility A	Building 301	A 301A1	Cell	30	0	0	30	NA	MCB	30	25	5	0	83%
		A 301B1	Cell	30	0	0	30	NA	MCB	30	27	3	0	90%
	Building 302	A 302A1	Cell	39	0	0	39	NA	ACU	39	35	4	0	90%
		A 302B1	Cell	20	0	0	20	NA	ACU	20	16	4	0	80%
			18	0	0	18	MCB		18	13	5	0	72%	
	Building 304	A 304 1	Cell	94	0	0	94	II	PF	94	79	11	2	84%
A 304 2		Cell	100	2	0	102	II	PF	100	92	6	4	92%	
CHCF-Facility A Total				331	2	0	333			331	287	38	6	87%
CHCF-Facility B	Building 301	B 301A1	Cell	29	0	0	29	NA	ACU	29	28	1	0	97%
			1	0	0	1	ICF		1	1	0	0	100%	
		B 301B1	Cell	25	0	0	25	NA	ACU	25	24	0	0	96%
	Building 302	B 302A1	Cell	30	0	0	30	NA	ACU	30	28	2	0	93%
		B 302B1	Cell	30	0	0	30	NA	ACU	30	29	1	0	97%
	Building 303	B 303A1	Cell	30	0	0	30	NA	ICF	30	30	0	0	100%
		B 303B1	Cell	30	0	0	30	NA	ICF	30	28	1	0	93%
	Building 304	B 304A1	Cell	30	0	0	30	NA	ACU	30	30	0	0	100%
		B 304B1	Cell	30	0	0	30	NA	ICF	30	29	0	0	97%
	Building 305	B 305A1	Cell	30	0	0	30	NA	ICF	30	30	0	0	100%
		B 305B1	Cell	30	0	0	30	NA	ICF	30	28	0	0	93%
	Building 306	B 306A1	Cell	30	0	0	30	NA	ICF	30	29	1	0	97%
		B 306B1	Cell	30	0	0	30	NA	ICF	30	30	0	0	100%
	Building 307	B 307A1	Cell	30	0	0	30	NA	ICF	30	29	1	0	97%
		B 307B1	Cell	30	0	0	30	NA	ICF	30	29	1	0	97%
	Building 308	B 308A1	Cell	30	0	0	30	NA	ICF	30	28	1	0	93%
			B 308B1	Cell	22	0	0	22	NA	ACU	22	19	3	0
		8	0	0	8	ICF	8	8		0	0	100%		
CHCF-Facility B Total				475	0	0	475			475	457	12	0	96%
CHCF-Facility C	Building 301	C 301A1	Cell	6	0	0	6	NA	OHU	6	6	0	0	100%
			Dorm	44	0	0	44	NA	OHU	44	44	0	0	100%
		C 301B1	Cell	6	0	0	6	NA	OHU	6	6	0	0	100%
			Dorm	44	0	0	44	NA	OHU	44	44	0	0	100%
	Building 302	C 302A1	Cell	48	0	0	48	NA	OHU	48	48	0	0	100%
		C 302B1	Cell	48	0	0	48	NA	OHU	48	48	0	0	100%
	Building 303	C 303A1	Cell	48	0	0	48	NA	OHU	48	46	1	0	96%
		C 303B1	Cell	48	0	0	48	NA	OHU	48	46	1	0	96%
	Building 304	C 304A1	Cell	6	0	0	6	NA	OHU	6	6	0	0	100%
			Dorm	44	0	0	44	NA	OHU	44	44	0	0	100%
		C 304B1	Cell	6	0	0	6	NA	OHU	6	5	1	0	83%
			Dorm	44	0	0	44	NA	OHU	44	42	2	0	95%
	Building 305	C 305A1	Cell	6	0	0	6	NA	OHU	6	6	0	0	100%
			Dorm	44	0	0	44	NA	OHU	44	43	0	0	98%
		C 305B1	Cell	6	0	0	6	NA	OHU	6	6	0	0	100%
			Dorm	44	0	0	44	NA	OHU	44	43	0	0	98%
	Building 306	C 306A1	Cell	6	0	0	6	NA	OHU	6	6	0	0	100%
			Dorm	44	0	0	44	NA	OHU	44	44	0	0	100%
		C 306B1	Cell	6	0	0	6	NA	OHU	6	6	0	0	100%
			Dorm	44	0	0	44	NA	OHU	44	43	0	0	98%
CHCF-Facility C Total				592	0	0	592			592	582	5	0	98%
CHCF-Facility D	Building 301	D 301A1	Cell	30	0	0	30	NA	CTC	30	30	0	0	100%
		D 301B1	Cell	30	0	0	30	NA	CTC	30	30	0	0	100%
	Building 302	D 302A1	Cell	30	0	0	30	NA	CTC	30	30	0	0	100%
		D 302B1	Cell	30	0	0	30	NA	CTC	30	28	2	0	93%
	Building 303	D 303A1	Cell	30	0	0	30	NA	CTC	30	30	0	0	100%
		D 303B1	Cell	30	0	0	30	NA	CTC	30	29	0	0	97%
	Building 304	D 304A1	Cell	30	0	0	30	NA	CTC	30	27	1	0	90%
		D 304B1	Cell	30	0	0	30	NA	CTC	30	30	0	0	100%
	Building 305	D 305A1	Cell	30	0	0	30	NA	CTC	30	30	0	0	100%
		D 305B1	Cell	30	0	0	30	NA	CTC	30	28	0	0	93%
	Building 306	D 306A1	Cell	30	0	0	30	NA	CTC	30	30	0	0	100%
		D 306B1	Cell	30	0	0	30	NA	CTC	30	30	0	0	100%
Building 307	D 307A1	Cell	30	0	0	30	NA	OHU	30	27	3	0	90%	
	D 307B1	Cell	30	0	0	30	NA	OHU	30	29	1	0	97%	
CHCF-Facility D Total				420	0	0	420			420	408	7	0	97%
CHCF-Facility E	301	E 301A1	Cell	25	0	0	25	NA	ASU	25	16	9	0	64%
		E 301A2	Cell	25	0	0	25	NA	ASU	25	19	6	0	76%
		E 301B1	Cell	40	10	0	50	II	EOP	40	43	2	3	108%
		E 301B2	Cell	35	15	0	50	II	EOP	35	46	1	3	131%
		E 301C1	Cell	42	0	0	42	II	EOP	42	40	0	1	95%
		E 301C2	Cell	35	15	0	50	II	EOP	35	45	2	3	129%
		E 301D1	Cell	40	2	0	42	II	EOP	40	38	1	2	95%
		E 301D2	Cell	35	15	0	50	II	EOP	35	44	1	5	126%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CHCF-Facility E	301	E 301E1	Cell	40	8	0	48	II	EOP	40	46	1	1	115%
		E 301E2	Cell	35	15	0	50	II	EOP	35	48	1	1	137%
		E 301F1	Cell	40	8	0	48	II	EOP	40	38	9	1	95%
		E 301F2	Cell	33	17	0	50	II	EOP	33	43	1	6	130%
	302	E 302A1	Dorm	88	0	0	88	II	PF	88	87	1	0	99%
		E 302B1	Dorm	89	0	0	89	II	PF	89	80	9	0	90%
	303	E 303A1	Dorm	88	0	0	88	II	PF	88	79	9	0	90%
		E 303B1	Dorm	89	0	0	89	II	PF	89	70	6	0	79%
	304	E 304A1	Dorm	88	0	0	88	II	PF	88	85	3	0	97%
		E 304B1	Dorm	89	0	0	89	II	PF	89	84	5	0	94%
	305	E 305A1	Dorm	88	0	0	88	II	PF	88	80	8	0	91%
		E 305B1	Dorm	89	0	0	89	II	PF	89	75	14	0	84%
CHCF-Facility E Total				1133	105	0	1238			1133	1106	89	26	98%
Grand Total				2951	107	0	3058			2951	2840	151	32	96%

Generated by :
MYRA.PONCE

CIM Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CIM-Facility A	Angeles	A AH 1	Dorm	80	80	0	160	II	PF	120	145	15	0	181%
	Borrego	A BH 1	Dorm	80	80	0	160	II	PF	120	141	19	0	176%
	Cleveland	A CH 1	Dorm	80	80	0	160	II	PF	120	139	21	0	174%
	Joshua	A JH 1	Dorm	80	80	0	160	II	PF	120	129	31	0	161%
	Laguna	A LH 1	Dorm	80	80	0	160	II	PF	120	136	24	0	170%
	Mariposa	A MH 1	Dorm	80	80	0	160	II	PF	120	134	24	0	168%
	Otay	A OH 1	Dorm	80	80	0	160	II	PF	120	133	26	0	166%
	Sequoia	A SH 1	Dorm	80	80	0	160	II	PF	120	132	27	0	165%
CIM-Facility A Total				640	640	0	1280			960	1089	187	0	170%
CIM-Facility B	Birch Hall	B BH 1	Cell	50	0	0	50	NA	RC	50	23	24	1	46%
		B BH 2	Cell	52	0	0	52	NA	RC	52	32	16	0	62%
		B BH 3	Cell	52	0	0	52	NA	RC	52	36	13	0	69%
	Cypress Hall	B CH 1	Cell	34	17	0	51	NA	RC	51	38	9	0	112%
		B CH 2	Cell	34	34	0	68	NA	RC	51	40	21	1	118%
		B CH 3	Cell	34	34	0	68	NA	RC	51	58	10	0	171%
	Madrone Hall	B MH 1	Cell	34	0	0	34	NA	RC	34	18	15	0	53%
		B MH 2	Cell	34	0	0	34	NA	RC	34	30	4	0	88%
		B MH 3	Cell	34	0	0	34	NA	RC	34	33	1	0	97%
	Palm Hall	B PH 1	Cell	32	17	0	49	NA	ASU	32	19	30	0	59%
		B PH 2	Cell	34	34	0	68	NA	ASU	34	16	50	0	47%
		B PH 3	Cell	34	34	0	68	NA	ASU	34	37	28	0	109%
	Sycamore Hall	B SH 1	Cell	31	31	0	62	NA	RC	47	20	34	0	65%
		B SH 2	Cell	34	34	0	68	NA	RC	51	42	22	0	124%
		B SH 3	Cell	34	34	0	68	NA	RC	51	21	23	0	62%
CIM-Facility B Total				557	269	0	826			658	463	300	2	83%
CIM-Facility C	Alpine	C A 1	Cell	50	50	0	100	II	PF	75	93	6	1	186%
		C A 2	Cell	50	50	0	100	II	PF	75	96	4	0	192%
	Butte	C B 1	Cell	50	50	0	100	II	PF	75	92	5	2	184%
		C B 2	Cell	50	50	0	100	II	PF	75	95	3	1	190%
	Colusa	C C 1	Cell	50	50	0	100	II	PF	75	56	40	1	112%
		C C 2	Cell	50	50	0	100	II	PF	75	88	8	3	176%
	Del Norte	C DEL 1	Cell	50	50	0	100	II	PF	75	91	7	2	182%
		C DEL 2	Cell	50	50	0	100	II	PF	75	86	7	5	172%
CIM-Facility C Total				400	400	0	800			600	697	80	15	174%
CIM-Facility D	Alder	D AH 1	Dorm	100	100	0	200	I	PF	150	137	63	0	137%
	Cedar	D CH A1	Dorm	24	24	0	48	I	PF	36	26	22	0	108%
		D CH B1	Dorm	30	30	0	60	I	PF	45	41	19	0	137%
		D CH C1	Dorm	30	30	0	60	I	PF	45	41	19	0	137%
		D CH D1	Dorm	16	16	0	32	I	PF	24	20	12	0	125%
	Elm	D EH 1	Dorm	156	0	0	156	I	PF	156	156	0	0	100%
	FIR	D FIR 1	Dorm	10	0	0	10	I	FH	10	10	0	0	100%
	Infirmary	D OHU 1	Cell	34	0	0	34	NA	MCB	34	17	14	0	50%
				3	0	34	37		OHU	3	35	0	0	1167%
			Dorm	0	0	5	5	NA	OHU	0	5	0	0	
			Room	0	0	2	2	NA	OHU	0	2	0	0	
	Juniper	D JH 1	Dorm	100	100	0	200	I	PF	150	147	53	0	147%
	Magnolia	D MH 1	Dorm	100	100	0	200	I	PF	150	134	66	0	134%
	Oak	D OH D1	Dorm	1	1	0	2	I	PF	2	0	0	0	0%
	South Dorm	D SD N1	Cell	26	26	0	52	I	PF	39	29	23	0	112%
		D SD S1	Cell	26	26	0	52	I	PF	39	25	26	0	96%
	Spruce Hall	D SH 1	Dorm	100	100	0	200	I	PF	150	133	67	0	133%
	West Dorm	D WD N1	Cell	56	56	0	112	I	PF	84	1	111	0	2%
		D WD N2	Cell	56	56	0	112	I	PF	84	59	51	0	105%
		D WD S1	Cell	56	56	0	112	I	PF	84	72	40	0	129%
		D WD S2	Cell	56	56	0	112	I	PF	84	60	52	0	107%
	Willow	D WH 1	Dorm	100	100	0	200	I	PF	150	135	65	0	135%
CIM-Facility D Total				1080	877	41	1998			1519	1285	703	0	119%
Grand Total				2677	2186	41	4904			3736	3534	1270	17	132%

Generated by :
MYRA.PONCE

CIW Female Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CIW-CAMPS	001	X02001 1	Dorm	100	0	0	100	I	CMP	100	71	29	0	71%
		X13001 1	Dorm	100	0	0	100	I	CMP	100	40	60	0	40%
		X14001 1	Dorm	120	0	0	120	I	CMP	120	77	43	0	64%
CIW-CAMPS Total				320	0	0	320			320	188	132	0	59%
CIW-Central Service	INF	S INF 1	Cell	8	0	0	8	NA	CTC	8	2	4	0	25%
				10	0	0	10		MCB	10	0	0	0	0%
	Psychiatric Inpatient Program	S PIPA1	Cell	21	0	0	21	NA	PIP	21	19	2	0	90%
		S PIPB1	Cell	2	0	0	2	NA	MCB	2	0	2	0	0%
				22	0	0	22		PIP	22	16	5	0	73%
CIW-Central Service Total				63	0	0	63			63	37	13	0	59%
CIW-Facility A	Barneberg	A BAUA1	Cell	60	60	0	120	NA	GP	90	97	11	2	162%
		A BAUB1	Cell	60	60	0	120	NA	GP	90	86	28	1	143%
	Emmons	A EMUA1	Cell	60	60	0	120	NA	GP	90	109	11	0	182%
		A EMUB1	Cell	60	60	0	120	NA	GP	90	62	55	1	103%
	GP Hall	A RCU 1	Cell	110	110	0	220	NA	GP	165	202	9	1	184%
	Harrison	A HAUA1	Cell	60	60	0	120	NA	GP	90	106	6	0	177%
		A HAUB1	Cell	60	60	0	120	NA	GP	90	0	117	0	0%
	Latham	A LAUA1	Cell	60	60	0	120	NA	GP	90	104	16	0	173%
		A LAUB1	Cell	60	60	0	120	NA	GP	90	119	1	0	198%
	Miller	A MIUA1	Cell	60	60	0	120	NA	GP	90	115	4	0	192%
		A MIUB1	Cell	60	60	0	120	NA	GP	90	100	14	0	167%
	OPU	A OPU 1	Cell	14	0	0	14	NA	OHU	14	7	7	0	50%
			Dorm	2	0	0	2	NA	OHU	2	1	1	0	50%
	SHU	A SHU 1	270 Cell	33	33	0	66	NA	ASU	41	3	61	0	9%
				17	17	0	34		SHU	20	16	16	2	94%
		A SHU 2	270 Cell	33	33	0	66	NA	ASU	41	0	66	0	0%
				17	17	0	34		SHU	20	12	21	1	71%
	Support Care	A SCU 1	Cell	47	47	0	94	NA	EOP	71	60	30	4	128%
		A SCUB1	Cell	10	0	0	10	NA	ASU	10	0	8	0	0%
				10	0	0	10		PSU	10	4	5	0	40%
	WIU	A WIUA1	Cell	60	60	0	120	NA	GP	90	97	18	2	162%
		A WIUB1	Cell	60	60	0	120	NA	GP	90	106	13	0	177%
	Walker Unit	A WAU 1	Cell	2	0	17	19	NA	MCB	2	9	10	0	450%
CIW-Facility A Total				1015	977	17	2009			1477	1415	528	14	139%
Grand Total				1398	977	17	2392			1860	1640	673	14	117%

Generated by :
MYRA.PONCE

CMC Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CMC-Central Service	HOS	S HOS 1	Cell	0	0	15	15	NA	CTC	0	7	2	0	
			Dorm	0	0	22	22	NA	CTC	0	15	3	0	
CMC-Central Service Total				0	0	37	37			0	22	5	0	
CMC-Facility A	001	A 001 1	Cell	100	0	0	100	III	PF	100	77	18	0	77%
		A 001 2	Cell	100	0	0	100	III	PF	100	66	15	0	66%
		A 001 3	Cell	100	0	0	100	III	PF	100	73	0	0	73%
	002	A 002 1	Cell	100	0	0	100	III	PF	100	89	10	0	89%
		A 002 2	Cell	100	0	0	100	III	PF	100	89	8	0	89%
		A 002 3	Cell	100	0	0	100	III	PF	100	90	4	0	90%
CMC-Facility A Total				600	0	0	600			600	484	55	0	81%
CMC-Facility B	003	B 003 1	Cell	100	0	0	100	III	PF	100	58	39	0	58%
		B 003 2	Cell	100	0	0	100	III	PF	100	98	1	0	98%
		B 003 3	Cell	100	0	0	100	III	PF	100	90	9	0	90%
	004	B 004 1	Cell	97	0	0	97	NA	ASU	97	50	47	0	52%
		B 004 2	Cell	90	0	0	90	NA	ASU	90	52	34	0	58%
		B 004 3	Cell	94	0	0	94	NA	ASU	94	55	35	0	59%
CMC-Facility B Total				581	0	0	581			581	403	165	0	69%
CMC-Facility C	005	C 005 1	Cell	100	0	0	100	III	PF	100	50	29	0	50%
		C 005 2	Cell	100	0	0	100	III	PF	100	78	12	0	78%
		C 005 3	Cell	100	0	0	100	III	PF	100	85	3	0	85%
	006	C 006 1	Cell	100	0	0	100	III	PF	100	84	3	0	84%
		C 006 2	Cell	100	0	0	100	III	PF	100	65	4	0	65%
		C 006 3	Cell	100	0	0	100	III	PF	100	76	2	0	76%
CMC-Facility C Total				600	0	0	600			600	438	53	0	73%
CMC-Facility D	007	D 007 1	Cell	52	0	0	52	II	EOP	52	44	5	0	85%
			40	0	0	40	III	PF	40	0	7	0	0%	
		D 007 2	Cell	100	0	0	100	II	EOP	100	99	1	0	99%
		D 007 3	Cell	100	0	0	100	II	EOP	100	98	2	0	98%
	008	D 008 1	Cell	100	0	0	100	III	EOP	100	97	0	0	97%
		D 008 2	Cell	100	0	0	100	III	EOP	100	98	1	0	98%
		D 008 3	Cell	100	0	0	100	III	EOP	100	100	0	0	100%
CMC-Facility D Total				592	0	0	592			592	536	16	0	91%
CMC-Facility E	001	E 001 1	Dorm	45	45	0	90	II	PF	68	84	6	0	187%
	003	E 003 1	Dorm	45	20	0	65	II	PF	45	64	1	0	142%
	004	E 004 1	Dorm	45	20	0	65	II	PF	45	65	0	0	144%
	005	E 005 1	Dorm	45	45	0	90	II	PF	68	53	37	0	118%
	006	E 006 1	Dorm	45	45	0	90	II	PF	68	90	0	0	200%
	007	E 007 1	Dorm	45	20	0	65	II	PF	68	45	20	0	100%
	008	E 008 1	Dorm	45	20	0	65	II	PF	68	45	20	0	100%
	009	E 009 1	Dorm	45	45	0	90	II	PF	68	83	7	0	184%
	010	E 010 1	Dorm	45	45	0	90	II	PF	68	88	2	0	196%
CMC-Facility E Total				405	305	0	710			563	617	93	0	152%
CMC-Facility F	011	F 011 1	Dorm	45	45	0	90	II	PF	68	54	36	0	120%
	012	F 012 1	Dorm	45	21	0	66	II	PF	68	60	6	0	133%
	013	F 013 1	Dorm	45	0	0	45	II	PF	68	45	0	0	100%
	014	F 014 1	Dorm	45	45	0	90	II	PF	68	81	9	0	180%
	015	F 015 1	Dorm	45	45	0	90	II	PF	68	82	8	0	182%
	016	F 016 1	Dorm	45	45	0	90	II	PF	68	82	8	0	182%
	017	F 017 1	Dorm	45	45	0	90	II	PF	68	74	16	0	164%
	018	F 018 1	Dorm	45	21	0	66	II	PF	68	58	8	0	129%
	019	F 019 1	Dorm	45	0	0	45	II	PF	68	44	1	0	98%
	020	F 020 1	Dorm	45	45	0	90	II	PF	68	88	2	0	196%
CMC-Facility F Total				450	312	0	762			675	668	94	0	148%
CMC-Facility G	022	G 022 1	Dorm	45	4	0	49	II	PF	68	45	4	0	100%
	023	G 023 1	Dorm	45	4	0	49	II	PF	68	45	4	0	100%
	024	G 024 1	Dorm	45	45	0	90	II	PF	68	73	17	0	162%
	025	G 025 1	Dorm	45	45	0	90	II	PF	68	85	5	0	189%
	026	G 026 1	Dorm	45	45	0	90	II	PF	68	89	1	0	198%
	027	G 027 1	Dorm	45	4	0	49	II	PF	68	45	4	0	100%
	028	G 028 1	Dorm	33	1	0	34	II	PF	33	32	2	0	97%
CMC-Facility G Total				303	148	0	451			438	414	37	0	137%
CMC-Facility H	Building 001	H 001A1	Cell	25	0	0	25	NA	MCB	25	20	4	0	80%
		H 001B1	Cell	25	0	0	25	NA	MCB	25	21	3	0	84%
CMC-Facility H Total				50	0	0	50			50	41	7	0	82%
CMC-MSF	030	M 030 1	Dorm	44	44	0	88	I	WC	66	44	44	0	100%
	031	M 031 1	Dorm	44	44	0	88	I	WC	66	41	47	0	93%
	032	M 032 1	Dorm	44	44	0	88	I	WC	66	44	44	0	100%
	033	M 033 1	Dorm	33	33	0	66	I	WC	50	30	32	0	91%
	034	M 034 1	Dorm	33	33	0	66	I	WC	50	31	35	0	94%
	FIR	M FIR 1	Dorm	12	0	0	12	I	FH	12	6	6	0	50%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CMC-MSF Total				210	198	0	408			309	196	208	0	93%
Grand Total				3791	963	37	4791			4408	3819	733	0	101%

Generated by :
MYRA.PONCE

CMF Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CMF-Central Service	CTC	S CTCA1	Cell	25	0	0	25	NA	MCB	25	25	0	0	100%
		S CTCB1	Cell	25	0	0	25	NA	MCB	25	24	0	0	96%
CMF-Central Service Total				50	0	0	50			50	49	0	0	98%
CMF-Facility A	A	A A 2	Dorm	44	0	0	44	NA	ICF	44	35	9	0	80%
		A A 3	Dorm	40	0	0	40	NA	ICF	40	33	7	0	83%
	G	A G 1	Cell	16	0	0	16	NA	CTC	16	15	1	0	94%
			Dorm	11	0	0	11	NA	CTC	11	11	0	0	100%
		A G 2	Cell	16	0	0	16	NA	CTC	16	16	0	0	100%
			Dorm	12	0	0	12	NA	CTC	12	12	0	0	100%
		A G 3	Cell	17	0	0	17	NA	OHU	17	17	0	0	100%
			Dorm	30	0	0	30	NA	OHU	30	28	2	0	93%
	H	A H 1	Cell	21	0	0	21	III	PF	32	21	0	0	100%
			Dorm	22	14	0	36	III	PF	33	23	13	0	105%
		A H 2	Cell	21	21	0	42	III	PF	32	30	6	6	143%
			Dorm	30	20	0	50	III	PF	45	36	14	0	120%
		A H 3	Cell	21	21	0	42	III	PF	32	25	11	6	119%
			Dorm	30	20	0	50	III	PF	45	41	9	0	137%
	I	A I 1	Cell	37	37	0	74	III	PF	56	43	20	11	116%
			Dorm	10	2	0	12	III	PF	15	7	5	0	70%
		A I 2	Cell	38	38	0	76	III	PF	57	41	27	8	108%
			Dorm	6	0	0	6	III	PF	9	6	0	0	100%
		A I 3	Cell	38	0	0	38	NA	ASU	38	21	17	0	55%
	J	A J 1	Dorm	92	46	0	138	II	PF	138	128	9	0	139%
		A J 2	Dorm	76	38	0	114	II	PF	114	89	25	0	117%
		A J 3	Dorm	76	38	0	114	II	PF	114	104	10	0	137%
	L	A L 1	Cell	35	33	0	68	NA	ICF	35	55	13	0	157%
		A L 2	Cell	38	38	0	76	II	EOP	57	71	3	2	187%
		A L 3	Cell	37	0	0	37	II	EOP	56	37	0	0	100%
	M	A M 1	Cell	37	37	0	74	II	EOP	56	66	7	1	178%
		A M 2	Cell	38	38	0	76	II	EOP	57	72	3	0	189%
		A M 3	Cell	38	0	0	38	NA	ASU	38	30	8	0	79%
	N	A N 1	Cell	37	36	0	73	II	EOP	56	57	5	11	154%
		A N 2	Cell	38	38	0	76	II	EOP	57	71	3	2	187%
		A N 3	Cell	38	37	0	75	II	EOP	57	66	6	3	174%
	P	A P 1	Cell	32	0	0	32	NA	ACU	32	29	3	0	91%
		A P 2	Cell	36	0	0	36	NA	ACU	36	29	7	0	81%
		A P 3	Cell	30	0	0	30	NA	ICF	30	30	0	0	100%
	Q	A Q 1	Cell	29	0	0	29	NA	ACU	29	25	4	0	86%
		A Q 2	Cell	31	0	0	31	NA	ACU	31	30	1	0	97%
		A Q 3	Cell	30	0	0	30	NA	ACU	30	28	1	0	93%
	R	A R 1	Dorm	26	16	0	42	II	PF	39	40	2	0	154%
	S	A S 1	Cell	30	0	0	30	NA	ACU	30	28	2	0	93%
		A S 2	Cell	30	0	0	30	NA	ACU	30	30	0	0	100%
		A S 3	Cell	18	0	0	18	NA	ASU	18	0	18	0	0%
	T	A T 1	Cell	42	0	0	42	III	PF	63	39	3	0	93%
		A T 2	Cell	58	0	0	58	III	PF	87	56	2	0	97%
		A T 3	Cell	58	0	0	58	III	PF	87	8	50	0	14%
	U	A U 1	Cell	40	0	0	40	III	PF	60	33	6	0	83%
		A U 2	Cell	58	0	0	58	III	PF	87	46	12	0	79%
		A U 3	Cell	58	0	0	58	III	PF	87	31	27	0	53%
	V	A V 1	Cell	42	0	0	42	III	PF	63	35	7	0	83%
		A V 2	Cell	58	0	0	58	III	PF	87	44	14	0	76%
		A V 3	Cell	58	0	0	58	III	PF	87	42	16	0	72%
	W	A W 1	Cell	41	0	0	41	NA	ASU	41	39	2	0	95%
		A W 2	Cell	42	0	0	42	NA	ASU	42	30	12	0	71%
		A W 3	Cell	42	0	0	42	NA	ASU	42	0	42	0	0%
	X	A X 1	Cell	4	0	0	4	NA	HSP	4	3	1	0	75%
			Dorm	13	0	0	13	NA	HSP	13	12	1	0	92%
	Y	A Y 1	Dorm	21	21	0	42	III	PF	32	19	23	0	90%
CMF-Facility A Total				1967	589	0	2556			2598	2013	489	50	102%
CMF-Facility B	DC	B DC 1	Dorm	100	50	0	150	II	PF	150	140	10	0	140%
	DD	B DD 1	Dorm	88	62	0	150	II	PF	132	144	6	0	164%
CMF-Facility B Total				188	112	0	300			282	284	16	0	151%
CMF-Facility C	HTC	C HTCA1	Cell	16	0	0	16	NA	ICF	16	14	2	0	88%
		C HTCB1	Cell	16	0	0	16	NA	ICF	16	14	1	0	88%
		C HTCC1	Cell	16	0	0	16	NA	ICF	16	13	2	0	81%
		C HTCD1	Cell	16	0	0	16	NA	ICF	16	15	1	0	94%
CMF-Facility C Total				64	0	0	64			64	56	6	0	88%
CMF-MSF	001	M 001 1	Dorm	18	2	0	20	I	WC	21	0	20	0	0%
	002	M 002 1	Dorm	18	3	0	21	I	WC	21	20	1	0	111%
	003	M 003 1	Dorm	18	0	0	18	I	WC	21	16	2	0	89%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CMF-MSF	004	M 004 1	Dorm	18	0	0	18	I	WC	21	17	1	0	94%
	005	M 005 1	Dorm	10	11	0	21	I	WC	11	0	20	0	0%
	FIR	M FIR 1	Dorm	9	7	0	16	I	FH	9	9	7	0	100%
CMF-MSF Total				91	23	0	114			103	62	51	0	68%
Grand Total				2360	724	0	3084			3097	2464	562	50	104%

Generated by :
MYRA.PONCE

COR Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
COR-Central Service	INF	S INFA1	Cell	0	0	24	24	NA	CTC	0	23	0	0	
		S INFB1	Cell	0	0	26	26	NA	CTC	0	23	3	0	
		S INFC1	Cell	0	0	24	24	NA	MCB	0	22	2	0	
		S INFD1	Cell	0	0	14	14	NA	OHU	0	14	0	0	
COR-Central Service Total				0	0	88	88			0	82	5	0	
COR-Facility 03A	001	03A001 1	270 Cell	50	50	0	100	III	SNY	75	84	16	0	168%
		03A001 2	270 Cell	50	50	0	100	III	SNY	75	84	9	7	168%
	002	03A002 1	270 Cell	50	50	0	100	III	SNY	75	80	15	5	160%
		03A002 2	270 Cell	50	50	0	100	III	SNY	75	85	12	1	170%
	003	03A003 1	270 Cell	50	50	0	100	NA	ASU	63	34	57	9	68%
		03A003 2	270 Cell	50	50	0	100	NA	ASU	63	0	100	0	0%
	004	03A004 1	270 Cell	50	50	0	100	III	EOP	75	80	10	10	160%
		03A004 2	270 Cell	50	50	0	100	III	EOP	75	71	14	15	142%
005	03A005 1	270 Cell	50	50	0	100	III	SNY	75	71	27	2	142%	
	03A005 2	270 Cell	50	50	0	100	III	SNY	75	78	14	6	156%	
COR-Facility 03A Total				500	500	0	1000			725	667	274	55	133%
COR-Facility 03B	001	03B001 1	270 Cell	50	50	0	100	IV	EOP	75	35	54	9	70%
		03B001 2	270 Cell	50	50	0	100	IV	EOP	75	33	57	6	66%
	002	03B002 1	270 Cell	50	50	0	100	IV	SNY	75	50	45	5	100%
		03B002 2	270 Cell	50	50	0	100	IV	SNY	75	52	45	3	104%
	003	03B003 1	270 Cell	50	50	0	100	IV	SNY	75	54	41	3	108%
		03B003 2	270 Cell	50	50	0	100	IV	SNY	75	56	42	0	112%
	004	03B004 1	270 Cell	50	50	0	100	IV	SNY	75	54	41	5	108%
		03B004 2	270 Cell	50	50	0	100	IV	SNY	75	61	33	2	122%
005	03B005 1	270 Cell	50	50	0	100	IV	SNY	75	53	40	7	106%	
	03B005 2	270 Cell	50	50	0	100	IV	SNY	75	61	32	5	122%	
COR-Facility 03B Total				500	500	0	1000			750	509	430	45	102%
COR-Facility 03C	001	03C001 1	270 Cell	50	50	0	100	IV	GP	75	74	23	1	148%
		03C001 2	270 Cell	50	50	0	100	IV	GP	75	77	23	0	154%
	002	03C002 1	270 Cell	50	50	0	100	IV	GP	75	83	15	2	166%
		03C002 2	270 Cell	50	50	0	100	IV	GP	75	75	19	4	150%
	003	03C003 1	270 Cell	50	50	0	100	IV	GP	75	64	36	0	128%
		03C003 2	270 Cell	50	50	0	100	IV	GP	75	56	44	0	112%
	004	03C004 1	270 Cell	50	50	0	100	IV	GP	75	77	18	3	154%
		03C004 2	270 Cell	50	50	0	100	IV	GP	75	76	21	1	152%
005	03C005 1	270 Cell	50	50	0	100	IV	GP	75	72	24	2	144%	
	03C005 2	270 Cell	50	50	0	100	IV	GP	75	78	22	0	156%	
COR-Facility 03C Total				500	500	0	1000			750	732	245	13	146%
COR-Facility 04A	A1L	04AA1LA1	Cell	10	10	0	20	NA	LRH	12	11	7	2	110%
		04AA1LA2	Cell	10	10	0	20	NA	LRH	12	11	7	2	110%
		04AA1LB1	Cell	10	0	0	10	IV	GP	10	5	5	0	50%
		04AA1LB2	Cell	10	10	0	20	IV	GP	15	0	20	0	0%
		04AA1LC1	Cell	12	12	0	24	NA	LRH	14	11	9	2	92%
		04AA1LC2	Cell	12	12	0	24	NA	LRH	14	14	6	4	117%
	A1R	04AA1RA1	Cell	10	10	0	20	NA	LRH	12	11	7	2	110%
		04AA1RA2	Cell	10	10	0	20	NA	LRH	12	11	7	0	110%
		04AA1RB1	Cell	10	10	0	20	NA	LRH	12	12	6	2	120%
		04AA1RB2	Cell	10	10	0	20	NA	LRH	12	8	9	3	80%
		04AA1RC1	Cell	12	12	0	24	NA	LRH	14	12	7	5	100%
		04AA1RC2	Cell	12	12	0	24	NA	LRH	14	15	6	3	125%
	A2L	04AA2LA1	Cell	10	10	0	20	NA	LRH	12	11	7	2	110%
		04AA2LA2	Cell	10	10	0	20	NA	LRH	12	11	9	0	110%
		04AA2LB1	Cell	10	10	0	20	NA	LRH	12	12	6	2	120%
		04AA2LB2	Cell	10	10	0	20	NA	LRH	12	12	6	2	120%
		04AA2LC1	Cell	12	12	0	24	NA	LRH	14	14	8	2	117%
		04AA2LC2	Cell	12	12	0	24	NA	LRH	14	13	7	4	108%
	A2R	04AA2RA1	Cell	10	10	0	20	NA	SHU	12	15	4	1	150%
		04AA2RA2	Cell	10	10	0	20	NA	SHU	12	14	2	4	140%
		04AA2RB1	Cell	10	10	0	20	NA	SHU	12	13	7	0	130%
		04AA2RB2	Cell	10	10	0	20	NA	SHU	12	14	4	2	140%
		04AA2RC1	Cell	12	12	0	24	NA	THU	18	8	15	1	67%
		04AA2RC2	Cell	12	12	0	24	NA	THU	18	7	14	1	58%
	A3L	04AA3LA1	Cell	10	10	0	20	NA	DPU	15	12	6	2	120%
		04AA3LA2	Cell	10	10	0	20	NA	DPU	15	10	10	0	100%
		04AA3LB1	Cell	10	10	0	20	NA	DPU	15	10	9	1	100%
		04AA3LB2	Cell	10	10	0	20	NA	DPU	15	9	7	2	90%
04AA3LC1		Cell	12	12	0	24	NA	DPU	18	0	22	0	0%	
04AA3LC2		Cell	12	12	0	24	NA	DPU	18	0	22	0	0%	
A3R	04AA3RA1	Cell	10	10	0	20	NA	ASU	13	12	6	2	120%	
	04AA3RA2	Cell	10	10	0	20	NA	ASU	13	11	5	2	110%	
	04AA3RB1	Cell	10	10	0	20	NA	ASU	13	13	4	3	130%	

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
COR-Facility 04A	A3R	04AA3RB2	Cell	10	10	0	20	NA	ASU	13	8	11	1	80%
		04AA3RC1	Cell	12	12	0	24	NA	ASU	15	12	4	4	100%
		04AA3RC2	Cell	12	12	0	24	NA	ASU	15	6	11	3	50%
	A4L	04AA4LA1	Cell	10	10	0	20	NA	ASU	13	11	7	2	110%
		04AA4LA2	Cell	10	10	0	20	NA	ASU	13	11	6	3	110%
		04AA4LB1	Cell	10	10	0	20	NA	ASU	13	9	8	3	90%
		04AA4LB2	Cell	10	10	0	20	NA	ASU	13	9	9	2	90%
		04AA4LC1	Cell	12	12	0	24	NA	ASU	15	13	7	4	108%
		04AA4LC2	Cell	12	12	0	24	NA	ASU	15	8	16	0	67%
		04AA4RA1	Cell	10	10	0	20	NA	PHU	10	2	17	1	20%
	A4R	04AA4RA2	Cell	10	10	0	20	NA	PHU	10	5	13	2	50%
		04AA4RB1	Cell	10	10	0	20	NA	ASU	13	10	7	3	100%
		04AA4RB2	Cell	10	10	0	20	NA	ASU	13	13	5	2	130%
		04AA4RC1	Cell	12	11	0	23	NA	ASU	15	14	7	1	117%
		04AA4RC2	Cell	12	12	0	24	NA	ASU	15	16	8	0	133%
COR-Facility 04A Total				512	501	0	1013			646	489	412	89	96%
COR-Facility 04B	B2L	04BB2LA1	Cell	10	10	0	20	NA	THU	15	0	20	0	0%
		04BB2LA2	Cell	10	10	0	20	NA	THU	15	0	20	0	0%
		04BB2LB1	Cell	10	10	0	20	NA	THU	15	0	20	0	0%
		04BB2LB2	Cell	10	10	0	20	NA	THU	15	0	20	0	0%
		04BB2LC1	Cell	12	12	0	24	NA	THU	18	0	24	0	0%
		04BB2LC2	Cell	12	12	0	24	NA	THU	18	0	24	0	0%
	B2R	04BB2RA1	Cell	10	10	0	20	NA	THU	15	0	18	0	0%
		04BB2RA2	Cell	10	10	0	20	NA	THU	15	0	20	0	0%
		04BB2RB1	Cell	10	10	0	20	NA	THU	15	0	20	0	0%
		04BB2RB2	Cell	10	10	0	20	NA	THU	15	0	20	0	0%
		04BB2RC1	Cell	12	12	0	24	NA	THU	18	0	22	0	0%
		04BB2RC2	Cell	12	12	0	24	NA	THU	18	0	24	0	0%
	B3L	04BB3LA1	Cell	10	10	0	20	IV	GP	15	0	20	0	0%
		04BB3LA2	Cell	10	10	0	20	IV	GP	15	0	18	0	0%
		04BB3LB1	Cell	10	10	0	20	IV	GP	15	0	18	0	0%
		04BB3LB2	Cell	10	10	0	20	IV	GP	15	0	20	0	0%
		04BB3LC1	Cell	12	12	0	24	IV	GP	18	0	24	0	0%
		04BB3LC2	Cell	12	12	0	24	IV	GP	18	0	24	0	0%
	B4R	04BB4RA1	Cell	10	10	0	20	IV	GP	15	13	7	0	130%
		04BB4RA2	Cell	10	10	0	20	IV	GP	15	13	7	0	130%
		04BB4RB1	Cell	10	10	0	20	IV	GP	15	17	3	0	170%
		04BB4RB2	Cell	10	10	0	20	IV	GP	15	14	6	0	140%
		04BB4RC1	Cell	12	12	0	24	IV	GP	18	8	16	0	67%
		04BB4RC2	Cell	12	12	0	24	IV	GP	18	16	8	0	133%
COR-Facility 04B Total				256	256	0	512			384	81	423	0	32%
COR-MSF	003	M 003 1	Dorm	48	48	0	96	I	WC	72	16	80	0	33%
		M 003 2	Dorm	48	48	0	96	I	WC	72	41	55	0	85%
	004	M 004 1	Dorm	48	48	0	96	I	WC	72	30	66	0	63%
		M 004 2	Dorm	46	46	0	92	I	WC	69	32	60	0	70%
	005	M 005 1	Dorm	100	100	0	200	I	WC	150	50	150	0	50%
FIR	M FIR 1	Dorm	10	0	0	10	I	FH	10	5	5	0	50%	
COR-MSF Total				300	290	0	590			445	174	416	0	58%
COR-STRH	001	Z 001A1	Cell	12	12	0	24	NA	SRH	15	11	12	1	92%
		Z 001B1	Cell	12	12	0	24	NA	SRH	15	11	11	1	92%
		Z 001C1	Cell	12	12	0	24	NA	SRH	15	13	9	2	108%
		Z 001D1	Cell	12	12	0	24	NA	SRH	15	12	10	2	100%
		Z 001E1	Cell	12	12	0	24	NA	SRH	15	10	11	2	83%
		Z 001F1	Cell	14	14	0	28	NA	SRH	18	12	15	1	86%
		Z 001G1	Cell	14	14	0	28	NA	SRH	18	13	12	3	93%
		Z 001H1	Cell	12	12	0	24	NA	SRH	15	11	10	3	92%
COR-STRH Total				100	100	0	200			125	93	90	15	93%
Grand Total				2668	2647	88	5403			3825	2827	2295	217	106%

Generated by :
MYRA.PONCE

CRC Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CRC-Central Service	INF	S INF 1	Dorm	4	0	0	4	NA	OHU	4	2	2	0	50%
			Room	6	0	0	6	NA	OHU	6	4	2	0	67%
CRC-Central Service Total				10	0	0	10			10	6	4	0	60%
CRC-Facility A	101	A 101 1	Dorm	40	40	0	80	II	PF	60	80	0	0	200%
	102	A 102 2	Dorm	40	40	0	80	II	PF	60	77	3	0	193%
	103	A 103 3	Dorm	40	40	0	80	II	PF	60	79	1	0	198%
	104	A 104 3	Dorm	40	40	0	80	II	PF	60	78	2	0	195%
	105	A 105 4	Dorm	40	40	0	80	II	PF	60	80	0	0	200%
	106	A 106 5	Dorm	40	40	0	80	II	PF	60	80	0	0	200%
	107	A 107 5	Dorm	40	40	0	80	II	PF	60	80	0	0	200%
	108	A 108 5	Dorm	40	40	0	80	II	PF	60	78	2	0	195%
	109	A 109 6	Dorm	40	40	0	80	II	PF	60	80	0	0	200%
	110	A 110 6	Dorm	40	40	0	80	II	PF	60	78	2	0	195%
	111	A 111 7	Dorm	40	40	0	80	II	PF	60	79	1	0	198%
	112	A 112 7	Dorm	40	40	0	80	II	PF	60	79	1	0	198%
CRC-Facility A Total				480	480	0	960			720	948	12	0	198%
CRC-Facility B	201	B 201 1	Dorm	50	50	0	100	II	PF	75	98	2	0	196%
	202	B 202 1	Dorm	50	50	0	100	II	PF	75	98	2	0	196%
	203	B 203 1	Dorm	50	50	0	100	II	PF	75	98	2	0	196%
	204	B 204 1	Dorm	50	50	0	100	II	PF	75	99	1	0	198%
	205	B 205 1	Dorm	50	50	0	100	II	PF	75	99	1	0	198%
	206	B 206 1	Dorm	50	50	0	100	II	PF	75	95	5	0	190%
	207	B 207 1	Dorm	50	50	0	100	II	PF	75	92	8	0	184%
	208	B 208 1	Dorm	50	50	0	100	II	PF	75	97	3	0	194%
	209	B 209 1	Dorm	50	50	0	100	II	PF	75	93	7	0	186%
	210	B 210 1	Dorm	50	50	0	100	II	PF	75	95	4	0	190%
	214	B 214 1	Dorm	100	100	0	200	II	PF	150	195	4	0	195%
CRC-Facility B Total				600	600	0	1200			900	1159	39	0	193%
CRC-Facility C	302	C 302 1	Dorm	50	50	0	100	II	PF	75	100	0	0	200%
	303	C 303 1	Dorm	50	50	0	100	II	PF	75	99	1	0	198%
	304	C 304 1	Dorm	50	50	0	100	II	PF	75	97	3	0	194%
	305	C 305 1	Dorm	50	50	0	100	II	PF	75	98	2	0	196%
	306	C 306 1	Dorm	50	50	0	100	II	PF	75	95	5	0	190%
	307	C 307 1	Dorm	50	50	0	100	II	PF	75	85	15	0	170%
	308	C 308 1	Dorm	50	50	0	100	II	PF	75	50	50	0	100%
	309	C 309 1	Dorm	50	50	0	100	II	PF	75	94	6	0	188%
	310	C 310 1	Dorm	50	50	0	100	II	PF	75	98	2	0	196%
	311	C 311 1	Dorm	28	28	0	56	II	PF	42	0	0	0	0%
	312	C 312 1	Dorm	50	50	0	100	II	PF	75	99	1	0	198%
	313	C 313 1	Dorm	50	50	0	100	II	PF	75	96	4	0	192%
	314	C 314 1	Dorm	32	32	0	64	II	PF	48	61	3	0	191%
	315	C 315 1	Dorm	31	31	0	62	II	PF	47	62	0	0	200%
	FIR	C FIR 2	Dorm	9	0	0	9	I	FH	9	9	0	0	100%
CRC-Facility C Total				650	641	0	1291			971	1143	92	0	176%
CRC-Facility D	401	D 401 3	Dorm	43	43	0	86	II	PF	65	82	4	0	191%
	402	D 402 3	Dorm	50	50	0	100	II	PF	75	100	0	0	200%
	403	D 403 2	Dorm	47	47	0	94	II	PF	71	94	0	0	200%
	404	D 404 2	Dorm	50	50	0	100	II	PF	75	100	0	0	200%
	405	D 405 3	Dorm	48	48	0	96	II	PF	72	96	0	0	200%
	406	D 406 3	Dorm	42	42	0	84	II	PF	63	84	0	0	200%
	407	D 407 1	Dorm	40	40	0	80	II	PF	60	78	1	0	195%
	408	D 408 1	Dorm	40	40	0	80	II	PF	60	43	37	0	108%
	409	D 409 1	Dorm	40	40	0	80	II	PF	60	79	1	0	198%
CRC-Facility D Total				400	400	0	800			600	756	43	0	189%
Grand Total				2140	2121	0	4261			3201	4012	190	0	187%

Generated by :
MYRA.PONCE

CTF Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CTF-Facility A	Fremont	A FD 1	Dorm	100	100	0	200	II	SNY	150	92	108	0	92%
	Lassen	A LA A1	Cell	44	44	0	88	II	SNY	66	78	10	0	177%
		A LA A2	Cell	56	56	0	112	II	SNY	84	100	10	2	179%
		A LA A3	Cell	56	56	0	112	II	SNY	84	111	1	0	198%
		A LA B1	Cell	43	43	0	86	II	SNY	65	59	25	2	137%
		A LA B2	Cell	52	52	0	104	II	SNY	78	87	17	0	167%
		A LA B3	Cell	52	52	0	104	II	SNY	78	94	9	1	181%
	Ranier	A RA A1	Cell	44	44	0	88	II	SNY	66	77	11	0	175%
		A RA A2	Cell	56	56	0	112	II	SNY	84	96	12	2	171%
		A RA A3	Cell	56	56	0	112	II	SNY	84	103	9	0	184%
		A RA B1	Cell	43	43	0	86	II	SNY	65	70	16	0	163%
		A RA B2	Cell	52	52	0	104	II	SNY	78	63	25	14	121%
		A RA B3	Cell	52	52	0	104	II	SNY	78	96	6	0	185%
CTF-Facility A Total				706	706	0	1412			1059	1126	259	21	159%
CTF-Facility B	Shasta	B SH A1	Cell	43	43	0	86	II	SNY	65	70	12	4	163%
		B SH A2	Cell	55	55	0	110	II	SNY	83	86	19	5	156%
		B SH A3	Cell	55	55	0	110	II	SNY	83	102	6	0	185%
		B SH B1	Cell	42	42	0	84	II	SNY	63	79	1	0	188%
		B SH B2	Cell	51	51	0	102	II	SNY	77	98	2	0	192%
		B SH B3	Cell	51	51	0	102	II	SNY	77	101	1	0	198%
	Toro	B TD 1	Dorm	100	100	0	200	II	SNY	150	99	101	0	99%
	Whitney	B WH A1	Cell	43	43	0	86	II	SNY	65	68	10	2	158%
		B WH A2	Cell	55	55	0	110	II	SNY	83	103	6	1	187%
		B WH A3	Cell	55	55	0	110	II	SNY	83	98	9	1	178%
		B WH B1	Cell	42	42	0	84	II	SNY	63	44	32	4	105%
		B WH B2	Cell	51	51	0	102	II	SNY	77	76	13	13	149%
		B WH B3	Cell	51	51	0	102	II	SNY	77	94	7	1	184%
CTF-Facility B Total				694	694	0	1388			1041	1118	219	31	161%
CTF-Facility C	B Wing	C BW 1	Cell	37	37	0	74	II	GP	56	61	12	1	165%
		C BW 2	Cell	45	45	0	90	II	GP	68	83	3	4	184%
		C BW 3	Cell	45	45	0	90	II	GP	68	80	10	0	178%
	C Wing	C CW 1	Cell	37	37	0	74	II	GP	56	58	15	1	157%
		C CW 2	Cell	45	45	0	90	II	GP	68	78	12	0	173%
		C CW 3	Cell	45	45	0	90	II	GP	68	78	12	0	173%
	D Wing	C DW 1	Cell	37	37	0	74	II	GP	56	70	3	1	189%
		C DW 2	Cell	45	45	0	90	II	GP	68	81	5	4	180%
		C DW 3	Cell	45	45	0	90	II	GP	68	82	5	3	182%
	E Wing	C EW 1	Cell	37	37	0	74	II	GP	56	52	20	2	141%
		C EW 2	Cell	45	45	0	90	II	GP	68	72	16	2	160%
		C EW 3	Cell	45	45	0	90	II	GP	68	69	21	0	153%
	F Wing	C FW 1	Cell	53	53	0	106	II	GP	80	79	25	2	149%
		C FW 2	Cell	61	61	0	122	II	GP	92	107	12	3	175%
		C FW 3	Cell	61	61	0	122	II	GP	92	112	9	1	184%
	G Wing	C GW 1	Cell	53	53	0	106	II	GP	80	69	36	1	130%
		C GW 2	Cell	61	61	0	122	II	GP	92	95	24	3	156%
		C GW 3	Cell	61	61	0	122	II	GP	92	101	20	1	166%
	INF	C INF 2	Cell	4	0	0	4	NA	OHU	4	4	0	0	100%
			Dorm	8	0	5	13	NA	OHU	8	11	2	0	138%
	O Wing	C OW 1	Cell	48	0	0	48	NA	ASU	48	24	22	0	50%
		C OW 2	Cell	48	1	0	49	NA	ASU	48	25	19	0	52%
		C OW 3	Cell	48	2	0	50	NA	ASU	48	28	21	0	58%
	X Wing	C XW 1	Cell	39	37	0	76	II	GP	59	48	25	3	123%
		C XW 2	Cell	46	46	0	92	II	GP	69	73	18	1	159%
		C XW 3	Cell	46	46	0	92	II	GP	69	83	8	0	180%
	Y Wing	C YW 1	Cell	39	35	0	74	II	GP	59	9	56	0	23%
		C YW 2	Cell	46	46	0	92	II	GP	69	62	28	2	135%
		C YW 3	Cell	46	46	0	92	II	GP	69	86	5	1	187%
	Z Wing	C ZW 1	Cell	40	40	0	80	II	GP	60	51	25	4	127%
		C ZW 2	Cell	46	46	0	92	II	GP	69	75	17	0	163%
		C ZW 3	Cell	46	46	0	92	II	GP	69	73	19	0	159%
CTF-Facility C Total				1408	1249	5	2662			2034	2079	525	40	148%
CTF-Facility D	002	D 002 1	Dorm	100	100	0	200	I	PF	150	141	59	0	141%
	003	D 003 1	Dorm	80	80	0	160	I	PF	120	142	18	0	178%
	004	D 004 1	Dorm	80	80	0	160	I	PF	120	145	13	0	181%
	005	D 005 1	Dorm	80	80	0	160	I	PF	120	150	10	0	188%
	006	D 006 1	Dorm	80	80	0	160	I	PF	120	149	10	0	186%
	007	D 007 1	Dorm	80	80	0	160	I	PF	120	41	119	0	51%
	FIR	D FIR 1	Dorm	6	6	0	12	I	FH	6	6	6	0	100%
CTF-Facility D Total				506	506	0	1012			756	774	235	0	153%
Grand Total				3314	3155	5	6474			4890	5097	1238	92	154%

Generated by :
MYRA.PONCE

CVSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
CVSP-Facility A	001	A 001 1	270 Dorm	68	68	0	136	II	PF	102	135	1	0	199%
		A 001 2	270 Dorm	62	62	0	124	II	PF	93	122	2	0	197%
	002	A 002 1	270 Dorm	68	68	0	136	II	PF	102	124	11	0	182%
		A 002 2	270 Dorm	62	62	0	124	II	PF	93	116	8	0	187%
	003	A 003 1	270 Cell	50	50	0	100	NA	ASU	63	41	54	5	82%
		A 003 2	270 Cell	50	50	0	100	NA	ASU	63	47	48	5	94%
CVSP-Facility A Total				360	360	0	720			515	585	124	10	163%
CVSP-Facility B	003	B 003 1	270 Dorm	68	68	0	136	II	PF	102	135	1	0	199%
		B 003 2	270 Dorm	62	62	0	124	II	PF	93	111	13	0	179%
	004	B 004 1	270 Dorm	68	68	0	136	II	PF	102	135	1	0	199%
		B 004 2	270 Dorm	62	62	0	124	II	PF	93	108	16	0	174%
	005	B 005 1	270 Dorm	68	68	0	136	II	PF	102	136	0	0	200%
		B 005 2	270 Dorm	62	62	0	124	II	PF	93	114	10	0	184%
CVSP-Facility B Total				390	390	0	780			585	739	41	0	189%
CVSP-Facility C	006	C 006 1	270 Dorm	68	68	0	136	II	PF	102	131	5	0	193%
		C 006 2	270 Dorm	62	62	0	124	II	PF	93	101	23	0	163%
	007	C 007 1	270 Dorm	68	68	0	136	II	PF	102	134	2	0	197%
		C 007 2	270 Dorm	62	62	0	124	II	PF	93	113	11	0	182%
	008	C 008 1	270 Dorm	68	68	0	136	II	PF	102	135	1	0	199%
		C 008 2	270 Dorm	62	62	0	124	II	PF	93	111	13	0	179%
CVSP-Facility C Total				390	390	0	780			585	725	55	0	186%
CVSP-Facility D	009	D 009 1	270 Dorm	68	68	0	136	II	PF	102	136	0	0	200%
		D 009 2	270 Dorm	62	62	0	124	II	PF	93	110	14	0	177%
	010	D 010 1	270 Dorm	68	68	0	136	II	PF	102	136	0	0	200%
		D 010 2	270 Dorm	62	62	0	124	II	PF	93	102	22	0	165%
	011	D 011 1	270 Dorm	68	68	0	136	II	PF	102	135	0	0	199%
		D 011 2	270 Dorm	62	62	0	124	II	PF	93	106	18	0	171%
CVSP-Facility D Total				390	390	0	780			585	725	54	0	186%
CVSP-MSF	001	M 001 1	Dorm	100	100	0	200	I	WC	150	80	120	0	80%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	82	118	0	82%
	FIR	M FIR 1	Dorm	8	2	0	10	I	FH	8	10	0	0	125%
CVSP-MSF Total				208	202	0	410			308	172	238	0	83%
Grand Total				1738	1732	0	3470			2578	2946	512	10	170%

Generated by :
MYRA.PONCE

DVI Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
DVI-Central Service	INF	S INF 2	Cell	0	0	24	24	NA	OHU	0	14	10	0	
DVI-Central Service Total				0	0	24	24			0	14	10	0	
DVI-Facility A	C Wing	A C 1	Cell	40	40	0	80	II	GP	60	63	17	0	158%
		A C 2	Cell	46	46	0	92	II	GP	69	77	15	0	167%
		A C 3	Cell	46	46	0	92	II	GP	69	83	9	0	180%
	D Wing	A D 1	Cell	40	40	0	80	III	GP	60	68	12	0	170%
		A D 2	Cell	46	46	0	92	III	GP	69	85	6	1	185%
		A D 3	Cell	46	46	0	92	III	GP	69	83	8	0	180%
	E Wing	A E 1	Cell	40	40	0	80	NA	RC	60	62	17	1	155%
		A E 2	Cell	46	46	0	92	NA	RC	69	83	9	0	180%
		A E 3	Cell	46	46	0	92	NA	RC	69	65	27	0	141%
	East Hall	A EH 1	Cell	40	40	0	80	NA	RC	60	73	7	0	183%
		A EH 2	Cell	55	55	0	110	NA	RC	83	104	6	0	189%
		A EH 3	Cell	55	55	0	110	NA	RC	83	12	98	0	22%
	F Wing	A F 1	Cell	40	40	0	80	NA	RC	60	65	15	0	163%
		A F 2	Cell	46	46	0	92	NA	RC	69	84	8	0	183%
		A F 3	Cell	46	46	0	92	NA	RC	69	36	56	0	78%
	G Wing	A G 1	Cell	40	40	0	80	NA	RC	60	69	11	0	173%
		A G 2	Cell	46	46	0	92	NA	RC	69	91	1	0	198%
		A G 3	Cell	46	46	0	92	NA	RC	69	13	79	0	28%
	H Wing	A H 1	Cell	40	40	0	80	NA	RC	60	74	5	0	185%
		A H 2	Cell	46	46	0	92	NA	RC	69	87	3	2	189%
		A H 3	Cell	46	46	0	92	NA	RC	69	10	82	0	22%
	J Wing	A J 1	Cell	39	39	0	78	III	GP	59	62	14	2	159%
		A J 2	Cell	46	46	0	92	III	GP	69	88	3	1	191%
		A J 3	Cell	45	45	0	90	III	GP	68	85	5	0	189%
	K Wing	A K 1	Cell	47	0	0	47	NA	ASU	47	24	23	0	51%
		A K 2	Cell	48	0	0	48	NA	ASU	48	31	17	0	65%
		A K 3	Cell	48	0	0	48	NA	ASU	48	28	20	0	58%
	L Wing	A L 1	Cell	49	47	0	96	NA	ASU	61	57	34	5	116%
		A L 2	Cell	48	48	0	96	II	GP	72	38	57	1	79%
		A L 3	Cell	48	50	0	98	II	GP	72	72	26	0	150%
DVI-Facility A Total				1360	1217	0	2577			1956	1872	690	13	138%
DVI-MSF	004	M 004 1	Dorm	108	108	0	216	I	WC	162	81	135	0	75%
DVI-MSF Total				108	108	0	216			162	81	135	0	75%
Grand Total				1468	1325	24	2817			2118	1967	835	13	134%

Generated by :
MYRA.PONCE

FOL Female Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
FOL-Facility B	FWF-B	B 001A1	Dorm	93	29	0	122	NA	GP	122	89	33	0	96%
		B 001A2	Dorm	107	19	0	126	NA	GP	141	97	29	0	91%
		B 001B1	Dorm	99	40	0	139	NA	GP	130	112	27	0	113%
		B 001B2	Dorm	104	39	0	143	NA	GP	137	105	38	0	101%
FOL-Facility B Total				403	127	0	530			530	403	127	0	100%
Grand Total				403	127	0	530			530	403	127	0	100%

FOL Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
FOL-Facility A	001	A 001A1	Cell	32	32	0	64	II	GP	48	44	17	3	138%
		A 001A2	Cell	32	32	0	64	II	GP	48	42	22	0	131%
		A 001A3	Cell	32	32	0	64	II	GP	48	47	15	2	147%
		A 001A4	Cell	32	32	0	64	II	GP	48	42	22	0	131%
		A 001A5	Cell	32	32	0	64	II	GP	48	35	29	0	109%
		A 001B1	Cell	31	31	0	62	II	GP	47	44	17	1	142%
		A 001B2	Cell	32	32	0	64	II	GP	48	53	11	0	166%
		A 001B3	Cell	32	32	0	64	II	GP	48	46	17	1	144%
		A 001B4	Cell	31	31	0	62	II	GP	47	50	12	0	161%
		A 001B5	Cell	31	31	0	62	II	GP	47	37	24	1	119%
		A 001C1	Cell	32	32	0	64	II	GP	48	31	32	1	97%
		A 001C2	Cell	31	31	0	62	II	GP	47	51	10	1	165%
		A 001C3	Cell	31	31	0	62	II	GP	47	42	20	0	135%
		A 001C4	Cell	32	32	0	64	II	GP	48	40	24	0	125%
		A 001C5	Cell	32	32	0	64	II	GP	48	40	23	1	125%
		A 001D1	Cell	30	30	0	60	II	GP	45	50	10	0	167%
		A 001D2	Cell	32	32	0	64	II	GP	48	51	12	1	159%
		A 001D3	Cell	32	32	0	64	II	GP	48	50	13	1	156%
		A 001D4	Cell	32	32	0	64	II	GP	48	43	21	0	134%
		A 001D5	Cell	32	32	0	64	II	GP	48	38	26	0	119%
	002	A 002A1	Cell	32	30	0	62	III	GP	48	54	6	2	169%
		A 002A2	Cell	30	30	0	60	III	GP	45	57	2	1	190%
		A 002A3	Cell	31	31	0	62	III	GP	47	58	4	0	187%
		A 002A4	Cell	31	31	0	62	III	GP	47	58	4	0	187%
		A 002A5	Cell	31	31	0	62	III	GP	47	56	6	0	181%
		A 002B1	Cell	31	31	0	62	III	GP	47	61	1	0	197%
		A 002B2	Cell	31	31	0	62	III	GP	47	38	24	0	123%
		A 002B3	Cell	31	31	0	62	III	GP	47	59	3	0	190%
		A 002B4	Cell	31	31	0	62	III	GP	47	61	1	0	197%
		A 002B5	Cell	31	31	0	62	III	GP	47	61	0	1	197%
	003	A 003A1	Cell	39	39	0	78	II	GP	59	62	15	1	159%
		A 003A2	Cell	40	40	0	80	II	GP	60	63	15	2	158%
		A 003A3	Cell	40	40	0	80	II	GP	60	67	11	2	168%
		A 003A4	Cell	40	40	0	80	II	GP	60	72	8	0	180%
		A 003A5	Cell	40	40	0	80	II	GP	60	65	15	0	163%
		A 003B1	Cell	40	40	0	80	II	GP	60	61	19	0	153%
		A 003B2	Cell	40	40	0	80	II	GP	60	33	47	0	83%
		A 003B3	Cell	40	40	0	80	II	GP	60	67	12	1	168%
		A 003B4	Cell	40	40	0	80	II	GP	60	65	15	0	163%
		A 003B5	Cell	40	40	0	80	II	GP	60	65	15	0	163%
	004	A 004A1	Cell	23	0	0	23	NA	ASU	23	19	4	0	83%
		A 004A2	Cell	23	0	0	23	NA	ASU	23	23	0	0	100%
		A 004A3	Cell	23	0	0	23	NA	ASU	23	23	0	0	100%
		A 004B1	Cell	23	0	0	23	NA	ASU	23	17	6	0	74%
		A 004B2	Cell	23	0	0	23	NA	ASU	23	17	6	0	74%
		A 004B3	Cell	23	0	0	23	NA	ASU	23	23	0	0	100%
	005	A 005A1	Cell	39	39	0	78	II	GP	59	57	21	0	146%
		A 005A2	Cell	41	41	0	82	II	GP	62	60	22	0	146%
		A 005B1	Cell	39	39	0	78	II	GP	59	58	19	1	149%
		A 005B2	Cell	41	41	0	82	II	GP	62	61	21	0	149%
		A 005C1	Cell	39	39	0	78	II	GP	59	56	21	1	144%
		A 005C2	Cell	41	41	0	82	II	GP	62	68	14	0	166%
		A 005D1	Cell	40	40	0	80	II	GP	60	45	35	0	113%
		A 005D2	Cell	41	41	0	82	II	GP	62	63	19	0	154%
FOL-Facility A Total			1801	1661	0	3462			2633	2649	788	25	147%	
FOL-MSF	001	M 001 1	Dorm	18	3	0	21	I	WC	27	14	7	0	78%
	002	M 002 1	Dorm	18	3	0	21	I	WC	27	16	5	0	89%
	003	M 003 1	Dorm	18	3	0	21	I	WC	27	14	7	0	78%
	004	M 004 1	Dorm	18	3	0	21	I	WC	27	16	5	0	89%
	005	M 005 1	Dorm	18	3	0	21	I	WC	27	13	8	0	72%
	006	M 006 1	Dorm	18	3	0	21	I	WC	27	15	6	0	83%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
FOL-MSF	007	M 007 1	Dorm	27	27	0	54	I	WC	41	15	39	0	56%
	008	M 008 1	Dorm	27	27	0	54	I	WC	41	17	37	0	63%
	009	M 009 1	Dorm	34	34	0	68	I	WC	51	17	51	0	50%
	010	M 010 1	Dorm	27	27	0	54	I	WC	41	18	36	0	67%
	011	M 011 1	Dorm	27	27	0	54	I	WC	41	18	36	0	67%
	FIR	M FIR 1	Dorm	15	0	0	15	I	FH	15	10	5	0	67%
FOL-MSF Total				265	160	0	425			390	183	242	0	69%
Grand Total				2066	1821	0	3887			3023	2832	1030	25	137%

Generated by :
MYRA.PONCE

HDSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
HDSP-Central Service	INF	S INF 1	Cell	0	0	20	20	NA	CTC	0	13	7	0	
				0	0	10	10		MCB	0	7	3	0	
HDSP-Central Service Total				0	0	30	30			0	20	10	0	
HDSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	III	SNY	75	92	4	4	184%
		A 001 2	270 Cell	50	50	0	100	III	SNY	75	98	1	1	196%
	002	A 002 1	270 Cell	50	50	0	100	III	SNY	75	95	1	4	190%
		A 002 2	270 Cell	50	50	0	100	III	SNY	75	95	0	5	190%
	003	A 003 1	270 Cell	50	50	0	100	III	SNY	75	94	5	1	188%
		A 003 2	270 Cell	50	50	0	100	III	SNY	75	89	8	3	178%
	004	A 004 1	270 Cell	50	50	0	100	III	SNY	75	92	6	2	184%
		A 004 2	270 Cell	50	50	0	100	III	SNY	75	96	1	3	192%
	005	A 005 1	270 Cell	50	50	0	100	III	SNY	75	34	47	1	68%
		A 005 2	270 Cell	50	50	0	100	III	SNY	75	49	44	1	98%
HDSP-Facility A Total				500	500	0	1000			750	834	117	25	167%
HDSP-Facility B	001	B 001 1	270 Cell	50	50	0	100	IV	SNY	75	69	24	5	138%
		B 001 2	270 Cell	50	50	0	100	IV	SNY	75	82	13	1	164%
	002	B 002 1	270 Cell	50	50	0	100	IV	SNY	75	61	32	5	122%
		B 002 2	270 Cell	50	50	0	100	IV	SNY	75	83	11	6	166%
	003	B 003 1	270 Cell	50	50	0	100	IV	SNY	75	71	23	4	142%
		B 003 2	270 Cell	50	50	0	100	IV	SNY	75	77	17	4	154%
	004	B 004 1	270 Cell	50	50	0	100	IV	SNY	75	76	15	9	152%
		B 004 2	270 Cell	50	50	0	100	IV	SNY	75	75	22	3	150%
	005	B 005 1	270 Cell	50	50	0	100	IV	SNY	75	64	26	8	128%
		B 005 2	270 Cell	50	50	0	100	IV	SNY	75	73	21	4	146%
HDSP-Facility B Total				500	500	0	1000			750	731	204	49	146%
HDSP-Facility C	001	C 001 1	180 Cell	32	32	0	64	IV	GP	48	39	24	1	122%
		C 001 2	180 Cell	32	32	0	64	IV	GP	48	38	25	1	119%
	002	C 002 1	180 Cell	32	32	0	64	IV	GP	48	52	5	1	163%
		C 002 2	180 Cell	32	32	0	64	IV	GP	48	42	15	1	131%
	003	C 003 1	180 Cell	32	32	0	64	IV	GP	48	40	20	1	125%
		C 003 2	180 Cell	32	32	0	64	IV	GP	48	51	11	1	159%
	004	C 004 1	180 Cell	32	32	0	64	IV	GP	48	50	13	1	156%
		C 004 2	180 Cell	32	32	0	64	IV	GP	48	50	12	0	156%
	005	C 005 1	180 Cell	32	32	0	64	IV	GP	48	52	11	1	163%
		C 005 2	180 Cell	32	32	0	64	IV	GP	48	47	15	2	147%
	006	C 006 1	180 Cell	32	32	0	64	IV	GP	48	44	16	2	138%
		C 006 2	180 Cell	32	32	0	64	IV	GP	48	49	12	3	153%
	007	C 007 1	180 Cell	32	32	0	64	IV	GP	48	46	17	1	144%
		C 007 2	180 Cell	32	32	0	64	IV	GP	48	46	16	0	144%
	008	C 008 1	180 Cell	32	32	0	64	IV	GP	48	50	13	1	156%
		C 008 2	180 Cell	32	32	0	64	IV	GP	48	44	20	0	138%
HDSP-Facility C Total				512	512	0	1024			768	740	245	17	145%
HDSP-Facility D	001	D 001 1	180 Cell	32	32	0	64	IV	GP	48	49	13	2	153%
		D 001 2	180 Cell	32	32	0	64	IV	GP	48	54	10	0	169%
	002	D 002 1	180 Cell	32	32	0	64	IV	GP	48	53	9	2	166%
		D 002 2	180 Cell	32	32	0	64	IV	GP	48	52	11	1	163%
	003	D 003 1	180 Cell	32	32	0	64	IV	GP	48	53	5	3	166%
		D 003 2	180 Cell	32	32	0	64	IV	GP	48	57	7	0	178%
	004	D 004 1	180 Cell	32	32	0	64	IV	GP	48	40	21	3	125%
		D 004 2	180 Cell	32	32	0	64	IV	GP	48	40	23	1	125%
	005	D 005 1	180 Cell	32	32	0	64	IV	GP	48	56	5	3	175%
		D 005 2	180 Cell	32	32	0	64	IV	GP	48	54	10	0	169%
	006	D 006 1	180 Cell	32	32	0	64	IV	GP	48	52	10	0	163%
		D 006 2	180 Cell	32	32	0	64	IV	GP	48	54	7	3	169%
	007	D 007 1	180 Cell	32	32	0	64	IV	GP	48	50	6	2	156%
		D 007 2	180 Cell	32	32	0	64	IV	GP	48	54	4	2	169%
	008	D 008 1	180 Cell	32	32	0	64	IV	GP	48	10	51	1	31%
		D 008 2	180 Cell	32	32	0	64	IV	GP	48	8	56	0	25%
HDSP-Facility D Total				512	512	0	1024			768	736	248	23	144%
HDSP-MSF	001	M 001 1	Dorm	100	100	0	200	I	WC	150	132	68	0	132%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	0	200	0	0%
HDSP-MSF Total				200	200	0	400			300	132	268	0	66%
HDSP-STRH	001	Z 001 1	Cell	100	100	0	200	NA	SRH	125	121	47	30	121%
HDSP-STRH Total				100	100	0	200			125	121	47	30	121%
Grand Total				2324	2324	30	4678			3461	3314	1139	144	143%

Generated by :
MYRA.PONCE

ISP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
ISP-Central Service	INF	S INF 1	Cell	0	0	14	14	NA	OHU	0	10	4	0	
ISP-Central Service Total				0	0	14	14			0	10	4	0	
ISP-Facility A	001	A 001 1	270 Cell	50	50	0	100	III	SNY	75	86	14	0	172%
		A 001 2	270 Cell	50	50	0	100	III	SNY	75	82	18	0	164%
	002	A 002 1	270 Cell	50	50	0	100	III	SNY	75	84	16	0	168%
		A 002 2	270 Cell	50	50	0	100	III	SNY	75	85	15	0	170%
	003	A 003 1	270 Cell	50	50	0	100	III	SNY	75	63	34	2	126%
		A 003 2	270 Cell	50	50	0	100	III	SNY	75	87	11	2	174%
	004	A 004 1	270 Cell	50	50	0	100	III	SNY	75	70	28	2	140%
		A 004 2	270 Cell	50	50	0	100	III	SNY	75	82	18	0	164%
ISP-Facility A Total				400	400	0	800			600	639	154	6	160%
ISP-Facility B	001	B 001 1	270 Cell	50	50	0	100	III	SNY	75	81	17	2	162%
		B 001 2	270 Cell	50	50	0	100	III	SNY	75	86	11	3	172%
	002	B 002 1	270 Cell	50	50	0	100	III	SNY	75	79	17	3	158%
		B 002 2	270 Cell	50	50	0	100	III	SNY	75	83	17	0	166%
	003	B 003 1	270 Cell	50	50	0	100	III	SNY	75	70	30	0	140%
		B 003 2	270 Cell	50	50	0	100	III	SNY	75	97	3	0	194%
	004	B 004 1	270 Cell	50	50	0	100	III	SNY	75	79	21	0	158%
		B 004 2	270 Cell	50	50	0	100	III	SNY	75	84	15	1	168%
ISP-Facility B Total				400	400	0	800			600	659	131	9	165%
ISP-Facility C	001	C 001 1	270 Cell	2	3	0	5	III	GP	3	0	0	0	0%
	002	C 002 1	270 Cell	50	50	0	100	III	GP	75	72	28	0	144%
		C 002 2	270 Cell	50	50	0	100	III	GP	75	82	18	0	164%
	003	C 003 1	270 Cell	50	50	0	100	III	GP	75	75	23	2	150%
		C 003 2	270 Cell	50	50	0	100	III	GP	75	97	3	0	194%
	004	C 004 1	270 Cell	50	50	0	100	III	GP	75	95	4	1	190%
		C 004 2	270 Cell	50	50	0	100	III	GP	75	94	5	0	188%
	005	C 005 1	270 Cell	50	50	0	100	III	GP	75	88	12	0	176%
		C 005 2	270 Cell	50	50	0	100	III	GP	75	85	13	0	170%
ISP-Facility C Total				402	403	0	805			603	688	106	3	171%
ISP-Facility D	001	D 001 1	270 Cell	50	50	0	100	III	GP	75	89	11	0	178%
		D 001 2	270 Cell	50	50	0	100	III	GP	75	83	17	0	166%
	002	D 002 1	270 Cell	50	50	0	100	III	GP	75	89	10	1	178%
		D 002 2	270 Cell	50	50	0	100	III	GP	75	95	4	1	190%
	003	D 003 1	270 Cell	50	50	0	100	III	GP	75	91	8	1	182%
		D 003 2	270 Cell	50	50	0	100	III	GP	75	86	13	1	172%
	004	D 004 1	270 Cell	50	50	0	100	III	GP	75	86	14	0	172%
		D 004 2	270 Cell	50	50	0	100	III	GP	75	95	5	0	190%
ISP-Facility D Total				400	400	0	800			600	714	82	4	179%
ISP-MSF	001	M 001 1	Dorm	100	100	0	200	I	WC	150	62	138	0	62%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	65	135	0	65%
ISP-MSF Total				200	200	0	400			300	127	273	0	64%
Grand Total				1802	1803	14	3619			2703	2837	750	22	157%

Generated by :
MYRA.PONCE

KVSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
KVSP-Central Service	INF	S INF 1	Cell	0	0	10	10	NA	CTC	0	9	0	0	
				0	0	12	12		MCB	0	7	5	0	
KVSP-Central Service Total										0	16	5	0	
KVSP-Facility A	001	A 001 1	180 Cell	32	32	0	64	IV	GP	48	46	16	2	144%
		A 001 2	180 Cell	32	32	0	64	IV	GP	48	44	19	1	138%
	002	A 002 1	180 Cell	32	32	0	64	IV	GP	48	60	3	1	188%
		A 002 2	180 Cell	32	32	0	64	IV	GP	48	59	3	2	184%
	003	A 003 1	180 Cell	32	32	0	64	IV	GP	48	58	4	1	181%
		A 003 2	180 Cell	32	32	0	64	IV	GP	48	58	5	0	181%
	004	A 004 1	180 Cell	32	32	0	64	IV	GP	48	55	0	7	172%
		A 004 2	180 Cell	32	32	0	64	IV	GP	48	60	1	3	188%
	005	A 005 1	180 Cell	32	32	0	64	IV	GP	48	58	6	0	181%
		A 005 2	180 Cell	32	32	0	64	IV	GP	48	61	2	1	191%
	006	A 006 1	180 Cell	32	32	0	64	IV	GP	48	55	7	2	172%
		A 006 2	180 Cell	32	32	0	64	IV	GP	48	57	5	2	178%
	007	A 007 1	180 Cell	32	32	0	64	IV	GP	48	59	4	1	184%
		A 007 2	180 Cell	32	32	0	64	IV	GP	48	61	3	0	191%
	008	A 008 1	180 Cell	32	32	0	64	IV	GP	48	58	4	2	181%
		A 008 2	180 Cell	32	32	0	64	IV	GP	48	56	5	3	175%
KVSP-Facility A Total										768	905	87	28	177%
KVSP-Facility B	001	B 001 1	180 Cell	32	32	0	64	IV	GP	48	45	14	5	141%
		B 001 2	180 Cell	32	32	0	64	IV	GP	48	41	21	2	128%
	002	B 002 1	180 Cell	32	32	0	64	IV	GP	48	57	6	1	178%
		B 002 2	180 Cell	32	32	0	64	IV	GP	48	56	8	0	175%
	003	B 003 1	180 Cell	32	32	0	64	IV	GP	48	47	16	1	147%
		B 003 2	180 Cell	32	32	0	64	IV	GP	48	58	5	1	181%
	004	B 004 1	180 Cell	32	32	0	64	IV	GP	48	58	4	0	181%
		B 004 2	180 Cell	32	32	0	64	IV	GP	48	60	3	1	188%
	005	B 005 1	180 Cell	32	32	0	64	IV	GP	48	52	8	4	163%
		B 005 2	180 Cell	32	32	0	64	IV	GP	48	54	8	2	169%
	006	B 006 1	180 Cell	32	32	0	64	IV	GP	48	54	7	3	169%
		B 006 2	180 Cell	32	32	0	64	IV	GP	48	55	9	0	172%
	007	B 007 1	180 Cell	32	32	0	64	IV	GP	48	49	13	2	153%
		B 007 2	180 Cell	32	32	0	64	IV	GP	48	52	9	3	163%
	008	B 008 1	180 Cell	32	32	0	64	IV	GP	48	52	10	2	163%
		B 008 2	180 Cell	32	32	0	64	IV	GP	48	51	12	1	159%
KVSP-Facility B Total										768	841	153	28	164%
KVSP-Facility C	001	C 001 1	180 Cell	32	32	0	64	IV	SNY	48	49	7	8	153%
		C 001 2	180 Cell	32	32	0	64	IV	SNY	48	49	10	5	153%
	002	C 002 1	180 Cell	32	32	0	64	IV	SNY	48	44	15	5	138%
		C 002 2	180 Cell	32	32	0	64	IV	SNY	48	49	5	10	153%
	003	C 003 1	180 Cell	32	32	0	64	IV	SNY	48	45	13	6	141%
		C 003 2	180 Cell	32	32	0	64	IV	SNY	48	47	14	3	147%
	004	C 004 1	180 Cell	32	32	0	64	IV	SNY	48	45	13	6	141%
		C 004 2	180 Cell	32	32	0	64	IV	SNY	48	56	6	2	175%
	005	C 005 1	180 Cell	32	32	0	64	IV	SNY	48	51	3	10	159%
		C 005 2	180 Cell	32	32	0	64	IV	SNY	48	57	2	5	178%
	006	C 006 1	180 Cell	32	32	0	64	IV	SNY	48	49	9	6	153%
		C 006 2	180 Cell	32	32	0	64	IV	SNY	48	55	3	6	172%
	007	C 007 1	180 Cell	32	32	0	64	IV	SNY	48	53	4	7	166%
		C 007 2	180 Cell	32	32	0	64	IV	SNY	48	52	1	11	163%
	008	C 008 1	180 Cell	32	32	0	64	IV	EOP	48	44	9	11	138%
		C 008 2	180 Cell	32	32	0	64	IV	EOP	48	44	13	7	138%
KVSP-Facility C Total										768	789	127	108	154%
KVSP-Facility D	001	D 001 1	180 Cell	32	32	0	64	IV	SNY	48	42	10	11	131%
		D 001 2	180 Cell	32	32	0	64	IV	SNY	48	53	7	4	166%
	002	D 002 1	180 Cell	32	32	0	64	IV	SNY	48	47	9	8	147%
		D 002 2	180 Cell	32	32	0	64	IV	SNY	48	50	9	5	156%
	003	D 003 1	180 Cell	32	32	0	64	IV	SNY	48	52	4	8	163%
		D 003 2	180 Cell	32	32	0	64	IV	SNY	48	50	8	5	156%
	004	D 004 1	180 Cell	32	32	0	64	IV	SNY	48	41	10	13	128%
		D 004 2	180 Cell	32	32	0	64	IV	SNY	48	56	6	2	175%
	005	D 005 1	180 Cell	32	32	0	64	IV	SNY	48	40	16	8	125%
		D 005 2	180 Cell	32	32	0	64	IV	SNY	48	38	19	5	119%
	006	D 006 1	180 Cell	32	32	0	64	IV	SNY	48	31	29	4	97%
		D 006 2	180 Cell	32	32	0	64	IV	SNY	48	38	20	2	119%
	007	D 007 1	180 Cell	10	10	0	20	IV	SNY	15	17	2	1	170%
				22	22	0	44		VAR	33	18	26	0	82%
		D 007 2	180 Cell	10	10	0	20	IV	SNY	15	14	5	1	140%
				22	22	0	44		VAR	33	16	28	0	73%
008	D 008 1	180 Cell	32	32	0	64	IV	SNY	48	36	24	4	113%	

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
KVSP-Facility D	008	D 008 2	180 Cell	32	32	0	64	IV	SNY	48	43	14	7	134%
KVSP-Facility D Total				512	512	0	1024			768	682	246	88	133%
KVSP-Facility Z01 - STRH	001	Z01001A1	Cell	12	12	0	24	NA	SRH	15	11	9	4	92%
		Z01001B1	Cell	12	12	0	24	NA	SRH	15	12	9	3	100%
		Z01001C1	Cell	12	12	0	24	NA	SRH	15	12	8	4	100%
		Z01001D1	Cell	12	12	0	24	NA	SRH	15	14	7	3	117%
		Z01001E1	Cell	12	12	0	24	NA	SRH	15	15	9	0	125%
		Z01001F1	Cell	14	14	0	28	NA	SRH	18	22	5	1	157%
		Z01001G1	Cell	14	14	0	28	NA	SRH	18	14	10	4	100%
		Z01001H1	Cell	12	12	0	24	NA	SRH	15	9	14	1	75%
KVSP-Facility Z01 - STRH Total				100	100	0	200			125	109	71	20	109%
KVSP-Facility Z02	001	Z02001A1	Cell	12	12	0	24	NA	ASU	15	9	12	3	75%
		Z02001B1	Cell	12	12	0	24	NA	ASU	15	16	7	1	133%
		Z02001C1	Cell	12	12	0	24	NA	ASU	15	12	8	4	100%
		Z02001D1	Cell	12	12	0	24	NA	ASU	15	11	11	2	92%
		Z02001E1	Cell	12	12	0	24	NA	ASU	15	9	12	3	75%
		Z02001F1	Cell	14	14	0	28	NA	ASU	18	16	11	1	114%
		Z02001G1	Cell	14	14	0	28	NA	ASU	18	13	12	2	93%
		Z02001H1	Cell	12	12	0	24	NA	ASU	15	10	8	2	83%
KVSP-Facility Z02 Total				100	100	0	200			125	96	81	18	96%
KVSP-MSF	001	M 001 1	Dorm	100	100	0	200	I	WC	150	70	126	0	70%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	73	127	0	73%
KVSP-MSF Total				200	200	0	400			300	143	253	0	72%
Grand Total				2448	2448	22	4918			3622	3581	1023	290	146%

Generated by :
MYRA.PONCE

LAC Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
LAC-Central Service	INF	S INF 1	Cell	0	0	4	4	NA	CTC	0	4	0	0	
				0	0	12	12		MCB	0	8	4	0	
LAC-Central Service Total				0	0	16	16			0	12	4	0	
LAC-Facility A	001	A 001 1	270 Cell	50	50	0	100	III	GP	75	79	18	3	158%
		A 001 2	270 Cell	50	50	0	100	III	GP	75	90	8	1	180%
	002	A 002 1	270 Cell	50	50	0	100	III	GP	75	94	3	3	188%
		A 002 2	270 Cell	50	50	0	100	III	GP	75	93	7	0	186%
	003	A 003 1	270 Cell	50	50	0	100	III	GP	75	79	17	4	158%
		A 003 2	270 Cell	50	50	0	100	III	GP	75	90	9	1	180%
	004	A 004 1	270 Cell	50	42	0	92	III	GP	75	80	8	4	160%
		A 004 2	270 Cell	50	50	0	100	III	GP	75	91	9	0	182%
	005	A 005 1	270 Cell	50	50	0	100	III	GP	75	82	15	3	164%
		A 005 2	270 Cell	50	50	0	100	III	GP	75	86	14	0	172%
LAC-Facility A Total				500	492	0	992			750	864	108	19	173%
LAC-Facility B	001	B 001 1	270 Cell	50	50	0	100	IV	GP	75	76	17	7	152%
		B 001 2	270 Cell	50	50	0	100	IV	GP	75	90	8	2	180%
	002	B 002 1	270 Cell	50	50	0	100	IV	GP	75	75	13	11	150%
		B 002 2	270 Cell	50	50	0	100	IV	GP	75	94	3	3	188%
	003	B 003 1	270 Cell	50	50	0	100	IV	GP	75	93	4	3	186%
		B 003 2	270 Cell	50	50	0	100	IV	GP	75	94	2	4	188%
	004	B 004 1	270 Cell	50	50	0	100	IV	GP	75	88	7	5	176%
		B 004 2	270 Cell	50	50	0	100	IV	GP	75	93	5	2	186%
	005	B 005 1	270 Cell	50	50	0	100	IV	GP	75	91	3	5	182%
		B 005 2	270 Cell	50	50	0	100	IV	GP	75	94	2	4	188%
LAC-Facility B Total				500	500	0	1000			750	888	64	46	178%
LAC-Facility C	001	C 001 1	270 Cell	50	50	0	100	IV	SNY	75	75	15	9	150%
		C 001 2	270 Cell	50	50	0	100	IV	SNY	75	78	18	4	156%
	002	C 002 1	270 Cell	50	50	0	100	IV	SNY	75	68	21	11	136%
		C 002 2	270 Cell	50	50	0	100	IV	SNY	75	71	24	5	142%
	003	C 003 1	270 Cell	50	50	0	100	IV	SNY	75	46	49	5	92%
		C 003 2	270 Cell	50	50	0	100	IV	SNY	75	51	43	6	102%
	004	C 004 1	270 Cell	50	50	0	100	IV	SNY	75	61	27	11	122%
		C 004 2	270 Cell	50	50	0	100	IV	SNY	75	73	21	4	146%
	005	C 005 1	270 Cell	50	50	0	100	IV	SNY	75	36	45	3	72%
		C 005 2	270 Cell	50	50	0	100	IV	SNY	75	56	41	3	112%
LAC-Facility C Total				500	500	0	1000			750	615	304	61	123%
LAC-Facility D	001	D 001 1	270 Cell	50	50	0	100	IV	EOP	75	60	21	18	120%
		D 001 2	270 Cell	50	50	0	100	IV	EOP	75	62	23	15	124%
	002	D 002 1	270 Cell	50	50	0	100	IV	EOP	75	58	31	10	116%
		D 002 2	270 Cell	50	50	0	100	IV	EOP	75	61	20	19	122%
	003	D 003 1	270 Cell	50	50	0	100	IV	EOP	75	70	26	4	140%
		D 003 2	270 Cell	50	50	0	100	IV	EOP	75	70	22	8	140%
	004	D 004 1	270 Cell	50	50	0	100	IV	EOP	75	78	16	6	156%
		D 004 2	270 Cell	50	50	0	100	IV	EOP	75	71	19	10	142%
	005	D 005 1	270 Cell	50	50	0	100	NA	ASU	63	50	34	16	100%
		D 005 2	270 Cell	50	50	0	100	NA	ASU	63	52	39	9	104%
LAC-Facility D Total				500	500	0	1000			725	632	251	115	126%
LAC-MSF	001	M 001 1	Dorm	100	100	0	200	I	WC	150	50	150	0	50%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	50	150	0	50%
LAC-MSF Total				200	200	0	400			300	100	300	0	50%
LAC-STRH	001	Z 001 1	Cell	100	100	0	200	NA	SRH	125	106	69	23	106%
LAC-STRH Total				100	100	0	200			125	106	69	23	106%
Grand Total				2300	2292	16	4608			3400	3217	1100	264	140%

Generated by :
MYRA.PONCE

MCSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
MCSP-Central Service	INF	S INF 1	Cell	0	0	2	2	NA	CTC	0	2	0	0	
				0	0	8	8		MCB	0	7	1	0	
MCSP-Central Service Total				0	0	10	10			0	9	1	0	
MCSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	IV	SNY	75	77	14	9	154%
		A 001 2	270 Cell	50	50	0	100	IV	SNY	75	80	7	13	160%
	002	A 002 1	270 Cell	50	50	0	100	IV	SNY	75	74	21	5	148%
		A 002 2	270 Cell	50	50	0	100	IV	SNY	75	75	11	14	150%
	003	A 003 1	270 Cell	50	50	0	100	IV	SNY	75	70	26	3	140%
		A 003 2	270 Cell	50	50	0	100	IV	SNY	75	76	23	1	152%
	004	A 004 1	270 Cell	50	50	0	100	IV	SNY	75	77	20	2	154%
		A 004 2	270 Cell	51	49	0	100	IV	SNY	77	74	21	5	145%
	005	A 005 1	270 Cell	50	50	0	100	IV	EOP	75	65	21	14	130%
		A 005 2	270 Cell	50	50	0	100	IV	EOP	75	63	27	10	126%
MCSP-Facility A Total				501	499	0	1000			752	731	191	76	146%
MCSP-Facility B	006	B 006 1	270 Cell	50	50	0	100	III	EOP	75	81	8	11	162%
		B 006 2	270 Cell	50	50	0	100	III	EOP	75	76	14	10	152%
	007	B 007 1	270 Cell	50	50	0	100	III	EOP	75	79	19	2	158%
		B 007 2	270 Cell	50	50	0	100	III	EOP	75	82	9	9	164%
	008	B 008 1	270 Cell	50	50	0	100	III	SNY	75	58	42	0	116%
		B 008 2	270 Cell	50	50	0	100	III	SNY	75	70	26	4	140%
	009	B 009 1	270 Cell	50	50	0	100	III	SNY	75	84	14	2	168%
		B 009 2	270 Cell	50	50	0	100	III	SNY	75	85	11	4	170%
	010	B 010 1	270 Cell	50	50	0	100	III	SNY	75	86	12	2	172%
		B 010 2	270 Cell	50	50	0	100	III	SNY	75	85	10	5	170%
MCSP-Facility B Total				500	500	0	1000			750	786	165	49	157%
MCSP-Facility C	011	C 011 1	270 Cell	50	50	0	100	III	SNY	75	94	6	0	188%
		C 011 2	270 Cell	50	50	0	100	III	SNY	75	79	7	14	158%
	012	C 012 1	270 Cell	50	50	0	100	NA	ASU	63	57	35	8	114%
		C 012 2	270 Cell	50	50	0	100	NA	ASU	63	58	29	13	116%
	013	C 013 1	270 Cell	50	50	0	100	III	SNY	75	70	24	6	140%
		C 013 2	270 Cell	50	50	0	100	III	SNY	75	81	14	5	162%
	014	C 014 1	270 Cell	50	50	0	100	III	SNY	75	85	13	2	170%
		C 014 2	270 Cell	50	50	0	100	III	SNY	75	88	11	1	176%
	015	C 015 1	270 Cell	50	50	0	100	III	SNY	75	88	12	0	176%
		C 015 2	270 Cell	50	50	0	100	III	SNY	75	88	9	3	176%
MCSP-Facility C Total				500	500	0	1000			725	788	160	52	158%
MCSP-Facility D	016A	D 016A1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		D 016A2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	016B	D 016B1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		D 016B2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	016C	D 016C1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		D 016C2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	016D	D 016D1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		D 016D2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	017A	D 017A1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		D 017A2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	017B	D 017B1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		D 017B2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	017C	D 017C1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		D 017C2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	017D	D 017D1	Dorm	30	0	0	30	II	PF	30	29	1	0	97%
		D 017D2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	018A	D 018A1	Dorm	30	0	0	30	II	EOP	30	28	2	0	93%
		D 018A2	Dorm	36	0	0	36	II	EOP	36	33	3	0	92%
	018B	D 018B1	Dorm	30	0	0	30	II	EOP	30	27	3	0	90%
		D 018B2	Dorm	36	0	0	36	II	EOP	36	35	1	0	97%
	018C	D 018C1	Dorm	30	0	0	30	II	EOP	30	30	0	0	100%
		D 018C2	Dorm	36	0	0	36	II	EOP	36	33	3	0	92%
	018D	D 018D1	Dorm	30	0	0	30	II	EOP	30	29	1	0	97%
		D 018D2	Dorm	36	0	0	36	II	EOP	36	33	2	0	92%
MCSP-Facility D Total				792	0	0	792			792	775	16	0	98%
MCSP-Facility E	019A	E 019A1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 019A2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	019B	E 019B1	Dorm	30	0	0	30	II	PF	30	29	0	0	97%
		E 019B2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	019C	E 019C1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 019C2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	019D	E 019D1	Dorm	30	0	0	30	II	PF	30	29	1	0	97%
		E 019D2	Dorm	36	0	0	36	II	PF	36	35	1	0	97%
	020A	E 020A1	Dorm	30	0	0	30	II	PF	30	28	1	0	93%
		E 020A2	Dorm	36	0	0	36	II	PF	36	34	2	0	94%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
MCSP-Facility E	020B	E 020B1	Dorm	30	0	0	30	II	PF	30	29	1	0	97%
		E 020B2	Dorm	36	0	0	36	II	PF	36	35	1	0	97%
	020C	E 020C1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 020C2	Dorm	36	0	0	36	II	PF	36	33	3	0	92%
	020D	E 020D1	Dorm	30	0	0	30	II	PF	30	29	1	0	97%
		E 020D2	Dorm	36	0	0	36	II	PF	36	35	1	0	97%
	021A	E 021A1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 021A2	Dorm	36	0	0	36	II	PF	36	35	0	0	97%
	021B	E 021B1	Dorm	30	0	0	30	II	PF	30	29	1	0	97%
		E 021B2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	021C	E 021C1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 021C2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	021D	E 021D1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 021D2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
MCSP-Facility E Total				792	0	0	792			792	776	13	0	98%
MCSP-MSF	001	M 001A1	Dorm	12	12	0	24	I	WC	18	19	5	0	158%
		M 001B1	Dorm	12	12	0	24	I	WC	18	21	3	0	175%
		M 001C1	Dorm	12	12	0	24	I	WC	18	19	5	0	158%
		M 001D1	Dorm	12	12	0	24	I	WC	18	23	1	0	192%
		M 001E1	Dorm	12	12	0	24	I	WC	18	7	17	0	58%
		M 001F1	Dorm	12	12	0	24	I	WC	18	17	7	0	142%
		M 001G1	Dorm	12	12	0	24	I	WC	18	19	5	0	158%
		M 001H1	Dorm	12	12	0	24	I	WC	18	21	3	0	175%
	002	M 002A1	Dorm	12	12	0	24	I	WC	18	0	24	0	0%
		M 002B1	Dorm	12	12	0	24	I	WC	18	0	24	0	0%
		M 002C1	Dorm	12	12	0	24	I	WC	18	0	24	0	0%
		M 002D1	Dorm	12	12	0	24	I	WC	18	0	24	0	0%
		M 002E1	Dorm	12	12	0	24	I	WC	18	0	24	0	0%
		M 002F1	Dorm	12	12	0	24	I	WC	18	0	24	0	0%
		M 002G1	Dorm	12	12	0	24	I	WC	18	0	24	0	0%
		M 002H1	Dorm	12	12	0	24	I	WC	18	0	24	0	0%
	FIR	M FIR 1	Dorm	8	0	0	8	I	FH	8	6	2	0	75%
MCSP-MSF Total				200	192	0	392			296	152	240	0	76%
Grand Total				3285	1691	10	4986			4107	4017	786	177	122%

Generated by :
MYRA.PONCE

NKSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
NKSP-Central Service	INF	S INF 1	Cell	0	0	6	6	NA	CTC	0	6	0	0	
				0	0	10	10		MCB	0	7	3	0	
NKSP-Central Service Total				0	0	16	16			0	13	3	0	
NKSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	III	GP	75	84	15	0	168%
		A 001 2	270 Cell	50	50	0	100	III	GP	75	87	12	1	174%
	002	A 002 1	270 Cell	50	50	0	100	III	GP	75	88	11	1	176%
		A 002 2	270 Cell	50	50	0	100	III	GP	75	85	13	2	170%
	003	A 003 1	270 Cell	50	50	0	100	III	GP	75	82	18	0	164%
		A 003 2	270 Cell	50	50	0	100	III	GP	75	89	11	0	178%
	004	A 004 1	270 Cell	50	40	0	90	III	GP	75	49	38	2	98%
		A 004 2	270 Cell	50	50	0	100	III	GP	75	74	26	0	148%
	005	A 005 1	270 Cell	50	50	0	100	III	GP	75	84	16	0	168%
		A 005 2	270 Cell	50	50	0	100	III	GP	75	93	7	0	186%
NKSP-Facility A Total				500	490	0	990			750	815	167	6	163%
NKSP-Facility B	001	B 001 1	Cell	46	46	0	92	NA	RC	69	76	13	2	165%
		B 001 2	Cell	54	54	0	108	NA	RC	81	93	11	4	172%
	002	B 002 1	Cell	46	46	0	92	NA	RC	69	75	17	0	163%
		B 002 2	Cell	54	54	0	108	NA	RC	81	92	14	2	170%
	003	B 003 1	Cell	46	46	0	92	NA	RC	69	42	45	4	91%
		B 003 2	Cell	54	54	0	108	NA	RC	81	49	55	4	91%
	004	B 004 1	Cell	46	44	0	90	NA	RC	69	55	34	1	120%
		B 004 2	Cell	54	54	0	108	NA	RC	81	88	19	1	163%
	005	B 005 1	Cell	46	46	0	92	NA	RC	69	83	8	1	180%
		B 005 2	Cell	54	54	0	108	NA	RC	81	92	16	0	170%
	006	B 006 1	Cell	46	46	0	92	NA	RC	69	81	11	0	176%
		B 006 2	Cell	54	54	0	108	NA	RC	81	92	15	1	170%
NKSP-Facility B Total				600	598	0	1198			900	918	258	20	153%
NKSP-Facility C	001	C 001 1	Dorm	80	79	0	159	NA	RC	120	119	40	0	149%
		C 001 2	Dorm	66	66	0	132	NA	RC	99	109	23	0	165%
	002	C 002 1	Dorm	80	79	0	159	NA	RC	120	120	39	0	150%
		C 002 2	Dorm	66	66	0	132	NA	RC	99	99	33	0	150%
	003	C 003 1	Dorm	80	79	0	159	NA	RC	120	137	22	0	171%
		C 003 2	Dorm	66	66	0	132	NA	RC	99	96	36	0	145%
	004	C 004 1	Dorm	80	79	0	159	NA	RC	120	142	17	0	178%
		C 004 2	Dorm	66	66	0	132	NA	RC	99	123	9	0	186%
	East	C E 1	Dorm	100	100	0	200	NA	RC	150	132	68	0	132%
	West	C W 1	Dorm	100	100	0	200	NA	RC	150	176	24	0	176%
NKSP-Facility C Total				784	780	0	1564			1176	1253	311	0	160%
NKSP-Facility D	001	D 001 1	Cell	46	46	0	92	NA	RC	69	71	20	1	154%
		D 001 2	Cell	54	54	0	108	NA	RC	81	89	17	2	165%
	002	D 002 1	Cell	46	46	0	92	NA	RC	69	72	18	2	157%
		D 002 2	Cell	54	54	0	108	NA	RC	81	91	17	0	169%
	003	D 003 1	Cell	46	44	0	90	NA	RC	69	53	36	1	115%
		D 003 2	Cell	54	54	0	108	NA	RC	81	69	38	1	128%
	004	D 004 1	Cell	46	46	0	92	NA	RC	69	61	27	4	133%
		D 004 2	Cell	54	54	0	108	NA	RC	81	89	17	2	165%
	005	D 005 1	Cell	46	46	0	92	NA	RC	69	52	37	3	113%
		D 005 2	Cell	54	54	0	108	NA	RC	81	80	28	0	148%
	006	D 006 1	Cell	46	46	0	92	NA	ASU	58	44	38	10	96%
		D 006 2	Cell	54	54	0	108	NA	ASU	68	60	40	8	111%
NKSP-Facility D Total				600	598	0	1198			875	831	333	34	139%
NKSP-MSF	001	M 001 1	Dorm	100	100	0	200	I	WC	150	65	135	0	65%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	64	136	0	64%
	FIR	M FIR 1	Dorm	10	0	0	10	I	FH	10	5	5	0	50%
NKSP-MSF Total				210	200	0	410			310	134	276	0	64%
Grand Total				2694	2666	16	5376			4011	3964	1348	60	147%

Generated by :
MYRA.PONCE

PBSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
PBSP-Central Service	INF	S INF 1	Cell	0	0	10	10	NA	CTC	0	0	10	0	
				0	0	10	10		MCB	0	3	7	0	
PBSP-Central Service Total										0	3	17	0	
PBSP-Facility A	001	A 001 1	180 Cell	32	32	0	64	IV	GP	48	21	42	1	66%
		A 001 2	180 Cell	32	32	0	64	IV	GP	48	16	48	0	50%
	002	A 002 1	180 Cell	32	32	0	64	IV	GP	48	10	51	1	31%
		A 002 2	180 Cell	32	32	0	64	IV	GP	48	1	63	0	3%
	003	A 003 1	180 Cell	32	32	0	64	IV	GP	48	59	2	3	184%
		A 003 2	180 Cell	32	32	0	64	IV	GP	48	60	2	2	188%
	004	A 004 1	180 Cell	32	32	0	64	IV	GP	48	60	4	0	188%
		A 004 2	180 Cell	32	32	0	64	IV	GP	48	62	1	1	194%
	005	A 005 1	180 Cell	32	32	0	64	IV	GP	48	60	2	2	188%
		A 005 2	180 Cell	32	32	0	64	IV	GP	48	56	4	4	175%
	006	A 006 1	180 Cell	32	32	0	64	IV	GP	48	59	3	2	184%
		A 006 2	180 Cell	32	32	0	64	IV	GP	48	59	0	5	184%
	007	A 007 1	180 Cell	32	32	0	64	IV	GP	48	61	2	1	191%
		A 007 2	180 Cell	32	32	0	64	IV	GP	48	59	1	4	184%
	008	A 008 1	180 Cell	32	32	0	64	IV	GP	48	58	4	2	181%
		A 008 2	180 Cell	32	32	0	64	IV	GP	48	59	3	2	184%
PBSP-Facility A Total										768	760	232	30	148%
PBSP-Facility B	001	B 001 1	180 Cell	32	32	0	64	NA	RGP	48	24	35	5	75%
		B 001 2	180 Cell	32	32	0	64	NA	RGP	48	16	48	0	50%
	002	B 002 1	180 Cell	32	10	0	42	NA	RGP	37	18	23	1	56%
		B 002 2	180 Cell	32	10	0	42	NA	RGP	37	19	21	2	59%
	003	B 003 1	180 Cell	32	32	0	64	IV	GP	48	58	4	0	181%
		B 003 2	180 Cell	32	32	0	64	IV	GP	48	42	12	4	131%
	004	B 004 1	180 Cell	32	32	0	64	IV	GP	48	55	5	4	172%
		B 004 2	180 Cell	32	32	0	64	IV	GP	48	52	6	0	163%
	005	B 005 1	180 Cell	32	32	0	64	IV	GP	48	48	11	3	150%
		B 005 2	180 Cell	32	32	0	64	IV	GP	48	53	4	5	166%
	006	B 006 1	180 Cell	32	32	0	64	IV	GP	48	57	3	4	178%
		B 006 2	180 Cell	32	32	0	64	IV	GP	48	55	7	2	172%
	007	B 007 1	180 Cell	32	32	0	64	IV	GP	48	47	8	5	147%
		B 007 2	180 Cell	32	32	0	64	IV	GP	48	52	9	1	163%
	008	B 008 1	180 Cell	32	32	0	64	IV	GP	48	37	24	3	116%
		B 008 2	180 Cell	32	32	0	64	IV	GP	48	36	27	1	113%
PBSP-Facility B Total										746	669	247	40	131%
PBSP-Facility C	001	C 001 1	Cell	24	24	0	48	NA	ASU	30	0	48	0	0%
		C 001 2	Cell	24	24	0	48	NA	ASU	30	0	48	0	0%
	002	C 002 1	Cell	24	24	0	48	NA	ASU	30	32	15	1	133%
		C 002 2	Cell	24	24	0	48	NA	ASU	30	24	22	2	100%
	003	C 003 1	Cell	24	24	0	48	NA	ASU	30	39	8	1	163%
		C 003 2	Cell	24	24	0	48	NA	ASU	30	32	15	1	133%
	004	C 004 1	Cell	24	24	0	48	NA	ASU	30	0	48	0	0%
		C 004 2	Cell	24	24	0	48	NA	ASU	30	0	48	0	0%
	005	C 005 1	Cell	24	24	0	48	NA	ASU	30	32	16	0	133%
		C 005 2	Cell	24	24	0	48	NA	ASU	30	25	18	5	104%
	006	C 006 1	Cell	24	24	0	48	NA	ASU	30	27	21	0	113%
		C 006 2	Cell	24	24	0	48	NA	ASU	30	21	23	2	88%
	007	C 007 1	Cell	24	24	0	48	NA	SHU	29	39	8	1	163%
		C 007 2	Cell	24	24	0	48	NA	SHU	29	25	22	1	104%
	008	C 008 1	Cell	24	24	0	48	NA	SHU	29	42	6	0	175%
		C 008 2	Cell	24	24	0	48	NA	SHU	29	25	20	3	104%
	009	C 009 1	Cell	24	24	0	48	NA	SHU	29	0	48	0	0%
		C 009 2	Cell	24	24	0	48	NA	SHU	29	0	48	0	0%
	010	C 010 1	Cell	24	24	0	48	NA	SHU	29	28	18	2	117%
		C 010 2	Cell	24	24	0	48	NA	SHU	29	13	31	2	54%
	011	C 011 1	Cell	24	24	0	48	NA	SHU	29	27	19	2	113%
		C 011 2	Cell	24	24	0	48	NA	SHU	29	26	17	3	108%
	012	C 012 1	Cell	24	24	0	48	NA	SHU	29	33	15	0	138%
		C 012 2	Cell	24	24	0	48	NA	SHU	29	23	20	5	96%
PBSP-Facility C Total										706	513	602	31	89%
PBSP-Facility D	001	D 001 1	Cell	24	2	0	26	II	GP	25	26	0	0	108%
		D 001 2	Cell	24	0	0	24	II	GP	25	24	0	0	100%
	002	D 002 1	Cell	24	2	0	26	II	GP	25	24	2	0	100%
		D 002 2	Cell	24	0	0	24	II	GP	25	24	0	0	100%
	003	D 003 1	Cell	24	2	0	26	II	GP	25	24	2	0	100%
		D 003 2	Cell	24	0	0	24	II	GP	25	24	0	0	100%
	004	D 004 1	Cell	24	2	0	26	II	GP	25	25	1	0	104%
		D 004 2	Cell	24	0	0	24	II	GP	25	24	0	0	100%
005	D 005 1	Cell	24	3	0	27	II	GP	25	25	2	0	104%	

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
PBSP-Facility D	005	D 005 2	Cell	24	0	0	24	II	GP	25	23	1	0	96%
	006	D 006 1	Cell	24	2	0	26	II	GP	25	24	2	0	100%
		D 006 2	Cell	24	0	0	24	II	GP	25	24	0	0	100%
	007	D 007 1	Cell	24	2	0	26	II	GP	25	24	2	0	100%
		D 007 2	Cell	24	0	0	24	II	GP	25	23	1	0	96%
	008	D 008 1	Cell	24	2	0	26	II	GP	25	24	2	0	100%
		D 008 2	Cell	24	0	0	24	II	GP	25	23	1	0	96%
	009	D 009 1	Cell	24	2	0	26	II	GP	25	24	2	0	100%
		D 009 2	Cell	24	0	0	24	II	GP	25	24	0	0	100%
	010	D 010 1	Cell	24	2	0	26	II	GP	25	25	1	0	104%
D 010 2		Cell	24	0	0	24	II	GP	25	24	0	0	100%	
PBSP-Facility D Total				480	21	0	501			500	482	19	0	100%
PBSP-MSF	001	M 001 1	Dorm	48	48	0	96	I	WC	72	37	59	0	77%
		M 001 2	Dorm	48	48	0	96	I	WC	72	36	60	0	75%
	002	M 002 1	Dorm	48	48	0	96	I	WC	72	37	59	0	77%
		M 002 2	Dorm	48	48	0	96	I	WC	72	26	70	0	54%
	FIR	M FIR 1	Dorm	8	8	0	16	I	FH	8	9	7	0	113%
PBSP-MSF Total				200	200	0	400			296	145	255	0	73%
PBSP-STRH	001	Z 001 1	Cell	100	100	0	200	NA	SRH	125	93	98	9	93%
PBSP-STRH Total				100	100	0	200			125	93	98	9	93%
Grand Total				2380	1877	20	4277			3141	2665	1470	110	112%

Generated by :
MYRA.PONCE

PVSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
PVSP-Central Service	INF	S INF 1	Cell	0	0	9	9	NA	CTC	0	0	0	0	
				0	0	6	6		MCB	0	0	0	0	
PVSP-Central Service Total				0	0	15	15			0	0	0	0	
PVSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	III	SNY	75	29	71	0	58%
		A 001 2	270 Cell	50	50	0	100	III	SNY	75	35	65	0	70%
	002	A 002 1	270 Cell	50	50	0	100	III	SNY	75	73	26	1	146%
		A 002 2	270 Cell	50	50	0	100	III	SNY	75	74	26	0	148%
	003	A 003 1	270 Cell	50	50	0	100	III	SNY	75	73	27	0	146%
		A 003 2	270 Cell	50	50	0	100	III	SNY	75	79	21	0	158%
	004	A 004 1	270 Cell	50	50	0	100	III	SNY	75	76	23	1	152%
		A 004 2	270 Cell	50	50	0	100	III	SNY	75	71	28	1	142%
	005	A 005 1	270 Cell	50	50	0	100	III	SNY	75	75	23	2	150%
		A 005 2	270 Cell	50	50	0	100	III	SNY	75	74	26	0	148%
PVSP-Facility A Total				500	500	0	1000			750	659	336	5	132%
PVSP-Facility B	001	B 001 1	270 Cell	50	50	0	100	III	GP	75	78	21	1	156%
		B 001 2	270 Cell	50	50	0	100	III	GP	75	73	26	1	146%
	002	B 002 1	270 Cell	50	50	0	100	III	GP	75	73	26	1	146%
		B 002 2	270 Cell	50	50	0	100	III	GP	75	83	17	0	166%
	003	B 003 1	270 Cell	50	50	0	100	III	GP	75	75	25	0	150%
		B 003 2	270 Cell	50	50	0	100	III	GP	75	76	24	0	152%
	004	B 004 1	270 Cell	50	50	0	100	III	GP	75	73	26	1	146%
		B 004 2	270 Cell	50	50	0	100	III	GP	75	81	19	0	162%
	005	B 005 1	270 Cell	50	50	0	100	III	GP	75	85	15	0	170%
		B 005 2	270 Cell	50	50	0	100	III	GP	75	74	24	2	148%
PVSP-Facility B Total				500	500	0	1000			750	771	223	6	154%
PVSP-Facility C	001	C 001 1	270 Cell	50	50	0	100	III	GP	75	74	26	0	148%
		C 001 2	270 Cell	50	50	0	100	III	GP	75	69	31	0	138%
	002	C 002 1	270 Cell	50	50	0	100	III	GP	75	78	21	1	156%
		C 002 2	270 Cell	50	50	0	100	III	GP	75	84	16	0	168%
	003	C 003 1	270 Cell	50	50	0	100	III	GP	75	73	26	0	146%
		C 003 2	270 Cell	50	50	0	100	III	GP	75	83	17	0	166%
	004	C 004 1	270 Cell	50	50	0	100	III	GP	75	73	27	0	146%
		C 004 2	270 Cell	50	50	0	100	III	GP	75	75	25	0	150%
	005	C 005 1	270 Cell	50	50	0	100	III	GP	75	79	21	0	158%
		C 005 2	270 Cell	50	50	0	100	III	GP	75	76	21	1	152%
PVSP-Facility C Total				500	500	0	1000			750	764	231	2	153%
PVSP-Facility D	001	D 001 1	270 Cell	50	50	0	100	III	SNY	75	67	30	3	134%
		D 001 2	270 Cell	50	50	0	100	III	SNY	75	82	18	0	164%
	002	D 002 1	270 Cell	50	50	0	100	III	SNY	75	68	31	1	136%
		D 002 2	270 Cell	50	50	0	100	III	SNY	75	74	25	1	148%
	003	D 003 1	270 Cell	50	50	0	100	III	SNY	75	73	24	3	146%
		D 003 2	270 Cell	50	50	0	100	III	SNY	75	74	25	1	148%
	004	D 004 1	270 Cell	50	50	0	100	III	SNY	75	34	66	0	68%
		D 004 2	270 Cell	50	50	0	100	III	SNY	75	50	50	0	100%
	005	D 005 1	270 Cell	50	50	0	100	III	SNY	75	68	30	2	136%
		D 005 2	270 Cell	50	50	0	100	III	SNY	75	67	33	0	134%
PVSP-Facility D Total				500	500	0	1000			750	657	332	11	131%
PVSP-MSF	001	M 001 1	Dorm	100	100	0	200	I	WC	150	82	118	0	82%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	83	117	0	83%
	FIR	M FIR 1	Dorm	8	0	0	8	I	FH	8	8	0	0	100%
PVSP-MSF Total				208	200	0	408			308	173	235	0	83%
PVSP-STRH	001	Z 001 1	Cell	100	100	0	200	NA	SRH	125	149	44	6	149%
PVSP-STRH Total				100	100	0	200			125	149	44	6	149%
Grand Total				2308	2300	15	4623			3433	3173	1401	30	137%

Generated by :
MYRA.PONCE

RJD Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
RJD-Central Service	INF	S INF 1	Cell	0	0	14	14	NA	CTC	0	14	0	0	
				0	0	14	14		MCB	0	14	0	0	
RJD-Central Service Total				0	0	28	28			0	28	0	0	
RJD-Facility A	001	A 001 1	270 Cell	50	50	0	100	III	EOP	75	73	12	13	146%
		A 001 2	270 Cell	50	50	0	100	III	EOP	75	75	6	19	150%
	002	A 002 1	270 Cell	50	50	0	100	III	EOP	75	74	16	10	148%
		A 002 2	270 Cell	50	50	0	100	III	EOP	75	86	6	8	172%
	003	A 003 1	270 Cell	50	50	0	100	III	SNY	75	77	20	3	154%
		A 003 2	270 Cell	50	50	0	100	III	SNY	75	87	6	7	174%
	004	A 004 1	270 Cell	50	50	0	100	III	SNY	75	79	17	4	158%
		A 004 2	270 Cell	50	50	0	100	III	SNY	75	92	3	4	184%
	005	A 005 1	270 Cell	50	50	0	100	III	SNY	75	84	10	5	168%
		A 005 2	270 Cell	50	50	0	100	III	SNY	75	92	6	2	184%
RJD-Facility A Total				500	500	0	1000			750	819	102	75	164%
RJD-Facility B	006	B 006 1	270 Cell	50	50	0	100	NA	ASU	63	25	67	7	50%
		B 006 2	270 Cell	50	50	0	100	NA	ASU	63	44	50	5	88%
	007	B 007 1	270 Cell	50	50	0	100	NA	ASU	63	38	55	7	76%
		B 007 2	270 Cell	50	50	0	100	NA	ASU	63	39	58	1	78%
	008	B 008 1	270 Cell	50	50	0	100	III	GP	75	73	23	4	146%
		B 008 2	270 Cell	50	50	0	100	III	GP	75	87	11	2	174%
	009	B 009 1	270 Cell	50	50	0	100	III	GP	75	72	23	4	144%
		B 009 2	270 Cell	50	50	0	100	III	GP	75	91	8	1	182%
	010	B 010 1	270 Cell	50	50	0	100	III	GP	75	66	30	4	132%
		B 010 2	270 Cell	50	50	0	100	III	GP	75	85	15	0	170%
RJD-Facility B Total				500	500	0	1000			700	620	340	35	124%
RJD-Facility C	011	C 011 1	270 Cell	50	50	0	100	IV	SNY	75	70	26	4	140%
		C 011 2	270 Cell	50	50	0	100	IV	SNY	75	77	13	10	154%
	012	C 012 1	270 Cell	50	50	0	100	IV	SNY	75	74	17	9	148%
		C 012 2	270 Cell	50	50	0	100	IV	SNY	75	85	4	11	170%
	013	C 013 1	270 Cell	50	50	0	100	IV	SNY	75	69	23	8	138%
		C 013 2	270 Cell	50	50	0	100	IV	SNY	75	72	17	10	144%
	014	C 014 1	270 Cell	50	50	0	100	IV	EOP	75	67	26	7	134%
		C 014 2	270 Cell	50	50	0	100	IV	EOP	75	70	24	6	140%
	015	C 015 1	270 Cell	50	50	0	100	IV	EOP	75	55	31	12	110%
		C 015 2	270 Cell	50	50	0	100	IV	EOP	75	57	30	12	114%
RJD-Facility C Total				500	500	0	1000			750	696	211	89	139%
RJD-Facility D	016	D 016 1	270 Cell	50	50	0	100	III	SNY	75	68	23	0	136%
		D 016 2	270 Cell	50	50	0	100	III	SNY	75	78	14	3	156%
	017	D 017 1	270 Cell	50	50	0	100	III	SNY	75	76	24	0	152%
		D 017 2	270 Cell	50	50	0	100	III	SNY	75	85	10	5	170%
	018	D 018 1	270 Cell	50	50	0	100	III	SNY	75	69	25	6	138%
		D 018 2	270 Cell	50	50	0	100	III	SNY	75	76	21	3	152%
	019	D 019 1	270 Cell	50	50	0	100	III	SNY	75	73	25	1	146%
		D 019 2	270 Cell	50	50	0	100	III	SNY	75	84	12	4	168%
	020	D 020 1	270 Cell	50	50	0	100	III	SNY	75	69	24	7	138%
		D 020 2	270 Cell	50	50	0	100	III	SNY	75	84	13	3	168%
RJD-Facility D Total				500	500	0	1000			750	762	191	32	152%
RJD-Facility E	023A	E 023A1	Dorm	30	0	0	30	II	EOP	30	29	1	0	97%
		E 023A2	Dorm	36	0	0	36	II	EOP	36	35	1	0	97%
	023B	E 023B1	Dorm	30	0	0	30	II	EOP	30	30	0	0	100%
		E 023B2	Dorm	36	0	0	36	II	EOP	36	36	0	0	100%
	023C	E 023C1	Dorm	30	0	0	30	II	EOP	30	30	0	0	100%
		E 023C2	Dorm	36	0	0	36	II	EOP	36	36	0	0	100%
	023D	E 023D1	Dorm	30	0	0	30	II	EOP	30	29	1	0	97%
		E 023D2	Dorm	36	0	0	36	II	EOP	36	31	5	0	86%
	024A	E 024A1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 024A2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	024B	E 024B1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 024B2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	024C	E 024C1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 024C2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	024D	E 024D1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 024D2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	025A	E 025A1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 025A2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	025B	E 025B1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 025B2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	025C	E 025C1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 025C2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%
	025D	E 025D1	Dorm	30	0	0	30	II	PF	30	30	0	0	100%
		E 025D2	Dorm	36	0	0	36	II	PF	36	36	0	0	100%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
RJD-Facility E Total				792	0	0	792			792	784	8	0	99%
RJD-MSF	021	M 021 1	Dorm	48	48	0	96	I	WC	72	38	58	0	79%
		M 021 2	Dorm	48	48	0	96	I	WC	72	31	59	0	65%
	022	M 022 1	Dorm	48	48	0	96	I	WC	72	41	55	0	85%
		M 022 2	Dorm	48	48	0	96	I	WC	72	30	66	0	63%
	FIR	M FIR 1	Dorm	8	0	0	8	I	FH	8	7	1	0	88%
RJD-MSF Total				200	192	0	392			296	147	239	0	74%
Grand Total				2992	2192	28	5212			4038	3856	1091	231	129%

Generated by :
MYRA.PONCE

SAC Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
SAC-Central Service	CTC	S CTC 1	Cell	0	0	11	11	NA	MCB	0	0	1	0	
	INF	S INF 1	Cell	0	0	2	2	NA	CTC	0	2	0	0	
				0	0	13	13		MCB	0	13	0	0	
SAC-Central Service Total				0	0	26	26			0	15	1	0	
SAC-Facility A	001	A 001 1	180 Cell	32	0	0	32	NA	PSU	32	31	0	0	97%
		A 001 2	180 Cell	32	0	0	32	NA	PSU	32	30	2	0	94%
	002	A 002 1	180 Cell	32	0	0	32	NA	PSU	32	25	5	0	78%
		A 002 2	180 Cell	32	0	0	32	NA	PSU	32	26	3	0	81%
	003	A 003 1	180 Cell	32	32	0	64	IV	EOP	48	44	10	10	138%
		A 003 2	180 Cell	32	32	0	64	IV	EOP	48	44	8	12	138%
	004	A 004 1	180 Cell	32	32	0	64	IV	EOP	48	47	7	10	147%
		A 004 2	180 Cell	32	32	0	64	IV	EOP	48	47	4	13	147%
	005	A 005 1	180 Cell	32	11	0	43	NA	ASU	40	36	7	0	113%
		A 005 2	180 Cell	32	0	0	32	NA	ASU	32	31	0	0	97%
	006	A 006 1	180 Cell	32	32	0	64	IV	EOP	48	45	7	12	141%
		A 006 2	180 Cell	32	32	0	64	IV	EOP	48	44	11	9	138%
	007	A 007 1	180 Cell	32	32	0	64	IV	EOP	48	49	7	8	153%
		A 007 2	180 Cell	32	32	0	64	IV	EOP	48	49	7	8	153%
	008	A 008 1	180 Cell	22	25	0	47	IV	GP	33	37	3	6	168%
		A 008 2	180 Cell	22	23	0	45	IV	GP	33	32	3	10	145%
SAC-Facility A Total				492	315	0	807			650	617	84	98	125%
SAC-Facility B	001	B 001 1	180 Cell	22	22	0	44	IV	EOP	33	26	13	5	118%
				10	0	0	10	NA	MCB	10	0	10	0	0%
		B 001 2	180 Cell	22	22	0	44	IV	EOP	33	35	3	6	159%
				10	0	0	10	NA	MCB	10	0	10	0	0%
	002	B 002 1	180 Cell	32	32	0	64	IV	GP	48	51	12	1	159%
		B 002 2	180 Cell	32	32	0	64	IV	GP	48	49	10	3	153%
	003	B 003 1	180 Cell	32	32	0	64	IV	GP	48	50	13	1	156%
		B 003 2	180 Cell	32	32	0	64	IV	GP	48	55	9	0	172%
	004	B 004 1	180 Cell	32	24	0	56	IV	GP	48	40	15	1	125%
		B 004 2	180 Cell	32	32	0	64	IV	GP	48	48	15	1	150%
	005	B 005 1	180 Cell	32	32	0	64	IV	EOP	48	50	4	10	156%
		B 005 2	180 Cell	32	32	0	64	IV	EOP	48	37	6	21	116%
	006	B 006 1	180 Cell	32	32	0	64	IV	EOP	48	46	4	14	144%
		B 006 2	180 Cell	32	32	0	64	IV	EOP	48	44	5	12	138%
	007	B 007 1	180 Cell	10	0	0	10	NA	NDS	10	4	5	0	40%
				22	0	0	22		PSU	22	18	3	0	82%
		B 007 2	180 Cell	10	0	0	10	NA	NDS	10	2	8	0	20%
				22	0	0	22		PSU	22	16	4	0	73%
	008	B 008 1	180 Cell	32	0	0	32	NA	LRH	38	23	8	0	72%
		B 008 2	180 Cell	32	0	0	32	NA	LRH	38	19	12	0	59%
SAC-Facility B Total				512	356	0	868			707	613	169	75	120%
SAC-Facility C	001	C 001 1	180 Cell	32	32	0	64	IV	GP	48	58	0	6	181%
		C 001 2	180 Cell	32	32	0	64	IV	GP	48	64	0	0	200%
	002	C 002 1	180 Cell	32	32	0	64	IV	GP	48	56	3	5	175%
		C 002 2	180 Cell	32	32	0	64	IV	GP	48	60	2	2	188%
	003	C 003 1	180 Cell	32	32	0	64	IV	GP	48	61	1	2	191%
		C 003 2	180 Cell	32	32	0	64	IV	GP	48	58	4	2	181%
	004	C 004 1	180 Cell	32	32	0	64	IV	GP	48	59	1	4	184%
		C 004 2	180 Cell	32	32	0	64	IV	GP	48	61	0	3	191%
	005	C 005 1	180 Cell	32	32	0	64	IV	GP	48	62	2	0	194%
		C 005 2	180 Cell	32	32	0	64	IV	GP	48	60	1	3	188%
	006	C 006 1	180 Cell	32	32	0	64	IV	GP	48	59	3	2	184%
		C 006 2	180 Cell	32	32	0	64	IV	GP	48	61	2	1	191%
	007	C 007 1	180 Cell	32	32	0	64	IV	GP	48	63	0	1	197%
		C 007 2	180 Cell	32	32	0	64	IV	GP	48	59	3	2	184%
	008	C 008 1	180 Cell	32	32	0	64	IV	GP	48	41	21	2	128%
		C 008 2	180 Cell	32	32	0	64	IV	GP	48	34	27	2	106%
SAC-Facility C Total				512	512	0	1024			768	916	70	37	179%
SAC-MSF	001	M 001A1	Dorm	12	11	0	23	I	WC	18	9	14	0	75%
		M 001B1	Dorm	12	11	0	23	I	WC	18	9	14	0	75%
		M 001C1	Dorm	12	11	0	23	I	WC	18	7	16	0	58%
		M 001D1	Dorm	12	11	0	23	I	WC	18	12	11	0	100%
		M 001E1	Dorm	12	11	0	23	I	WC	18	10	13	0	83%
		M 001F1	Dorm	12	11	0	23	I	WC	18	7	16	0	58%
		M 001G1	Dorm	12	11	0	23	I	WC	18	8	15	0	67%
		M 001H1	Dorm	12	11	0	23	I	WC	18	10	13	0	83%
	002	M 002I1	Dorm	12	11	0	23	I	WC	18	11	12	0	92%
		M 002J1	Dorm	12	11	0	23	I	WC	18	10	13	0	83%
		M 002K1	Dorm	12	11	0	23	I	WC	18	7	16	0	58%
		M 002L1	Dorm	12	11	0	23	I	WC	18	8	15	0	67%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
SAC-MSF	002	M 002M1	Dorm	12	11	0	23	I	WC	18	9	14	0	75%
		M 002N1	Dorm	12	11	0	23	I	WC	18	9	14	0	75%
		M 002O1	Dorm	12	11	0	23	I	WC	18	10	13	0	83%
		M 002P1	Dorm	12	11	0	23	I	WC	18	9	14	0	75%
SAC-MSF Total				192	176	0	368			288	145	223	0	76%
SAC-STRH	001	Z 001A1	Cell	12	12	0	24	NA	SRH	15	12	6	6	100%
		Z 001B1	Cell	12	12	0	24	NA	SRH	15	16	3	5	133%
		Z 001C1	Cell	12	12	0	24	NA	SRH	15	14	5	5	117%
		Z 001D1	Cell	12	12	0	24	NA	SRH	15	11	6	7	92%
		Z 001E1	Cell	12	12	0	24	NA	SRH	15	13	5	6	108%
		Z 001F1	Cell	14	14	0	28	NA	SRH	18	17	5	6	121%
		Z 001G1	Cell	14	14	0	28	NA	SRH	18	19	4	5	136%
		Z 001H1	Cell	12	12	0	24	NA	SRH	15	15	2	7	125%
SAC-STRH Total				100	100	0	200			125	117	36	47	117%
Grand Total				1808	1459	26	3293			2538	2423	583	257	134%

Generated by :
MYRA.PONCE

SATF Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
SATF-Central Service	CTC	S INF 1	Cell	0	0	18	18	NA	CTC	0	18	0	0	
				0	0	20	20		MCB	0	16	0	0	
SATF-Central Service Total				0	0	38	38			0	34	0	0	
SATF-Facility A	001	A 001 1	Dorm	63	63	0	126	II	SNY	95	104	22	0	165%
		A 001 2	Dorm	63	63	0	126	II	SNY	95	106	20	0	168%
	002	A 002 1	Dorm	63	63	0	126	II	SNY	95	103	23	0	163%
		A 002 2	Dorm	63	63	0	126	II	SNY	95	115	11	0	183%
	003	A 003 1	Dorm	63	63	0	126	II	SNY	95	81	45	0	129%
		A 003 2	Dorm	63	63	0	126	II	SNY	95	84	42	0	133%
SATF-Facility A Total				378	378	0	756			567	593	163	0	157%
SATF-Facility B	001	B 001 1	Dorm	63	63	0	126	II	GP	95	76	50	0	121%
		B 001 2	Dorm	63	63	0	126	II	GP	95	76	50	0	121%
	002	B 002 1	Dorm	63	63	0	126	II	GP	95	66	59	0	105%
		B 002 2	Dorm	63	63	0	126	II	GP	95	91	34	0	144%
	003	B 003 1	Dorm	63	63	0	126	II	GP	95	80	46	0	127%
		B 003 2	Dorm	63	63	0	126	II	GP	95	73	53	0	116%
SATF-Facility B Total				378	378	0	756			567	462	292	0	122%
SATF-Facility C	001	C 001 1	180 Cell	32	32	0	64	IV	GP	48	45	19	0	141%
		C 001 2	180 Cell	32	32	0	64	IV	GP	48	45	19	0	141%
	002	C 002 1	180 Cell	32	32	0	64	IV	GP	48	45	14	5	141%
		C 002 2	180 Cell	32	32	0	64	IV	GP	48	52	12	0	163%
	003	C 003 1	180 Cell	32	32	0	64	IV	GP	48	23	39	2	72%
		C 003 2	180 Cell	32	32	0	64	IV	GP	48	31	33	0	97%
	004	C 004 1	180 Cell	32	32	0	64	IV	GP	48	43	17	4	134%
		C 004 2	180 Cell	32	32	0	64	IV	GP	48	54	8	2	169%
	005	C 005 1	180 Cell	32	32	0	64	IV	GP	48	47	17	0	147%
		C 005 2	180 Cell	32	32	0	64	IV	GP	48	51	9	4	159%
	006	C 006 1	180 Cell	32	32	0	64	IV	GP	48	44	16	4	138%
		C 006 2	180 Cell	32	32	0	64	IV	GP	48	49	14	1	153%
	007	C 007 1	180 Cell	32	32	0	64	IV	GP	48	42	21	1	131%
		C 007 2	180 Cell	32	32	0	64	IV	GP	48	46	18	0	144%
	008	C 008 1	180 Cell	32	32	0	64	IV	GP	48	45	17	2	141%
		C 008 2	180 Cell	32	32	0	64	IV	GP	48	47	15	2	147%
SATF-Facility C Total				512	512	0	1024			768	709	288	27	138%
SATF-Facility D	001	D 001 1	270 Cell	50	50	0	100	IV	SNY	75	86	12	2	172%
		D 001 2	270 Cell	50	50	0	100	IV	SNY	75	87	13	0	174%
	002	D 002 1	270 Cell	50	50	0	100	IV	SNY	75	84	6	8	168%
		D 002 2	270 Cell	50	50	0	100	IV	SNY	75	83	9	7	166%
	003	D 003 1	270 Cell	50	50	0	100	IV	SNY	75	66	30	4	132%
		D 003 2	270 Cell	50	50	0	100	IV	SNY	75	68	28	4	136%
	004	D 004 1	270 Cell	50	50	0	100	IV	SNY	75	85	8	7	170%
		D 004 2	270 Cell	50	50	0	100	IV	SNY	75	82	9	7	164%
005	D 005 1	270 Cell	50	50	0	100	IV	SNY	75	86	6	8	172%	
	D 005 2	270 Cell	50	50	0	100	IV	SNY	75	91	8	1	182%	
SATF-Facility D Total				500	500	0	1000			750	818	129	48	164%
SATF-Facility E	001	E 001 1	270 Cell	50	50	0	100	III	SNY	75	22	62	1	44%
		E 001 2	270 Cell	50	50	0	100	III	SNY	75	67	24	5	134%
	002	E 002 1	270 Cell	50	50	0	100	III	SNY	75	89	6	5	178%
		E 002 2	270 Cell	50	50	0	100	III	SNY	75	93	3	4	186%
	003	E 003 1	270 Cell	50	50	0	100	III	SNY	75	91	4	5	182%
		E 003 2	270 Cell	50	50	0	100	III	SNY	75	95	5	0	190%
	004	E 004 1	270 Cell	50	50	0	100	III	SNY	75	80	14	4	160%
		E 004 2	270 Cell	50	50	0	100	III	SNY	75	90	7	3	180%
005	E 005 1	270 Cell	50	50	0	100	III	SNY	75	80	12	8	160%	
	E 005 2	270 Cell	50	50	0	100	III	SNY	75	96	1	3	192%	
SATF-Facility E Total				500	500	0	1000			750	803	138	38	161%
SATF-Facility F	001	F 001 1	Dorm	80	80	0	160	II	PF	120	146	14	0	183%
		F 001 2	Dorm	96	96	0	192	II	PF	144	167	24	0	174%
	002	F 002 1	Dorm	80	80	0	160	II	PF	120	146	14	0	183%
		F 002 2	Dorm	96	96	0	192	II	PF	144	181	11	0	189%
	003	F 003 1	Dorm	80	40	0	120	II	EOP	120	113	7	0	141%
		F 003 2	Dorm	96	48	0	144	II	EOP	144	138	6	0	144%
SATF-Facility F Total				528	440	0	968			792	891	76	0	169%
SATF-Facility G	001	G 001 1	Dorm	80	40	0	120	II	EOP	120	97	23	0	121%
		G 001 2	Dorm	96	48	0	144	II	EOP	144	117	27	0	122%
	002	G 002 1	Dorm	80	80	0	160	II	PF	120	155	5	0	194%
		G 002 2	Dorm	96	96	0	192	II	PF	144	191	1	0	199%
	003	G 003 1	Dorm	40	20	0	60	II	EOP	60	53	7	0	133%
				40	40	0	80		PF	60	80	0	0	200%
		G 003 2	Dorm	48	24	0	72	II	EOP	72	62	10	0	129%
				48	48	0	96		PF	72	94	2	0	196%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
SATF-Facility G Total				528	396	0	924			792	849	75	0	161%
SATF-STRH	001	Z 001 1	Cell	100	100	0	200	NA	SRH	125	108	70	22	108%
SATF-STRH Total				100	100	0	200			125	108	70	22	108%
Grand Total				3424	3204	38	6666			5111	5267	1231	135	154%

Generated by :
MYRA.PONCE

SCC Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
SCC-CAMPS	Acton	X11001 1	Dorm	80	8	0	88	I	CMP	80	62	26	0	78%
	Baseline	X30001 1	Dorm	120	12	0	132	I	CMP	120	101	31	0	84%
	Bautista	X36001 1	Dorm	120	12	0	132	I	CMP	120	79	53	0	66%
	Fenner Canyon	X41001 1	Dorm	120	12	0	132	I	CMP	120	79	53	0	66%
	Francisquito	X04001 1	Dorm	80	8	0	88	I	CMP	80	70	18	0	88%
	Gabilan	X38001 1	Dorm	120	12	0	132	I	CMP	120	95	37	0	79%
	Growlersburg	X33001 1	Dorm	120	12	0	132	I	CMP	120	101	31	0	84%
	Holton	X16001 1	Dorm	100	10	0	110	I	CMP	100	89	21	0	89%
	Julius Klein	X19001 1	Dorm	120	12	0	132	I	CMP	120	80	52	0	67%
	La Cima	X42001 1	Dorm	80	8	0	88	I	CMP	80	86	2	0	108%
	McCain Valley	X21001 1	Dorm	120	12	0	132	I	CMP	120	82	50	0	68%
	Miramonte	X05001 1	Dorm	80	8	0	88	I	CMP	80	88	0	0	110%
	Mountain Home	X10001 1	Dorm	100	10	0	110	I	CMP	100	90	20	0	90%
	Mt. Bullion	X39001 1	Dorm	100	10	0	110	I	CMP	100	96	14	0	96%
	Oak Glen	X35001 1	Dorm	160	0	0	160	I	CMP	160	89	71	0	56%
	Owens Valley	X26001 1	Dorm	120	12	0	132	I	CMP	120	96	36	0	80%
	Pilot Rock	X15001 1	Dorm	80	8	0	88	I	CMP	80	67	21	0	84%
	Prado	X28001 1	Dorm	80	11	0	91	I	CMP	80	85	6	0	106%
	Vallecito	X01001 1	Dorm	114	0	0	114	I	CMP	114	87	27	0	76%
SCC-CAMPS Total				2014	177	0	2191			2014	1622	569	0	81%
SCC-Central Service	FIR	S FIR 1	Dorm	10	0	0	10	I	FH	10	7	3	0	70%
	HOS	S HOS 1	Cell	0	0	10	10	NA	OHU	0	4	6	0	
SCC-Central Service Total				10	0	10	20			10	11	9	0	110%
SCC-Facility A	Calaveras	A 001A1	Dorm	96	96	0	192	I	PF	144	122	70	0	127%
		A 001A2	Dorm	96	96	0	192	I	PF	144	140	52	0	146%
		A 001B1	Dorm	112	112	0	224	I	PF	168	203	21	0	181%
		A 001B2	Dorm	112	112	0	224	I	PF	168	179	45	0	160%
		A 001C1	Dorm	94	98	0	192	I	PF	141	136	56	0	145%
		A 001C2	Dorm	96	96	0	192	I	PF	144	162	30	0	169%
SCC-Facility A Total				606	610	0	1216			909	942	274	0	155%
SCC-Facility B	Mariposa	B 001D1	Dorm	96	96	0	192	II	PF	144	172	20	0	179%
		B 001D2	Dorm	96	96	0	192	II	PF	144	169	23	0	176%
		B 001E1	Dorm	112	112	0	224	II	PF	168	189	35	0	169%
		B 001E2	Dorm	112	112	0	224	II	PF	168	184	40	0	164%
		B 001F1	Dorm	94	94	0	188	II	PF	141	113	75	0	120%
		B 001F2	Dorm	96	96	0	192	II	PF	144	123	69	0	128%
SCC-Facility B Total				606	606	0	1212			909	950	262	0	157%
SCC-Facility C	Toulumne	C 001 1	270 Cell	50	50	0	100	III	SNY	75	95	4	1	190%
		C 001 2	270 Cell	50	50	0	100	III	SNY	75	92	4	4	184%
		C 002 1	270 Cell	50	50	0	100	NA	ASU	63	37	63	0	74%
		C 002 2	270 Cell	50	50	0	100	NA	ASU	63	52	48	0	104%
		C 003 1	270 Cell	50	50	0	100	III	SNY	75	73	22	5	146%
		C 003 2	270 Cell	50	50	0	100	III	SNY	75	75	21	4	150%
		C 004 1	270 Cell	50	50	0	100	III	SNY	75	90	7	3	180%
		C 004 2	270 Cell	50	50	0	100	III	SNY	75	84	15	1	168%
		C 005 1	270 Cell	50	50	0	100	III	SNY	75	98	2	0	196%
		C 005 2	270 Cell	50	50	0	100	III	SNY	75	99	0	1	198%
SCC-Facility C Total				500	500	0	1000			725	795	186	19	159%
Grand Total				3736	1893	10	5639			4567	4320	1300	19	116%

Generated by :
MYRA.PONCE

SOL Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
SOL-Central Service	INF	S INF 1	Cell	3	0	0	3	NA	CTC	3	3	0	0	100%
				9	0	0	9		MCB	9	6	1	0	67%
			Dorm	3	0	0	3	NA	CTC	3	3	0	0	100%
SOL-Central Service Total				15	0	0	15			15	12	1	0	80%
SOL-Facility A	001	A 001 1	270 Cell	34	34	0	68	III	GP	51	32	31	1	94%
		A 001 2	270 Cell	50	50	0	100	III	GP	75	46	54	0	92%
	002	A 002 1	270 Cell	50	50	0	100	III	GP	75	82	14	2	164%
		A 002 2	270 Cell	50	50	0	100	III	GP	75	93	7	0	186%
	003	A 003 1	270 Cell	50	50	0	100	III	GP	75	79	16	1	158%
		A 003 2	270 Cell	50	50	0	100	III	GP	75	88	8	2	176%
	004	A 004 1	270 Cell	50	50	0	100	III	GP	75	85	12	3	170%
		A 004 2	270 Cell	50	50	0	100	III	GP	75	89	9	0	178%
	005	A 005 1	270 Cell	50	50	0	100	III	GP	75	71	26	1	142%
		A 005 2	270 Cell	50	50	0	100	III	GP	75	86	13	1	172%
006	A 006 1	270 Cell	50	50	0	100	III	GP	75	75	21	2	150%	
	A 006 2	270 Cell	50	50	0	100	III	GP	75	77	16	1	154%	
SOL-Facility A Total				584	584	0	1168			876	903	227	14	155%
SOL-Facility B	007	B 007 1	270 Cell	50	50	0	100	III	GP	75	85	10	1	170%
		B 007 2	270 Cell	50	50	0	100	III	GP	75	92	8	0	184%
	008	B 008 1	270 Cell	50	50	0	100	III	GP	75	76	16	4	152%
		B 008 2	270 Cell	50	50	0	100	III	GP	75	90	6	2	180%
	009	B 009 1	270 Cell	50	50	0	100	III	GP	75	74	17	7	148%
		B 009 2	270 Cell	50	50	0	100	III	GP	75	70	30	0	140%
	010	B 010 1	270 Cell	50	50	0	100	NA	ASU	63	47	41	12	94%
		B 010 2	270 Cell	50	50	0	100	NA	ASU	63	67	18	15	134%
	011	B 011 1	270 Cell	50	50	0	100	III	GP	75	91	6	1	182%
		B 011 2	270 Cell	50	50	0	100	III	GP	75	92	6	0	184%
012	B 012 1	270 Cell	50	50	0	100	III	GP	75	89	6	1	178%	
	B 012 2	270 Cell	50	50	0	100	III	GP	75	97	3	0	194%	
SOL-Facility B Total				600	600	0	1200			875	970	167	43	162%
SOL-Facility C	013	C 013 1	270 Dorm	68	68	0	136	II	GP	102	104	30	0	153%
		C 013 2	270 Dorm	62	62	0	124	II	GP	93	101	23	0	163%
	014	C 014 1	270 Dorm	68	68	0	136	II	GP	102	120	16	0	176%
		C 014 2	270 Dorm	62	62	0	124	II	GP	93	109	15	0	176%
	015	C 015 1	270 Dorm	68	68	0	136	II	GP	102	107	29	0	157%
		C 015 2	270 Dorm	62	62	0	124	II	GP	93	108	16	0	174%
	016	C 016 1	Dorm	100	100	0	200	II	GP	150	168	31	0	168%
	017	C 017 1	Dorm	100	100	0	200	II	GP	150	163	37	0	163%
018	C 018 1	Dorm	100	100	0	200	II	GP	150	137	62	0	137%	
SOL-Facility C Total				690	690	0	1380			1035	1117	259	0	162%
SOL-Facility D	019	D 019 1	Dorm	100	100	0	200	II	GP	150	150	50	0	150%
	020	D 020 1	270 Dorm	68	68	0	136	II	GP	102	114	22	0	168%
		D 020 2	270 Dorm	62	62	0	124	II	GP	93	110	14	0	177%
	021	D 021 1	270 Dorm	68	68	0	136	II	GP	102	108	27	0	159%
		D 021 2	270 Dorm	62	62	0	124	II	GP	93	107	17	0	173%
	022	D 022 1	270 Dorm	68	68	0	136	II	GP	102	114	22	0	168%
		D 022 2	270 Dorm	62	62	0	124	II	GP	93	106	18	0	171%
	023	D 023 1	270 Dorm	68	68	0	136	II	GP	102	108	28	0	159%
D 023 2		270 Dorm	62	62	0	124	II	GP	93	109	15	0	176%	
024	D 024 1	Dorm	100	100	0	200	II	GP	150	163	37	0	163%	
SOL-Facility D Total				720	720	0	1440			1080	1189	250	0	165%
Grand Total				2609	2594	0	5203			3881	4191	904	57	161%

Generated by :
MYRA.PONCE

SQ Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
SQ-Central Service	FIR	S FIR 1	Dorm	15	0	0	15	I	FH	15	8	7	0	53%
	INF	S INF 1	Cell	10	0	0	10	NA	ACU	10	4	6	0	40%
				4	0	6	10		CTC	4	8	2	0	200%
				31	0	0	31		PIP	31	24	6	0	77%
SQ-Central Service Total				60	0	6	66			60	44	21	0	73%
SQ-Facility A	Adjustment Center	A AC 1	Cell	17	0	0	17	NA	ASU	17	4	13	0	24%
				17	0	0	17		DR	17	8	9	0	47%
		A AC 2	Cell	16	0	0	16	NA	ASU	16	0	16	0	0%
				18	0	0	18		DR	18	11	7	0	61%
		A AC 3	Cell	17	0	0	17	NA	ASU	17	4	13	0	24%
				17	0	0	17		DR	17	9	8	0	53%
		Alpine Unit	A SB A1	Cell	47	47	0	94	NA	RC	71	62	31	1
	A SB A2		Cell	50	50	0	100	NA	RC	75	88	12	0	176%
	A SB A3		Cell	50	50	0	100	NA	RC	75	78	22	0	156%
	A SB A4		Cell	50	50	0	100	NA	RC	75	0	100	0	0%
	A SB A5		Cell	50	50	0	100	NA	RC	75	11	89	0	22%
	Badger Unit	A SB B1	Cell	47	47	0	94	NA	RC	71	78	15	0	166%
		A SB B2	Cell	50	50	0	100	NA	RC	75	96	4	0	192%
		A SB B3	Cell	50	50	0	100	NA	RC	75	93	7	0	186%
		A SB B4	Cell	50	50	0	100	NA	RC	75	91	9	0	182%
		A SB B5	Cell	50	50	0	100	NA	RC	75	20	80	0	40%
	Carson Unit	A SB C1	Cell	41	0	0	41	NA	ASU	41	28	13	0	68%
		A SB C2	Cell	48	0	0	48	NA	ASU	48	34	14	0	71%
		A SB C3	Cell	48	0	0	48	NA	ASU	48	0	48	0	0%
		A SB C4	Cell	48	0	0	48	NA	ASU	48	0	48	0	0%
		A SB C5	Cell	48	0	0	48	NA	RC	48	10	38	0	21%
	Donner Unit	A SB D1	Cell	47	0	0	47	NA	DR	47	36	11	0	77%
		A SB D2	Cell	50	0	0	50	NA	DR	50	20	30	0	40%
		A SB D3	Cell	48	48	0	96	NA	RC	72	89	7	0	185%
		A SB D4	Cell	48	48	0	96	NA	RC	72	79	17	0	165%
		A SB D5	Cell	48	48	0	96	NA	RC	72	50	45	1	104%
	East Block	A EB 1	Cell	88	0	0	88	NA	DR	88	83	4	0	94%
		A EB 2	Cell	108	0	0	108	NA	DR	108	101	7	0	94%
		A EB 3	Cell	108	0	0	108	NA	DR	108	102	6	0	94%
		A EB 4	Cell	108	0	0	108	NA	DR	108	101	7	0	94%
		A EB 5	Cell	108	0	0	108	NA	DR	108	104	4	0	96%
	NORTH SEG	A NB N6	Cell	34	0	0	34	NA	DR	34	34	0	0	100%
		A NB S6	Cell	34	0	0	34	NA	DR	34	34	0	0	100%
	North Block	A NB 1	Cell	82	82	0	164	II	PF	123	141	21	1	172%
		A NB 2	Cell	83	83	0	166	II	PF	125	148	16	2	178%
		A NB 3	Cell	83	83	0	166	II	PF	125	155	9	1	187%
		A NB 4	Cell	83	83	0	166	II	PF	125	154	10	2	186%
		A NB 5	Cell	83	83	0	166	II	PF	125	146	16	4	176%
	West Block	A WB 1	Cell	89	89	0	178	II	PF	134	174	3	1	196%
		A WB 2	Cell	90	90	0	180	II	PF	135	173	6	1	192%
		A WB 3	Cell	90	90	0	180	II	PF	135	177	3	0	197%
		A WB 4	Cell	90	90	0	180	II	PF	135	174	1	5	193%
		A WB 5	Cell	90	90	0	180	II	PF	135	174	5	1	193%
SQ-Facility A Total				2521	1501	0	4022			3272	3174	824	20	126%
SQ-Facility B	H Unit 1	B 001 1	Dorm	100	0	0	100	II	EOP	100	89	11	0	89%
	H Unit 2	B 002 1	Dorm	100	0	0	100	II	EOP	100	92	8	0	92%
	H Unit 3	B 003 1	Dorm	100	100	0	200	II	PF	150	183	17	0	183%
	H Unit 4	B 004 1	Dorm	100	100	0	200	II	PF	150	197	3	0	197%
	H Unit 5	B 005 1	Dorm	100	100	0	200	II	PF	150	186	14	0	186%
SQ-Facility B Total				500	300	0	800			650	747	53	0	149%
Grand Total				3081	1801	6	4888			3982	3965	898	20	129%

Generated by :
MYRA.PONCE

SVSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
SVSP-Central Service	CTC	S CTC 1	Cell	0	0	12	12	NA	CTC	0	7	5	0	
				0	0	10	10		MCB	0	0	0	0	
SVSP-Central Service Total				0	0	22	22			0	7	5	0	
SVSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	III	SNY	75	74	17	8	148%
		A 001 2	270 Cell	50	50	0	100	III	SNY	75	89	7	4	178%
	002	A 002 1	270 Cell	50	50	0	100	III	SNY	75	78	18	4	156%
		A 002 2	270 Cell	50	50	0	100	III	SNY	75	93	7	0	186%
	003	A 003 1	270 Cell	50	50	0	100	III	SNY	75	74	19	7	148%
		A 003 2	270 Cell	50	50	0	100	III	SNY	75	86	12	2	172%
	004	A 004 1	270 Cell	50	50	0	100	III	EOP	75	48	44	8	96%
		A 004 2	270 Cell	50	50	0	100	III	EOP	75	51	40	7	102%
	005	A 005 1	270 Cell	50	50	0	100	III	EOP	75	41	38	12	82%
		A 005 2	270 Cell	50	50	0	100	III	EOP	75	56	34	8	112%
SVSP-Facility A Total				500	500	0	1000			750	690	236	60	138%
SVSP-Facility B	001	B 001 1	270 Cell	50	50	0	100	IV	GP	75	56	37	7	112%
		B 001 2	270 Cell	50	50	0	100	IV	GP	75	67	31	2	134%
	002	B 002 1	270 Cell	50	50	0	100	IV	GP	75	60	36	4	120%
		B 002 2	270 Cell	50	50	0	100	IV	GP	75	63	37	0	126%
	003	B 003 1	270 Cell	50	50	0	100	IV	GP	75	72	25	3	144%
		B 003 2	270 Cell	50	50	0	100	IV	GP	75	66	33	1	132%
	004	B 004 1	270 Cell	50	50	0	100	IV	GP	75	62	30	8	124%
		B 004 2	270 Cell	50	50	0	100	IV	GP	75	68	28	4	136%
	005	B 005 1	270 Cell	50	50	0	100	IV	GP	75	69	30	1	138%
		B 005 2	270 Cell	50	50	0	100	IV	GP	75	72	27	1	144%
SVSP-Facility B Total				500	500	0	1000			750	655	314	31	131%
SVSP-Facility C	001	C 001 1	180 Cell	32	32	0	64	IV	GP	48	36	23	5	113%
		C 001 2	180 Cell	32	32	0	64	IV	GP	48	41	20	3	128%
	002	C 002 1	180 Cell	32	32	0	64	IV	GP	48	41	20	3	128%
		C 002 2	180 Cell	32	32	0	64	IV	GP	48	40	22	2	125%
	003	C 003 1	180 Cell	32	32	0	64	IV	GP	48	37	26	1	116%
		C 003 2	180 Cell	32	32	0	64	IV	GP	48	40	20	4	125%
	004	C 004 1	180 Cell	32	32	0	64	IV	GP	48	40	23	1	125%
		C 004 2	180 Cell	32	32	0	64	IV	GP	48	40	22	2	125%
	005	C 005 1	180 Cell	32	0	0	32	NA	ICF	32	26	0	0	81%
		C 005 2	180 Cell	32	0	0	32	NA	ICF	32	32	0	0	100%
	006	C 006 1	180 Cell	32	0	0	32	NA	ICF	32	25	0	0	78%
		C 006 2	180 Cell	32	0	0	32	NA	ICF	32	32	0	0	100%
	007	C 007 1	180 Cell	32	32	0	64	IV	GP	48	49	13	2	153%
		C 007 2	180 Cell	32	32	0	64	IV	GP	48	52	9	3	163%
	008	C 008 1	180 Cell	32	32	0	64	IV	GP	48	51	12	1	159%
		C 008 2	180 Cell	32	32	0	64	IV	GP	48	50	11	3	156%
SVSP-Facility C Total				512	384	0	896			704	632	221	30	123%
SVSP-Facility D	001	D 001 1	180 Cell	32	32	0	64	NA	ASU	40	39	20	5	122%
		D 001 2	180 Cell	32	32	0	64	NA	ASU	40	35	25	2	109%
	002	D 002 1	180 Cell	32	32	0	64	IV	SNY	48	22	41	1	69%
		D 002 2	180 Cell	32	32	0	64	IV	SNY	48	22	39	3	69%
	003	D 003 1	180 Cell	32	32	0	64	IV	EOP	48	37	18	9	116%
		D 003 2	180 Cell	32	32	0	64	IV	EOP	48	46	6	12	144%
	004	D 004 1	180 Cell	32	32	0	64	IV	SNY	48	33	23	7	103%
		D 004 2	180 Cell	32	32	0	64	IV	SNY	48	32	30	2	100%
	005	D 005 1	180 Cell	32	32	0	64	IV	SNY	48	34	29	1	106%
		D 005 2	180 Cell	32	32	0	64	IV	SNY	48	42	21	1	131%
	006	D 006 1	180 Cell	32	32	0	64	IV	SNY	48	30	29	5	94%
		D 006 2	180 Cell	32	32	0	64	IV	SNY	48	41	20	3	128%
	007	D 007 1	180 Cell	32	32	0	64	IV	SNY	48	41	19	4	128%
		D 007 2	180 Cell	32	32	0	64	IV	SNY	48	49	14	1	153%
	008	D 008 1	180 Cell	32	32	0	64	IV	SNY	48	37	23	3	116%
		D 008 2	180 Cell	32	32	0	64	IV	SNY	48	41	17	6	128%
SVSP-Facility D Total				512	512	0	1024			752	581	374	65	113%
SVSP-Facility I	001	I 001A1	Cell	12	0	0	12	NA	ICF	12	11	1	0	92%
		I 001B1	Cell	10	0	0	10	NA	ICF	10	10	0	0	100%
		I 001C1	Cell	10	0	0	10	NA	ICF	10	10	0	0	100%
		I 001D1	Dorm	32	0	0	32	NA	ICF	32	23	1	0	72%
	002	I 002A1	Cell	16	10	0	26	NA	ICF	16	26	0	0	163%
		I 002B1	Cell	16	0	0	16	NA	ICF	16	16	0	0	100%
		I 002C1	Cell	16	0	0	16	NA	ICF	16	16	0	0	100%
		I 002D1	Cell	16	0	0	16	NA	ICF	16	16	0	0	100%
SVSP-Facility I Total				128	10	0	138			128	128	2	0	100%
SVSP-MSF	001	M 001 1	Dorm	100	100	0	200	I	WC	150	65	135	0	65%
	002	M 002 1	Dorm	100	100	0	200	I	WC	150	79	121	0	79%
SVSP-MSF Total				200	200	0	400			300	144	256	0	72%

Generated by :
MYRA.PONCE

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
SVSP-STRH	009	Z 009 1	Cell	100	100	0	200	NA	SRH	125	98	83	17	98%
SVSP-STRH Total				100	100	0	200			125	98	83	17	98%
Grand Total				2452	2206	22	4680			3509	2935	1491	203	120%

Generated by :
MYRA.PONCE

VSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
VSP-Central Service	INF	S INF 1	Cell	11	0	9	20	NA	OHU	11	20	0	0	182%
VSP-Central Service Total				11	0	9	20			11	20	0	0	182%
VSP-Facility A	001	A 001 1	Dorm	128	64	0	192	II	EOP	192	158	34	0	123%
	002	A 002 1	Dorm	119	61	0	180	II	EOP	179	163	17	0	137%
	003	A 003 1	270 Cell	50	49	0	99	II	PF	75	72	23	4	144%
		A 003 2	270 Cell	50	50	0	100	II	PF	75	50	36	0	100%
	004	A 004 1	270 Cell	22	22	0	44	II	PF	33	15	29	0	68%
				22	22	0	44	NA	ASU	28	19	24	1	86%
		A 004 2	270 Cell	22	22	0	44	II	PF	33	8	36	0	36%
				22	22	0	44	NA	ASU	28	10	34	0	45%
VSP-Facility A Total				435	312	0	747			642	495	233	5	114%
VSP-Facility B	001	B 001 1	Dorm	118	118	0	236	II	PF	177	184	52	0	156%
	002	B 002 1	Dorm	128	128	0	256	II	PF	192	211	45	0	165%
	003	B 003 1	Dorm	128	128	0	256	II	PF	192	216	40	0	169%
	004	B 004 1	Dorm	128	128	0	256	II	PF	192	222	34	0	173%
VSP-Facility B Total				502	502	0	1004			753	833	171	0	166%
VSP-Facility C	001	C 001 1	Dorm	128	128	0	256	II	PF	192	211	45	0	165%
	002	C 002 1	Dorm	128	128	0	256	II	PF	192	218	38	0	170%
	003	C 003 1	Dorm	128	128	0	256	II	PF	192	213	43	0	166%
	004	C 004 1	Dorm	128	128	0	256	II	PF	192	206	50	0	161%
VSP-Facility C Total				512	512	0	1024			768	848	176	0	166%
VSP-Facility D	001	D 001 1	Dorm	128	128	0	256	II	PF	192	207	49	0	162%
	002	D 002 1	Dorm	128	128	0	256	II	PF	192	195	60	0	152%
	003	D 003 1	Dorm	128	128	0	256	II	PF	192	207	49	0	162%
	004	D 004 1	Dorm	128	128	0	256	II	PF	192	203	53	0	159%
VSP-Facility D Total				512	512	0	1024			768	812	211	0	159%
Grand Total				1972	1838	9	3819			2942	3008	791	5	153%

Generated by :
MYRA.PONCE

WSP Male Only

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Security Level	Program	BP Crowding	Occupied Count	Empty Bed Count	Single Cell	O/C %
WSP-Central Service	INF	S INF 1	Cell	0	0	10	10	NA	CTC	0	9	1	0	
				0	0	6	6		MCB	0	5	1	0	
WSP-Central Service Total				0	0	16	16			0	14	2	0	
WSP-Facility A	001	A 001 1	270 Cell	50	50	0	100	III	GP	75	79	21	0	158%
		A 001 2	270 Cell	50	50	0	100	III	GP	75	89	11	0	178%
	002	A 002 1	270 Cell	50	50	0	100	III	GP	75	93	7	0	186%
		A 002 2	270 Cell	50	50	0	100	III	GP	75	92	6	0	184%
	003	A 003 1	270 Cell	50	50	0	100	III	GP	75	92	7	1	184%
		A 003 2	270 Cell	50	50	0	100	III	GP	75	94	6	0	188%
	004	A 004 1	270 Cell	50	50	0	100	III	GP	75	55	42	1	110%
		A 004 2	270 Cell	50	50	0	100	III	GP	75	53	42	1	106%
	005	A 005 1	270 Cell	50	50	0	100	III	GP	75	90	10	0	180%
		A 005 2	270 Cell	50	50	0	100	III	GP	75	95	5	0	190%
WSP-Facility A Total				500	500	0	1000			750	832	157	3	166%
WSP-Facility B	001	B 001 1	Cell	46	46	0	92	NA	RC	69	86	3	1	187%
		B 001 2	Cell	54	54	0	108	NA	RC	81	102	5	1	189%
	002	B 002 1	Cell	46	46	0	92	NA	RC	69	58	34	0	126%
		B 002 2	Cell	54	54	0	108	NA	RC	81	58	50	0	107%
	003	B 003 1	Cell	46	46	0	92	NA	RC	69	64	28	0	139%
		B 003 2	Cell	54	54	0	108	NA	RC	81	68	37	1	126%
	004	B 004 1	Cell	46	46	0	92	NA	RC	69	66	23	2	143%
		B 004 2	Cell	54	54	0	108	NA	RC	81	67	38	3	124%
	005	B 005 1	Cell	46	46	0	92	NA	RC	69	67	22	1	146%
		B 005 2	Cell	54	54	0	108	NA	RC	81	89	15	0	165%
	006	B 006 1	Cell	46	46	0	92	NA	RC	69	33	54	1	72%
		B 006 2	Cell	54	54	0	108	NA	RC	81	37	70	1	69%
WSP-Facility B Total				600	600	0	1200			900	795	379	11	133%
WSP-Facility C	001	C 001 1	Dorm	80	80	0	160	NA	RC	120	147	13	0	184%
		C 001 2	Dorm	66	66	0	132	NA	RC	99	119	13	0	180%
	002	C 002 1	Dorm	80	80	0	160	NA	RC	120	140	20	0	175%
		C 002 2	Dorm	66	66	0	132	NA	RC	99	125	7	0	189%
	003	C 003 1	Dorm	80	80	0	160	NA	RC	120	146	14	0	183%
		C 003 2	Dorm	66	66	0	132	NA	RC	99	115	13	0	174%
	004	C 004 1	Dorm	80	80	0	160	NA	RC	120	149	11	0	186%
		C 004 2	Dorm	66	66	0	132	NA	RC	99	122	8	0	185%
WSP-Facility C Total				584	584	0	1168			876	1063	99	0	182%
WSP-Facility D	001	D 001 1	Cell	46	46	0	92	NA	RC	69	91	1	0	198%
		D 001 2	Cell	54	54	0	108	NA	RC	81	103	2	1	191%
	002	D 002 1	Cell	46	46	0	92	NA	RC	69	84	2	0	183%
		D 002 2	Cell	54	54	0	108	NA	RC	81	88	10	0	163%
	003	D 003 1	Cell	46	46	0	92	NA	RC	69	37	52	1	80%
		D 003 2	Cell	55	53	0	108	NA	RC	83	47	54	1	85%
	004	D 004 1	Cell	46	46	0	92	NA	RC	69	78	9	1	170%
		D 004 2	Cell	54	54	0	108	NA	RC	81	91	10	3	169%
	005	D 005 1	Cell	46	46	0	92	NA	RC	69	86	6	0	187%
		D 005 2	Cell	54	54	0	108	NA	RC	81	100	4	0	185%
	006	D 006 1	Cell	46	44	0	90	NA	ASU	58	24	59	7	52%
		D 006 2	Cell	54	54	0	108	NA	ASU	68	44	58	6	81%
	007	D 007 1	Dorm	100	100	0	200	NA	RC	150	178	22	0	178%
WSP-Facility D Total				701	697	0	1398			1027	1051	289	20	150%
WSP-Facility H	001	H 001 1	Dorm	100	100	0	200	NA	RC	150	112	86	0	112%
	002	H 002 1	Dorm	100	100	0	200	NA	RC	150	175	25	0	175%
	003	H 003 1	Dorm	100	100	0	200	NA	RC	150	167	33	0	167%
	004	H 004 1	Dorm	100	100	0	200	NA	RC	150	168	32	0	168%
WSP-Facility H Total				400	400	0	800			600	622	176	0	156%
WSP-MSF	002	M 002 1	Dorm	48	48	0	96	I	WC	72	56	40	0	117%
		M 002 2	Dorm	48	38	0	86	I	WC	72	60	25	0	125%
	FIR	M FIR 1	Dorm	8	0	0	8	I	FH	8	6	2	0	75%
WSP-MSF Total				104	86	0	190			152	122	67	0	117%
Grand Total				2889	2867	16	5772			4305	4499	1169	34	156%

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

Exhibit 4



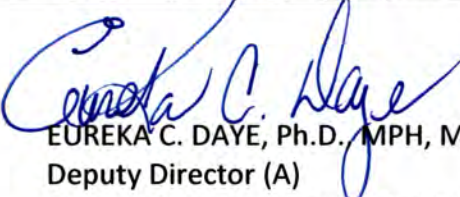
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date: March 25, 2020

To: Chief Executive Officers
Chief Psychiatrists
Chief of Mental Health
Senior Psychiatrist, Supervisors

From: 
EUREKA C. DAYE, Ph.D., MPH, MA, CCHP
Deputy Director (A)
Statewide Mental Health Services

Subject: COVID-19 – MENTAL HEALTH DELIVERY OF CARE GUIDANCE

In response to the current coronavirus disease 2019 (COVID-19) pandemic and out of an abundance of caution the California Department Corrections and Rehabilitation (CDCR) Statewide Mental Health Program (SMHP) is taking necessary precautions to reduce exposure to Coleman patients and mental health staff by addressing exceptional allowances provided. This memorandum provides guidance for the delivery of mental health care with the understanding that new challenges and impacts of COVID-19 may permit more restrictions at some institutions than others as we move through this difficult time and may likewise lead to interim changes in practice and/or policy exceptions not otherwise allowed by the *Mental Health Services Delivery System Program Guide 2009 Revision*.

Clinical leadership (to include Chief Executive Officers, Chiefs of Mental Health, Chief Nurse Executives, Chief Medical Executives, and the Chief Psychiatrist) shall assess program capacity and make determinations on admission and discharge practices based on factors to include available workforce, known COVID-19 exposure, etc.. Leadership must consider individual patient needs, facility-system flows, and the degrees of risk when making these decisions.

To ensure patients continue to receive the most appropriate and effective interventions necessary to meet their needs, each clinical provider shall assess the patient's needs and continue to deliver services as appropriate in person, or via tele-health technology such as WebEx, Citrix, and other solutions.

The attached chart serves as a guide and provides a tiered approach on the delivery of care dependent upon each institution's staffing and operational circumstances. The CEOs, in consultation with the Wardens, will determine which tier shall be applied each day. Tier One



represents operating close to Program Guide requirements, while Tier Four represents dramatically decreased resources. The following factors shall be taken into consideration when determining the tier an institution will operate within:

- Clinical and custodial staffing levels
- Space availability
- Social distancing requirements
- Local and statewide restrictions on movement
- Quarantines and Isolations

Mental Health Patients

Mental health patients are at increased risk for escalation in depression, anxiety, panic attacks, psychomotor agitation, psychotic symptoms, delirium, and suicidality during this COVID-19 pandemic. Sources of stress include social isolation, decreased sensory stimulation, lack of access to standard clinical programming, diminished coping strategies, and limited outdoors or out-of-cell exercise and activities. We are focused on three critical areas during this COVID-19 pandemic: 1) Preserving life; 2) Stabilizing of acute mental health deterioration; 3) Helping the mental health population cope.

Provisions of Treatment

To the extent possible, institutions shall follow current Program Guide policies and procedures including, but not limited to: clinical contacts, group and treatment requirements, emergent and urgent referral processes, crisis intervention, suicide prevention, and inpatient referrals. However, to ensure patients receive the essential care and support services during this time of fewer onsite staff and various restrictions on patient movement the below and attached guidelines provide direction on ways to provide services and minimize the risk to both patients and staff:

- Individual clinical contacts shall continue while maintaining social distancing. As institutions move toward less patient movement measures and staffing levels decrease, individual contacts should be triaged by emergent referrals, patient acuity and levels of care.
- Interdisciplinary Treatment Teams (IDTT) shall continue while maintaining social distancing. In lieu of the tradition setting, the use of technology should be optimized to ensure attendance by all IDTT members. The best solution is to turn team meetings into teleconference meetings, with staff calling in from their individual offices.
- Groups shall continue but may be reduced in size in order to adhere to social distancing requirements. In addition, alternative locations should be explored. Larger classrooms or vocational space, temporarily closed during this time, could be used to allow for social distancing for groups. Develop in-cell Recreational Therapy and other group activities that can be conducted and distributed.
- Patients in isolation and/or quarantine will not attend groups but shall be provided with therapeutic treatment packets, workbooks, and other in cell activities and shall receive

daily rounding by at least one of the following designated staff to include: CNA, Psychologist, LVN, Recreational Therapists, PTs, RNs, or Social Workers.

- Psychiatry and primary care clinicians should be consulted urgently on patients expressing suicidal ideation or intent, psychosis, medication side effects, incomplete symptom control, or acute agitation.
- Psychiatry should also be consulted for other non-urgent significant psychiatric symptoms as usual.
- In the event of severe staffing shortages, frequent mental health wellness and surveillance rounding is required with liaison between psychiatrists, psychologists, suicide prevention coordinators and recreational therapists to identify significant concern for a patient's mental health sequelae. These rounds are to identify any urgent/emergent clinical issues including but not limited to acute suicidality.
- Issues identified through these rounds are to be promptly brought to the attention of the assigned psychiatrist.
- Staff performing rounds shall use appropriate personal protective equipment (PPE) as determined by public health.
- Psychiatry encounters may be via tele-psychiatry during the COVID-19 pandemic as approved by the hiring authority (See section on tele-psychiatry below for details).

Suicide Prevention

As much as possible, all Suicide Risk Assessments shall continue per policy and patients identified as a suicide risk will receive an in-person mental health evaluation. As operational abilities are impacted due to staff reductions, the clinician assessing the patient for suicidality will conduct the Columbia screener and a full mental health status exam and do the following:

1. If the patient screens positive, he/she shall be placed in alternative housing and be referred to a Mental Health Crisis Bed (MHCB). Within 24 hours of placement in the MHCB or if the patient remains in alternative housing longer than 24 hours, a full Suicide-Risk and Self-Harm Evaluation shall be completed.
2. If the patient screens negative, the clinician shall establish a safety plan with the patient and he/she can be returned to housing with a consult order for the primary clinician to see the patient with an urgent or routine referral.
 - All (5) five-day follow-ups will be completed in person, per policy, while maintaining social distancing.
 - As the operational abilities begin to limit clinical contacts and services, Administrative Segregated Unit workbooks shall be distributed to Enhanced Out-Patient housing units and the Correctional Clinical Case Management System population for in-cell activities.
 - Suicide Prevention and Response Focus Improvement Team Coordinators shall distribute the high risk list to all primary clinicians and psychiatrists. Cell visit check-ins with these patients shall be conducted by a mental health provider, in addition to the required scheduled appointments.

Inpatient Referrals and Services

As of March 17, 2020, the Department of State Hospitals (DSH) has temporarily suspended patient transfers to and from CDCR. As a result, patients referred to a higher level of care of at least a restrictive housing of a DSH facility will remain at CDCR. The below information and reminders are critical to ensure all patients currently housed or awaiting placement to an inpatient bed receive the appropriate care and oversight during this time.

- All referrals to higher levels of care shall continue as clinically indicated and determined by the IDTT.
- Patients housed out of their least-restrictive housing due to the inability to transfer to DSH, shall be placed in the least restrictive housing available within CDCR.
- As wait times increase, every effort shall be made to provide these patients with the services commensurate with their level of care. This includes providing enhanced out-of-cell time and therapeutic activities as well as daily rounds, as operations allow, while awaiting transfer.
- Patients housed in an MHCB awaiting transfer to a higher level of care and patients in alternative housing awaiting transfer to an MHCB will be provided enhanced out-of-cell time and therapeutic activities as well as daily rounds, as operations allow, while awaiting transfer.
- Inpatient licensed beds shall not be closed to admissions by the institutions without going through the proper authorization and notification process.

Patient Education

Clinical focus shall be on supporting patients by encouraging questions and helping them understand the current pandemic situation. Clarify misinformation and misunderstandings about how the virus is spread and that not every respiratory disease is COVID-19. Provide comfort and extra patience. Check back with patients on a regular basis or when the situation changes. Recognize that feelings such as loneliness, boredom, fear of contracting disease, anxiety, stress, and panic are normal reactions to a stressful situation such as a disease outbreak.

Key communication messages to mental health patients:

- The importance of reporting fever and/or cough or shortness of breath along with reporting if another patient is coughing in order to protect themselves. Indicate how these reports should be made.
- Reminders about good-health habits to protect themselves, emphasizing hand hygiene.
- Plans to support communication with family members if visits are curtailed.
- Plans to keep patients safe, including social distancing.

Patient Isolation (Symptomatic Patients)

A critical infection control measure for COVID-19 is to promptly separate patients who are sick with fever or respiratory symptoms away from other patients in the general population. Precautionary signs shall be placed outside the isolation cell and PPE appropriate protocols shall be followed.

Quarantine (Asymptomatic Exposed Patients)

The purpose of quarantine is to assure that patients who are known to have been exposed to the virus are kept separated from other patients with restriction of movement to assess whether they develop viral infection symptoms.

- Exposure is defined as having been in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of a person with suspected or confirmed COVID19.
- Examples of close contact include sharing eating or drinking utensils, riding in close proximity in the same transport vehicle, or any other contact between persons likely to result in exposure to respiratory droplets.
- The door to the Quarantine Unit should remain closed. A sign should be placed on the door of the room indicating that it is a Quarantine Unit which lists recommended personal protective equipment (PPE).
- Medical Holds are employed for both isolation and quarantine. A temporary prohibition of the transfer of patients with the exception of legal or medical necessity is now in place.

Social Distancing

To stop the spread of COVID-19, social distancing must be employed. CDC officials recommend avoiding large gatherings of more than 10 people and maintaining a distance of 6 feet from other people. This reduces the chance of contact with those knowingly or unknowingly carrying the infection.

Patient-to-Patient; Patient-to-Staff Social Distancing

If group spaces are too small to accommodate the 6-foot rule, consider smaller group sizes in the interim. Groups can be smaller with higher frequency or this may mean needing to decrease the number of treatment offerings. Say to the patients that because of the COVID19, "We have a policy of keeping at least 6 feet of distance between patients and staff and patients and each other, which is why I'm sitting here and you're sitting there." If you don't say it, many patients may misinterpret social distancing (i.e. "my clinician is scared of me"). Maximize disinfection of all areas used for group and 1:1 treatment.

Tele-Psychiatry and Social Distancing

With the latest expansion of tele-psychiatry waivers, exceptions issued by the Center for Medicare and Medicaid Services (CMS), tele-psychiatry may be used to minimize any COVID-19 impacts that could disrupt the daily psychiatric services to patients. Psychiatrists who are unable to come into the institution because of personal risk factors (age > 65, chronic medical condition, etc.) or are under a personal quarantine who are otherwise fit to work can be authorized to use WebEx to conduct patient visits from a home computer that has a camera, speaker, and microphone. A state laptop with a VPN or any home computer with Citrix can access the EHRS.

- Each clinician who is providing tele-services will require a tele-presenter within the institution.
- Tele-presenters can include Medical Assistant, Certified Nursing Assistant, Licensed Vocational Nurse, Registered Nurse, or any other healthy employee who is available to assist. This could include support staff who are on Administrative Time Off.
- Presenters shall be provided PPE as needed based upon public health recommendations. Successful use of tele-psychiatry will require clinic space, tele-health equipment, IT assistance, scheduling organization, escort support, frequently updated telephone and email contact lists, and local executive leadership support.

cc: Diana Toche, DDS, Undersecretary
Joseph Bick, MD, CCHP, Director
Connie Gipson, Director
Regional Health Care Executives
Deputy Directors

Tier	Inpatient Referrals	Suicide Prevention	Provision of Treatment	Evaluations (Pre-Release, MDO)
<p>Tier One: Delivery of care continues with minor modifications up to and including:</p> <ul style="list-style-type: none"> • Patient movement permitted between and within CDCR facilities. • Minor movement restrictions within specific housing units or yards. • Temporary suspension of transfers to DSH. • Adequate clinical staff are on site and available to provide services • Sufficient beds and staff are available for 1:1 watch and alternative housing. • Social Distancing Required 	<p>Referrals continue per policy.</p> <p>Patients out of LRH, due to bed unavailability (DSH unlocked dorm) will be placed in the least restrictive housing available within CDCR.</p>	<p>Suicide Risk Assessments: Continue to complete per policy.</p> <p>Five day follow ups: Complete in person per policy, while maintaining social distancing.</p> <p>Referrals: Continue to respond to referrals in accordance with MHPG timelines.</p>	<p>IDTT: Continue with social distancing. Optimize use of technology including VTC, SKYPE, conference calls, or other electronic alternatives.</p> <p>Groups: Continue but may be reduced in size or in alternative non confidential locations (e.g. day room, class rooms) for social distancing.</p> <p>Individual contacts: Continue, with social distancing.</p> <p>Patients on isolation: Provide with treatment packets/therapeutic activities to complete in cell. Treatment team members visit cell daily.</p> <p>Personal Protective Equipment: Those rounding in quarantined and isolated areas must be provided appropriate personal protective equipment (PPE) based upon the most recent public health recommendations. All staff shall receive training in the appropriate use of PPE.</p>	<p>Pre-Release Planning: All required activities to occur when social distancing can be followed.</p> <p>MDO Evaluations: MDO evaluations will continue and patients meeting MDO criteria will be admitted to DSH.</p> <p>If MDO evaluator cannot enter a facility review will occur remotely and the evaluator will work with the MDO Coordinator (CCI) at the facility to arrange for a telephonic interview.</p>

Tier	Inpatient Referrals	Suicide Prevention	Provision of Treatment	Evaluations (Pre-Release, MDO)
<p>Tier Two: Minor movement restrictions and staff limitations impacting daily operations.</p> <ul style="list-style-type: none"> • Patient movement permitted between and within CDCR facilities • Minor movement restrictions within specific housing units and/or yards • Temporary suspension of transfers to DSH. • Minor clinical staffing shortages requires triage for services • Sufficient beds and staff are available for 1:1 watch and alternative housing. • Social distancing required 	<p>Referrals continue per policy.</p> <p>As wait times increase, patients shall be provided enhanced care, which may include, but not limited to, daily rounds, out of cell time, and therapeutic activities as operations allow, while awaiting transfer.</p> <p>Patients awaiting MHCb will be placed in alternative housing on 1:1 status per current policy. Treatment frequency should be that of MHCb patients, when operations allow, while awaiting transfer.</p>	<p>Suicide Risk Assessments: Columbia Screener may be used with a mental status examination for suicide screening when staffing shortages prevent use of SRASHE.</p> <p>Patients identified as suicide risk will receive in person evaluation.</p> <p>Five day follow ups: Complete in person per policy, while maintaining social distancing.</p> <p>Referrals: Triage referrals responding to emergent and urgent first, and triage routine referrals for urgency.</p> <p>Prevention: Distribute ASU Workbooks to outpatient housing units (EOP) for in-cell activities.</p> <p>SPRFIT Coordinators distribute the high risk list to all primary clinicians. PCs to conduct cell visits for check-ins with individuals on this list. These visits should be in addition to required scheduled appointments.</p> <p>If decompensation is noted, patients should be brought out for assessment.</p>	<p>Treatment may be triaged as follows as staffing shortages and space access are decreased:</p> <p>Triage Guidelines: Individual contacts as follows:</p> <ul style="list-style-type: none"> - Emergent referrals - Patients on high risk list - Patients in inpatient facilities - Patients awaiting transfer to inpatient LOC - Patients in segregated housing - Patients in EOP level of care - Patients in CCCMS level of care <p>IDTT: Continue with social distancing. Optimize use of technology including VTC, SKYPE, conference calls, or other electronic alternatives.</p> <p>Groups: Continue but may be reduced in size or in alternative non confidential locations (e.g. day room, class rooms) for social distancing. May be triaged.</p> <ul style="list-style-type: none"> - CCCMS groups may be reduced or cancelled to redirect resources to EOP and inpatient programs. - Consider altering work schedules to stagger groups and offer into late evenings and weekends. 	<p>Pre-Release Planning:</p> <p>Prioritize the ROIs to those releasing only to L.A. county and San Diego county</p> <p>Prioritize completion of the PRPA for those releasing to L.A. and San Diego counties first.</p> <p>The assigned psychiatrist will continue to be notified of the release date.</p> <p>Provide groups in accordance with group guidelines in treatment activities section of this document</p> <p>Complete 5150 requests per standard process</p> <p>Complete transportation Chrono's per standard process</p> <p>Conduct pre-release CCAT when possible (dependent upon outside clinician availability)</p> <p>MDO Evaluations: MDO evaluations will continue and patients meeting MDO criteria will be admitted to DSH.</p> <p>Evaluators will bundle evaluations for a single visit to reduce the number of trips to a facility.</p> <p>If MDO evaluator cannot enter a facility review will occur remotely and the evaluator will work with the MDO Coordinator (CCI) at the</p>

Tier	Inpatient Referrals	Suicide Prevention	Provision of Treatment	Evaluations (Pre-Release, MDO)
			<p>-Develop in cell RT and other group activities and distribute when group offerings decrease.</p> <p>Patients on isolation: Provide with treatment packets to complete in cell. Treatment team members visit cell daily.</p> <p>Psychiatry: Psychiatrists check in & check out daily with Chief Psychiatrist to track availability and coverage. Updated contact lists and workflows will be determined and provided by each institution up to and including contact list for:</p> <ul style="list-style-type: none"> - Nursing - MHCB/TTA/CTC - Institutional leadership (Chief Psychiatrist, CMH, CEO) - Medical providers - Pharmacists - Custody command chain - Telepsychiatry Seniors - Medication lines <p>Begin to Triage as follows: Admissions and discharges and related inpatient processes Suicide watch assessments and orders</p> <ul style="list-style-type: none"> - Suicide precaution assessments and orders - Emergency Medication orders during patient crisis, PC 2602s - Seclusion and Restraints "Face to Face" assessments or renewals - Stat Labs for patients with suspected toxicity e.g. Lithium) 	<p>facility to arrange for a telephonic interview.</p>

Tier	Inpatient Referrals	Suicide Prevention	Provision of Treatment	Evaluations (Pre-Release, MDO)
			<ul style="list-style-type: none"> - Renewing expiring psychiatric medications - Medication changes as necessary - Confirming lack of psychiatric medication-related medical issues - IDTT participation - Routine psychiatric follow up <p>Telepsychiatry: Psychiatrists who are assigned to work on-site who are no longer able to come into the institution (for example >65 years old, high risk medical condition, quarantine but still able to work) can use WebEx to conduct patient visits from any home computer with a camera/ speaker/ microphone. A state laptop with a VPN (or any home computer with Citrix) can access EHRS.</p> <ul style="list-style-type: none"> - Staff that could be used as telepresenters is decided by each institution to include: <ul style="list-style-type: none"> • MA or CNA • Any staff unable to perform their assigned duties during the crisis (with training), e.g. <ul style="list-style-type: none"> - Dental - ATO - support staff - any healthy state personnel - Any Mental Health provider (Group leader, RT, SW, LCSW, PhD/ PsyD) - LVN, RN 	

Tier	Inpatient Referrals	Suicide Prevention	Provision of Treatment	Evaluations (Pre-Release, MDO)
			<p>- Any medical provider (PA, NP, MD)</p> <p>All telepresenters require personal protective equipment as in Tier 1</p> <p>This will also require: office space, tele-health equipment, IT assistance, OT organization, Custody escort support, contact lists as in tier 2, and local leadership support</p>	

Tier	Inpatient Referrals	Suicide Prevention	Provision of Treatment	Evaluations (Pre-Release, MDO)
<p>Tier Three Movement restrictions within facilities and staffing shortages requires substantial change in standard practice</p> <ul style="list-style-type: none"> • Patient movement permitted between most CDCR facilities. • Movement restrictions are in effect within the institutions. • Temporary suspension of transfers to DSH. • Substantial clinical staffing shortages requires increased triage for services • There may be insufficient beds and/or staff for alternative housing and 1:1 watch. 	<p>Referrals continue per policy.</p> <p>If staffing and space become unavailable:</p> <p>Alt Housing Location: Patients who can be safely watched in their existing cell will be placed on 1:1 watch (must be single cell status, items removed per watch policy). These patients will be treated as MHCN patients for all clinical contacts as operations allow.</p> <p>1:1 Watch: When there are not enough staff for 1:1 watch, patients in alternative housing may be placed on 2:1 watch if the location allows for good line of sight and patients are next door to one another, allowing continuous watch of each. CEO to determine when this can be applied and will provide the direction above with oversight for safety.</p>	<p>Suicide Risk Assessments: <i>See Tier two</i></p> <p>Five day follow ups: <i>See Tier Two</i></p> <p>Referrals: <i>See Tier Two</i></p> <p>Prevention: <i>See Tier Two and Provision of Treatment Column</i></p>	<p>Rounding: Every day, every patient in the Mental Health Services Delivery System (CCCMS, EOP, MHCN, ICF, ACUTE) shall be rounded on by at least one of the following designated staff to include: CNA, Psychologist, LVN, Recreational Therapists, PTs, RNs, or Social Workers, by building and yard. The review includes questions of immediate, acute suicidality and/or medical concerns. Patients who answer in the affirmative must be brought to the attention of the assigned psychiatrist at least once a day (preferably twice) at fixed times for treatment.</p> <p>When patients respond in the affirmative:</p> <ul style="list-style-type: none"> - A consult order shall be placed per current policy. - MH clinicians will address emergent issues per current policy. - Patients will be placed on a list for discussion with the psychiatrist. <p>Rounds shall be documented in the healthcare record as follows:</p> <p>Nursing: Interview psych tech daily rounds.</p> <p>MH Clinicians: MH PC Progress note.</p> <p>Personal protective equipment required as in tier 1.</p>	<p>Pre-Release Planning:</p> <p>ROIs to those releasing only to L.A. county and San Diego county ONLY.</p> <p>Complete the PRPA for those releasing to L.A. and San Diego counties. For releases to other counties, the IMHPC or PC or other clinician who knows the patient, will determine if exigent circumstances related to release exist, and if so, will attempt to communicate those needs to the respective community stakeholders via email. Document efforts in a pre-release planning progress note.</p> <p>The assigned psychiatrist will continue to be notified of the release date.</p> <p>Provide groups in accordance with group guidelines in treatment activities section of this document.</p> <p>Complete 5150 requests per standard process</p> <p>Complete transportation Chrono's per standard process</p> <p>Conduct pre-release CCAT when possible (dependent upon outside clinician availability)</p> <p>MDO Evaluations: <i>See Tier Two</i></p>

Tier	Inpatient Referrals	Suicide Prevention	Provision of Treatment	Evaluations (Pre-Release, MDO)
			<p>As ability to provide out of cell groups decreases:</p> <ul style="list-style-type: none"> - RTs play music and conduct other activities on the unit - Continue to replenish supply of in cell treatment materials. <p>Direct Staff and Care as follows:</p> <ul style="list-style-type: none"> - Emergent referrals - Five Day Follow Ups - Patients on high risk list - Patients in inpatient facilities - Patients awaiting transfer to inpatient facility - Patients in segregated housing - Patients in EOP level of care - Patients in CCCMS level of care <p>Telepsychiatry: As per tier 2 above</p>	

Tier	Inpatient Referrals	Suicide Prevention	Provision of Treatment	Evaluations (Pre-Release, MDO)
<p>Tier Four Patient movement restrictions between and within facilities is suspended and significant staffing shortages require substantial change in standard practice</p> <ul style="list-style-type: none"> • Patient movement is not permitted between most CDCR facilities. • Patient movement restrictions in most units and/or yards within facilities • Temporary suspension of transfers to DSH. • Substantial clinical staffing shortages requires further triage for services • Insufficient beds and/or staff available for 1:1 watch and alternative housing. 	<p><i>See Tier Three</i></p>	<p><i>See Tier Three</i></p>	<p><i>See Tier Three</i></p> <p>Psychiatry Services Any physician, NP, or PA serves as psychiatrists for the plans in Tier 2 and 3 above.</p> <p>Laptops with VPN (or home computers with Citrix) provide for chart access from home, for the equivalent of basic on-call coverage. Local triage (by Chief Psychiatrist and CMH) to establish referral priority for tele-health.</p>	<p>Pre-Release Planning:</p> <ul style="list-style-type: none"> - ROIs will not be completed - The PRPA will not be completed For releases, the IMHPC or PC or other clinician who knows the patient, will determine if exigent circumstances related to release exist, and if so, will attempt to communicate those needs to the respective community via email. The assigned psychiatrist will continue to be notified of the release date. - Complete 5150 requests per standard process - Complete transportation Chrono's per standard process - Conduct pre-release CCAT when possible (dependent upon outside clinician availability) <p>MDO Evaluations: <i>See Tier Two</i></p>

Exhibit 5

From: Nick Weber
Sent: Friday, March 20, 2020 8:41 AM
To: Coleman Team - RBG Only; Steve Fama; Elise Thorn; Tyler Heath; Adriano Hrvatin (Adriano.Hrvatin@doj.ca.gov); Lucas Hennes; Kyle Lewis; Melissa Bentz; Hessick, Jerome@CDCR; Neill, Jennifer@CDCR; Christine Ciccotti; Kent, Kristopher@DSH-S; Raddatz, Antonina@DSH-S; Angie Cooper; Brian Main; Cindy Radavsky; Henry D. Dlugacz; James DeGroot; Jeffrey Metzner; Karen Rea-Williams; Kerry Courtney Hughes, MD; Kerry F. Walsh; Kristina Hector; Lindsay Hayes; Latricea McClendon-Hunt; Lana Lopez; Maria Masotta; Matt Lopes; Mohamedu Jones; Mary Perrien; Patricia M. Williams; Rachel Gribbin; Regina Costa; Rod Hickman Gmail; Steve Raffa; Tim Rougeux
Subject: Coleman - March 19, 2020 Inpatient Census and Waitlist Data
Attachments: CensusAndPendingListRpt_3-19-20.pdf

All,

Attached is Defendants' census and waitlist data, pulled from HCPOP's RIPA reporting system, as of March 19, 2020. A few notes:

- On page 1, CMF APP, the capacity is noted as 218. However, as 13 beds are kept offline in a flexible manner as reported in the monthly Mission Change letters, actual capacity today is 205.
- Cases currently assigned for endorsement to the PIPs are tallied in the *Pending Bed Availability/Endorsement* line for each PIP.
- This is a point in time report. Defendant's bed census changes constantly throughout the day as patients are physically discharged or admitted.

Defendants are operating a total 1655 inpatient beds, of which 1537 are occupied, ten are redlined, and thirteen are offline due to staffing at CMF PIP. Defendants have 125 patients pending bed availability and endorsement with 62 patients in other various stages of the referral, review, and transfer process.

Nick Weber
Attorney
Department of Corrections & Rehabilitation
1515 S Street, Suite 314S
Sacramento, CA 95811-7243
(916) 323-3202

CONFIDENTIALITY NOTICE: This communication with its contents may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

Thursday, 3/19/2020

Time: 04:11 PM

PSYCHIATRIC INPATIENT PROGRAMS CENSUS AND PENDING LIST REPORT AS OF 03/19/2020

Facility	Bed Capacity	Beds Occupied		Beds Redlined	Pending List	
Male Acute Care Programs						
PIP-Vacaville	218	No Score:	5	1	Pending Bed Availability/Endorsement:	16
		Level I:	13		Endorsed & Pending Inpatient Program	4
		Level II:	47		Accepted & Pending Transfer:	1
		Level III:	31			
		Level IV	100			
		Total Census:	196			
PIP-Stockton	221	No Score:	7	1	Pending Bed Availability/Endorsement:	15
		Level I:	16		Endorsed & Pending Inpatient Program	3
		Level II:	57		Accepted & Pending Transfer:	5
		Level III:	22			
		Level IV	108			
		Total Census:	210			
DSH-Atascadero	0	No Score:	0	0	Pending Bed Availability/Endorsement:	0
		Level I:	0		Endorsed & Pending Inpatient Program	0
		Level II:	0		Accepted & Pending Transfer:	0
		Level III:	0			
		Level IV	0			
		Total Census:	0			
Totals for Male Acute	439		406	2		
Male Intermediate Care Facility (High Custody) Programs						
PIP-Stockton	313	No Score:	3	7	Pending Bed Availability/Endorsement:	23
		Level I:	10		Endorsed & Pending Inpatient Program	1
		Level II:	51		Accepted & Pending Transfer:	3
		Level III:	29			
		Level IV	211			
		Total Census:	304			
		Total out of LRH:	176			
PIP-Vacaville	94	No Score:	2	0	Pending Bed Availability/Endorsement:	30
		Level I:	4		Endorsed & Pending Inpatient Program	0
		Level II:	20		Accepted & Pending Transfer:	0
		Level III:	13			
		Level IV	53			
		Total Census:	92			
		Total out of LRH:	56			

PSYCHIATRIC INPATIENT PROGRAMS CENSUS AND PENDING LIST REPORT AS OF 03/19/2020

Facility	Bed Capacity	Beds Occupied		Beds Redlined	Pending List	
PIP-Vacaville Multi-person Cells	70	No Score:	1	0	Pending Bed Availability/Endorsement:	6
		Level I:	0		Endorsed & Pending Inpatient Program	7
		Level II:	10		Accepted & Pending Transfer:	2
		Level III:	10			
		Level IV	33			
		Total Census:	54			
		<i>Total out of LRH:</i>	22			
PIP-Salinas Valley	202	No Score:	1	0	Pending Bed Availability/Endorsement:	17
		Level I:	5		Endorsed & Pending Inpatient Program	1
		Level II:	28		Accepted & Pending Transfer:	4
		Level III:	28			
		Level IV	123			
		PC 1370:	13			
		WIC 7301:	2			
		Total Census:	200			
		<i>Total out of LRH:</i>	83			
PIP-Salinas Valley Multi-person Cells	44	No Score:	0	0	Pending Bed Availability/Endorsement:	6
		Level I:	1		Endorsed & Pending Inpatient Program	0
		Level II:	9		Accepted & Pending Transfer:	0
		Level III:	5			
		Level IV	29			
		PC 1370:	0			
		WIC 7301:	0			
		Total Census:	44			
		<i>Total out of LRH:</i>	17			
Totals for Male ICF High Custody	723		694	7		
Male Intermediate Care Facility (Low Custody) Programs						
PIP-Vacaville Dorms	84	No Score:	0	0	Pending Bed Availability/Endorsement:	8
		Level I:	5		Endorsed & Pending Inpatient Program	5
		Level II:	18		Accepted & Pending Transfer:	5
		Level III:	16			
		Level IV	31			
		Total Census:	70			
		<i>Total out of LRH:</i>	17			

PSYCHIATRIC INPATIENT PROGRAMS CENSUS AND PENDING LIST REPORT AS OF 03/19/2020

Facility	Bed Capacity	Beds Occupied		Beds Redlined	Pending List	
DSH-Atascadero	256	No Score:	0	0	Pending Bed Availability/Endorsement:	4
		Level I:	29		Endorsed & Pending Inpatient Program	1
		Level II:	135		Accepted & Pending Transfer:	0
		Level III:	28			
		Level IV	48			
		Total Census:	240			
		DSH-Coalinga	50		No Score:	0
		Level I:	2	Endorsed & Pending Inpatient Program	0	
		Level II:	24	Accepted & Pending Transfer:	0	
		Level III:	9			
		Level IV	13			
		Total Census:	48	0		
Totals for Male ICF Low Custody	390		358	0		
Male Condemned Program						
PIP-San Quentin	30	Total Census:	26	0	Pending Bed Availability/Endorsement:	0
					Endorsed & Pending Inpatient Program	0
					Accepted & Pending Transfer:	0
Female Programs						
DSH-Patton	30	No Score:	0	0	Pending Bed Availability/Endorsement:	0
		Level I:	5		Endorsed & Pending Inpatient Program	0
		Level II:	9		Accepted & Pending Transfer:	0
		Level III:	1			
		Level IV	1			
		Total Census:	16			
PIP-California Institution for Women	43	No Score:	6	1	Pending Bed Availability/Endorsement:	0
		Level I:	4		Endorsed & Pending Inpatient Program	1
		Level II:	10		Accepted & Pending Transfer:	0
		Level III:	1			
		Level IV	16			
		Total Census:	37			
		Total out of LRH:	4			
Totals for Female ICF/Acute	73		53	1		
Total Inpatient Program Capacity and Census - Male and Female						
GRAND TOTALS	1655		1537	10	Pending IRU Review:	8
					Pending LRH Determination:	11
					Pending Bed Availability/Endorsement:	125
					Endorsed & Pending Inpatient Program	23
					Accepted & Pending Transfer:	20
					Total Pending:	187
					APP Referrals Outside Compliance:	1
					ICF Referrals Outside Compliance:	0

*Note: One APP over timelines is pending a medical hold exception.

Exhibit 6

Weekly Report of Population
 As of Midnight March 18, 2020

Total CDCR Population						
Population	Felon/ Other	Change Since Last Week	Change Since Last Year	Design Capacity	Percent Occupied	Staffed Capacity
A. Total In-Custody/CRPP Supervision	123,030	+20	-3,600			
I. In-State	123,030	+20	-2,369			
(Men, Subtotal)	117,579	+14	-2,035			
(Women, Subtotal)	5,451	+6	-334			
1. Institution/Camps	117,394	+57	-241	89,663	130.9	123,895
Institutions	114,328	+10	+333	85,083	134.4	119,661
Camps(CCC, CIW, and SCC)	3,066	+47	-574	4,580	66.9	4,234
2. In-State Contract Beds	4,146	-52	-2,218			
Private Community Correctional Facilities	270	-45	-1,784			
Public Community Correctional Facilities	1,627	+14	-112			
Community Prisoner Mother Program	23	0	+6			
California City Correctional Facility	2,061	-18	-293			
Female Community ReEntry Facility, McFarland	165	-3	-35			
3. Department of State Hospitals	309	+7	+131			
4. CRPP Supervision	1,181	+8	-41			
Alternative Custody Program	141	+1	-34			
Custody to Community Treatment Reentry Program	374	+1	-11			
Male Community Reentry Program	638	+6	+1			
Medical Parole	28	0	+3			
B. Parole	52,419	+12	+3,140			
Community Supervision	50,642	+13	+3,248			
Interstate Cooperative Case	1,777	-1	-108			
C. Non-CDCR Jurisdiction	1,064	-2	+12			
Other State/Federal Institutions	303	-3	-19			
Out of State Parole	726	+2	+46			
Out of State Parolee at Large	16	0	+3			
DJJ-W&IC 1731.5(c) Institutions	19	-1	-18			
D. Other Populations	6,618	+17	+327			
Temporary Release to Court and Hospital	1,591	-18	+122			
Escaped	198	0	-1			
Parolee at Large	4,829	+35	+206			
Total CDCR Population	183,131	+47	-121			

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

Weekly Report of Population
 As of Midnight March 18, 2020

Weekly Institution Population Detail

Institutions	Felon/ Other	Design Capacity	Percent Occupied	Staffed Capacity
Male Institutions				
Avenal State Prison (ASP)	4,270	2,920	146.2	4,387
Calipatria State Prison (CAL)	2,991	2,308	129.6	3,451
California Correctional Center (CCC)	4,257	3,883	109.6	4,752
California Correctional Institution (CCI)	3,665	2,783	131.7	4,085
Centinela State Prison (CEN)	3,395	2,308	147.1	3,446
California Health Care Facility - Stockton (CHCF)	2,840	2,951	96.2	2,951
California Institution for Men (CIM)	3,537	2,976	118.9	4,226
California Men's Colony (CMC)	3,827	3,838	99.7	4,407
California Medical Facility (CMF)	2,472	2,361	104.7	2,861
California State Prison, Corcoran (COR)	2,832	3,116	90.9	4,476
California Rehabilitation Center (CRC)	4,011	2,491	161.0	3,084
Correctional Training Facility (CTF)	5,113	3,312	154.4	4,887
Chuckawalla Valley State Prison (CVSP)	2,937	1,738	169.0	2,578
Deuel Vocational Institution (DVI)	1,973	1,681	117.4	2,190
Folsom State Prison (FOL)	2,813	2,066	136.2	2,986
High Desert State Prison (HDSP)	3,340	2,324	143.7	3,461
Ironwood State Prison (ISP)	2,834	2,200	128.8	3,300
Kern Valley State Prison (KVSP)	3,570	2,448	145.8	3,622
California State Prison, Los Angeles County (LAC)	3,212	2,300	139.7	3,400
Mule Creek State Prison (MCSP)	4,004	3,284	121.9	4,105
North Kern State Prison (NKSP)	4,223	2,694	156.8	4,011
Pelican Bay State Prison (PBSP)	2,653	2,380	111.5	3,361
Pleasant Valley State Prison (PVSP)	3,196	2,308	138.5	3,433
RJ Donovan Correctional Facility (RJD)	3,836	2,992	128.2	4,038
California State Prison, Sacramento (SAC)	2,436	1,828	133.3	2,545
California Substance Abuse Treatment Facility (SATF)	5,275	3,424	154.1	5,111
Sierra Conservation Center (SCC)	4,301	3,836	112.1	4,570
California State Prison, Solano (SOL)	4,180	2,610	160.2	3,882
San Quentin State Prison (SQ)	4,008	3,082	130.0	3,984
Salinas Valley State Prison (SVSP)	2,937	2,452	119.8	3,509
Valley State Prison (VSP)	3,015	1,980	152.3	2,954
Wasco State Prison (WSP)	4,588	2,984	153.8	4,447
Male Total	112,541	85,858	131.1	118,500
Female Institutions				
Central California Women's Facility (CCWF)	2,837	2,004	141.6	2,988
California Institution for Women (CIW)	1,624	1,398	116.2	1,877
Folsom State Prison (FOL)	392	403	97.3	530
Female Total	4,853	3,805	127.5	5,395
Institution Total	117,394	89,663	130.9	123,895

Weekly Report of Population
As of Midnight March 18, 2020

Notes

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

Exhibit 7



Coronavirus Disease 2019 (COVID-19)

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of the date of posting, March 23, 2020.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the [CDC website](#) periodically for updated interim guidance.

This document provides interim guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. Recommendations may need to be revised as more information becomes available.

Who is the intended audience for this guidance?

This document is intended to provide guiding principles for healthcare and non-healthcare administrators of correctional and detention facilities (including but not limited to federal and state prisons, local jails, and detention centers), law enforcement agencies that have custodial authority for detained populations (i.e., US Immigration and Customs Enforcement and US Marshals Service), and their respective health departments, to assist in preparing for potential introduction, spread, and mitigation of COVID-19 in their facilities. In general, the document uses terminology referring to correctional environments but can also be applied to civil and pre-trial detention settings.

This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies' authorities or processes. **The guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions.** Facilities should contact CDC or their state, local, territorial, and/or tribal public health department if they need assistance in applying these principles or addressing topics that are not specifically covered in this guidance.

Why is this guidance being issued?

Correctional and detention facilities can include custody, housing, education, recreation, healthcare, food service, and workplace components in a single physical setting. The integration of these components presents unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors. Consistent application of specific preparation, prevention, and management measures can help reduce the risk of transmission and severe disease from COVID-19.

- Incarcerated/detained persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced.
- In most cases, incarcerated/detained persons are not permitted to leave the facility.
- There are many opportunities for COVID-19 to be introduced into a correctional or detention facility, including daily staff ingress and egress; transfer of incarcerated/detained persons between facilities and systems, to court appearances, and to outside medical visits; and visits from family, legal representatives, and other community members. Some settings, particularly jails and detention centers, have high turnover, admitting new entrants daily who may have been exposed to COVID-19 in the surrounding community or other regions.
- Persons incarcerated/detained in a particular facility often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.
- Options for medical isolation of COVID-19 cases are limited and vary depending on the type and size of facility, as well as

the current level of available capacity, which is partly based on medical isolation needs for other conditions.

- Adequate levels of custody and healthcare staffing must be maintained to ensure safe operation of the facility, and options to practice social distancing through work alternatives such as working from home or reduced/alternate schedules are limited for many staff roles.
- Correctional and detention facilities can be complex, multi-employer settings that include government and private employers. Each is organizationally distinct and responsible for its own operational, personnel, and occupational health protocols and may be prohibited from issuing guidance or providing services to other employers or their staff within the same setting. Similarly, correctional and detention facilities may house individuals from multiple law enforcement agencies or jurisdictions subject to different policies and procedures.
- Incarcerated/detained persons and staff may have [medical conditions that increase their risk of severe disease from COVID-19](#).
- Because limited outside information is available to many incarcerated/detained persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.
- The ability of incarcerated/detained persons to exercise disease prevention measures (e.g., frequent handwashing) may be limited and is determined by the supplies provided in the facility and by security considerations. Many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants.
- Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to co-pay requirements and fear of isolation.

CDC has issued separate COVID-19 guidance addressing [healthcare infection control](#) and [clinical care of COVID-19 cases](#) as well as [close contacts of cases](#) in community-based settings. Where relevant, community-focused guidance documents are referenced in this document and should be monitored regularly for updates, but they may require adaptation for correctional and detention settings.

This guidance document provides additional recommended best practices specifically for correctional and detention facilities. **At this time, different facility types (e.g., prison vs. jail) and sizes are not differentiated. Administrators and agencies should adapt these guiding principles to the specific needs of their facility.**

What topics does this guidance include?

The guidance below includes detailed recommendations on the following topics related to COVID-19 in correctional and detention settings:

- Operational and communications preparations for COVID-19
- Enhanced cleaning/disinfecting and hygiene practices
- Social distancing strategies to increase space between individuals in the facility
- How to limit transmission from visitors
- Infection control, including recommended personal protective equipment (PPE) and potential alternatives during PPE shortages
- Verbal screening and temperature check protocols for incoming incarcerated/detained individuals, staff, and visitors
- Medical isolation of confirmed and suspected cases and quarantine of contacts, including considerations for cohorting when individual spaces are limited
- Healthcare evaluation for suspected cases, including testing for COVID-19
- Clinical care for confirmed and suspected cases
- Considerations for persons at higher risk of severe disease from COVID-19

Definitions of Commonly Used Terms

Close contact of a COVID-19 case – In the context of COVID-19, an individual is considered a close contact if they a) have been within approximately 6 feet of a COVID-19 case for a prolonged period of time or b) have had direct contact with infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

Cohorting – Cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group, or quarantining close contacts of a particular case together as a group. Ideally, cases should be isolated individually, and close contacts should be quarantined individually. However, some correctional facilities and detention centers do not have enough individual cells to do so and must consider cohorting as an alternative. See [Quarantine](#) and [Medical Isolation](#) sections below for specific details about ways to implement cohorting to minimize the risk of disease spread and adverse health outcomes.


Community transmission of COVID-19 – Community transmission of COVID-19 occurs when individuals acquire the disease through contact with someone in their local community, rather than through travel to an affected location. Once community transmission is identified in a particular area, correctional facilities and detention centers are more likely to start seeing cases inside their walls. Facilities should consult with local public health departments if assistance is needed in determining how to define “local community” in the context of COVID-19 spread. However, because all states have reported cases, all facilities should be vigilant for introduction into their populations.

Confirmed vs. Suspected COVID-19 case – A **confirmed case** has received a positive result from a COVID-19 laboratory test, with or without symptoms. A **suspected case** shows symptoms of COVID-19 but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

Incarcerated/detained persons – For the purpose of this document, “incarcerated/detained persons” refers to persons held in a prison, jail, detention center, or other custodial setting where these guidelines are generally applicable. The term includes those who have been sentenced (i.e., in prisons) as well as those held for pre-trial (i.e., jails) or civil purposes (i.e., detention centers). Although this guidance does not specifically reference individuals in every type of custodial setting (e.g., juvenile facilities, community confinement facilities), facility administrators can adapt this guidance to apply to their specific circumstances as needed.

Medical Isolation – Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinical providers and public health officials (detailed in guidance [below](#)). In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion.

Quarantine – Quarantine refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. Ideally, each quarantined individual would be quarantined in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the individual should be placed under [medical isolation](#) and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the individual can return to their previous residency status within the facility.

Social Distancing – Social distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals will be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Although social distancing is challenging to practice in correctional and detention environments, it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19. Additional information about social distancing, including information on its use to reduce the spread of other viral illnesses, is available in this [CDC publication](#) .

Staff – In this document, “staff” refers to all public sector employees as well as those working for a private contractor within a correctional facility (e.g., private healthcare or food service). Except where noted, “staff” does not distinguish between healthcare, custody, and other types of staff including private facility operators.

Symptoms – [Symptoms of COVID-19](#) include fever, cough, and shortness of breath. Like other respiratory infections, COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations most at risk for disease and complications are not yet fully understood. Monitor the [CDC website](#) for updates on these topics.

Facilities with Limited Onsite Healthcare Services

Although many large facilities such as prisons and some jails usually employ onsite healthcare staff and have the capacity to evaluate incarcerated/detained persons for potential illness within a dedicated healthcare space, many smaller facilities do not. Some of these facilities have access to on-call healthcare staff or providers who visit the facility every few days. Others have neither onsite healthcare capacity nor onsite medical isolation/quarantine space and must transfer ill patients to other correctional or detention facilities or local hospitals for evaluation and care.

The majority of the guidance below is designed to be applied to any correctional or detention facility, either as written or with modifications based on a facility's individual structure and resources. However, topics related to healthcare evaluation and clinical care of confirmed and suspected COVID-19 cases and their close contacts may not apply directly to facilities with limited or no onsite healthcare services. It will be especially important for these types of facilities to coordinate closely with their state, local, tribal, and/or territorial health department when they encounter confirmed or suspected cases among incarcerated/detained persons or staff, in order to ensure effective medical isolation and quarantine, necessary medical evaluation and care, and medical transfer if needed. The guidance makes note of strategies tailored to facilities without onsite healthcare where possible.

Note that all staff in any sized facility, regardless of the presence of onsite healthcare services, should observe guidance on [recommended PPE](#) in order to ensure their own safety when interacting with confirmed and suspected COVID-19 cases. Facilities should make contingency plans for the likely event of [PPE shortages](#) during the COVID-19 pandemic.

COVID-19 Guidance for Correctional Facilities

Guidance for correctional and detention facilities is organized into 3 sections: Operational Preparedness, Prevention, and Management of COVID-19. Recommendations across these sections can be applied simultaneously based on the progress of the outbreak in a particular facility and the surrounding community.

- **Operational Preparedness.** This guidance is intended to help facilities prepare for potential COVID-19 transmission in the facility. Strategies focus on operational and communications planning and personnel practices.
- **Prevention.** This guidance is intended to help facilities prevent spread of COVID-19 from outside the facility to inside. Strategies focus on reinforcing hygiene practices, intensifying cleaning and disinfection of the facility, screening (new intakes, visitors, and staff), continued communication with incarcerated/detained persons and staff, and social distancing measures (increasing distance between individuals).
- **Management.** This guidance is intended to help facilities clinically manage confirmed and suspected COVID-19 cases inside the facility and prevent further transmission. Strategies include medical isolation and care of incarcerated/detained persons with symptoms (including considerations for cohorting), quarantine of cases' close contacts, restricting movement in and out of the facility, infection control practices for individuals interacting with cases and quarantined contacts or contaminated items, intensified social distancing, and cleaning and disinfecting areas visited by cases.

Operational Preparedness

Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the [symptoms of COVID-19](#) and how to respond if they develop symptoms. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with public health and correctional partners, and communicating clearly with staff and incarcerated/detained persons about these preparations and how they may temporarily alter daily life.

Communication & Coordination

- **Develop information-sharing systems with partners.**
 - Identify points of contact in relevant state, local, tribal, and/or territorial public health departments before cases develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19 in a particular correctional or detention facility.
 - Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.
 - Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
 - Where possible, put plans in place with other jurisdictions to prevent [confirmed and suspected COVID-19 cases and their close contacts](#) from being transferred between jurisdictions and facilities unless necessary for medical

evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.

- Stay informed about updates to CDC guidance via the [CDC COVID-19 website](#) as more information becomes known.
- **Review existing pandemic flu, all-hazards, and disaster plans, and revise for COVID-19.**
 - Ensure that physical locations (dedicated housing areas and bathrooms) have been identified to isolate confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and to quarantine known close contacts of cases. (Medical isolation and quarantine locations should be separate). The plan should include contingencies for multiple locations if numerous cases and/or contacts are identified and require medical isolation or quarantine simultaneously. See [Medical Isolation](#) and [Quarantine](#) sections below for details regarding individual medical isolation and quarantine locations (preferred) vs. cohorting.
 - [Facilities without onsite healthcare capacity](#) should make a plan for how they will ensure that suspected COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary medical care.
 - Make a list of possible [social distancing strategies](#) that could be implemented as needed at different stages of transmission intensity.
 - Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the epidemiologic context changes.
- **Coordinate with local law enforcement and court officials.**
 - Identify lawful alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of COVID-19 transmission.
 - Explore strategies to prevent over-crowding of correctional and detention facilities during a community outbreak.
- **Post [signage](#) throughout the facility communicating the following:**
 - **For all:** symptoms of COVID-19 and hand hygiene instructions
 - **For incarcerated/detained persons:** report symptoms to staff
 - **For staff:** stay at home when sick; if symptoms develop while on duty, leave the facility as soon as possible and follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#) including self-isolating at home, contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and tested, and contacting their supervisor.
 - Ensure that signage is understandable for non-English speaking persons and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.

Personnel Practices

- **Review the sick leave policies of each employer that operates in the facility.**
 - Review policies to ensure that they actively encourage staff to stay home when sick.
 - If these policies do not encourage staff to stay home when sick, discuss with the contract company.
 - Determine which officials will have the authority to send symptomatic staff home.
- **Identify staff whose duties would allow them to work from home.** Where possible, allowing staff to work from home can be an effective social distancing strategy to reduce the risk of COVID-19 transmission.
 - Discuss work from home options with these staff and determine whether they have the supplies and technological equipment required to do so.
 - Put systems in place to implement work from home programs (e.g., time tracking, etc.).
- **Plan for staff absences.** Staff should stay home when they are sick, or they may need to stay home to care for a sick household member or care for children in the event of school and childcare dismissals.
 - Allow staff to work from home when possible, within the scope of their duties.
 - Identify critical job functions and plan for alternative coverage by cross-training staff where possible.
 - Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.
 - Consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.
- **Consider offering revised duties to staff who are at [higher risk of severe illness with COVID-19](#).** Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions including lung disease,

heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.

- Facility administrators should consult with their occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to COVID-19.
- **Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season.** Symptoms of COVID-19 are similar to those of influenza. Preventing influenza cases in a facility can speed the detection of COVID-19 cases and reduce pressure on healthcare resources.
- Reference the [Occupational Safety and Health Administration website](#) [↗](#) for recommendations regarding worker health.
- Review CDC's [guidance for businesses and employers](#) to identify any additional strategies the facility can use within its role as an employer.

Operations & Supplies

- **Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.**
 - Standard medical supplies for daily clinic needs
 - Tissues
 - Liquid soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.
 - Hand drying supplies
 - Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
 - Cleaning supplies, including [EPA-registered disinfectants effective against the virus that causes COVID-19](#) [↗](#)
 - Recommended PPE (facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls). See [PPE section](#) and [Table 1](#) for more detailed information, including recommendations for extending the life of all PPE categories in the event of shortages, and when face masks are acceptable alternatives to N95s. Visit CDC's website for a calculator to help determine rate of PPE usage.
 - Sterile viral transport media and sterile swabs [to collect nasopharyngeal specimens](#) if COVID-19 testing is indicated
- **Make contingency plans for the probable event of PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers.**
 - See CDC guidance [optimizing PPE supplies](#).
- **Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting where security concerns allow.** If soap and water are not available, [CDC recommends](#) cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty.
- **Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing.** (See [Hygiene](#) section below for additional detail regarding recommended frequency and protocol for hand washing.)
 - Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.
- If not already in place, employers operating within the facility should establish a [respiratory protection program](#) as appropriate, to ensure that staff and incarcerated/detained persons are fit tested for any respiratory protection they will need within the scope of their responsibilities.
- **Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.** See [Table 1](#) for recommended PPE for incarcerated/detained persons and staff with varying levels of contact with COVID-19 cases or their close contacts.

Prevention

Cases of COVID-19 have been documented in all 50 US states. Correctional and detention facilities can prevent introduction of COVID-19 from the community and reduce transmission if it is already inside by reinforcing good hygiene practices among incarcerated/detained persons, staff, and visitors (including increasing access to soap and paper towels), intensifying cleaning/disinfection practices, and implementing social distancing strategies.

Because many individuals infected with COVID-19 do not display symptoms, the virus could be present in facilities before cases are identified. Both good hygiene practices and social distancing are critical in preventing further transmission.

Operations

- **Stay in communication with partners about your facility's current situation.**
 - State, local, territorial, and/or tribal health departments
 - Other correctional facilities
- **Communicate with the public about any changes to facility operations, including visitation programs.**
- **Restrict transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.**
 - Strongly consider postponing non-urgent outside medical visits.
 - If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the [Screening](#) section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the [protocol for a suspected COVID-19 case](#) – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to properly isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see [Table 1](#)) and that the transport vehicle is [cleaned](#) thoroughly after transport.
- **Implement lawful alternatives to in-person court appearances where permissible.**
- **Where relevant, consider suspending co-pays for incarcerated/detained persons seeking medical evaluation for respiratory symptoms.**
- **Limit the number of operational entrances and exits to the facility.**

Cleaning and Disinfecting Practices

- **Even if COVID-19 cases have not yet been identified inside the facility or in the surrounding community, begin implementing intensified cleaning and disinfecting procedures according to the recommendations below. These measures may prevent spread of COVID-19 if introduced.**
- **Adhere to [CDC recommendations for cleaning and disinfection during the COVID-19 response](#).** Monitor these recommendations for updates.
 - Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, and telephones).
 - Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
 - Use household cleaners and [EPA-registered disinfectants effective against the virus that causes COVID-19](#) [↗](#) as appropriate for the surface, following label instructions. This may require lifting restrictions on undiluted disinfectants.
 - Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.
- **Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.**
- **Ensure adequate supplies to support intensified cleaning and disinfection practices, and have a plan in place to restock rapidly if needed.**

Hygiene

- Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).
- Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signage throughout the facility, and communicate this information verbally on a regular basis. Sample [signage and other communications materials](#) are available on the CDC website. Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.
 - Practice good [cough etiquette](#): Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
 - Practice good [hand hygiene](#): Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.
 - Avoid touching your eyes, nose, or mouth without cleaning your hands first.
 - Avoid sharing eating utensils, dishes, and cups.
 - Avoid non-essential physical contact.
- Provide incarcerated/detained persons and staff no-cost access to:
 - Soap – Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing.
 - Running water, and hand drying machines or disposable paper towels for hand washing
 - Tissues and no-touch trash receptacles for disposal
- Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions. Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.
- Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals.

Prevention Practices for Incarcerated/Detained Persons

- Perform pre-intake screening and temperature checks for all new entrants. Screening should take place in the sallyport, before beginning the intake process, in order to identify and immediately place individuals with symptoms under medical isolation. See [Screening section](#) below for the wording of screening questions and a recommended procedure to safely perform a temperature check. Staff performing temperature checks should wear recommended PPE (see [PPE section](#) below).
 - If an individual has symptoms of COVID-19 (fever, cough, shortness of breath):
 - Require the individual to wear a face mask.
 - Ensure that staff who have direct contact with the symptomatic individual wear [recommended PPE](#).
 - Place the individual under [medical isolation](#) (ideally in a room near the screening location, rather than transporting the ill individual through the facility), and refer to healthcare staff for further evaluation. (See [Infection Control](#) and [Clinical Care](#) sections below.)
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care.
 - If an individual is a [close contact](#) of a known COVID-19 case (but has no COVID-19 symptoms):
 - Quarantine the individual and monitor for symptoms two times per day for 14 days. (See [Quarantine section](#) below.)
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care.
- Implement [social distancing](#) strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of the presence of symptoms). Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:
 - Common areas:
 - Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area)

- **Recreation:**
 - Choose recreation spaces where individuals can spread out
 - Stagger time in recreation spaces
 - Restrict recreation space usage to a single housing unit per space (where feasible)
- **Meals:**
 - Stagger meals
 - Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table)
 - Provide meals inside housing units or cells
- **Group activities:**
 - Limit the size of group activities
 - Increase space between individuals during group activities
 - Suspend group programs where participants are likely to be in closer contact than they are in their housing environment
 - Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out
- **Housing:**
 - If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are [cleaned](#) thoroughly if assigned to a new occupant.)
 - Arrange bunks so that individuals sleep head to foot to increase the distance between them
 - Rearrange scheduled movements to minimize mixing of individuals from different housing areas
- **Medical:**
 - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call.
 - Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact, before they move to other parts of the facility.
- **Communicate clearly and frequently with incarcerated/detained persons about changes to their daily routine and how they can contribute to risk reduction.**
- **Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.**
- **Consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.**
- **Provide [up-to-date information about COVID-19](#) to incarcerated/detained persons on a regular basis, including:**
 - [Symptoms of COVID-19](#) and its health risks
 - Reminders to report COVID-19 symptoms to staff at the first sign of illness
- **Consider having healthcare staff perform rounds on a regular basis to answer questions about COVID-19.**

Prevention Practices for Staff

- **Remind staff to stay at home if they are sick.** Ensure that staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.
- **Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all staff daily on entry.** See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.
 - In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).
 - Send staff home who do not clear the screening process, and advise them to follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).

- Provide staff with **up-to-date information about COVID-19** and about facility policies on a regular basis, including:
 - [Symptoms of COVID-19](#) and its health risks
 - Employers' sick leave policy
 - **If staff develop a fever, cough, or shortness of breath while at work:** immediately put on a face mask, inform supervisor, leave the facility, and follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
 - **If staff test positive for COVID-19:** inform workplace and personal contacts immediately, and do not return to work until a decision to discontinue home medical isolation precautions is made. Monitor [CDC guidance on discontinuing home isolation](#) regularly as circumstances evolve rapidly.
 - **If a staff member is identified as a close contact of a COVID-19 case (either within the facility or in the community):** self-quarantine at home for 14 days and return to work if symptoms do not develop. If symptoms do develop, follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
- If a staff member has a confirmed COVID-19 infection, the relevant employers should inform other staff about their possible exposure to COVID-19 in the workplace, but should maintain confidentiality as required by the Americans with Disabilities Act.
 - Employees who are [close contacts](#) of the case should then self-monitor for [symptoms](#) (i.e., fever, cough, or shortness of breath).
- When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.
- Ask staff to keep interactions with individuals with respiratory symptoms as brief as possible.

Prevention Practices for Visitors

- If possible, communicate with potential visitors to discourage contact visits in the interest of their own health and the health of their family members and friends inside the facility.
- Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all visitors and volunteers on entry. See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.
 - Staff performing temperature checks should wear [recommended PPE](#).
 - Exclude visitors and volunteers who do not clear the screening process or who decline screening.
- Provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas.
- Provide visitors and volunteers with information to prepare them for screening.
 - Instruct visitors to postpone their visit if they have symptoms of respiratory illness.
 - If possible, inform potential visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19 (including a temperature check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening.
 - Display [signage](#) outside visiting areas explaining the COVID-19 screening and temperature check process. Ensure that materials are understandable for non-English speakers and those with low literacy.
- Promote non-contact visits:
 - Encourage incarcerated/detained persons to limit contact visits in the interest of their own health and the health of their visitors.
 - Consider reducing or temporarily eliminating the cost of phone calls for incarcerated/detained persons.
 - Consider increasing incarcerated/detained persons' telephone privileges to promote mental health and reduce exposure from direct contact with community visitors.
- Consider suspending or modifying visitation programs, if legally permissible. For example, provide access to virtual visitation options where available.
 - If moving to virtual visitation, clean electronic surfaces regularly. (See [Cleaning](#) guidance below for instructions on cleaning electronic surfaces.)
 - Inform potential visitors of changes to, or suspension of, visitation programs.
 - Clearly communicate any visitation program changes to incarcerated/detained persons, along with the reasons for them (including protecting their health and their family and community members' health).
 - If suspending contact visits, provide alternate means (e.g., phone or video visitation) for incarcerated/detained individuals to engage with legal representatives, clergy, and other individuals with whom they have legal right to consult.

NOTE: Suspending visitation would be done in the interest of incarcerated/detained persons' physical health and the health of the general public. However, visitation is important to maintain mental health. If visitation is suspended, facilities should explore alternative ways for incarcerated/detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them. See above suggestions for promoting non-contact visits.

- **Restrict non-essential vendors, volunteers, and tours from entering the facility.**

Management

If there has been a suspected COVID-19 case inside the facility (among incarcerated/detained persons, staff, or visitors who have recently been inside), begin implementing Management strategies while test results are pending. Essential Management strategies include placing cases and individuals with symptoms under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and environmental disinfection protocols and wearing recommended PPE.

Operations

- Implement alternate work arrangements deemed feasible in the [Operational Preparedness](#)
- Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release where relevant), unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.
 - If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the [Screening](#) section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the [protocol for a suspected COVID-19 case](#) – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to appropriately isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see [Table 1](#)) and that the transport vehicle is [cleaned](#) thoroughly after transport.
- If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case). Subsequently in this document, this practice is referred to as **routine intake quarantine**.
- When possible, arrange lawful alternatives to in-person court appearances.
- Incorporate screening for COVID-19 symptoms and a temperature check into release planning.
 - Screen all releasing individuals for COVID-19 symptoms and perform a temperature check. (See [Screening](#) section below.)
 - If an individual does not clear the screening process, follow the [protocol for a suspected COVID-19 case](#) – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing.
 - If the individual is released before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct linkages to community resources to ensure proper medical isolation and access to medical care.
 - Before releasing an incarcerated/detained individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation, or contact local public health to explore alternate housing options.
- [Coordinate with state, local, tribal, and/or territorial health departments.](#)
 - When a COVID-19 case is suspected, work with public health to determine action. See [Medical Isolation](#) section below.
 - When a COVID-19 case is suspected or confirmed, work with public health to identify close contacts who should be placed under quarantine. See [Quarantine](#) section below.
 - Facilities with limited onsite medical isolation, quarantine, and/or healthcare services should coordinate closely with state, local, tribal, and/or territorial health departments when they encounter a confirmed or suspected case, in order to ensure effective medical isolation or quarantine, necessary medical evaluation and care, and medical transfer if needed. See [Facilities with Limited Onsite Healthcare Services](#) section.

Hygiene

- Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility. (See [above](#).)
- Continue to emphasize practicing good hand hygiene and cough etiquette. (See [above](#).)

Cleaning and Disinfecting Practices

- Continue adhering to recommended cleaning and disinfection procedures for the facility at large. (See [above](#).)
- Reference specific cleaning and disinfection procedures for areas where a COVID-19 case has spent time ([below](#)).

Medical Isolation of Confirmed or Suspected COVID-19 Cases

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. [Facilities without onsite healthcare capacity](#), or without sufficient space to implement effective medical isolation, should coordinate with local public health officials to ensure that COVID-19 cases will be appropriately isolated, evaluated, tested (if indicated), and given care.

- As soon as an individual develops symptoms of COVID-19, they should wear a face mask (if it does not restrict breathing) and should be immediately placed under medical isolation in a separate environment from other individuals.
- Keep the individual's movement outside the medical isolation space to an absolute minimum.
 - Provide medical care to cases inside the medical isolation space. See [Infection Control](#) and [Clinical Care](#) sections for additional details.
 - Serve meals to cases inside the medical isolation space.
 - Exclude the individual from all group activities.
 - Assign the isolated individual a dedicated bathroom when possible.
- Ensure that the individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters. Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet.
- Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation individually. Each isolated individual should be assigned their own housing space and bathroom where possible. [Cohorting](#) should only be practiced if there are no other available options.
 - If cohorting is necessary:
 - Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.
 - Unless no other options exist, do not house COVID-19 cases with individuals who have an undiagnosed respiratory infection.
 - Ensure that cohorted cases wear face masks at all times.
 - In order of preference, individuals under medical isolation should be housed:
 - Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
 - Separately, in single cells with solid walls but without solid doors
 - As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ [social distancing strategies related to housing in the Prevention section above](#).
 - As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ [social distancing strategies related to housing in the Prevention section above](#).
 - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
 - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ [social distancing strategies related to housing in the Prevention section above](#).
 - Safely transfer individual(s) to another facility with available medical isolation capacity in one of the above arrangements
(NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)



If the ideal choice does not exist in a facility, use the next best alternative.

- **If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19.** Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.)
 - Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.
 - Note that incarcerated/detained populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages.
- **Custody staff should be designated to monitor these individuals exclusively where possible.** These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation (see [PPE](#) section below) and should limit their own movement between different parts of the facility to the extent possible.
- **Minimize transfer of COVID-19 cases between spaces within the healthcare unit.**
- **Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle.** Instruct them to:
 - **Cover** their mouth and nose with a tissue when they cough or sneeze
 - **Dispose** of used tissues immediately in the lined trash receptacle
 - **Wash hands** immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that [hand washing supplies](#) are continually restocked.
- **Maintain medical isolation until all the following criteria have been met. Monitor the [CDC website](#) for updates to these criteria.**
 - **For individuals who will be tested to determine if they are still contagious:**
 - The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
 - The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
 - The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart
 - **For individuals who will NOT be tested to determine if they are still contagious:**
 - The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
 - The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
 - At least 7 days have passed since the first symptoms appeared
 - **For individuals who had a confirmed positive COVID-19 test but never showed symptoms:**
 - At least 7 days have passed since the date of the individual's first positive COVID-19 test **AND**
 - The individual has had no subsequent illness
- **Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.**
 - If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.

Cleaning Spaces where COVID-19 Cases Spent Time

- **Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time.** Note – these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection in the event that the suspected case does, in fact, have COVID-19. Refer to the [Definitions](#) section for the distinction between confirmed and suspected cases.
 - Close off areas used by the infected individual. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions ([consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities](#) for wait time based on different

ventilation conditions), before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.

- Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see [list above in Prevention section](#)).
- **Hard (non-porous) surface cleaning and disinfection**
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, most common EPA-registered household disinfectants should be effective. Choose cleaning products based on security requirements within the facility.
 - Consult [a list of products that are EPA-approved for use against the virus that causes COVID-19](#) . Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation, and check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water
- **Soft (porous) surface cleaning and disinfection**
 - For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19](#)  and are suitable for porous surfaces.
- **Electronics cleaning and disinfection**
 - For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Additional information on cleaning and disinfection of communal facilities such can be found on [CDC's website](#).

- **Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE.** (See [PPE](#) section below.)
- **Food service items.** Cases under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.
- **[Laundry from a COVID-19 cases](#) can be washed with other individuals' laundry.**
 - Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.
- Consult [cleaning recommendations above](#) to ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.

Quarantining Close Contacts of COVID-19 Cases

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. **Facilities without onsite healthcare capacity**, or without sufficient space to implement effective quarantine, should coordinate with local public health officials to ensure that close contacts of COVID-19 cases will be effectively quarantined and medically monitored.

- Incarcerated/detained persons who are close contacts of a **confirmed or suspected COVID-19 case** (whether the case is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days (see [CDC guidelines](#)).
 - If an individual is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result, the quarantined individual should be released from quarantine restrictions.
- In the context of COVID-19, an individual (incarcerated/detained person or staff) is **considered a close contact** if they:
 - Have been within approximately 6 feet of a COVID-19 case for a prolonged period of time **OR**
 - Have had direct contact with infectious secretions of a COVID-19 case (e.g., have been coughed on)

Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

- **Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.**
 - Provide medical evaluation and care inside or near the quarantine space when possible.
 - Serve meals inside the quarantine space.
 - Exclude the quarantined individual from all group activities.
 - Assign the quarantined individual a dedicated bathroom when possible.
- **Facilities should make every possible effort to quarantine close contacts of COVID-19 cases individually.** [Cohorting](#) multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.
 - If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 should be placed under [medical isolation](#)
 - If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.
 - Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to a COVID-19 case). Under this scenario, avoid mixing individuals quarantined due to exposure to a COVID-19 case with individuals undergoing routine intake quarantine.
 - If at all possible, do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.
- **If the number of quarantined individuals exceeds the number of individual quarantine spaces available in the facility, be especially mindful of those who are at higher risk of severe illness from COVID-19.** Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk individuals. (For example, intensify [social distancing strategies](#) for higher-risk individuals.)
- **In order of preference, multiple quarantined individuals should be housed:**
 - Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
 - Separately, in single cells with solid walls but without solid doors
 - As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions
 - As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door
 - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
 - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ [social distancing strategies related to housing in the Prevention section](#) to maintain at least 6 feet of space between individuals housed in the same cell.

- As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). Employ [social distancing strategies related to housing in the Prevention section above](#) to maintain at least 6 feet of space between individuals.
- Safely transfer to another facility with capacity to quarantine in one of the above arrangements (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)
- **Quarantined individuals should wear face masks if feasible based on local supply, as source control, under the following circumstances** (see [PPE section](#) and [Table 1](#)):
 - If cohorted, quarantined individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals).
 - If quarantined separately, individuals should wear face masks whenever a non-quarantined individual enters the quarantine space.
 - All quarantined individuals should wear a face mask if they must leave the quarantine space for any reason.
 - Asymptomatic individuals under [routine intake quarantine](#) (with no known exposure to a COVID-19 case) do not need to wear face masks.
- **Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties** (see [PPE section](#) and [Table 1](#)).
 - Staff supervising asymptomatic incarcerated/detained persons under [routine intake quarantine](#) (with no known exposure to a COVID-19 case) do not need to wear PPE.
- **Quarantined individuals should be monitored for COVID-19 symptoms twice per day, including temperature checks.**
 - If an individual develops symptoms, they should be moved to medical isolation immediately and further evaluated. (See [Medical Isolation](#) section above.)
 - See [Screening](#) section for a procedure to perform temperature checks safely on asymptomatic close contacts of COVID-19 cases.
- **If an individual who is part of a quarantined cohort becomes symptomatic:**
 - **If the individual is tested for COVID-19 and tests positive:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
 - **If the individual is tested for COVID-19 and tests negative:** the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period.
 - **If the individual is not tested for COVID-19:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
- **Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.**
- **Quarantined individuals can be released from quarantine restrictions if they have not developed symptoms during the 14-day quarantine period.**
- **Meals should be provided to quarantined individuals in their quarantine spaces.** Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.
- **Laundry from quarantined individuals can be washed with other individuals' laundry.**
 - Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use, and clean their hands after.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

Management of Incarcerated/Detained Persons with COVID-19 Symptoms

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity or without sufficient space for medical isolation should coordinate with local public health officials to ensure that suspected COVID-19 cases will be effectively isolated, evaluated, tested (if indicated), and given care.

- If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.
- Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing. See [Medical Isolation](#) section above.
- Medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated. Refer to CDC guidelines for information on [evaluation](#) and [testing](#). See [Infection Control](#) and [Clinical Care](#) sections below as well.
- If testing is indicated (or if medical staff need clarification on when testing is indicated), contact the state, local, tribal, and/or territorial health department. Work with public health or private labs as available to access testing supplies or services.
 - If the COVID-19 test is positive, continue medical isolation. (See [Medical Isolation](#) section above.)
 - If the COVID-19 test is negative, return the individual to their prior housing assignment unless they require further medical assessment or care.

Management Strategies for Incarcerated/Detained Persons without COVID-19 Symptoms

- Provide [clear information](#) to incarcerated/detained persons about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions.
 - Consider having healthcare staff perform regular rounds to answer questions about COVID-19.
 - Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.
- Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms. See [Screening](#) section for a procedure to safely perform a temperature check.
- Consider additional options to intensify [social distancing](#) within the facility.

Management Strategies for Staff

- Provide clear information to staff about the presence of COVID-19 cases within the facility, and the need to enforce social distancing and encourage hygiene precautions.
 - Consider having healthcare staff perform regular rounds to answer questions about COVID-19 from staff.
- Staff identified as close contacts of a COVID-19 case should self-quarantine at home for 14 days and may return to work if symptoms do not develop.
 - See [above](#) for definition of a close contact.
 - Refer to [CDC guidelines](#) for further recommendations regarding home quarantine for staff.

Infection Control

Infection control guidance below is applicable to all types of correctional facilities. Individual facilities should assess their unique needs based on the types of exposure staff and incarcerated/detained persons may have with confirmed or suspected COVID-19 cases.

- All individuals who have the potential for direct or indirect exposure to COVID-19 cases or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). Monitor these guidelines regularly for updates.
 - Implement the above guidance as fully as possible within the correctional/detention context. Some of the specific language may not apply directly to healthcare settings within correctional facilities and detention centers, or to

facilities without onsite healthcare capacity, and may need to be adapted to reflect facility operations and custody needs.

- Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).
- **Staff should exercise caution when in contact with individuals showing symptoms of a respiratory infection.** Contact should be minimized to the extent possible until the infected individual is wearing a face mask. If COVID-19 is suspected, staff should wear recommended PPE (see [PPE](#) section).
- **Refer to [PPE](#) section to determine recommended PPE for individuals persons in contact with confirmed COVID-19 cases, contacts, and potentially contaminated items.**

Clinical Care of COVID-19 Cases

- **Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.**
 - If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another facility or local hospital.
 - The initial medical evaluation should determine whether a symptomatic individual is at [higher risk for severe illness from COVID-19](#). Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.
- **Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow the [CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and monitor the guidance website regularly for updates to these recommendations.**
- **Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing [recommended PPE](#) and ensuring that the suspected case is wearing a face mask.**
 - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.
- **Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).**
- **The facility should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.**
- **When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible.**

Recommended PPE and PPE Training for Staff and Incarcerated/Detained Persons

- **Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases.**
 - Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95s) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's [respiratory protection program](#).
 - For PPE training materials and posters, please visit the [CDC website on Protecting Healthcare Personnel](#).
- **Ensure that all staff are trained to perform hand hygiene after removing PPE.**
- **If administrators anticipate that incarcerated/detained persons will request unnecessary PPE, consider providing training on the different types of PPE that are needed for differing degrees of contact with COVID-19 cases and contacts, and the reasons for those differences (see [Table 1](#)). Monitor linked CDC guidelines in Table 1 for updates to recommended PPE.**
- **Keep recommended PPE near the spaces in the facility where it could be needed, to facilitate quick access in an emergency.**
- **Recommended PPE for incarcerated/detained individuals and staff in a correctional facility will vary based on the type of contact they have with COVID-19 cases and their contacts (see [Table 1](#)). Each type of recommended PPE is defined below. As above, note that PPE shortages are anticipated in every category during the COVID-19 response.**

- **N95 respirator**
See below for guidance on when face masks are acceptable alternatives for N95s. N95 respirators should be prioritized when staff anticipate contact with infectious aerosols from a COVID-19 case.
- **Face mask**
- **Eye protection** – goggles or disposable face shield that fully covers the front and sides of the face
- **A single pair of disposable patient examination gloves**
Gloves should be changed if they become torn or heavily contaminated.
- **Disposable medical isolation gown or single-use/disposable coveralls, when feasible**
 - If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.
- **Note that shortages of all PPE categories are anticipated during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category can be found on CDC's website:**
 - [Guidance in the event of a shortage of N95 respirators](#)
 - Based on local and regional situational analysis of PPE supplies, **face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand.** During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.
 - [Guidance in the event of a shortage of face masks](#)
 - [Guidance in the event of a shortage of eye protection](#)
 - [Guidance in the event of a shortage of gowns/coveralls](#)

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/ Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as feasible based on local supply, especially if housed as a cohort				
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19		X			
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact				X	X
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)		Face mask, eye protection, and gloves as local supply and scope of duties allow.			

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X	X	X
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines)	X**		X	X	X
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines)	X		X	X	X
Staff handling laundry or used food service items from a COVID-19 case or case contact				X	X
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

Classification of Individual Wearing PPE

* If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.

** A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors

The guidance above recommends verbal screening and temperature checks for incarcerated/detained persons, staff, volunteers, and visitors who enter correctional and detention facilities, as well as incarcerated/detained persons who are transferred to another facility or released from custody. Below, verbal screening questions for COVID-19 symptoms and contact with known cases, and a safe temperature check procedure are detailed.

- **Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:**
 - *Today or in the past 24 hours, have you had any of the following symptoms?*
 - *Fever, felt feverish, or had chills?*
 - *Cough?*
 - *Difficulty breathing?*
 - *In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?*
- **The following is a protocol to safely check an individual's temperature:**
 - Perform hand hygiene
 - Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves
 - Check individual's temperature
 - **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not

need to be changed before the next check. If non-contact thermometers are used, they should be [cleaned routinely as recommended by CDC for infection control](#).

- Remove and discard PPE
- Perform hand hygiene

Page last reviewed: March 23, 2020

Exhibit 8

The Guardian



Iran to pardon 10,000, including 'security' prisoners

Announcement follows temporary release of 85,000 to ease pressure on prisons amid coronavirus crisis

Patrick Wintour *Diplomatic editor*

Wed 18 Mar 2020 20.25 EDT

Iran is to pardon 10,000 prisoners, including some charged with political crimes, in honour of the Iranian new year on Friday, according to state TV.

It was not stated whether the pardons would include the British-Iranian aid worker Nazanin Zaghari-Ratcliffe - who was freed on Tuesday for two weeks as part of a separate programme under which 85,000 have temporarily been released because of coronavirus.

Iran is the Middle Eastern country worst affected by the pandemic, with a death toll of 1,284, the highest after Italy and China. Health ministry spokesman Kianoush

Jahanpour said that Covid-19 was killing one person in the country every 10 minutes, while 50 new infections were detected each hour.

Judiciary spokesman Gholamhossein Esmaili made no explicit reference to coronavirus but said in a statement that the early releases aimed to “reduce the number of prisoners in light of the sensitive situation in the country.” Previous pardons, which last year freed 50,000 for new year, have largely not applied to those held for political offences.

“A large number of prisoners who have been temporarily freed do not need to return to jail after the leader’s pardon,” the statement said.

“Those who will be pardoned will not return to jail ... almost half of those security-related [political] prisoners will be pardoned as well. The unprecedented point is that the pardon also includes the security-related prisoners with less than five-year jail sentences.”

Richard Ratcliffe said his wife was technically eligible for a pardon since her sentence was for five years, but he could not be certain she would remain at liberty. “It is something we will explore when the judicial officers reopen after the Iranian new year in a fortnight,” he said. “We must not set our hopes too high since she is viewed as a special case, and much may depend on the diplomatic climate, including the help Iran is being given by Britain to deal with Coronavirus”.

Even if Zaghari-Ratcliffe’s two-week furlough is extended, there is no guarantee she would be allowed to leave Iran to join her husband and daughter, Gabriella, in London.

There was also no word about British-Australian academic Kylie Moore-Gilbert, or another British Iranian dual national, Anoosheh Ashoori. Both are serving 10-year sentences.

Terry Waite, the former envoy to the Archbishop of Canterbury, wrote to the Iranian supreme leader, Ayatollah Ali Khamanei, urging him “to show the true spirit of Islam, and show mercy and compassion by releasing Ashoori to his family”. Waite played a key role in releasing Iranian hostages in the 1980s.

The UK foreign secretary, Dominic Raab, speaking to the UK foreign affairs select committee, described Zaghari-Ratcliffe’s release as “a partial success”, and said he did not wish to disclose the content of a call between himself and the Iranian foreign minister Javad Zarif on Tuesday.

The Iranians have been stepping up a campaign to put international pressure on the US to soften its sanctions regime if only to allow extra medical and humanitarian aid to reach the country. Officials have said they face severe shortages, and the level of poverty in the country is one reason they dare not impose a citywide lock-down in Tehran, as it would deprive the poor of any income.

The Democratic presidential candidate Bernie Sanders called on the US government to lift the sanctions to allow medical relief into Iran, but the Trump administration instead stepped up sanctions, in part believing that the relentless pressure would force the regime to hand over US political prisoners.

A US military veteran imprisoned in Iran was on Thursday released for medical reasons on condition that he remains in the country. A lawyer for Michael White said the furlough was related to pre-existing medical conditions and not directly related to the coronavirus outbreak.

A total of 18,407 people have contracted the disease in Iran, with 1,046 new cases confirmed in the last 24 hours. The figures were broadly in line with the previous day. Five former health ministers in Iran have urged the government to limit inter-city travel and close non-essential businesses in order to reduce the pace of new infections in the country.

The former ministers, all medical doctors by profession, argued in a letter to President Hassan Rouhani that one month after the start of the epidemic, “The trend of the disease and its consequences continue to show an upward trajectory and it has not declined in any part of the country.”

In their letter, published by Fars news agency, the ex-ministers spoke of “dozens of people” dying in Iran daily, and warned the government that the disease must be controlled. They urged the government to take “fundamental steps” and reduce contact between citizens.

Authorities have urged Iranians to stay at home and avoid travelling during the Nowruz new year, which begins on Friday. Iran has not imposed quarantine measures, but has urged the population to take the virus “seriously”.

Topics

- Iran
- Middle East and North Africa
- news

Exhibit 9



NEWS



New Jersey Set to Release Up to 1,000 County Jail Inmates

If a county prosecutor or attorney general objects to an inmate's release, they must file an objection.

By Casey Leins, Staff Writer March 24, 2020



New Jersey county jail inmates will be temporarily released to slow the spread of the coronavirus.

 (GETTY IMAGES)


UP TO 1,000 [New Jersey](#) county jail inmates will be temporarily released in order to curb the spread of the coronavirus in the state.

New Jersey Chief Justice Stuart Rabner issued an order Sunday night suspending or commuting county jail sentences for low-risk inmates.

"New Jersey has shown resiliency and a willingness to solve problems together, and every New Jerseyan should be proud of this agreement," said Amol Sinha, executive director of the American Civil Liberties Union of New Jersey. "Unprecedented times call for rethinking the normal way of doing things, and in this case, it means releasing people who pose little risk to their communities for the sake of public health and the dignity of people who are incarcerated," Sinha said in [a statement](#).

Photos: Staying Connected in Quarantine



 [View All 20 Images](#)

According to Rabner's order, inmates who are serving time as a condition of probation or because of a municipal court conviction must be released no later than 6 a.m. Tuesday. And by Thursday, all other inmates serving time in the state's county jails will be released. If a county prosecutor or attorney general objects to an inmate's release, they must file an objection.

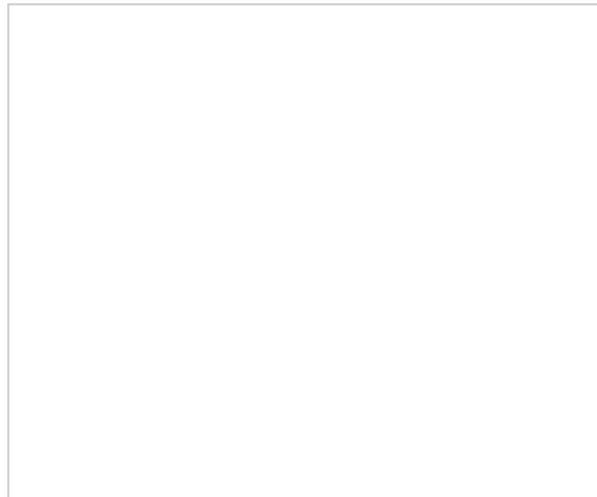


The inmates impacted by the order are in jail for third- and fourth-degree crimes or disorderly persons offenses, and those with prison sentences are not affected, according to the state Supreme Court's [press release](#) issued Monday.

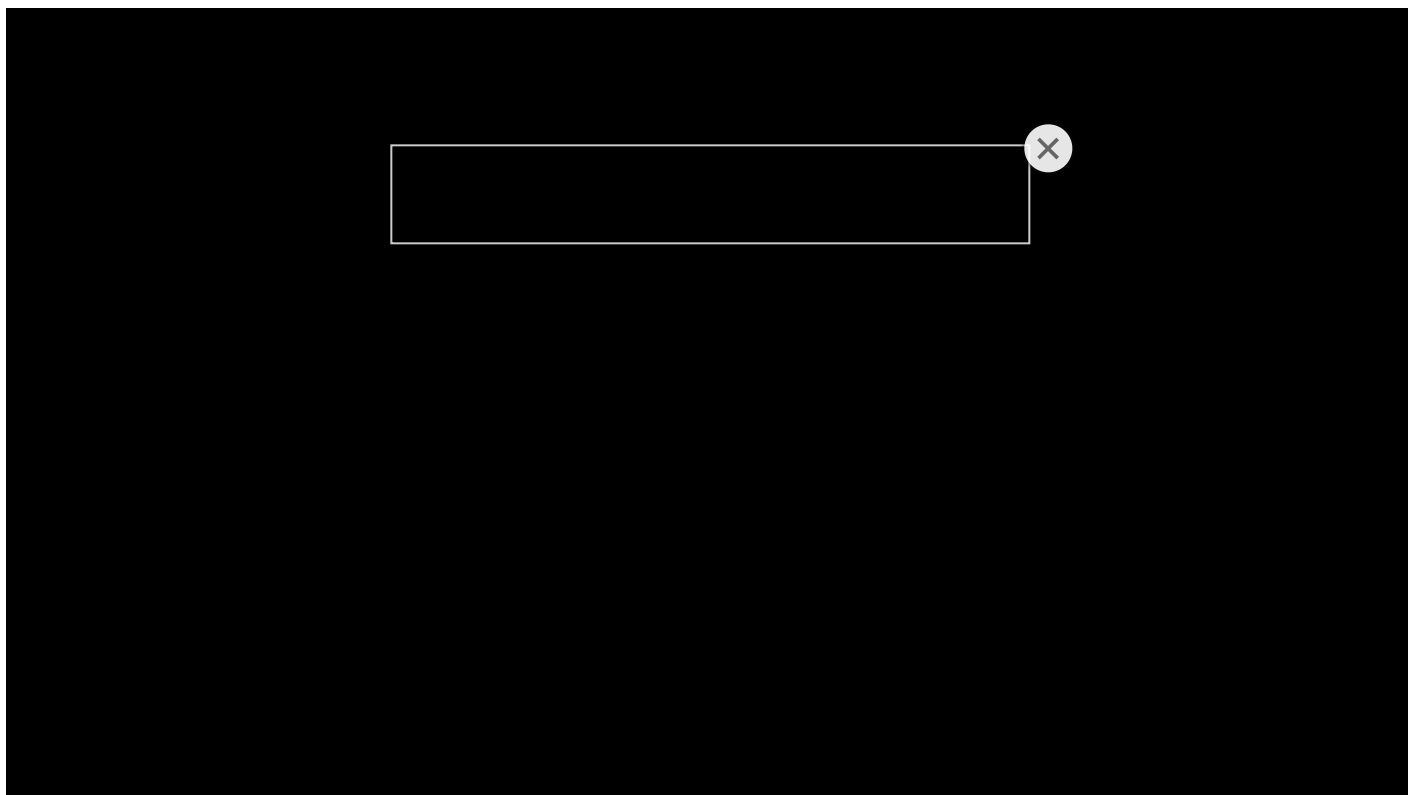
[**READ:** [Find Out What Your State Is Doing About Coronavirus](#)]

At the end of the COVID-19 health crisis, judges will determine whether any sentences should be commuted, or reduced, New Jersey's American Civil Liberties Union said in a news release.

Rabner's actions were prompted by a letter from New Jersey's Public Defender's Office urging him to take measures to mitigate the "[inevitable](#)" [spread](#) of the virus in county jails.



New Jersey had 2,844 coronavirus cases as of Monday, and 29 people have died in the state from the virus, according to a local USA Today affiliate.



Casey Leins, Staff Writer

Casey Leins is a staff writer for the Best States section of U.S. News & World Report, where ...

READ MORE »

Tags: New Jersey, prisons, prison sentences, courts, coronavirus



Coronavirus Bulletin

Stay informed daily on the latest news and advice on COVID-19 from the editors at U.S. News & World Report.

Sign Up

YOU MAY ALSO LIKE**The 10 Best States in the U.S.****BRANDFUSE**ad content by **American Heart Association****Where Are the Award-Winning Hospitals in Your State?****The 10 Best U.S. States for Education****Jury Trials Suspended in Florida Through April 17****Beshear Signs Bill Giving Relief to Schools Due to Virus****Illinois Would Need 38,000 More Beds if COVID-19 Not Tamed**

Case 2:90-cv-00520-KJM-DB Document 6529-1 Filed 03/25/20 Page 138 of 185

Florida Shifts Virus Restrictions to Travelers From NYC Area

Edwards Seeks Federal Disaster Declaration for Louisiana

'A Bullet Train': Virus Peak May Come Soon, Swamp Hospitals



Montana FBI Agent Charged With Stalking Ex-Girlfriend

More Big Texas Cities Order Residents to Stay Home

Load More



BEST STATES

Best States is an interactive platform developed by U.S. News for ranking the 50 U.S. states, alongside news analysis and daily reporting. The platform is designed to engage citizens and government leaders in a discussion about what needs improvement across the country.

BEST COUNTRIES

BEST STATES

HEALTHIEST COMMUNITIES

NEWS

CITIES

LEADERS

THE REPORT

PHOTOS

AMERICA 2020

EVENTS



[About](#) [Our Mission](#) [Contact](#) [Press](#) [Advertise](#)

[Newsletters](#) [Jobs](#) [Site Map](#) [Store](#)



Copyright 2020 © U.S. News & World Report L.P.

[Terms & Conditions/Privacy Policy/California Privacy Notice/California Do Not Sell
My Personal Information Request](#)

Exhibit 10

Times-Republican

PDF File Vie

PDF File View
Start Here!

[ViewPDF.io](#)

Iowa's prisons will accelerate release of approved inmates to mitigate COVID-19



Contributed photo Anamosa State Penitentiary is a maximum-security prison in Jones County.

Case 2:20-cv-00520-KJM-DB Document 6529-1 Filed 03/25/20 Page 143 of 185

From school districts to workplaces to restaurants, Iowans across the state are shutting their doors and keeping to themselves to mitigate the spread of COVID-19. But for inmates in Iowa's jail and prisons, social distancing is not an option.

The close quarters and transient influx of new people behind bars creates a precarious situation where a highly contagious virus like COVID-19 could spread and expose not only inmates but also the general public.

To mitigate a possible outbreak and create more room in Iowa's overcrowded prisons, the Iowa Department of Corrections plans to expedite the release of about 700 inmates who were already determined eligible for release by the Iowa Board of Parole.

"We're trying to be more efficient in our area and free up some space," said Beth Skinner, director of the Iowa Department of Corrections.

By accelerating the release wait list, more beds will open up, which can allow the correctional facility to move inmates more easily if an outbreak does occur in a prison. Iowa's eight prisons are already about 23% overcrowded, according to the Iowa Department of Corrections daily statistics.



Skinner

But releasing people without offering them a place to go doesn't help either, Skinner said. She said they're working to ensure all parolees have a place to stay once they return to their communities.

"It has to be a suitable, safe place," Skinner said.

Prisoners medically screened before intake or release

Beyond accelerating the release of people, the Iowa Department of Corrections is also medically screening all new inmates and people who are released from their facilities, Skinner said.

On average, 500 new inmates are transferred to the prisons on a monthly basis, Skinner said.

Correctional workers will take their temperatures and give them medical questionnaires to fill out. Because symptoms of COVID-19 may not immediately show, new inmates are automatically quarantined for 14 days.

Case 2:20-cv-00520-KJM-DB Document 6529-1 Filed 03/25/20 Page 145 of 185

Visitations are also temporarily suspended to mitigate the spread of COVID-19, but the department is examining reducing the costs of mail and phone calls, Skinner said.

Inmates and correctional officers have access to soap and water and employees are also provided hand sanitizer.

A “*huge piece*” in preventing outbreaks will be COVID-19 tests, however, Skinner said. Each correctional facility will receive five to six tests, which can help them evaluate people who may have symptoms and quarantine them.

“We get the people who have the flu. What’s different with this one is the unknown,” Skinner said.

ACLU: Iowa should do more to reduce prison population

But an Iowa civil rights group believes the state should go even further to reduce the density of the prison population and mitigate the spread of COVID-19.

ACLU of Iowa is calling for comprehensive changes to law enforcement and correctional facilities practices.

Veronica Fowler, spokesperson for ACLU of Iowa, said limiting arrests and releasing more people not only protects the jail and prison populations, but also the general public who may be exposed to COVID-19 by a correctional officer.

“We have in any one day about 16,000 people, essentially behind bars,” Fowler said of Iowa’s prisons and jails. *“That is the equivalent of Clive or Boone or Oskaloosa. We’re not talking about tiny little populations.”*

The organization is calling for limiting the number of arrests, people in county jails and number of people being held on pretrial detention. Additionally, the group is asking the state to commute people with medical conditions who would have been released in the next two years and commuting people who were scheduled to be released in a year.

Case 2:20-cv-00520-KJM-DB Document 6529-1 Filed 03/25/20 Page 146 of 185

Another concern is an order from the Iowa Supreme Court, Fowler said.

On March 14, the Iowa Supreme Court ordered all criminal jury trials be postponed until April 20. Fowler said that could result in some inmates staying behind bars longer than necessary.

Fowler said ACLU plans to send a letter to the governor and state officials detailing their requests.

“If all these people get sick, that’s a health crisis that overwhelms the system,” Fowler said.

In Johnson County, 37 inmates were being held in the county jail. The county has the highest rate of COVID-19 with 22 confirmed cases so far. The facility was originally built to house 46 inmates, but by double-bunking inmates, it can hold 92, according to The Gazette.

No plans for early release from expanded Polk County jail

At the Polk County Jail, there are no plans to expedite the release of prisoners, said Lt. Heath Osberg of the Polk County Sheriff’s Office.

In 2008, Polk County finished construction on a new jail facility that holds 1,500 inmate beds and is tripled in size from the previous jail.

Because of the larger size, Osberg, said there is not overcrowding in the jail. Around 749 inmates were being held in the jail as of Friday afternoon.

The difference between jails and prisons, however, is the more transient flow of people coming in and out.

Between Wednesday and Thursday, 24 inmates were booked into Polk County Jail, according to its website. Eleven of those detained have already been released.

Osberg said inmates who are brought into the facility are getting their temperatures checked and filling out medical questionnaires.

He said any changes in the release of inmates would have to come from county attorneys and Iowa courts.

Case 2:20-cv-00520-KJM-DB Document 6529-1 Filed 03/25/20 Page 147 of 185

Fowler said she hopes state officials stay aware of Iowa's jailed population, particularly people who can't afford to pay bond and those with health conditions that make them more vulnerable to COVID-19.

"The bottom line is that we already have an over-incarceration problem in our country and our state," Fowler said.

3 Foods That Fight Memory Loss

Eat these 3 foods daily and watch what happens. Boston Brain Scier

Exhibit 11

[Local](#) [Coronavirus](#) [Election](#) [Sporting Green](#) [Food](#) [Biz+Tech](#) [Culture Desk](#) [Datebook](#) [US & World](#)

250 inmates at Santa Rita Jail

Megan Cassidy

March 19, 2020 | Updated: March 19, 2020 8:12 p.m.



People enter the lobby area into the Santa Rita Jail in Dublin, Calif., on Aug. 4, 2016. Alameda County decided to grant early releases Thursday to nearly 250 inmates due to the coronavirus outbreak.

Photo: Michael Macor / The Chronicle

Alameda County officials on Thursday approved the early release of 247 inmates at Santa Rita Jail in Dublin in an effort to beat back the spread of coronavirus and protect a particularly vulnerable population.

The move came after 67 additional people awaiting trial in county courts were released on their own recognizance earlier this week.

Local Coronavirus Election Sporting Green Food Biz+Tech Culture Desk Datebook US & World

Kelly said that police throughout Alameda County were making fewer arrests during most of the region's shelter-in-place orders and jail bookings were at "unprecedented" low levels.

The releases, which came after more than 400 people in the Bay Area tested positive for COVID-19, received the blessing of the county's Sheriff's Office, courts, district attorney's office and public defender's office. Those who qualified for release received a low-threat assessment, were convicted for nonviolent and nonsexual offenses, and had served a "good portion" of their sentence, Kelly said.

Most of those released had 45 days or fewer to serve in jail, said Alameda County Public Defender Brendon Woods.

"This is an emergency, and everyone needs to rethink their priorities," Woods said. "People at the jail are at higher risk of infection because they're housed so close together. The best way to stop the spread is to release people so they can practice social distancing like the rest of us."

The 314 releases reduced the jail's average daily population by 12%, from roughly 2,600 inmates to about 2,300.

The moves came after mounting calls for jails and prisons to release people at risk of becoming seriously ill from the virus, such as senior prisoners and those with respiratory diseases, as well as those who have little time left to serve. As of Thursday afternoon 19 people in California had died after contracting coronavirus, which is especially dangerous for seniors and people with preexisting health conditions.

Last week, public defenders in Alameda County and San Francisco sent letters to jail officials calling for the releases, and elected prosecutors in San Francisco, Contra Costa County and 29 others jurisdictions throughout the U.S. signed a letter in support.

[Local](#) [Coronavirus](#) [Election](#) [Sporting Green](#) [Food](#) [Biz+Tech](#) [Culture Desk](#) [Datebook](#) [US & World](#)

The Los Angeles County Sheriff's Office also started granting early releases, and other Bay Area counties are considering them.

San Francisco Sheriff Paul Miyamoto said his office is coordinating with the courts in anticipation of the public defender and district attorney stipulating early releases.

Here is what you need to know about the coronavirus.

Video: Manjula Varghese

In a phone interview, Miyamoto said the Sheriff's Office is compiling two lists of people who could qualify for early release — those who have 60 days or fewer remaining on their sentences and those who have a high risk of becoming ill. Officials are still compiling the lists, he said, but as of Thursday they have identified about 30 inmates near the end of their sentences and about 20 with health risks.

[Local](#) [Coronavirus](#) [Election](#) [Sporting Green](#) [Food](#) [Biz+Tech](#) [Culture Desk](#) [Datebook](#) [US & World](#)

“The last thing we would want to do is release them into a community where there are verified cases of COVID-19 — from a community that has no cases of COVID-19 — without a place to stay,” he said.

Sheriff’s officials said the composition of San Francisco’s jail population is different than other Bay Area counties. Those charged with misdemeanors are typically released within 48 hours of booking unless the courts deem them a public safety risk.

“Most justice-involved people housed in SF County jail have been booked on or convicted of serious or violent charges,” Sheriff’s Office spokeswoman Nancy Crowley said in a statement.

Miyamoto said the jail’s population has already shrunk from about 1,100 in February to about 1,000 as of Thursday. He said this is likely because police are conducting fewer arrests and courts are releasing more people to await trial on their own recognizance.

Related Stories

CRIME

BY MEGAN CASSIDY

Coronavirus: San Francisco, Contra Costa prosecutors join...**CRIME**

BY J.K. DINEEN AND MEGAN CASSIDY

Coronavirus creates new challenges for Bay Area police,...**LOCAL**

BY ERIN

Bay Area only e

[Local](#) [Coronavirus](#) [Election](#) [Sporting Green](#) [Food](#) [Biz+Tech](#) [Culture Desk](#) [Datebook](#) [US & World](#)

Sign up for Breaking News alerts

Get critical updates on the biggest stories in the Bay Area.

SIGN UP

By subscribing, you agree to our [Terms of use](#) and acknowledge that your information will be used as described in our [Privacy Policy](#).

San Francisco Chronicle

TOP ^

ABOUT

Our Company	Interest Based Ads
Newspaper Delivery Safety Procedures	Terms of Use
Privacy Notice	Careers
Your California Privacy Rights	Advertising

NEWSROOM

Ethics Policy	Anonymous Sources Policy
Correction Policy	Endorsement Process
Visual Ethics Guidelines	News Tips

CONTACT

Customer Service	Newsroom Contacts
FAQ	

CCPA

[Do Not Sell My Info](#)

SERVICES

Subscriber Services	Membership
e-edition	Store
App	Subscription Offers
Archives	sfgate.com

[Local](#) [Coronavirus](#) [Election](#) [Sporting Green](#) [Food](#) [Biz+Tech](#) [Culture Desk](#) [Datebook](#) [US & World](#)

Exhibit 12

Jails across California, country release inmates because of coronavirus

By Lisa Fernandez | Published 5 days ago | Crime and Public Safety | KTVU FOX 2

OAKLAND, Calif. - [Watch KTVU Live by clicking here](#)

Jails are beginning to release inmates early and modify their sentences as a result of the coronavirus outbreak, hoping to prevent the further spread of the deadly disease inside close quarters, like cells.

Sponsored Stories

Ad Content by Taboola | 

Are You on Medicare? If You Live in California Read This

Sponsored | MedicarePlan.com

The Genius Hack Every Home Depot Shopper Should Know

Sponsored | Wikibuy

On Thursday, the Alameda County Sheriff's Office said 314 people at Santa Rita Jail in Dublin were approved for sentence modification or early release. An additional 67 people were released by the court on their own recognizance orders. "We continue to release when we can while protecting public safety," the sheriff tweeted.

In San Francisco and San Mateo County, jail officials said they are currently working with the District Attorney and Public Defender offices to evaluate who may be eligible for early release. Neither jail had any coronavirus cases to report, officials said on Thursday.

Death rate at Santa Rita exceeds nation's largest jail system

In San Francisco, sheriff's spokeswoman Nancy Crowley said most of the people in jail have been booked on, or convicted of, serious or violent charges and so the early release numbers would likely not be that large. People charged with misdemeanors aren't usually held in jail as they await their legal hearings, she said.

That means San Francisco County jails have one of the lowest incarceration rates in the country, with only 1,105 people in custody. Crowley said this makes social distancing for those who are held in custody less challenging.

Women sue Santa Rita over treatment; sheriff says it's the "best big jail in the nation"

Earlier this week, Santa Clara County Sheriff Laurie Smith [said six inmates were released early from custody](#) in order to slow the spread of the virus after two inmates were exposed to COVID-19 and quarantined. The six are on house arrest with electronic monitors and all had a short time left on their sentences, she said.

On Thursday, a 58-year-old man was found dead in his cell at the Elmwood Correctional Facility in Milpitas, and investigators were working to determine his cause of death, including if coronavirus was a factor, [Santa Clara County sheriff's officials said.](#)

The move is being replicated across the state and country.

Los Angeles Sheriff Alex Villanueva told reporters Monday that his office had reduced the population from 17,076 inmates to 16,459, a reduction of more than 600 inmates, in about two weeks. In Ohio, a jail there moved to release hundreds of inmates over the weekend.

On social media, there were plenty of critics. "I'm locked up in my house, why shouldn't they be locked up in theirs?" one woman wrote on Facebook. Janelle Hassett Peterson wrote: "These people are the LEAST likely to be healthy in the first place or self quarantine. Releasing them is par for the course for the way this crisis is being handled."

But so far, there has been no real vocal outcry from prosecutors or law enforcement agencies.

Alameda County District Attorney spokeswoman Teresa Drenick said her office was not letting anyone out who was dangerous: "We oppose the release of any person who poses a risk to the community or who is charged with a violent or serious crime."

But she said those who were released early either had health issues or 45 days or less on their sentence.

Overall, across the country, the Fair and Just Prosecution center, which represents elected district attorneys nationwide, issued a [statement](#) this week, noting an outbreak of COVID-19 would be catastrophic in the prison system.

A closer look at the 45 inmates who have died at Santa Rita Jail

Not only would it gravely affect incarcerated people who are older than 60, but the prosecutors noted that inmates then have contact with deputies, wardens, vendors and others, who could then spread the disease into the wider community.

As a group, the prosecutors recommended "dramatically reducing the number of incarcerated individuals and the threat of disastrous outbreaks."

The early releases come as the American Civil Liberties Union and 14 ACLU affiliates, including [the ACLU of Northern California](#), sent letters this week to the federal government and state and local officials outlining immediate actions to take to protect those involved in the criminal legal system.

Deputy who sued Toronto Raptors president was convicted of insurance fraud

"Public health experts recognize that people who are incarcerated or otherwise involved in the criminal legal system are at heightened risk of infection and critical illness," said Lizzie Buchen, criminal justice director at the ACLU of Northern California. "Unless the COVID-19 public health response includes immediate and significant efforts to minimize the number of people in the system, this will be a humanitarian disaster."

The ACLU also called for:

- Police to stop custodial arrests for any offenses that do not pose an unreasonable safety risk and adopt cite-and-release policies so that people can return home.
- Prosecutors to decline to pursue charges that do not impact public safety and move for pretrial release in all but the very few cases where pretrial detention is permitted under the

state and federal constitutions.

- Judges to use their discretion to minimize incarceration and exposure to public spaces in sentencing conditions.

In San Francisco, Crowley said many of these requests are already taking place.

In addition to releasing inmates who are particularly vulnerable to COVID-19, unless there is clear evidence that release would present an unreasonable risk to the community, the San Francisco jail staff are also taking efforts to clean the facility.

Crowley said hygiene products are free and readily available to incarcerated people and staff.

As part of the booking process, Crowley said Jail Health Services has implemented "aggressive enhanced screening to rapidly identify and isolate any person with symptoms or exposure related to COVID-19."

As of Thursday, Crowley said there were no known coronavirus cases in any of the county's jails.

Lisa Fernandez is a reporter for KTVU. Email Lisa at lisa.fernandez@foxtv.com or call her at [510-874-0139](tel:510-874-0139). Or follow her on Twitter @ljfernandez

Sponsored | Todaylifestyle

Leading Surgeon Explains How To Properly Advance Your Gut Health and Immune System

Sponsored | Gundry MD Supplements



This material may not be published, broadcast, rewritten, or redistributed. ©2020 FOX Television Stations

Exhibit 13

https://madison.com/wsj/news/local/crime-and-courts/wisconsin-gov-tony-evers-halting-prison-admissions-to-prevent-covid/article_032e01f1-931c-5347-9e96-b9dd2894248a.html

BREAKING

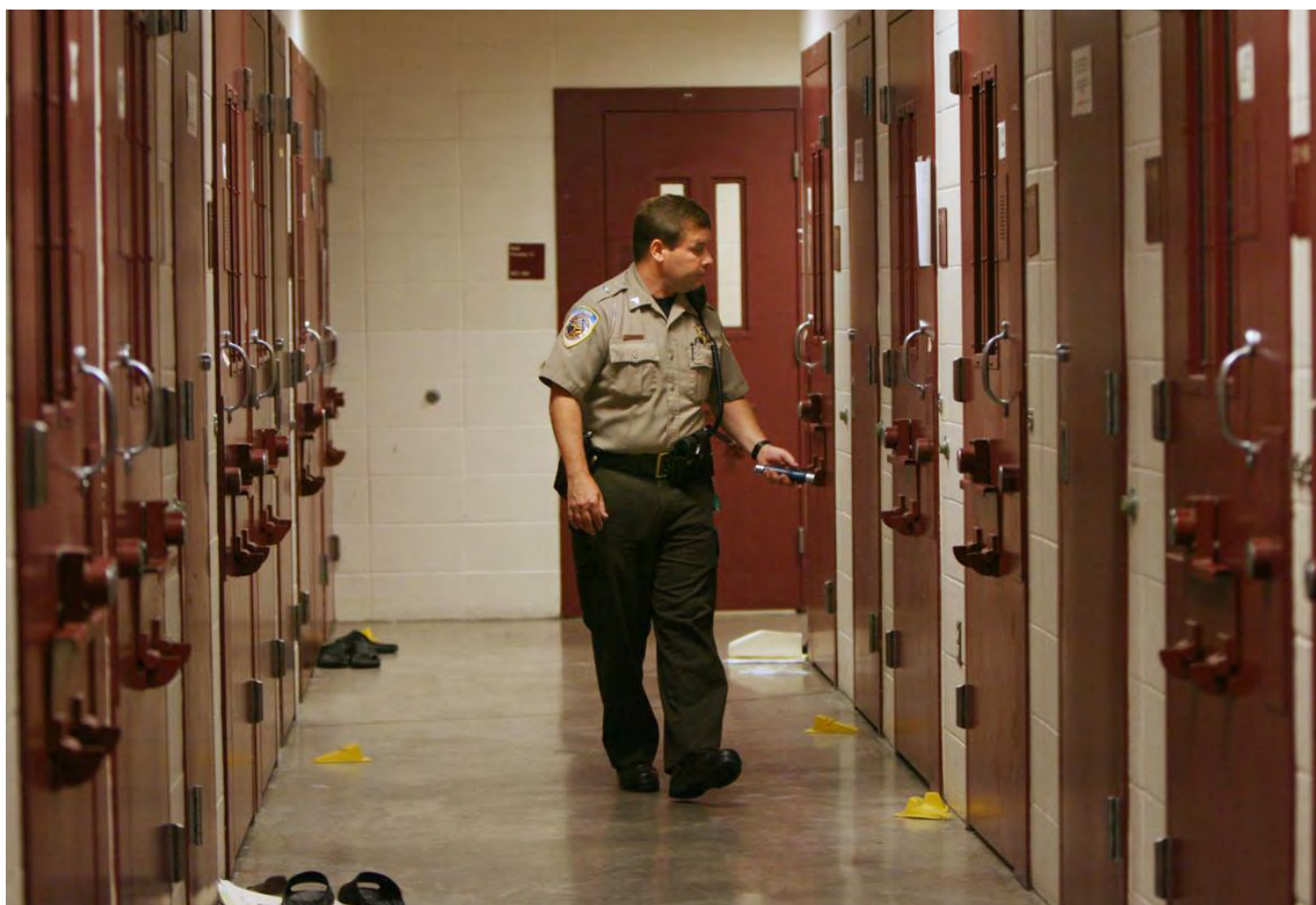
TOPICAL

EMERGENCY ORDER COVID-19

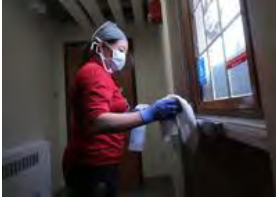
Wisconsin Gov. Tony Evers halting prison admissions to prevent COVID-19 spread

From the Pandemic numbers, hospital updates and more: Keep up with the latest local news on the COVID-19 coronavirus outbreak series

Emily Hamer | Wisconsin State Journal
Mar 22, 2020



A sheriff's deputy checks on inmates in the Dane County Jail. Dane County Sheriff Dave Mahoney said he was frustrated with Gov. Tony Evers' order to halt prison admissions because it will put extra strain on county jails.



This content is being provided for free as a public service to our readers during the coronavirus outbreak. Please support local journalism by subscribing.

Starting Monday, Gov. Tony Evers is halting all new admissions into Wisconsin's prisons in an attempt to prevent the spread of the COVID-19 coronavirus.

Evers signed the emergency order Friday, one day after **reports that a Department of Corrections employee tested positive for COVID-19** — the first case of the new coronavirus reported in Wisconsin's prison system.

"This is part of our efforts to stop the spread of the virus and help keep staff and the people in the state's care safe," said Melissa Baldauff, spokeswoman for Evers' office.

DOC spokeswoman Anna Neal said Thursday that no prisoners have tested positive for COVID-19.



Wisconsin prison employee tests positive for COVID-19; inmate advocates call for protections amid pandemic
Emily Hamer | Wisconsin State Journal

The order puts a "moratorium" on prisoner intake for DOC's prisons and juvenile detention facilities, with the exception of the temporary detention of those on probation, parole or extended supervision. All internal transfers of prisoners within DOC are also suspended except for "essential transfers," Neal said Saturday.

The DOC secretary has the power to lift the moratorium at any time.

In a statement, Evers and DOC Secretary Kevin Carr said the decision “was made out of an abundance of caution” to mitigate the spread of COVID-19.

Under the order, any defendant who is sentenced to prison will be held in a county jail instead of being transferred to one of DOC’s more than 30 prison facilities across the state.

Neal said most individuals who violate probation and parole rules would also go to the county jails, but some would go to a DOC facility in Milwaukee that is specifically for felons who violate their supervision terms. It is the only such DOC facility.

Although the emergency order could help prevent an inmate from bringing COVID-19 into a prison, it might also put extra pressure on county jails, including potential overcrowding.



Wisconsin prisons prohibit most visitors to prevent spread of COVID-19 coronavirus

Riley Vetterkind | Wisconsin State Journal

Dane County Sheriff Dave Mahoney said there were “absolutely no conversations” with county sheriffs about the impact the order will have on county jails. The Dane County Jail was notified of the change via email at 5:30 p.m. Friday.

“It’s really got sheriffs really upset,” Mahoney said. “It’s just very frustrating — as we’re trying to keep our own institutions healthy while we continue to hold prison inmates for the Department of Corrections — that we were not involved in at least a conversation about the need to find a collaborative solution.”

Mahoney said if the governor would have consulted county sheriffs, they could have come up with another solution to keep the prisons and jails safe, such as screening all inmates before transferring them to prisons.

DOC said it will work with county partners to discuss any potential modifications to the order that may be necessary.



Dane County Jail will medically screen new inmates to minimize COVID-19 risk

Emily Hamer | Wisconsin State Journal

Jails could 'fill up'

Mahoney said the order "will result in overcrowding" of the jails.

John Bauman, Dane County juvenile court administrator, said the same could be true of juvenile detention facilities.

"We could easily be overwhelmed with kids in secure custody as other placements close and court gets delayed," Bauman said.

Dane County has **suspended some court cases as a result of the public health emergency**, which slows the pace at which defendants would be given prison sentences.

The county is rescheduling proceedings for criminal cases that involve defendants who are awaiting court dates outside of the jail, or holding those hearing via telephone or video conference. So the jail shouldn't be getting that many new inmates as a result of new prison sentences, Dane County Judge Nicholas McNamara said.



Case 2:90-cv-00520-KLM Document 5-29 Filed 03/24/20 Page 138 of 185

Coronavirus Order suspends some Dane County court cases, mandates phone or video for others

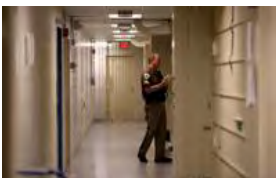
Ed Treleven | Wisconsin State Journal

McNamara said Evers' decision is "reasonable under the current circumstances" and probably a "great" choice to protect public health.

But McNamara said crowding could become a problem in the long term if the public health crisis continues for months or a year. If people keep getting arrested, and they aren't let out on bail while they wait for court, the county jail populations will slowly start to increase, he said.

"It's just a reality that one of the release valves for the jail populations are the prisons, and that's been closed," McNamara said. "If this was a forever situation, the jails would practically fill up."

Mahoney said "there are probably people starting Monday" who were scheduled to be taken out of the Dane County Jail and into prison. Other county jails have dozens of inmates who were supposed to be transferred, he said.



Dane County Jail suspends family visits because of COVID-19 coronavirus

Emily Hamer | Wisconsin State Journal

County efforts

During the past couple of weeks, Dane County has been trying to reduce its jail population to minimize the risk of COVID-19. The jail normally holds about 750 inmates, with an additional 100 being monitored outside of the jail on electronic monitoring. As of Friday, the jail had just over 600 inmates under its roof, with 100 on electronic monitoring.

Mahoney's office has been decreasing arrests and jail bookings, and the jail has been releasing defendants who are facing minor charges and don't pose a public safety risk.

"I'm not going to put somebody charged with murder out on the streets, or strangulation or false imprisonment," Mahoney said. "Those people are staying in jail."



Dane County Board approves \$148M in jail renovations after opponents shut down meeting

Emily Hamer | Wisconsin State Journal

Mahoney said the jail is not designed to handle this kind of public health challenge, and the population needs to stay low to keep inmates safe. Having to hold DOC's prisoners will put them under even more stress.

“Once (COVID-19) enters our institution, we will have as many positive cases as we have people in jail,” Mahoney said. “We don’t have the ability to isolate people.”

IN THIS SERIES

Pandemic numbers, hospital updates and more: Keep up with the latest local news on the COVID-19 coronavirus outbreak

2 hrs ago

Share your experience as a health care worker during the COVID-19 coronavirus pandemic

2 hrs ago

Golf courses to be closed under Gov. Tony Evers' 'safer at home' order

2 hrs ago

More businesses to shut down with Tony Evers' month-long 'safer at home' order

▼ **147 updates**

◀ Previous

Next ▶

Concerned about COVID-19?

Sign up now to get the most recent coronavirus headlines and other important local and national news sent to your email inbox daily.

Email Address

Sign up!

* I understand and agree that registration on or use of this site constitutes agreement to its user agreement and [privacy policy](#).

Emily Hamer | Wisconsin State Journal

Emily Hamer is a general assignment reporter for the Wisconsin State Journal. She joined the paper in April 2019 and was formerly an investigative reporting intern at the Wisconsin Center for Investigative Journalism.

Related to this story

Federal judge extends online voter registration deadline as COVID-19 coronavirus pandemic threatens Election Day chaos

Mar 21, 2020



Laundry day during a pandemic: Keep space in laundromats, use hot water

Mar 21, 2020



With more than 200 confirmed cases of COVID-19 and 3 deaths, Tony Evers says worst is yet to come for Wisconsin

Mar 21, 2020



Madison hospitals prepare for COVID-19 surge as workers test positive, worry about safety

Mar 21, 2020



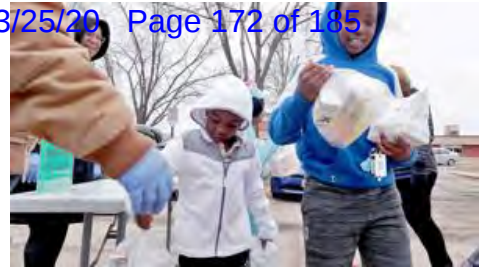
'Unique complexities' for Madison School District means virtual learning coming later amid COVID-19 coronavirus pandemic

Mar 21, 2020



Here's where you can get free meals in Madison during the COVID-19 coronavirus pandemic

Mar 23, 2020



COVID-19 pandemic closures are interfering with milestones of growing up around Madison

Mar 22, 2020



Exhibit 14



Florida state prisons suspend intake of new inmates

Tyler Vazquez, Florida Today Published 5:31 p.m. ET March 19, 2020 | Updated 1:42 p.m. ET March 20, 2020



Brevard County Jail (Photo: FILE)

To provide our community with important public safety information, FLORIDA TODAY is making stories related to the coronavirus free to read. To support important local journalism like this, please consider becoming a [digital subscriber](https://cm.floridatoday.com/specialoffer/). (<https://cm.floridatoday.com/specialoffer/>).

Florida Department of Corrections adopted new measures this week to stop the potential spread of the coronavirus in the prison system.

Corrections officials made the decision to stop accepting new inmates from counties until March 30.

"At that time, an evaluation will be made in consultation with public health officials to determine a plan of action moving forward," FDC informed the Florida Sheriff's Association regarding this measure.

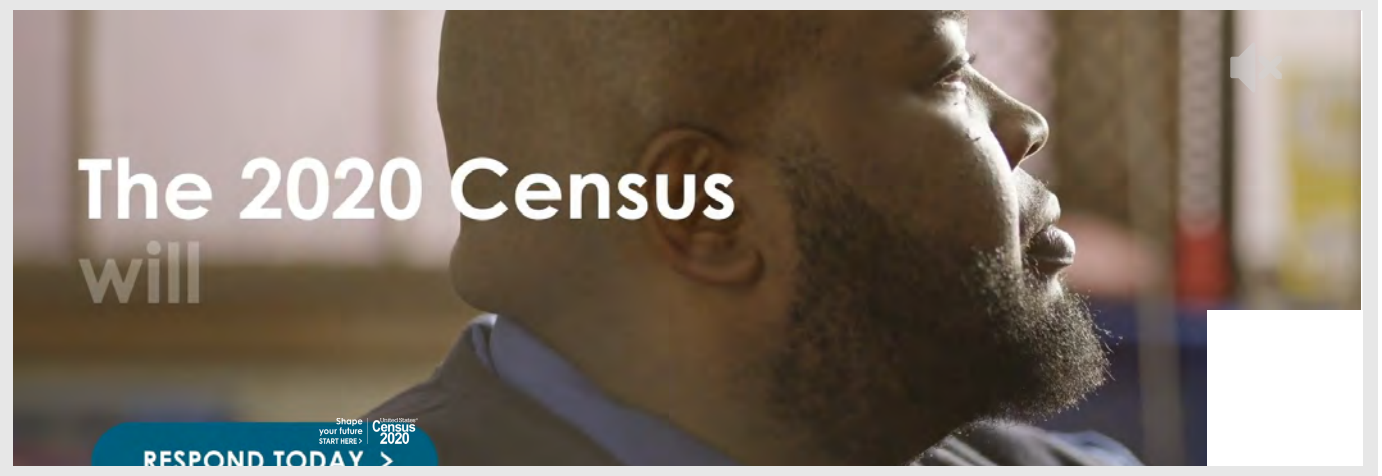
Normal court functions have all but ceased, meaning suspects aren't making their way through the system in a normal flow.

More: [Worker at state government office in Cocoa reportedly tests positive for coronavirus \(/story/news/crime/2020/03/19/coronavirus-patient-reportedly-worked-state-agency-cocoa/2878058001/\)](#)

More: [National health care workers try to get needed resources \(/story/news/2020/03/19/covid-19-testing-thre](#)

This article is **FREE** to your community.
99¢ per month for 3 months. Save 90%.

ADVERTISEMENT

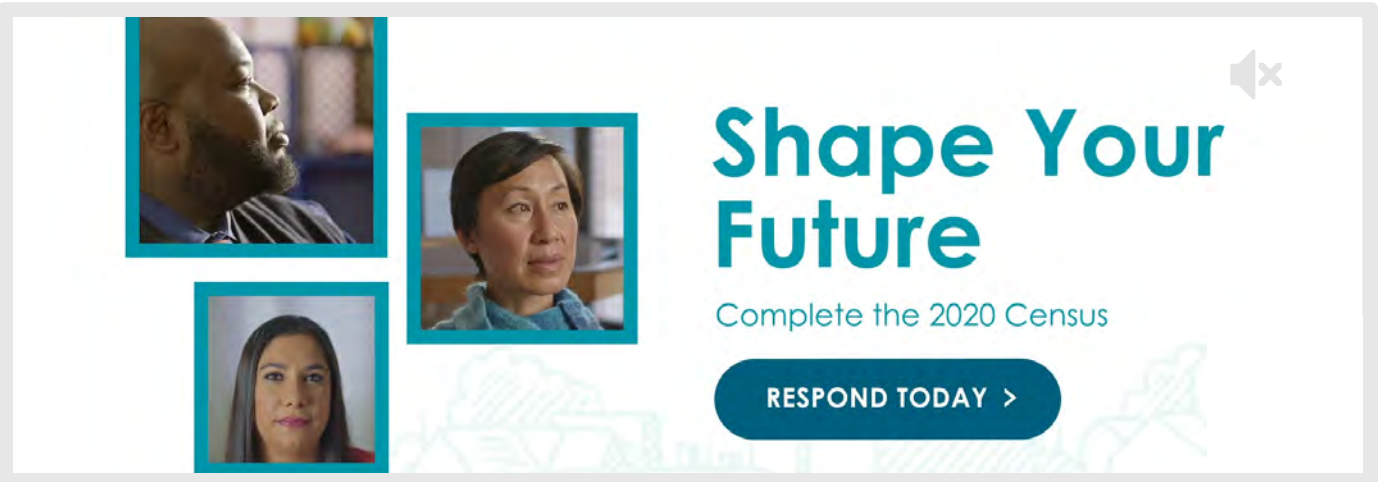


"As a result, there are no court orders directing transportation. Once the courts resume full activities, inmates who have been sentenced to DOC will be transported to DOC receiving centers," said Brevard County Sheriff's Office spokesman Tod Goodyear in an email.

Fewer people are leaving the Brevard County Jail but fewer are also entering, Goodyear said.

"We're not receiving people from other jails to our jail or from the prison system," he said.

ADVERTISEMENT



In the short-term, the Sheriff's Office does not believe it will create a strain on the local jail. If the pause on intake at the state level continues, it could clog the system and cause a re-evaluation, Goodyear said.

"Persons with new arrests are either housed in the County Jail or released on bond until their matter is resolved in the judicial system," he added.

Get the **Coronavirus Watch** newsletter in your inbox.

Updates on how the coronavirus is affecting your community and the nation

Delivery: Varies

Your Email



Our journalists are working hard to report on the coronavirus and its effects on the Space Coast, and bring you the stories free of charge as a service to the community. If these local stories are important to you, support us by becoming a subscriber. Right now you can try a digital subscription for \$3 for 3 months.

This article is **FREE** to your community.
99¢ per month for 3 months. Save 90%.



on Twitter @tyler_vazquez. Support his work by subscribing to [FloridaToday.com](https://www.floridatoday.com).



Exhibit 15

Alabama prisons block new jail intakes for 30 days amid coronavirus pandemic

Melissa Brown, Montgomery Advertiser Published 7:09 p.m. CT March 20, 2020 | Updated 1:09 p.m. CT March 21, 2020

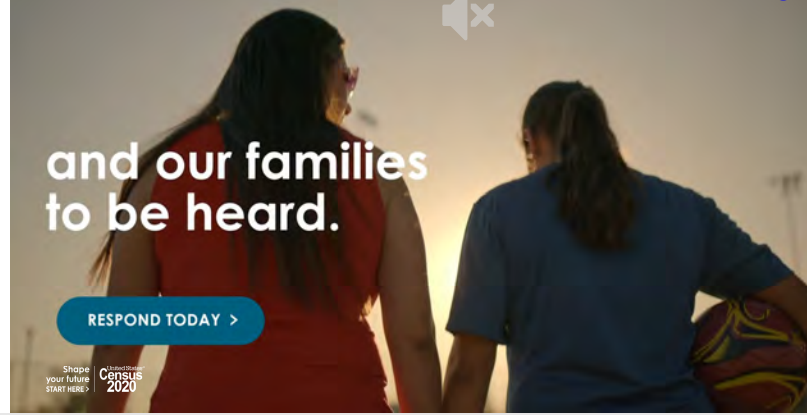
The Alabama Department of Corrections will block new prisoner transfers from county jails for at least 30 days as it attempts to stave off COVID-19 infections in the statewide prison population.

ADOC announced the move in a Friday night press release, stating the moratorium on new transfers includes, but is not limited to:

- new commitments
- court returns
- "parolees and probationers who are revoked or sanctioned to a dunk," which means a court mandated prison term due to probation violations.

"During this time, the Department will continue to receive inmates with severe medical or mental health conditions, subject to the usual review process by the Department's Office of Health Services. However, additional health screenings will be implemented at the facility level to ensure any inmate is not symptomatic prior to entry. While the 30-day moratorium is in effect, the ADOC's intake procedures will be reviewed closely and intake dorm space will be assessed thoroughly. At the end of this 30-day period, the Department will assess our interim intake process.

ADVERTISEMENT

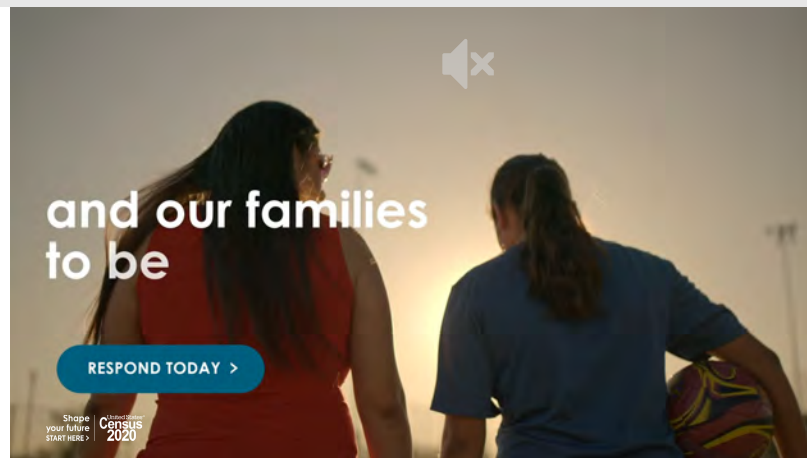


More: [Alabama Department of Corrections employee tests positive for coronavirus \(/story/news/2020/03/19/alabama-prisons-employee-positive-covid-19-coronavirus-infection/2879847001/\)](https://story/news/2020/03/19/alabama-prisons-employee-positive-covid-19-coronavirus-infection/2879847001/)

ADOC is also extending yard time and snack line for inmates, potentially in a bid to provide more opportunities for inmates to spend time outside of overcrowded dormitories.

"We are continuing to diligently monitor the situation, working closely with the ADPH and adhering to CDC-recommended health and hygiene guidelines," ADOC said in the release. "As noted yesterday, March 19, the ADOC has been notified that an administrative employee tested positive for COVID-19. All individuals within the Department who have been in direct contact with the individual who tested positive remain in a 14-day self-quarantine period, and are being monitored by the Alabama Department of Public Health (ADPH) for signs and symptoms due to direct exposure. Maintaining the safety, security, and well-being of our overall system remains the ADOC's highest priority."

ADVERTISEMENT



The Montgomery Advertiser has asked how many people have been asked to self-quarantine after contact with the positive patient, and if any inmates were include. The ADOC has not responded to the request.

ADOC said Thursday they would not identify the name of the individual or the facility at which they work, though they called the employee's job "administrative."

Get the Daily Briefing newsletter in your inbox.

Start your day with the morning's top news

Delivery: Daily

Your Email



ADOC said there are no positive cases within the inmate population as of 4 p.m. on Thursday.

Alabama prisons have blocked personal and legal visits to prisoners and implementing staff temperature checks statewide in an attempt to prevent the spread of COVID-19 into prison dormitories.

But prisoners and their families tell the Montgomery Advertiser they remain concerned about how quickly the novel coronavirus might spread if introduced into a prison, and the havoc it could wreak on a system already plagued by failing infrastructure and poor medical care, endangering both the incarcerated and the staff who return every day to their Alabama communities.

More: [Alabama prisons block personal, legal visits amid coronavirus pandemic \(/story/news/2020/03/19/alabama-prisons-ready-covid-19-pandemic-contagious-coronavirus/5063084002/\)](https://www.al.com/news/2020/03/19/alabama-prisons-ready-covid-19-pandemic-contagious-coronavirus/5063084002/)

According to a list of precautionary measures on ADOC's website, officials are trying to cut down on unnecessary movement into the camps or between camps. New measures include:

- Suspending all visitation, inmate passes, tours, and volunteer entry for 30 days
- Providing inmate inmates with one free call per week (up to 15 minutes) and extended hours of availability
- Suspending all inmate co-pays (including for medical services not directly related to COVID-19) for 60 days
- Suspending inmate transfers between facilities unless for security of health care reasons
- Suspending non-emergency or chemotherapy related outside health care visits
- Suspending legal visits from attorneys. "Requests by counsel for an in-person meeting due to urgent matters will be considered on a case-by-case basis. Attorney visits also will be accommodated by confidential phone calls."
- Sanitizing facilities on an "increased schedule"
- Checking all employee temperature before they enter the facility. Anyone with a temperature higher than 100.4 will not be allowed into the prison. Temperature checks will also be implemented at the beginning of each shift statewide All employees will have temperature screening at the beginning of each shift statewide.

The coronavirus COVID-19 often causes mild to moderate flu- and pneumonia-like illnesses in those young and relatively healthy, though some experts caution it is still more intense than the average cold or flu for many patients.

It can be deadly, particularly in those older than 60 or with pre-existing health conditions. And prisoners and their families say they're already susceptible to illness, with difficulties obtaining regular medical care and poor diets filled with sodium-rich and processed foods.

"You have an artificial environment which is at a high risk for transmission ... the same you have in military barracks and dormitories," Josiah D. Rich, a physician and professor of medicine and epidemiology at Brown University who co-founded the Center for Prisoner Health and Human Rights, told the Washington Post this week. "But the population you have [in prisons] is not a young, healthy population. It's aging."

As of December, around 2,500 Alabamians 60 or older were incarcerated in Alabama.

In increasingly urgent messages on a daily basis, public health officials around the country are urging stringent protocols for social distancing and isolation in attempt to slow the spread of infection before it balloons to a rate unsustainable for the American health care system.

But the most basic protocols for preventing infection — avoiding large crowds of people, keeping 6 feet apart when you do have to see people, even washing your hands as frequently as possible — are virtually impossible for incarcerated individuals to follow.

In many Alabama prison dorms, men sleep on bunks beds separated just enough to allow a single-person walkway. The facilities are dangerously overcrowded, with the inmate population in December 2019 nearly 10,000 people over what the current prison was built to handle.

On Thursday afternoon, a statewide coalition dedicated to prison reform issued a public letter to state officials with recommendations to address the coronavirus pandemic in Alabama's prisons and jails.

Among other steps, the coalition called for a firm of medical furlough for older prisoners and inmates who would be particularly vulnerable to a COVID-19 infection.

"To begin this process, we recommend ADOC order an immediate review of all people in Alabama prisons who are 60 or older, or are medically infirm with an eye toward providing medical furloughs to as many of them as possible," Alabamians for Fair Justice wrote. "We believe that particular consideration should be given to the older men and women currently incarcerated who have already served decades in prison. We have already identified nearly 1000 individuals incarcerated in ADOC facilities over the age of 65, with many more over the age of 60, who would be eligible for such release."

AFJ also recommended releasing prisoners with 6 months or less left on their sentences to ease overcrowding and the related public health risk.

Case 2:90-cv-00520-KJM-DB Document 6529-1 Filed 03/25/20 Page 182 of 185

Inmates in Autauga, Elmore and Chilton county jails with bonds under \$5,000 were ordered released Wednesday night.

Presiding Circuit Judge Ben Fuller, of Autauga County, entered the order stating the inmates would be released on their own recognizance in an effort to ease overcrowding over fears of the spread of the coronavirus.



In this June 18, 2015 file photo, prisoners stand in a crowded lunch line during a prison tour at Elmore Correctional Facility in Elmore, Ala. (Photo: AP)

Fuller's actions had law enforcement and other judges in the circuit scrambling. They apparently were not consulted before the order came down.

Autauga County Sheriff Joe Sedinger was conducting an audit of inmates to determine who would be covered. He said no one will be released from the Autauga Metro Jail until Thursday and then only after review from a judge.

"I have the discretion on releasing anyone, whether they can post bond or not," Sedinger said. "If I feel there is a threat to the public, I won't release them."

Contact Montgomery Advertiser reporter Melissa Brown at 334-240-0132 or mabrown@gannett.com.

Read or Share this story: <https://www.montgomeryadvertiser.com/story/news/2020/03/20/alabama-prisons-ban-new-inmates-30-days-amid-coronavirus-pandemic/2889797001/>

Exhibit 16

Coronavirus

What you need to know | Your questions answered | How to help

COVID-19

At least 38 test positive for coronavirus in New York City jails

The Associated Press New York March 21, 2020 6:49 p.m.

At least 38 people have tested positive for coronavirus in New York City jails, including at the notorious Rikers Island jail complex, the board that oversees the city's jail system said Saturday.

In a letter to criminal justice leaders, Board of Correction interim chairwoman Jacqueline Sherman wrote that at least 58 other people were currently being monitored in contagious disease and quarantine units.

"It is likely these people have been in hundreds of housing areas and common areas over recent weeks and have been in close contact with many other people in custody and staff," Sherman warned, predicting a sharp rise in the number of infections.

"The best path forward to protecting the community of people housed and working in the jails is to rapidly decrease the number of people housed and working in them."

In the past six days, she wrote, the board learned that at least 12 Department of Correction employees, five Correctional Health Services employees, and 21 inmates have tested positive for the virus.

The city's jail agency and its city-run health care provider did not respond to messages seeking comment on the letter. On Friday, the city's Department of Corrections said just one inmate had been diagnosed with coronavirus, along with seven jail staff members.

New York has consistently downplayed the number of infections, the Associated Press has found in conversations with current and former inmates.

More than 2.2 million people are incarcerated in the United States — more than anywhere in the world — and there are growing fears that an outbreak could spread rapidly through a vast network of federal and state prisons, county jails and detention centers.

It's a tightly packed, fluid population that is already grappling with high rates of health problems and elevated risks of serious complications. With limited capacity nationally to test for COVID-19, men and women inside worry that they are last in line when showing flu-like symptoms, meaning that some may be infected without knowing it.

The first positive tests from inside prisons and jails started trickling out just over a week ago, with less than two dozen officers and staff infected in other facilities from California and Michigan to Pennsylvania.

For most people, the new coronavirus causes only mild or moderate symptoms, such as fever and cough. For some, especially older adults and people with existing health problems, it can cause more severe illness, including pneumonia, and even death.

The vast majority of people recover from the virus. According to the World Health Organization, people with mild illness recover in

about two weeks, while those with more severe cases may take three to six weeks to recover.

© 2020 Minnesota Public Radio. All rights reserved.