

XAVIER BECERRA
Attorney General of the State of California
MONICA N. ANDERSON
Senior Assistant Attorney General
DAMON C. MCCLAIN
ADRIANO HRVATIN
Supervising Deputy Attorneys General
NASSTARAN RUHPARWAR - 263293
ELISE OWENS THORN - 145931
TYLER V. HEATH - 271478
KYLE A. LEWIS - 201041
LUCAS HENNES - 278361
Deputy Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-5500
Facsimile: (415) 703-5843
Email: Nasstaran.Ruhparwar@doj.ca.gov

HANSON BRIDGETT LLP
PAUL B. MELLO - 179755
SAMANTHA D. WOLFF - 240280
KAYLEN KADOTANI - 294114
425 Market Street, 26th Floor
San Francisco, California 94105
Telephone: (415) 777-3200
Facsimile: (415) 541-9366
pmello@hansonbridgett.com

Attorneys for Defendants

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
AND THE 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, et al.,

Defendants.

CASE NO. C01-1351 JST

THREE-JUDGE COURT

**DECLARATION OF CONNIE GIPSON IN
SUPPORT OF DEFENDANTS'
OPPOSITION TO PLAINTIFFS'
EMERGENCY MOTION TO MODIFY
POPULATION REDUCTION ORDER**

1 I, Connie Gipson, declare:

2 1. I am employed by the California Department of Corrections and Rehabilitation
3 (CDCR) and am the Director of CDCR's Division of Adult Institutions. I have been working for
4 CDCR since 1988. I started at CDCR my career as a medical technical assistant at the California
5 Institution for Women, where I worked from 1988 to 1997. From 1997 to 2008, I held several
6 positions at Wasco State Prison, including captain, business manager and health program
7 coordinator. From 2008 to 2010, I was the Associate Warden at North Kern State Prison. From
8 2010 to 2013, I served in multiple positions at California State Prison, Corcoran, including as
9 Warden, Acting Warden and Chief Deputy Warden. From 2013 to 2016, I served as the
10 Associate Director of general population male offenders at CDCR's Division of Adult
11 Institutions. From 2016 to 2019, I served as deputy director of facility operations at the Division
12 of Adult Institutions. In 2019, I was promoted to the Acting Director of the Division of Adult
13 Institutions, and was appointed to my current position as the Director in April 2019. I am
14 competent to testify to the matters set forth in this declaration and, if called upon by this Court,
15 would do so. I submit this declaration in support of Defendants' Opposition to Plaintiffs'
16 Emergency Motion to Modify the Population Reduction Order.

17 2. The Division of Adult Institutions is comprised of four mission-based disciplines
18 which include Reception Centers, High Security (males), General Population (males), and Female
19 Offenders. Among other tasks, the Division of Adult Institution works with communities and the
20 government on programs to improve inmate programming, directs, advises and mentors Wardens,
21 on matters related to institution operations, and represents the mission based program area, the
22 Division, and CDCR in hearings and meetings with the Administration, the Legislature, and
23 government agencies. As the Director of this division, my responsibilities include, but are not
24 limited to, ensuring that the needs of all inmates are met. For example, my responsibilities
25 include ensuring that all inmates have safe and secure housing and appropriate access to
26 healthcare, self-help, education, and rehabilitation programs. In addition, I also need to ensure
27 that all institutions have a qualified workforce available.
28

1 3. CDCR is highly dedicated to the safety of everyone who lives in, works in, and visits
2 CDCR's institutions and is committed to taking all necessary steps to continue providing services
3 to the inmate population to ensure their physical and mental wellbeing. CCCHS and CDCR have
4 established a multi-disciplinary team, chaired by a public health physician, to take all feasible
5 steps to prevent a COVID-19 outbreak in CDCR's institutions and to develop a thorough and
6 solid response action plan if an outbreak occurs.

7 4. In addition to the multi-disciplinary team, and to ensure CDCR and CCHCS are ready
8 to immediately respond to any COVID-19 related incident, CDCR has activated the Department
9 Operations Center (DOC). The DOC is a centrally-located command center where CDCR and
10 CCHCS experts monitor information, prepare for known and unknown events, and exchange
11 information centrally in order to make decisions and provide guidance quickly. The DOC's goal
12 is to implement measures and strategies to protect inmates and staff during the COVID-19
13 pandemic and to enhance social distancing and housing options during this time. People in the
14 field can submit requests for real-time guidance on the COVID-19 situation to the DOC and the
15 DOC provides prompt and real-time responses to their requests.

16 5. Dr. Tharatt from CCHCS and I co-chair the DOC. As the co-chairs of the DOC, we
17 make the ultimate decisions about CDCR's and CCHCS's measures in response to the COVID-19
18 pandemic. I am engaged in communications with the DOC, Dr. Tharatt, my staff, and the prisons
19 on a daily basis to ensure that all inmate and staff needs are met during this time.

20 6. In addition to the implementation of the DOC, the Division of Adult Institutions has
21 developed Pandemic Operational Guidelines. Attached as Exhibit A is a true and correct copy of
22 said guidelines. In sum, DAI has developed a 5-tier system, referred to as "operational
23 conditions," *i.e.*, (i) Normal, (ii) Alpha, (iii) Bravo, (iv) Charlie, and (v) Delta. Each condition
24 reflects what kind of restrictions will be put in place in different scenarios. Each condition
25 represents one scenario. The plan explains how core functions (such as feeding, medications,
26 health care, showers), programs, privileges, and transportation will be modified in each of the five
27 conditions. The first operational condition titled Normal reflects the normal daily scenario in
28 which the institution is able to sustain normal operations and perform all functions. The second

1 operational condition Alpha mandates some modifications to program activities to minimize
2 exposure or to address staff limitations impacting daily operations. The third operational
3 condition Bravo mandates increased modifications to program activities/transportation and
4 population to minimize exposure or to address isolation/quarantines or to address some staff
5 limitations impacting daily operations. The fourth operational condition Charlie mandates
6 significant modifications to program activities/ transportation and population/ core functions due
7 to increased isolations/ quarantine and/or to address increased staff limitations including custody
8 impacting daily operations. The fifth and last operational condition Delta is the last resort
9 scenario with the most extensive modifications. The purpose of the different operational levels is
10 to allow CDCR the ability to incrementally increase the levels and severity of counter measures
11 while still conducting mission essential operations

12 7. Which one of the 5 conditions applies is, in large part, guided by the number of
13 available staff on any given day. The fifth and last operational condition Delta will only be
14 triggered if the number of available staff decreases to the skeleton staffing level of 50-59%
15 Currently, CDCR only expects prisons in remote areas to ever reach condition Delta. Prisons that
16 are located in more central areas can usually obtain resources from nearby prisons or CDCR's
17 headquarters to relocate staff to areas where coverage is needed.

18 8. CDCR currently sees its prisons at the level of the third condition, *i.e.* Bravo, except
19 for mail. For mail, CDCR has implemented measures which mandate that all inmates in restricted
20 housing units must be provided with two pre-stamped envelopes per week to ensure that the
21 inmates can communicate with family and friends. In addition, starting this week, CDCR will
22 provide inmates who are not in restricted housing units the opportunity to make free phone calls
23 three days per week.

24 9. A copy of the Pandemic Operational Guidelines will be provided to the Wardens of all
25 institutions this week, followed by a conference call with their respective associate directors to
26 educate them about the content of the guidelines.

27 10. Further, we are in the process of enhancing our contingency plans in case of an
28 impending staff shortage. For example, CDCR has contacted staff members who retired in the

1 last 24 months to see if they would be willing to return as annuitants to cover any staff shortages.
2 CDCR is also looking into coordination the deployment of strike teams and volunteers from less
3 impacted prisons in remote areas (such as Pelican Bay) in case they encounter staff shortages.

4 **CDCR's and CCHCS's Preventative Measures**

5 11. CDCR's measures to prevent a COVID-19 outbreak in CDCR's institutions include,
6 but are not limited to:

7 a. To minimize the number of individuals entering CDCR's institutions from the
8 outside, CDCR has suspended visits by the public until further notice based on California
9 Department of Public Health guidance for mass gatherings. In addition, CDCR has limited all
10 non-essential or emergency transportations between CDCR facilities and suspended large-scale
11 construction projects located within the secure perimeter of CDCR facilities. Also, all tours and
12 events have been postponed, and no new tours are being scheduled;

13 b. Effective March 24, 2020, Governor Newsom issued Executive Order N-36-20,
14 suspending the intake of all incarcerated persons into both adult state prison and Division of
15 Juvenile Justice facilities for a minimum of 30 days. The Executive Order allows CDCR's
16 Secretary to grant one or more 30-day extensions if suspension continues to be necessary to
17 protect the health, safety, and welfare of inmates and juveniles in CDCR's custody and staff who
18 work in the facilities. Attached as Exhibit B is a true and correct copy of Governor Newsom's
19 March 24, 2020 Executive Order.;

20 c. In addition, all interstate compact agreement transfers of out-of-state parolees
21 and inmates to California have ceased for 30 days until approximately the end of April 2020;

22 d. With respect to individuals who are allowed to enter the institutions, since
23 March 27, 2020, all individuals entering CDCR state prisons and community correctional
24 facilities must undergo a verbal symptom screening (which was put in place on March 14, 2020)
25 plus an additional touch-free infrared temperature screening for COVID-19 and Influenza-Like-
26 Illness (ILI) symptoms prior to being allowed to enter the facility. Screeners are offered surgical
27 masks, eye protection, and hand sanitizer. Individuals who respond "yes" to any COVID-19 or
28 ILI questions and/or have a temperate measured equal or greater than 100.0 Fahrenheit will be

1 denied entry into in the institution. Individuals who respond “no” to any of the COVID-19 or ILI
2 questions but have observed symptoms shall have further triage with a nurse. Based on the
3 clinical judgement of the nurse, the employee may be denied entry into the CDCR correctional
4 facility, and a recommendation to follow up with their personal medical provider given. Attached
5 as Exhibit C is a true and correct copy of the March 26, 2020 memorandum that sets forth the
6 details of the foregoing facility entrance screenings processes;

7 e. In addition, CDCR and CCHCS continue to follow their robust screening
8 practices for inmates entering or exiting state prison, including taking temperature. Before the
9 intake of new inmates was closed all inmates that were received into a Reception Center
10 institution were screened and placed into an automatic 14-day quarantine for monitoring. The
11 same applies today to inmates who return from offsite medical or court appointments. Licensed
12 health care staff conduct a Reception Center health care assessment as part of the initial intake
13 process for each inmate newly committed to CDCR custody. This assessment includes (1) a face-
14 to-face interview to review medical records, take a brief health history, and review medication
15 history, (2) a physical examination addressing any items identified during the interview, and (3)
16 vital signs, including temperature, blood pressure, pulse, and respirations. Patients with emergent
17 medical needs will be referred and transported to the Triage and Treatment Area (TTA), for
18 further evaluation, and to determine the appropriate level of care. Inmate’s vitals, including
19 temperature, are taken the day before an inmate leaves the prison for any reason, including court
20 appearances and institution transfers. At the same time, inmates are asked a series of questions
21 about their state of health, and any concerns are being addressed through the triage process. The
22 same readings/questions are performed immediately upon arrival back to the institution;

23 f. Starting on March 28, 2020, all inmates and staff members leaving the
24 institutions for offsite medical appointments have to wear surgical masks;

25 g. To achieve a most feasible level of social distancing among inmates and
26 employees, CDCR has issued information about social distancing to inmates and staff. Staff and
27 inmates are practicing social distancing strategies where possible, including limiting groups to no
28 more than 10, assigning bunks to provide more space between individuals, rearranging scheduled

1 movements to minimize mixing of people from different housing areas, encouraging social
2 distance during yard time, and adjusting dining schedules where possible to allow for social
3 distancing and additional cleaning and disinfecting of dining halls between groups. All classroom
4 in-service trainings for staff are postponed until July 2020. No rehabilitative programs, group
5 events, or in-person educational classes will take place until further notice. Chaplains will
6 conduct individual religious counseling as appropriate while maintaining social distancing, and
7 CDCR is working to provide televised religious services to the population. Contract staff not
8 affiliated with inmate programming will only be permitted to enter an institution on a case-by-
9 case basis at the direction of institution leadership;

10 h. To achieve a most feasible level of social distancing in dorms, asymptomatic
11 inmates who are housed at the below dorms will be transferred to other prisons that have
12 unoccupied buildings or space available. CDCR is in the process of evaluating further transfers.

- 13 i. Chuckawalla Valley State Prison will move 100-150 inmates next door to
14 Ironwood State Prison Facility A, Building 5; and
15 ii. California Substance Abuse Treatment Facility and State Prison and the
16 California Rehabilitation Center will each relocate 192 inmates (*i.e.*, a total
17 of 384 inmates) to CSP-Corcoran, Building 4B.

18 i. To keep the inmate population informed, CDCR has created and distributed fact
19 sheets and posters in both English and Spanish that provide education on COVID-19 and
20 precautions recommended by CDC. CDCR has also begun streaming CDC educational videos
21 on the CDCR Division of Rehabilitative Programs inmate television network and the CCHCS
22 inmate health care television network;

23 j. CDCR is also providing regular department updates regarding their COVID-19
24 response to the Statewide Inmate Family Council and all institutional Inmate Family Councils
25 who serve the family and friends of the incarcerated population to ensure they are aware of the
26 steps the department is taking to protect their loved ones housed in CDCR institutions;

1 k. In addition, CDCR activated an email box, COVID19@cdcr.ca.gov, to answer
2 questions from the public, employees, and stakeholders related to COVID-19. This email address
3 is being monitored and questions are being directed to the appropriate divisions;

4 l. All inmates are being provided extra soap when requested and hospital-grade
5 disinfectant that meets Centers for Disease Control and Prevention guidance for COVID-19.

6 m. Staff members have been granted permission to carry up to two ounces of
7 personal-use hand sanitizer;

8 n. Hand sanitizer dispensing stations have been placed in the corridors of all clinic
9 areas for inmate and staff use. Additional hand sanitizer dispensing stations are being procured
10 and placed inside adult institution entrances. In addition, dispensing stations will also be placed
11 in all dining halls and dayrooms in all housing units;

12 o. All institutions have been instructed to conduct additional deep-cleaning efforts
13 in high-traffic, high-volume areas, including visiting and health care facilities. In addition, all
14 Wardens were reminded this week to ensure that (i) cleaning supplies are available to inmates in
15 all dayrooms and inmate phone areas, (ii) all counter tops in the dining halls and canteen windows
16 are being cleaned regularly, and (iii) the dining halls are cleaned in between each feeding.
17 Additional cleaning efforts have also, for example, been implemented at the dorm at Joshua Hall
18 at CIM. The workers are cleaning the dorm at 8:00 am and 12:00 pm each day. All the handles
19 to doors are sprayed with bleach every 30 minutes. In addition, the inmates are being instructed to
20 stay six feet apart and are given extra soap and hand sanitizer. Further, the showers, sinks, and
21 restroom facilities at Joshua Hall are being cleaned at least 12 times per day, *i.e.*, 4 times per each
22 8 hour shift;

23 p. Further, CDCR and CCHCS have collaboratively established additional
24 precautions based on recommendations by CDPH and CDC for units with vulnerable populations
25 and infirmaries, including additional disinfection efforts and even smaller groups for dining and
26 out-of-cell time.

1 12. In addition to the above listed preventative measures, CDCR is continuously
2 evaluating and implementing proactive measures to help prevent the spread of COVID-19 and
3 keep CDCR's population and the community-at-large safe.

4 13. In the meantime, CDCR will continue to ensure inmate safety and security, and
5 CCHCS will continue to provide urgent health care services. CCHCS has indicated that some
6 specialty and routine care may be delayed as a result of both internal redirections and external
7 closures. All cancelled appointments will be rescheduled as soon as safely possible. CCHCS has
8 informed the Parties that health care staff will continue to see and treat patients through the 7362
9 process and those with flu-like symptoms will be tested for COVID-19 as appropriate. All non-
10 urgent offsite specialty appointments will be re-scheduled to a later time. Telemedicine
11 appointments are continuing at this time.

12 **CDCR's and CCHCS's Outbreak Management Plans**

13 14. CDCR and CCHCS have longstanding outbreak management plans in place to address
14 communicable disease outbreaks such as influenza, measles, mumps, norovirus, and varicella, as
15 well as preparedness procedures to address a variety of medical emergencies and natural
16 disasters. CDCR and CCHCS are using these procedures as a model to respond to any COVID-
17 19 outbreak.

18 15. If, at any point, it is determined there is a potential exposure to COVID-19 among the
19 incarcerated population, CDCR will restrict movement at the institution while a contact
20 investigation is initiated and quarantine those deemed at-risk for an observation period.

21 16. An inmate-patient with confirmed COVID-19 will be continuously assessed and
22 monitored by institution medical staff.

23 17. Asymptomatic inmate-patients with contact to a COVID-19 case will be quarantined.
24 For example, as of Monday morning, March 30, 2020, approximately 535 asymptomatic inmates
25 at CSP-Los Angeles County and the California Institution for Men who have been in contact with
26 the four inmates who have tested positive for COVID-19 as of Monday morning have been
27 quarantined within their housing units. The quarantine entails that the inmates go to yard and are
28

1 fed as a group.¹ While on quarantine status, inmates are assessed daily by health care staff for
2 symptoms. The quarantine period is for 14 days, and if inmates remain asymptomatic, they will
3 be released from quarantine. Inmate-patients in quarantine, and staff transporting quarantined
4 patients, are instructed to wear personal protective equipment. The quarantine units will be
5 assessed continuously by health care staff in order to immediately identify any new inmate-
6 patients with symptoms. If a symptomatic inmate-patient is identified, he or she will be evaluated
7 by a health care provider as soon as possible. If one or more inmate-patients in quarantine
8 develop symptoms consistent with COVID-19, the ill inmate-patients will be isolated from the
9 well quarantined inmate-patients.

10 18. Other individuals, such as Dr. Bick, can likely provide additional information about
11 CDCR's outbreak management plan.

12 I declare under penalty of perjury that I have read this document, and its contents are true
13 and correct to the best of my knowledge.

14 Executed on this 31st day of Mach 2020 in Sacramento, California.

15
16
17 /s/
18 CONNIE GIPSON

19
20
21
22
23
24
25
26
27
28

¹ Quarantine does not include restricting the patient to their own cell for the duration
without opportunity for exercise or yard time. Quarantined patients may have yard time as a
group but are instructed not to mix with patients not in quarantine.

EXHIBIT A

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition Normal (OPCON) Core Functions	Category	Operation	Triggering Event
Operations	Safety Security	Normal	<ul style="list-style-type: none"> Able to sustain normal operations and perform all Non-essential and Essential Functions
	Feeding	Normal	
	Medication	Normal	
	Health Care Access	Normal	
	Mental Health Care	Normal	
	Showers	Normal	
	Committee's	Normal	
Program Activities	Mail	Normal	
	Visiting	Normal	
	Education	Normal	
	Vocation	Normal	
	Religious Services	Normal	
	Self-Help	Normal	
	Yard Activity	Normal	
	Dayroom Activity	Normal	
	Volunteers/Contractors	Normal	
Privileges	Phone calls	Normal	
	Canteen	Normal	
	Packages	Normal	
	In-cell Activities	Normal	
Population/Transportation	Intra-facility Transfers	Normal	
	RC Processing	Normal	
	Out to Court	Normal	
	Medical Guarding Transportation	Normal	

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition – Alpha (OPCON) Core Functions	Category	Operation	Triggering Event:
Operations	Safety Security	Normal	<ul style="list-style-type: none"> Some modifications to Program Activities Modification to Program Activities/Transportation and population to minimize exposure or to address staff limitations which may occur in any discipline (custody, non custody, health care, mental health, etc) impacting daily operation. Custody Staffing levels between 80-89% of authorized posts filled. As workload is shed, use custody resources as overtime avoidance.
	Feeding	Normal	
	Medication	Normal	
	Health Care Access	Normal	
	Mental Health	Normal	
	Showers	Normal	
	Committee's	Normal increasing social distancing	
Program Activities	Mail	Normal	
	Visiting	May be cancelled or reduced	
	Education	May be cancelled or reduced	
	Vocation	May be cancelled or reduced	
	Religious Services	May be cancelled or reduced. May become in unit roving support	
	Self-Help	May be cancelled or reduced. May become in unit roving support	
	Yard Activity	Normal	
	Dayroom Activity	Normal	
	Volunteers/Contractors	May be cancelled or reduced	
Privileges	Phone calls	Normal	
	Canteen	Normal	
	Packages	Normal	
	In-cell Activities	Normal	
	Intra-facility Transfers	Select Transfer jurisdictions identified for closure	
	RC Processing	Cluster incoming from County. Possible reduced intake or closure of intake as directed by health care.	
Population/Transportation	Out to Court	Normal	
	Medical Guarding Transportation	Emergent/Urgent Continues some routine appointments may be cancelled.	

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition – Bravo (OPCON) Core Functions	Category	Operation	Triggering Event:
Operations	Safety Security	Normal	<ul style="list-style-type: none"> Increased Modification to Program Activities/Transportation and Population to minimize exposure and/or to address isolation /quarantines and/or to address some staff limitations in any discipline (custody, non custody health care, mental health, etc) impacting daily operations. Custody staffing level between 70-79% of authorized posts filled. As Workload is shed, use custody resources as overtime avoidance.
	Feeding	Increase Social Distancing /May cell feed.	
	Medication	Evaluate staffing availability and needs of health care. Some instances of cell front or podium distribution as directed by local health care.	
	Health Care Access	Appointments completed as directed by Health Care (Refer to Clinical Operations Plan)	
	Mental Health Care	Mental Health Groups and one on ones completed as directed by Mental Health (Refer to Mental Health Emergency Plan)	
	Showers	Normal	
	Committee's	Normal increasing social distancing	
Program Activities	Mail	Normal	
	Visiting	Cancelled	
	Education	Cancelled	
	Vocation	Cancelled	
	Religious Services	Cancelled. Provide roving support	
	Self-Help	Cancelled	
	Yard Activity	Reduce by 50%	
	Dayroom Activity	Reduced by 50%	
	Volunteers/Contractors	Cancelled	
	Phone calls	Normal	
Privileges	Canteen	Normal	
	Packages	Normal	
	In-cell Activities	Normal	
Population/Transportation	Intra-facility Transfers	Select Transfer types may be stopped	
	RC Processing	Cluster incoming from County. Possible reduced intake or closure of intake as directed by health care	
	Out to Court	Check local jurisdictions for closure	
	Medical Guarding Transportation	Emergent/Urgent Continues some routine appointments may be cancelled.	

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition – Charlie (OPCON) Core Functions	Category	Operation	Triggering Event:
Operations	Safety Security	Normal	<ul style="list-style-type: none"> Significant Modifications to Program Activities/ Transportation and Population/Core Functions due to increased mitigation measures to minimize exposures and/or isolations/ quarantines and/or to address increased staff limitations in any discipline (custody, non custody, health care, mental health, etc) impacting daily operation. Staffing level between 60-69% of authorized posts filled. Custody resources focused on core essential operations in priority. Use Peace Officer resources in the institution to perform essential duties such as counselors assisting with CO duties. Use custody resources from Statewide Transportation Unit to assist with vacancies as available. Identify additional strike team resources for custody and shift schedule changes needed to maximize resources.
	Feeding	Cell feeding only due to limited custody staff resources	
	Medication	Continue best method based on staff resource availability as directed by Health Care. May increase instances of cell front or podium distribution by local health care	
	Health Care Access	Urgent (Refer to Clinical Operations Plan)	
	Mental Health Care	Mental Health Groups and one on ones completed as directed by Mental Health (Refer to Mental Health Emergency Plan)	
	Showers	Normal	
	Committee's	Normal increasing social distancing	
Program Activities	Mail	Normal	
	Visiting	Cancelled	
	Education	Cancelled	
	Vocation	Cancelled	
	Religious Services	Cancelled. Provide roving support	
	Self-Help	Cancelled	
	Yard Activity	Reduce by 50%	
	Dayroom Activity	Reduced by 50%	
	Volunteers/ Contractors	Cancelled	
	Phone calls	Normal	
Privileges	Canteen	Normal	
	Packages	Normal	
	In-cell Activities	Consider increases to include: 1) reading material 2) activities 3) TV, Radio, Tablet Access (if possible)	
Population/Transportation	Intra-facility Transfers	Select Transfer types may be stopped	
	RC Processing	Cluster incoming from County. Possible reduced intake or closure of intake as directed by health care	
	Out to Court	Check local jurisdictions for closure	
	Medical Guarding Transportation	Emergent/Urgent Continues some routine appointments may be cancelled as directed by health care.	

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition-Delta (OPCON) Core Functions	Category	Operation	Triggering Event
Operations	Safety Security	Normal	<ul style="list-style-type: none"> Extensive Modifications to Program Activities/ Transportation and Population/Core Functions due to mitigation efforts to minimize exposure and/or increased isolation/quarantine and/or increased staff limitations in any discipline (custody, non custody, health care, mental health, etc) impacting daily operation. Extensive custody vacancies resulting in minimal custody staffing levels. Staffing level between 59-50% or below of authorized post filled. Custody resources focused only on the most critical functions in priority order. Possible shift modifications to maximize resources available. All available Peace Officers performing core most critical essential duties (Counselors, Management, etc.). All available non-custody perform any identified essential functions as appropriate such as feeding, delivering mail, etc. Use strike team resources identified to include neighboring institutions, other identified institution staff, Statewide
	Feeding	Cell feeding only due to limited custody staff resources	
	Medication	Best method of efficiency as determined by health care (may include cell front or podium pass)	
	Health Care Access	Only Urgent/Emergent as determined by health care (Refer to Clinical Operations Plan)	
	Mental Health Care	Cancelled groups/one on ones due to lack of custody staff. MH cell front only unless urgent/emergent (Refer to Mental Health Emergency Plan)	
	Showers	In the event of extreme staff shortages, may be reduced/cancelled only for the duration required due to extreme custody staff shortages	
	Committee's	Cancelled except for extreme urgency	
Program Activities	Mail	May be delayed due to staff shortages	
	Visiting	Cancelled	
	Education	Cancelled	
	Vocation	Cancelled	
	Religious Services	Cancelled	
	Self-Help	Cancelled	
	Yard Activity	Cancelled	
	Dayroom Activity	Cancelled	
Privileges	Volunteers/ Contractors	Cancelled	
	Phone calls	May be reduced/cancelled due to staff shortages	
	Canteen	Only essential items and delivery may be delayed due to staff or inventory shortages. May be cancelled in extreme circumstances.	
	Packages	May be reduced based on availability of staff to process	
	In-cell Activities	Provide increased 1) reading material 2) activities 3) TV, Radio, Tablet Access (if possible)	

Division of Adult Institutions Pandemic Operation Guidelines

	Packages	May be reduced based on staff to process	Transportation, HQ staff, Parole as available for essential core functions
Population/Transportation	Intra-facility Transfers	Increased number of Select Transfer Types Stopped	
	RC Processing	If intake continues, cluster county intake. Increased reductions of intake. Possible complete intake closure.	
	Out to Court	Check local jurisdiction for closures. Continue only as per court orders	
	Medical Guarding Transportation	Emergent/Urgent. Only critical appointments as directed by medical due to severe custody staff shortages.	

Key Components to DAI Pandemic Operation Guidelines:

- Applicability and effectiveness of the individual Mitigation Controls may vary from site to site.
- As part of the ongoing assessment of OPCODE levels, the CDCR determines whether a certain Mitigation Control is applied locally, regionally, or statewide.
- Any CDCR communication regarding OPCODE levels will include indication of the applicable sites and notification of the applicable departmental personnel and stakeholders.
- The higher the OPCODE level, the greater the hardship and strain on CDCR staff and offenders. It is therefore the goal of CDCR to remain in an elevated OPCODE level for only the duration required. If it is no longer necessary to remain in an increased OPCODE level, the review process for return to the next lower level will be initiated.
- Institutional Executive team will triage and prioritize essential programs. All decisions regarding elevating and lowering OPCODE levels will be made by the institutional Warden (assisted by the recommendation of the executive leadership).
- Individual sites may operate in different OPCODE levels at the same time.
- Reference the Clinical Operations Plan for details related to health care pandemic operations.
- Reference the Mental Health Emergency Plan for details related to mental health pandemic operations.

EXHIBIT B

EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

EXECUTIVE ORDER N-36-20

WHEREAS on March 4, 2020, I proclaimed a State of Emergency to exist in California as a result of the impacts of COVID-19; and

WHEREAS despite sustained efforts, COVID-19 continues to spread and is impacting nearly all sectors of California; and

WHEREAS, state and local correctional and public safety leaders are building on their longstanding partnership, to protect public health and safety in the context of the COVID-19 crisis; and

WHEREAS the California Department of Corrections and Rehabilitation (CDCR) has infectious disease management plans in place to address communicable disease outbreaks such as influenza, measles, mumps, norovirus, and varicella, and CDCR has taken a series of additional proactive steps to reduce the risk of introducing and spreading COVID-19 in CDCR facilities, including:

- educating staff, inmates, and visitors regarding ways they can protect themselves and those around them from COVID-19;
- screening staff before they enter work locations;
- increasing cleaning and sanitation of CDCR facilities and providing staff and inmates with access to additional soap and sanitizing products;
- quarantining inmates arriving from county jails;
- restricting visitors and volunteers, and offering free methods for inmates to communicate with family members, friends, and attorneys;
- limiting inmate transfers including suspending out-of-state parole or inmate transfers to California for 30 days; and
- suspending scheduled in-person parole visits, except when statutorily required, for critical needs, or in emergencies; and
- eliminating parole revocations in many cases; and

WHEREAS the Governor's Office of Emergency Services has operated and continues to operate a multi-agency correctional task force to identify additional steps necessary, as this emergency develops, for action to protect health and safety; and

WHEREAS many inmates who are confined in state prison are entitled to timely parole hearings under the California Constitution, the Penal Code, and a federal three-judge court order; and

WHEREAS COVID-19 and the response thereto have impaired the Board of Parole Hearings' ability to meet the usual statutory and regulatory requirements to timely conduct parole hearings in person; and

WHEREAS inmates, inmates' counsel, victims and their representatives, and representatives of the people have the right to be heard at parole hearings, but such hearings must be secure and safe for all participants; and

WHEREAS under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this order would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes of the State of California, and in particular, Government Code sections 8627, 8567, and 8571, do hereby issue the following order to become effective immediately:

IT IS HEREBY ORDERED THAT:

1. To protect the health, safety, and welfare of inmates in the custody of CDCR and staff who work in the facilities, I direct the Secretary of CDCR to use his emergency authority under California Penal Code section 2900(b) to suspend intake into state facilities for 30 days by directing that all persons convicted of felonies shall be received, detained, or housed in the jail or other facility currently detaining or housing them for that period. Consistent with California Penal Code section 2900(b), the time during which such person is housed in the jail or other facility shall be computed as part of the term of judgment. I further order the Secretary to suspend intake into Division of Juvenile Justice (DJJ) facilities for 30 days. To the extent that any statutory or other provisions require DJJ to accept new juveniles into its facilities, such provisions are waived or suspended. The Secretary may grant one or more 30-day extensions of the suspension of intake or commitment if suspension continues to be necessary to protect the health, safety, and welfare of inmates and juveniles in CDCR's custody and staff who work in the facilities.
2. The Board of Parole Hearings is directed to develop a process for conducting parole hearings by videoconference and shall confer with stakeholders in developing this process. The Board of Parole Hearings shall endeavor to make parole hearings conducted via videoconference accessible to all participants specified in the Penal Code and the California Code of Regulations. This process shall be operational no later than April 13, 2020.
3. To protect the health and welfare of inmates, hearing board officers, inmates' counsel, victims and their representatives, and representatives of the people, the Board of Parole Hearings is directed to cease conducting in-person parole hearings for 60 days and shall postpone any scheduled parole hearings until April 13, 2020, or an earlier date at which it is able to accommodate conducting parole hearings by video conference. The Secretary may grant one or more 30-day extensions of the prohibition on in-person parole hearings if it continues to be necessary to protect the health, safety, and welfare of inmates in CDCR's custody, staff who work in the facilities, hearing officers, victims and their representatives, and representatives of the people.

4. For the next 60 days, and for the term of any extensions, inmates scheduled for a parole hearing can elect to continue with their timely parole hearing by videoconference, to accept a postponement of their parole hearing, or to waive their hearing.
 - a. Any parole hearing postponed under this provision shall be rescheduled for the earliest practicable date.
 - b. All rights for all participants delineated by state law will be applied to hearings postponed and rescheduled.
 - c. To the extent that an inmate is required to show good cause to waive or postpone his or her hearing under California Code of Regulations, title 15, section 2253, subdivisions (b)(3) and (d)(2), such requirements are suspended for the next 60 days, and for the term of any extensions.
5. For the next 60 days, and for the term of any extensions, to the extent that any law or regulation gives any person the right to be present at a parole hearing, that right is satisfied by the opportunity to appear by videoconference. Specifically:
 - a. For inmates who choose to go forward with their parole hearing by videoconference during the next 60 days, and during the term of any extensions, the inmate's right to be present and to meet with a Board of Parole Hearing's panel under Penal Code sections 3041, subdivision (a)(2), 3041.5, subdivision (a)(2), and California Code of Regulations, title 15, section 2247, is satisfied by appearance through videoconference.
 - b. For inmates who choose to go forward with their parole hearing by videoconference during the next 60 days, and during the term of any extensions, Penal Code section 3041.7 and California Code of Regulations, title 15, section 2256, which provide that an inmate has the right to be represented by an attorney at parole hearings, will be satisfied by the attorney appearing by videoconference and by providing for privileged teleconferencing between the inmate and attorney immediately before and during the hearing. Such inmates will also be provided reasonable time and opportunity for privileged communications by telephone with their retained or appointed counsel prior to the hearing at no charge to either party.
 - c. For hearings conducted by videoconference during the next 60 days, and during the term of any extensions, the right of victims, victims' next of kin, members of the victims' family and victims' representatives to be present at a parole hearing will be satisfied by the opportunity to appear by videoconference, teleconference, or by written or electronically recorded statement, consistent with California Constitution, Article I, section 28, subdivision (b)(7), Penal Code section 3043, subdivision (b)(1) and California Code of Regulations, title 15, section 2029, and as provided in Penal Code sections 3043.2 and 3043.25.

- d. For hearings conducted by videoconference during the next 60 days, and during the term of any extensions, Penal Code section 3041.7 providing that the prosecuting attorney may represent the interests of the people at the hearing will be satisfied by the opportunity to appear by videoconference, teleconference, or a written statement.

IT IS FURTHER ORDERED that as soon as hereafter possible, this Order be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this Order.

This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its agencies, departments, entities, officers, employees or any other person.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 24th day of March 2020.



GAVIN NEWSOM
Governor of California

ATTEST:

ALEX PADILLA
Secretary of State

EXHIBIT C



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date: March 26, 2020

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

From:

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

Original Signed By
Barbara Barney-Knox, MBA, MA, BSN, RN
Deputy Director of Nursing (A), Statewide Chief Nurse Executive (A)
California Correctional Health Care Services

Original Signed By
Heather C. Bowlds Psy.D.
Deputy Director
Department of Corrections & Rehabilitation
Juvenile Justice, Health Care Services

**Subject: NOVEL CORONAVIRUS DISEASE 2019 (COVID-19) and INFLUENZA-LIKE-ILLNESS
FACILITY ENTRANCE SCREENING**

The purpose of this memorandum is to direct all staff and visitors entering California Department of Corrections and Rehabilitation (CDCR) correctional institutions shall be screened for Novel Coronavirus Disease 2019 (COVID-19) and Influenza-Like-Illness (ILI) symptoms. All staff and visitors shall have a measurement of their temperature prior to being allowed access into the correctional facility or any other assigned location. Staff shall follow all screening requirements for CDCR and our community partners.

The screening will begin on Friday, March 27, 2020, during third watch. At this time the CDC has not released any recommendations for the use of PPE for screening. Out of an abundance of caution, screeners shall be offered surgical masks, eye protection and hand sanitizer. Screening shall be performed at the points of entry agreed upon by CDCR and California Correctional Health Care Services (CCHCS). Each institution shall reduce points of entry to a minimum.

Nursing staff shall perform temperature measurements during the first two hours of every shift. Thereafter, Custody staff shall notify nursing if additional screening is required.

MEMORANDUM

Page 2 of 2

Each point of entry shall have two touch free infrared thermometers. An additional thermometer shall be available as a backup unit in case of thermometer failure. This would make three thermometers per point of entry. Extra batteries for each unit shall be available at all times to the screeners. Training on the use of the touch free thermometers will be forthcoming on Lifeline.

- This screening shall include 1 and 2 below:
 1. Symptom questions:
 - Do you have a new or worsening cough?
 - Do you have a fever?
 - Do you have new or worsening difficulty breathing?
 2. Temperature measurement

Staff performing temperature screening shall use the following recommendations:

- Use of a surgical mask, eye protection and hand sanitizer.
- If there is no physical contact with an individual or body fluid contamination, the PPE does not need to be changed before the next check.
- Staff performing symptoms screening more than 6 feet away from the individual being screened do not need to wear PPE.
 - Individuals with no symptoms of COVID-19 or ILI, and a temperature measured less than 100.0 Fahrenheit shall be granted entry into in the CDCR correctional institution.
 - Individuals who respond “yes” to any COVID-19 or ILI questions and/or has a temperature measured equal or greater than 100.0 Fahrenheit shall be denied entry into in the CDCR correctional institution.
 - Individuals who respond “no” to any of the COVID-19 or ILI questions but have observed symptoms shall have further triage with a nurse. Based on the clinical judgement of the nurse, the employee may be denied entry into the CDCR correctional facility, and a recommendation to follow up with their personal medical provider given.
 - Individuals who respond “yes” to any COVID-19 or ILI questions that may be related to underlining medical conditions, shall have further triage with the nurse. Based on the clinical judgement of the nurse, the employee may be allowed entry into the CDCR correctional facility.
 - Individuals screened by a non-health care staff member with a temperature measuring 100.0 Fahrenheit or greater shall have a secondary evaluation by a licensed health care staff member.
- Employees denied entry will follow established procedure for notifying their supervisor of their absence.

Thank you all for your cooperation and support of this intervention to keep our staff and our patients healthy. By working together, we can guard against the spread of COVID-19 in our workplace, in our communities, and in our families.