UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, *ET AL.* **PLAINTIFFS**

V. **CASE NO. 4:20-CV-007-DMB-JMV**

TOMMY TAYLOR, *ET AL.* **DEFENDANTS**

PLAINTIFFS' SUPPLEMENTAL BRIEF IN SUPPORT OF EMERGENCY MOTION FOR TEMPORARY RESTRAINING ORDER AND MANDATORY PRELIMINARY INJUNCTION AS TO COVID-19

Pursuant to the Court's order dated April 7, 2020 [Dkt. # 70], Plaintiffs respectfully submit this Supplemental Brief, along with competent evidence, in support of their Emergency Motion for Temporary Restraining Order and Mandatory Preliminary Injunction as to COVID-19 [Dkt. # 59], which collectively show that Defendants have not effectively implemented adequate measures to protect the health and safety of inmates at Parchman from COVID-19 including, without limitation, the recommendations found in the Centers For Disease Control and Prevention's ("CDC") *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* ("March 23, 2020") ("COVID-19 Guidelines")[Ex. A].

INTRODUCTION & FACTS

In their Memorandum in Response, dated March 19, 2020 [Dkt. # 63], Defendants claim that "MDOC is on the front lines of prevention and has been collaborating with top health officials, including the CDC … regarding measures to prevent and reduce COVID-19." Dkt. # 63, p. 19. Four days later, on March 23, 2020, the CDC issued its COVID-19 Guidelines for correctional facilities. Now, three weeks have passed since the CDC issued its COVID-19 Guidelines, and Defendants have yet to implement, much less effectively perform, the most rudimentary protective measures required by the CDC's COVID-19 Guidelines.

Defendants plainly are on the front lines, as inmates are far more at risk than other persons,

but Defendants' response to COVID-19 has been anything but heroic. Despite the known health risks of COVID-19, and despite the particular susceptibility of the incarcerated, Defendants for over three weeks have failed to implement effectively the CDC's COVID-19 Guidelines at Parchman while simultaneously claiming a close collaboration with the CDC since mid-March 2020. This failure by Defendants cannot be viewed as anything but deliberate indifference to a substantial risk of serious harm to Plaintiffs in violation of their Constitutional rights under the 8th and 14th Amendments.

As of the dates of the affidavits and affirmations submitted herewith,[1] Defendants have not effectively implemented at Parchman: (1) the CDC's COVID-19 Guidelines; (2) MDOC/Centurion's own protective policies and procedures ("Centurion Plan"); or (3) the protective measures Defendants claimed in their Memorandum in Support [Dkt. # 63] they were in the process of implementing on March 19, 2020. Plaintiffs respectfully submit that preliminary injunctive relief is necessary and appropriate under the circumstances in order to ensure that Defendants fully and immediately implement protective measures at Parchman including the CDC's COVID-19 Guidelines.

CDC'S COVID-19 GUIDELINES ARE NOT BEING FOLLOWED AT PARCHMAN

The CDC's COVID-19 Guidelines contain numerous recommendations, of which Defendants have known at least since March 23, 2020, but which have not been implemented at Parchman. The Guidelines breakdown into three major categories:

[1]Plaintiffs have attached hereto the best evidence available to them within the deadline provided in the Court's order dated April 7, 2020. Not surprisingly, gathering evidence in an environment where Defendants, who have a vested interest in the evidence not coming to light, wholly control access to the evidence by virtue of walls, barbed wire and armed guards, is challenging to say the least.

See Ex. B, CDC Powerpoint Slides on CDC Guidance and Management of COVID-19 in Correctional and Detention Facilities, at Slide 4 (March 23, 2020). Because it is well past the time for Parchman to properly "Prepare" ahead of this pandemic, this briefing focuses on necessary measures found under the second and third categories of Prevention and Management. MDOC's failure to implement these crucial measures has, by turn, placed the health and safety of residents and employees of Parchman in dire jeopardy. More specifically:

Category 2: Prevent (Hygiene, Cleaning, Screening for Symptoms, Social Distancing)

1. The CDC Guidelines recommend the following categorized measures of "Prevention": (1) ramping up cleaning schedules and hand hygiene reminders; (2) limiting transfers; (3) screening everyone coming in for symptoms (new intakes, staff, visitors), (4) implementing social distancing, (5) making sure everyone knows what to do if they have symptoms; and (6) encouraging non-contact visits or suspending visitation. *See* Ex A at 8-13; Ex. B at Slide 8.

2. The CDC's COVID-19 Guidelines recommend that Parchman "[p]erform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all visitors and volunteers on entry." *See* Ex. A at 13. Defendants claim they are screening everyone who enters Parchman every day to determine whether each person has any symptoms of COVID-19. *See* [Dkt. # 63] at 9. However, the evidence shows that on March 24 and 25, 2020, visitors entering Parchman were transported as a group to the main gate, where an MDOC correctional

officer purportedly performed a COVID-19 screening while simultaneously performing a vehicle security check. The officer was not wearing any PPE, did not ask any of the verbal screening questions, and repeatedly failed to disinfect the "contact thermometer" between each person's temperature check. *See* Ex. E, Aff. of Daniel R. Sullivan, at¶ 3; Ex. F, Aff. Greg McMahon, at¶ 2.

3. The CDC's COVID-19 Guidelines recommend that all staff members be screened upon entry into Parchman. Indeed, Defendants represented to the Court in their Memorandum in Response on March 19, 2020, that "MDOC officers and other staff are screened daily upon entering Parchman for symptoms and other indicators of exposure to COVID-19." *See* [Dkt. # 63] at 3; [Dkt. # 62-1] at 14. "The screening process includes questions about each staff member's symptoms, if any, including headaches, fevers, coughing, shortness of breath, and trouble breathing." *See* [Dkt. # 63] at 3; [Dkt. # 62-1] at 14. However, vehicles containing MDOC staff and/or contractors were witnessed on March 24 and 25, 2020, entering Parchman without any verbal screening or temperature check of the occupants. *See* Ex. E at 3-5; Ex. F at 3.

4. The CDC's COVID-19 Guidelines recommend that signage be placed throughout the facility describing "symptoms of COVID-19 and hand hygiene instructions." *See* Ex. A at 6. As of March 25, 2020, the Parchman visitor intake center had no signage inside and a single poster outside noting the symptoms of COVID-19. *See* Ex. E at 3; Ex. F at 2. Moreover, the visitor intake center does not have any signage, inside or outside, communicating "hand hygiene instructions." *See* Ex. E at 3; Ex. F at 2.

5. The CDC's COVID-19 Guidelines recommend that Parchman, "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)." *See* Ex. A at 9; *see also* [Dkt. # 62-1] at 18. According to inmates, no measures have

been taken since the COVID-19 outbreak to disinfect bunk areas in Unit 30. *See*, *e.g.*, Ex. C collective Affirmations of Parchman Inmates dated April 10, 2020 and Ex. D, collective Declarations of Parchman Inmates dated April 14, 2020.[2] Upon information and belief, no such measures have been taken in any other unit at Parchman either. While the CDC recommends cleaning and disinfecting "several times per day," MDOC represents only that it "has thoroughly cleaned and sanitized all areas at Parchman and will continue to do so" on some unspecified schedule that, based on inmate testimony, clearly does not conform to the CDC's recommendations. *See* [Dkt. # 63] at 4.

6. The CDC's COVID-19 Guidelines recommend that Parchman "[r]einforce 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)." *See* Ex. A at 10. Moreover, the CDC recommends "alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas." *See* Ex. A at 13. However, the visitor intake center remains devoid of any hand sanitizer including at the entrance, in the waiting room, and at the exit. *See* Ex. E at 3; Ex. F at 2. The visitor intake center restrooms were similarly lacking proper hand washing materials. The men's visitor intake center restroom contains no hand soap of any kind. *See* Ex. E at 3; Ex. F at 2.

7. The CDC's COVID-19 Guidelines recommend additional soap for inmates (preferably liquid), hand drying machines or paper towels, facial tissues, and no-touch trashcans. *See* Ex. A 10; *see also* [Dkt. # 62-1] at 18. Further, according to the CDC, Parchman is to provide

[2] Due to the access limitations and constraints to clients at Parchman, the unsworn inmate declarations submitted as Exhibit D will be substituted April 14, 2020 for Exhibit D.

"a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing." *See* Ex. A at 8. In contrast, Unit 30 inmates have been issued two bars of soap—instead of one—which is far from sufficient to support "frequent hand washing." *See*, *e.g.*, Exs. C, D. Moreover, Unit 30 inmates have received no hand-drying machines or paper towels, no facial tissues, and no no-touch trashcans. *See*, *e.g.*, Exs. C, D. These practices are inconsistent with the CDC Guidelines as well as Defendants' representation in their Memorandum in Response stating that, "MDOC has provided extra supplies of liquid and solid soap to inmates to ensure that each inmate's supply is sufficient to follow the recommended universal common health practices outlined above." *See* [Dkt. # 63] at 3.

8. The CDC's COVID-19 Guidelines recommend social distancing in correctional facilities. However, what should have been the first 7 days of quarantine, inmates in Unit 30 ate their meals together in the dining hall and were not staggered to achieve social distancing. *See* [Dkt. # 62-01]18. The only exception to this described by inmates interviewed on April 10, 2020, was the one-week period from April 2 to April 9, when they were put on quarantine. Now that quarantine has ended, meals are once again taking place in the dining halls without any staggering for social distancing. *See* Exs. C, D. Moreover, the bunking arrangements are the same. *See*, *e.g.*, Exs. C, D. In some areas, 108 inmates sleep approximately 1 ½ feet apart without even rearranging to sleep in a head to foot configuration rather than head to head. *See*, *e.g.*, Exs. C, D.

Category 3: Manage (Information, Identification, Isolation, Infection Control)

9. The CDC Guidelines recommend the following categorized measures of "Management": (1) suspending all non-medical transfers; (2) masking and medically isolating symptomatic people; (3) integrating screening into release planning; (4) coordinating with public health; (5) identifying and quarantining close contacts; (6) wearing recommended PPE; (7) providing clinical care or transfer for care; and (8) communicating clearly and often. *See* Ex. A at

14-26; Ex. B at Slide 12.

10. The CDC's COVID-19 Guidelines recommend that "incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed in medical isolation immediately." *See* Ex. A at 15. At least on inmate who was exhibiting symptoms was temporarily transferred to Unit 42, returned with a mask, however, is not made to wear it. *See*, *e.g.*, Exs. C, D. Further, no one in close proximity to him have been given any information of whether he was tested even if so, they were not made aware of the results. Moreover, Unit 30 inmates who have been exhibiting symptoms have neither been issued face masks, nor placed in medical isolation, nor tested for COVID-19. *See*, *e.g.*, Exs. C, D.

11. The CDC's COVID-19 Guidelines recommend that Parchman "medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated." *See* Ex. A at 22. Moreover, Defendants in their Memorandum in Response represented to the Court that "MDOC officers are currently actively monitoring inmates for symptoms of COVID-19, such as headaches, fevers, coughing, shortness of breath, and trouble breathing." *See* [Dkt. # 63] at 3. However, inmates reporting symptoms to staff have been rebuffed by staff rather than evaluated by medical staff. *See*, *e.g.*, Exs. C, D.

12. Finally, Defendants claim in their Memorandum in Response that they have "the Centurion Plan" that contains the "best practices for diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19." *See* [Dkt. # 63] at 9. However, the mere presence of a plan is not the same as the *effective implementation* of that plan, and the evidence provided herein shows that Defendants are not adhering either to their own policies or those of the CDC's COVID-19 Guidelines.

13. The CDC's COVID-19 Guidelines recommend that Parchman "[p]rovide up-to-date information about COVID-19 to incarcerated/detained persons on a regular basis, including:

Symptoms of COVID-19 and its health risks [and] [r]eminders to report COVID-19 symptoms to staff at the first sign of illness." *See* Ex. A at 12. *See* [Dkt. # 62-1] at 16,18. However, inmates housed in Unit 30 did not receive any information concerning COVID-19 until April 2, 2020 – nearly two weeks after the CDC issued its COVID-19 Guidelines and even longer since the Defendants knew about the pandemic. *See*, *e.g.*, Exs. C, D. Additionally, on April 8, 2020, counsel for Defendant's represented the following:

> "…an officer who has previously worked in Units 30C and 30D reported that he/she was inadvertently exposed to someone with COVID-19 symptoms while the officer was at a location outside of Parchman. Out of an abundance of caution, Parchman placed those two units on quarantine. The 14-day quarantine period ends tomorrow, April 9, and that is why you will be allowed to visit with your clients from those units on Friday, April 10. Please follow all Parchman safety guidelines regarding personal protective equipment for your attorney-client visits…"

See Ex. G, Collective Email Correspondence from Defense counsel. To the contrary, all inmates who Plaintiffs' counsel have met with since April 9, 2020, denied any knowledge of a quarantine for the period of March 26 through April 1. *See*, *e.g.*, Exs. C, D.

14. Moreover, none of the eight inmates interviewed on April 10, 2020, were aware that medical co-pays had been waived for COVID-19. *See*, *e.g.*, Exs. C, D. This is inconsistent with the CDC's COVID-19 Guidelines and Defendants' representation to the Court in their Response stating, "MDOC is educating staff and inmates regarding the above-referenced universal common health practices." *See* [Dkt. # 63] at 4.

15. Finally, the CDC COVID-19 Guidelines recommend that laundry be washed in the Parchman's laundry facility in accordance with the manufacturer's instructions. *See* Ex. A at 18. The Centurion Plan further states that the operational functions and temperature of laundry

equipment will be validated to ensure proper laundry sanitation. *See* [Dkt. # 62-1] at 12. Despite those recommended measures, inmates in Unit 30 are still using sinks and showers to wash their laundry. *See*, *e.g.*, Exs. C, D.

ARGUMENT

I. A Temporary Restraining Order / Permanent Injunction is Appropriate

A temporary restraining order or preliminary injunction should issue when Plaintiffs demonstrate "(1) a substantial likelihood of success on the merits; (2) a substantial threat of irreparable injury in the absence of injunctive relief; (3) the threatened injury outweighs the harm in granting the injunction; and (4) granting the injunction would not harm the public interest. *Janvey v. Alguire*, 647 F.3d 585, 595 (5th Cir. 2011) (elements for preliminary injunction); *Turner v. Epps*, 460 F. App'x 322, 325 n.3 (5th Cir. 2012) (elements for TRO)." *See* [Dkt. # 70] at 1. "When inmate plaintiffs have asserted claims of deliberate indifference to medical needs, injunctive relief may be appropriate during an infectious outbreak based on prison officials' 'known noncompliance with generally accepted guidelines for inmate health.' *Hernandez v. Cty. of Monterey*, 110 F. Supp. 3d 929, 943 (N.D. Cal. 2015). Such guidelines may include CDC publications. *Id.*" *See* [Dkt. # 70] at 2.

The evidence provided herein proves (1) "a substantial likelihood of success on the merits" in that Defendants are not following the most basic guidelines recommended by the CDC, required by MDOC's Centurion Plan, and promised by Defendants in their Memorandum in Response to the Court; (2) "a substantial threat of irreparable injury in the absence of injunctive relief" in that COVID-19 can cause pain, suffering, permanent injury, and even death, which courts have deemed irreparable; (3) "the threatened injury outweighs the harm in granting the injunction" in that the "harm" to Defendants is monetary, if any; and (4) "granting the injunction would not harm the public interest" as protecting constitutional rights, inmates, prison staff and the surrounding

communities are always in the public interest.

A. Plaintiffs Have a Substantial Likelihood of Success on the Merits.

Plaintiffs have a substantial likelihood of success on the merits such that the Court should not wait for a trial on the merits to provide the relief necessary to protect Plaintiffs from a substantial threat of serious, imminent harm.

Plaintiffs have provided the Court with evidence that Defendants' policies and practices at Parchman do not conform to the standards of the CDC and others, including MDOC's Centurion Plan, "creating an excessive risk of harm to all inmates as well as other community members." *Hernandez v. Cty. of Monterey*, 110 F. Supp. 3d 929, 943 (N.D. Cal. 2015). Indeed, Defendants are largely ignoring the best practices established by the CDC for preventing the spread of COVID-19 at Parchman. While the CDC's COVID-19 Guidelines are not "mandatory" regulations or standards, "*known noncompliance with generally accepted guidelines for inmate health strongly indicates deliberate indifference to a substantial risk of serious harm*." *Id*. at 942-3 (emphasis added). At least since the CDC released its guidelines for COVID-19 on March 23, 2020, Defendants have known about the risks of harm but have not changed their practices. *Id*. at 943. To the extent it is uncertain whether confirmed cases of COVID-19 have occurred at Parchman, "prison officials may not 'ignore a condition of confinement that is sure or very likely to cause serious illness and needless suffering next week or month or year,' merely because no harm has yet occurred." *Id*. at 945 (quoting *Helling v. McKinney*, 509 U.S. 25, 35, 113 S.Ct. 2475, 125 L.Ed.2d 22 (1993)). In sum, it is substantially likely that the Court after a trial on the merits will order Defendants to conform to the CDC's COVID-19 Guidelines, and indeed their own Centurion Plan, for the protection of inmates, but unfortunately by that time it will be far too late to avoid the irreparable harm facing Plaintiffs currently.

B. Substantial Threat of Irreparable Harm Absent Injunctive Relief

Plaintiffs are likely to suffer irreparable harm absent preliminary injunctive relief. In making this determination, "[t]he court must consider the injury the plaintiff will suffer if he or she loses on the preliminary injunction but ultimately prevails on the merits, particularly attending to whether the 'remedies available at law, such as monetary damages, are inadequate to compensate for that injury." *Id*. at 957. With COVID-19, the injuries at issue are pain, suffering, lung damage, and potentially death, which certainly constitute irreparable harm that cannot be compensated adequately by monetary damages. *Id*. at 956 ("pain, suffering and the risk of death constitute 'irreparable harm' sufficient to support a preliminary injunction in prison cases."). Moreover, it is not only inmates who are at risk of irreparable harm, but "community members are at risk without proper … identification, isolation, diagnosis and treatment." *Id*. at 957. "Injunctive relief is appropriate 'to prevent a substantial risk of serious injury from ripening into actual harm.'" *Thomas v. Bryant*, 614 F.3d 1288, 1318 (11th Cir. 2010)(quoting *Farmer v. Brennan*, 511 U.S. 825, 845 (1994))); *see also Hoffer v. Jones*, 290 F. Supp. 3d 1292, 1304 (N.D. Fla. 2017) (holding that prisoners will "undoubtedly suffer irreparable injury" if not treated properly for the Hepatitis C virus because, left untreated, the virus causes liver damage). Moreover, "[t]he existence of a continuing constitutional violation constitutes proof of an irreparable harm." *Laube v. Haley*, 234 F. Supp. 2d 1227, 1251 (M.D. Ala. 2002) (finding irreparable harm prong of preliminary-injunction test satisfied where plaintiffs made showing that prisoners were living in overcrowded and understaffed conditions in violation of Eighth Amendment).[3]

C. Threatened Injury Outweighs the Harm in Granting the Injunction

[3] Indeed, other courts are granting preliminary injunctions in response to COVID-19 based on a recognition that the risk of exposure in the prison context constitutes an irreparable harm. *See supra* note 2 (collecting cases granting emergency release from custody to inmates exposed to coronavirus); *see also Swain, et al. v. Junior, et al.*, 2020 WL 1692668 (S.D. Fla. April 7, 2020) (granting preliminary injunction in response to COVID-19).

The risk of serious injury or death to inmates, Parchman staff, and the surrounding communities far outweighs any harm Defendants may suffer as a result of a temporary injunction requiring them to adopt the CDC's COVID-19 Guidelines.[4] Indeed, the only "harm" to Defendants as a result of the injunctive relief requested herein, if any, would be the monetary cost of having to buy new supplies and implement new measures. The courts have rejected this as a defense. "Lack of funds for facilities cannot justify an unconstitutional lack of competent medical care and treatment for inmates." *Ancata v. Prison Health Servs. Inc.*, 769 F.2d 700, 705 (11th Cir. 1985); *see also Hoffer*, 290 F. Supp. 3d at 1304 (finding balance of harms weighed in favor of plaintiffs seeking injunction against Florida Department of Corrections for inadequate treatment of Hepatitis C because "the only harm facing FDC is that it will have to spend more money than it wants to."); *Laube*, 234 F. Supp. 2d at 1252 ("The threat of harm to the plaintiffs cannot be outweighed by the risk of financial burden or administrative inconvenience to the defendants."). "The balance of hardships tips sharply in Plaintiffs' favor" when one considers that both "inmates, [prison staff], and [the surrounding] community members are at risk without proper … identification, isolation, diagnosis and treatment." *Id*. at 957; *see also Laube*, 234 F. Supp. 2d at 1252 (finding that "defendants will suffer no harm from providing sufficient staff and adequate facilities" and "[i]n fact, officers employed by the defendants face an extremely dangerous situation, and they, too, will benefit from injunctive relief").

D. Granting the Injunction Will Serve the Public Interest

"[I]t is always in the public interest to prevent the violation of a party's constitutional rights." *Hernandez,* 110 F. Supp. 3d at 958; *see also Melendres v. Arpaio*, 695 F.3d 990, 1002 (9th

[4] Many of Defendants' own policies for the management of a pandemic, which are Centurion's policies, mirror the CDC's COVID-19 Guidelines. Thus, there can be no "harm" in requiring Defendants to adhere to their own policies.

Cir. 2012) (citation omitted); *Awad v. Ziriax*, 670 F.3d 1111, 1132 (10th Cir. 2012). "But given the risk [also] to jail staff and the community from the spread of communicable diseases, … the public interest is advanced [even further in this instance] by a preliminary injunction." *Id*.

II. Plaintiffs' Constitutional Rights Are Being Violated.

The government has an Eighth Amendment duty to protect those it detains. *Farmer v. Brennan*, 511 U.S. 825, 834 (1994); *Estelle v. Gamble*, 429 U.S. 97, 104 (1976). "A jail violates both Amendments [8th and 14th] if it 'incarcerates inmates under conditions posing a substantial risk of serious harm to their health or safety (the objective prong), and if Defendants acted with deliberate indifference, that is, with conscious disregard for that risk (the subjective prong).'" *Hernandez,* 110 F.Supp.3d at 934 (quoting *Farmer v. Brennan*, 511 U.S. 825, 834 (1994)); *Lane v. Philbin*, 835 F.3d 13012, 1307 (11th Cir. 2016) (requiring for an Eighth Amendment violation: a substantial risk of serious harm, deliberate indifference to that risk of serious harm, and causation). Unsafe conditions that "pose an unreasonable risk of serious damage to [a prisoner's] future health" may satisfy this objective prong and show violation of the Eighth Amendment, even if the damage has not yet occurred and may not affect every prisoner exposed to the conditions. *See Helling v. McKinney*, 509 U.S. 25, 35 (1993); *see also Truss v. Warden*, 684 F. App'x 794, 796 (11th Cir. 2017) (recognizing that exposure to a disease can constitute a substantial risk of serious harm).

A. Risk of Serious Harm.

A plaintiff satisfies the "risk of serious harm" requirement when conditions are "extreme and pose an unreasonable risk of serious injury to his future health or safety." *Lane*, 835 F.3d at 1307. There can be no doubt that COVID-19 is such a threat, as it is a novel virus with no vaccine, no effective treatment, and no cure. Health professionals across the globe report hat the disease can cause severe pain and respiratory distress even in mild cases. For those who recover, the virus

can cause permanent damage to the lungs. In severe cases, pneumonia and inflammation of the lungs have required days or weeks attached to a ventilator. Finally, in the most severe causes, COVID-19 results in death at an estimated rate 10 times higher than influenza.[5]

Moreover, the risk of contracting COVID-19 once exposed is extreme. Across the country, cities, states including Mississippi, and the federal government have issued "shelter in place" orders closing public schools until further notice, shutting down all non-essential businesses, banning people from eating in restaurants or otherwise congregating in groups, and requiring individuals to stay in their homes unless it is absolutely necessary to leave. Even when they leave, people are advised to stay at least six feet from other individuals, wear masks to prevent the risk of transmission through the air, avoid touching their faces while outside, and wash their hands immediately after returning home. These measures are unprecedented in the United States, and the message gleaned from these extreme measures is clear: COVID-19 is extremely contagious and can be extremely dangerous once contracted. Numerous courts around the country have recognized the foregoing and have acted in recent days to grant extraordinary relief to incarcerated or detained individuals whose risk of contracting COVID-19 in confinement was found to constitute an unreasonable risk.[6]

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[5]*See*, *e.g.*, Testimony of Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID) before House Oversight and Reform Committee (Mar. 12, 2020), https://oversight.house.gov/legislation/hearings/coronavirus-preparedness-and-response; Joseph Guzman, *Coronavirus 10 times more lethal than seasonal flu, top health official says*, The Hill (Mar. 11, 2020) https://thehill.com/changing-america/well-being/prevention-cures/487086-coronavirus-10-times-more-lethal-than-seasonal.

[6]*See*, *e.g.*, *United States v. Grobma*n, No. 18-cr-20989, Dkt. No. 397 (S.D. Fla. Mar. 29, 2020); *United States v. Perez*, 17-cr-513-3 (AT) (S.D.N.Y. Apr. 1, 2020); *United States v. Underwood*, No. 8:18-cr-201-TDC, Dkt. No. 179 (D. Md. Mar. 31, 2020); *Thakker v. Doll*, 20-cv-480 (M.D. Pa. Mar. 31, 2020), ECF No. 47; *Castillo et al. v. Barr*, 5:20-cv-00605, ECF Doc. 32 (C.D. Cal. Mar. 27, 2020); *United States v. Meekins*, Case No. 1:18-cr-222-APM, Dkt. No. 75 (D.D.C. Mar. 31, 2020); *United States v. Marin*, No. 15-cr-252, Dkt. No. 1326 (E.D.N.Y. Mar. 30, 2020); *United States v. Davis*, No. 1:20-cr-9-ELH, Dkt. No. 21, 2020 WL 1529158 (D. Md. Mar. 30, 2020); *United States v. Muniz*, Case No. 4:09-cr-199, Dkt. No. 578 (S.D. Tex. Mar. 30, 2020); *United States v. Bolston*, No. 1:18-cr-382-MLB, Dkt. No. 20 (N.D. Ga. Mar. 30, 2020); *United States v. Mclean*, No. 19-cr-380, Dkt. No. (D.D.C. Mar. 28, 2020); *United States v.*

B. Deliberate Indifference.

Defendants have acted with deliberate indifference toward the health and safety of inmates, staff, and the surrounding communities because they have consciously disregarded widely-accepted, available protections against COVID-19 despite knowledge of its severe risks. Defendants have known of the seriousness of COVID-19 for months through public health briefings, state and federal government orders,[7] as well as untold numbers of news articles and stories.[8] Indeed, MDOC's own communications and announcements confirm this awareness.[9]

On March 23, 2020, the CDC issued its COVID-19 Guidelines aimed directly at protecting inmates incarcerated in correctional and detention facilities. Defendants claim a close

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Powell, No. 1:94-cr-316-ESH, Dkt. No 98 (D.D.C. Mar. 28, 2020); *United States v. Hector*, No. 2:18-cr-3-002, Dkt. No. 748 (W.D. Va. Mar. 27, 2020); *United States v. Kennedy*, 18-cr-20315 (JEL), Dkt. No. 77 (E.D. Mich. Mar. 27, 2020); *United States v. Hector*, 18-cr-3, Dkt. No. 17 (4th Cir. Mar. 27, 2020); *United States v. Michaels*, 8:16-cr-76-JVS, Minute Order, Dkt. No. 1061 (C.D. Cal. Mar. 26, 2020); *United States v. Jaffee*, No. 19-cr-88 (RDM) (D.D.C. Mar. 26, 2020); *United States v. Harris*, No. 19-cr-356 (RDM), 2020 WL 1503444 (D.D.C. Mar. 26, 2020); *USA v. Garlock*, No. 18 Cr 00418, 2020 WL 1439980, at *1 (N.D. Cal. Mar. 25, 2020); *Xochihua-Jaimes v. Barr*, No. 18-71460 (9th Cir. Mar. 24, 2020); *U.S. v. Stephens*, 15 Cr. 95 (AJN), 2020 WL 1295155 (S.D.N.Y. Mar. 19, 2020); *In re. Extradition of Alejandro Toledo Manrique*, 2020 WL 1307109, (N.D. Cal. March 19, 2020).

[7] *See*, *e.g.*, President's Coronavirus Guidelines for America, Whitehouse.gov (Mar. 16, 2020), https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf; Gov. Tate Reeves Executive Order No. 1466 issued by Gov. Tate Reeves (Apr. 2, 2020), https://www.sos.ms.gov/Education-Publications/ExecutiveOrders/1466.pdf.

[8] David Mills & Emily Galvin-Almanza, *As many as 100,000 incarcerated people in our prisons will die from the coronavirus, unless the US acts now*, Bus. Insider (Apr. 2, 2020), https://www.businessinsider.com/failure-to-release-prisoners-is-condemning-thousands-to-death-2020-4; Anna Flagg & Joseph Neff, *Why Jails Are So Important in the Fight Against Coronavirus*, N.Y. Times (Mar. 31, 2020), https://nyti.ms/3aIBHjv; Timothy Williams et al., *'Jails Are Petri Dishes': Inmates Freed as the Virus Spreads Behind Bars*, N.Y. Times (Mar. 30, 2020), https://nyti.ms/2Jmnf4z; Emma Grey Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*, Wired (Mar. 24, 2020), https://www.wired.com/story/coronavirus-covid-19-jails-prisons; Ryan Lucas, *As COVID-19 Spreads, Calls Grow to Protect Inmates in Federal Prisons*, NPR (Mar. 24, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820618140/as-covid-19-spreads-calls-grow-to-protect-inmates-in-federal-prisons; Weihua Li & Nicole Lewis, *This Chart Shows Why the Prison Population Is So Vulnerable to COVID-19*, Marshall Proj. (Mar. 19, 2020), https://www.themarshallproject.org/2020/03/19/this-chart-shows-why-the-prison-population-is-so-vulnerable-to-covid-19; German Lopez, *A coronavirus outbreak in jails or prisons could turn into a nightmare*, Vox (Mar. 17, 2020).

[9] *See*, *e.g.*, MDOC COVID-19 Questions & Answers, https://www.mdoc.ms.gov/Documents/COVID-19%20Questions%20and%20Answers.pdf (last visited April 13, 2020).

collaboration with the CDC at the time the COVID-19 Guidelines were issued. Therefore, "[a]t least since the CDC released its guidelines … Defendants have known about the risks of harm but have not changed their practices." *Id*. at 943. An official demonstrates disregard of a risk by "failing to take reasonable measures to abate it." *Farmer*, 511 U.S. at 847.

Even absent the CDC's COVID-19 Guidelines, the list of reasonable measures to prevent the spread of COVID-19 is well-delineated and well-publicized: "[s]ocial distancing and proper hygiene are the *only* effective means by which we can stop the spread of COVID-19." Memo. & Order at 21, *Thakkar v. Doll*, No. 20-cv-480 (Mar. 31, 2020), ECF No. 47. As health professionals have explained repeatedly to the general public, COVID-19 is best avoided by (1) "[w]ash[ing] your hands for at least 20 seconds with soap and water or hand sanitizer that contains at least 60% alcohol often (especially after touching common surface areas . . . and other social interactions)," (2) avoiding crowded places "and maintain[ing] at least 6 feet of distance between yourself and others," and (3) "[d]isinfect[ing] surfaces that are used regularly, using household sprays or wipes."[10] These guidelines for the general public are the same as many of the guidelines recommended by the CDC in jails and prisons: calling social distancing of at least six feet at all times the "cornerstone of reducing transmission" of COVID-19 within detention facilities, pushing facilities to "[p]rovide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing," and advising that facilities must, "[s]everal times a day, *clean and disinfect* surfaces and objects that are frequently touched, especially in common areas." *See* Ex. A at 4, 8-10.

Despite the foregoing clear directives from a variety of credible sources, including the

[10]Angel N. Desai & Rayal Patel, Am. Medical Ass'n, *Stopping the Spread of COVID-19* (Mar. 20, 2020), https://jamanetwork.com/journals/jama/fullarticle/2763533; *see also* CDC, *How to Protect Yourself* (last updated Apr. 1, 2020).

CDC's recommendations directly to correctional facilities, Defendants have failed to provide inmates at Parchman with the personal space, sanitizer, and adequate cleaning supplies necessary to protect themselves and those around them from infection. Nor have Defendants exhibited an ability to timely identify, isolate, and treat people who develop symptoms and to segregate those who are symptomatic from those who are not. In sum, Plaintiffs are at a substantially increased risk of contracting COVID-19 as a direct and proximate result of Defendants' refusal to implement the best practices identified by the CDC and others, measures which have been implemented in many other jurisdictions.[11] A clearer or potentially more costly example of deliberate indifference is difficult to conceive.

C. Causation.

Plaintiffs now are exposed to a dramatically increased risk of exposure and contraction of COVID-19 as the sole, direct and proximate result of Defendants' refusal to implement the protective measures and screening protocols set forth by the CDC in its COVID-19 Guidelines, many of which are the same protocols required by MDOC's own Centurion Plan.

CONCLUSION

For three weeks, since March 23, 2020, Defendants have known of the CDC's COVID-19 Guidelines for protecting the health and safety of inmates. Yet, Defendants have failed to effectively implement the COVID-19 Guidelines at Parchman. Defendants, as a result of their

[11] *See*, *e.g.*, Gov. Gretchen Whitmer, Executive Order No. 2020-29 (COVID-19), https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-523422--,00.html; Megan Harris et al., *With In-Person Visits Eliminated, PA Prisons Get More Phone & Video Privileges*, WESA (Mar. 19, 2020), https://www.wesa.fm/post/person-visits-eliminated-pa-prisons-get-more-phone-video-privileges#stream/0; Arizona Dep't of Corrections, Media Advisory, COVID-19 Management Strategy Update (Mar. 18 2020); Joe Szydlowski, *Sheriff's Office: Hunger strike ends at Monterey County Jail*, Californian (Mar. 27, 2020), https://www.thecalifornian.com/story/news/2020/03/27/sheriffs-office-hunger-strike-ends-monterey-county-jail/2929726001/; Mela Seyoum, *Santa Rita Jail adjusts as organizations call for action amid COVID-19*, Daily Californian (Apr. 2, 2020), https://www.dailycal.org/2020/04/02/santa-rita-jail-adjusts-as-organizations-call-for-action-amid-covid-19/.

failures, have acted with deliberate indifference toward the health and safety of inmates in the face of a serious and well-known risk.

Accordingly, Plaintiffs respectfully request that the Court grant the relief requested in the proposed order submitted to the Court on March 21, 2020, but with the additions described below in Paragraphs 1 and 5. To wit: requiring Defendants to comply also with the recommendations of the CDC's COVID-19 Guidelines, and requiring Defendants to allow Plaintiffs reasonable access to Parchman for the purpose of monitoring adherence to the Court's order. The specific relief requested, with the aforementioned additional provisions added, are as follows:

1. Defendants shall immediately, or as soon as is practicable, implement at Parchman, and shall follow throughout the life of this pandemic, or until further order of this Court, the recommendations of the Centers For Disease Control and Prevention's ("CDC") *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* ("March 23, 2020") ("COVID-19 Guidelines") [Ex. A].
2. Defendants shall immediately, or as soon as is practicable, implement at Parchman, and shall follow throughout the life of this pandemic, or until further order of this Court, their plans, policies and procedures pertaining to their response to this pandemic including, without limitation, Centurion's Pandemic Preparedness and Emergency Response Plan ("Centurion Plan"), with all of its "written protocols and best practices for the diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19." [Dkt. # 63, p. 2].
3. Defendants shall immediately implement at Parchman, and shall follow throughout the life of this pandemic, or until further order of this Court, the following emergency measures, which Defendants assert generally they are in the process of enacting:

a. Defendants shall screen daily each and every person who enters Parchman to detect fever over 100 degrees, cough, shortness of breath, recent travel to a high-risk country, and/or exposure to someone who has tested positive for COVID-19, is symptomatic for COVID-19, or is under surveillance for COVID-19.

b. Defendants shall actively monitor inmates daily for symptoms of COVID-19 including headaches, fever, cough, shortness of breath, or other trouble breathing.

c. Defendants shall prepare to isolate inmates according to the following groups, with each group being isolated separately: (i) inmates who test positive for COVID-19; (ii) inmates who are symptomatic for COVID-19 and/or who have been exposed to someone who has been diagnosed with or is symptomatic for COVID-19; and (iii) inmates who are transferred to Parchman but who do not fall into categories (i) or (ii).

d. Defendants shall afford and shall continue to afford inmates non-contact visitation opportunities, which Defendants have defined as two free telephone calls per week per inmate, in lieu of contact visitation, so long as contact visitation is limited as a result of COVID-19.

e. Defendants shall ensure that Parchman has sufficient cleaning agents to provide regular cleaning, disinfecting and sanitation to all areas of Parchman including, without limitation, all units and zones where inmates are housed, all cells where inmates are housed, all common areas, hallways, and support buildings such as medical, kitchen, laundry and administration.

f. Defendants shall ensure that inmates have a continuous supply of liquid and/or solid soap, and uninterrupted access to clean, running water in their cells, or, if inmates are housed in barracks-style units, in their respective zones.

g. Defendants shall ensure that all co-pays for inmate healthcare at Parchman related in any way to COVID-19 and/or its symptoms are waived until conclusion of this pandemic and the emergency measures under which Defendants, MDOC, and Parchman are operating.

4. Defendants shall report to the Court weekly by email, with copy to Named Plaintiffs, and provide the following: (a) the number of inmates at Parchman who have tested positive for COVID-19, including the names of any Named Plaintiffs; (b) the number of inmates at Parchman, and the names of any Named Plaintiffs, who are in isolation as a result of significant exposure to, or symptoms of, COVID-19; (c) confirmation that cleaning supplies are available at Parchman and being utilized regularly to clean all areas; and (d) confirmation that soap is available at Parchman for each inmate and that all inmates have continual access to clean, running water.

5. Defendants shall report to the Court weekly by email, with copy to Named Plaintiffs, and provide a copy of all filed reports as required by local, state, and federal laws and regulations, as is required by Centurion's Infectious Disease Prevention and Control policy, Policy No. P-B-02, p. 2.

6. Finally, Defendants shall allow a competent employee of the Mississippi Department of Health, who is educated on the CDC's COVID-19 Guidelines, to be given reasonable access at any given time to Parchman for the purpose of ensuring compliance with the Court's order and reporting his/her findings to the Court, with a copy to Named Plaintiffs. There is nothing in this order intended to limit Defendants from taking

further action, beyond the measures prescribed herein, to protect Named Plaintiffs, other inmates, administration, employees, visitors, or their respective communities from COVID-19.

7. All other relief the Court may deem appropriate.

Date: April 13, 2020

Respectfully submitted,

/s/ Marcy B. Croft

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ATTORNEYS FOR PLAINTIFFS

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 13th day of April 2020, a copy of the foregoing was filed electronically with the Clerk of the Court using the CM/ECF system. Notice of this filing will be sent to all counsel for record registered to receive electronic service by operation of the Court's electronic filing system.

/s/ Marcy B. Croft
Marcy B. Croft (MS Bar #10864)

EXHIBIT A

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 **March 23, 2020**.

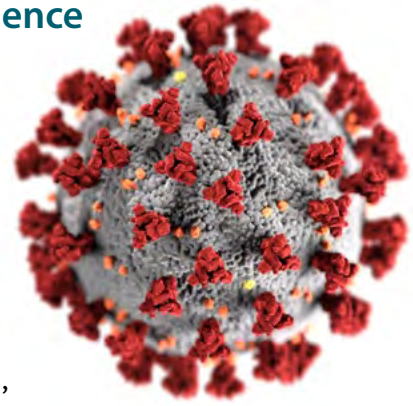
The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

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.

In this guidance

- Who is the intended audience for this guidance?
- Why is this guidance being issued?
- What topics does this guidance include?
- Definitions of Commonly Used Terms
- Facilities with Limited Onsite Healthcare Services
- COVID-19 Guidance for Correctional Facilities
- Operational Preparedness
- Prevention
- Management
- Infection Control
- Clinical Care of COVID-19 Cases
- Recommended PPE and PPE Training for Staff and Incarcerated/Detained Persons
- Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors

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.**
  - o Discuss work from home options with these staff and determine whether they have the supplies and technological equipment required to do so.
  - o 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.
  - o Allow staff to work from home when possible, within the scope of their duties.
  - o Identify critical job functions and plan for alternative coverage by cross-training staff where possible.
  - o 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.
  - o 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.
  - o 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.**
  - o Standard medical supplies for daily clinic needs
  - o Tissues
  - o Liquid soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.
  - o Hand drying supplies
  - o Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
  - o 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.
- 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.**
  - o Strongly consider postponing non-urgent outside medical visits.
  - o 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.
  - o 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).
  - o Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
  - o 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.
  - o 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.
    - o **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.
    - o **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.
    - o **Avoid touching your eyes, nose, or mouth without cleaning your hands first.**
    - o **Avoid sharing eating utensils, dishes, and cups.**
    - o **Avoid non-essential physical contact.**
- √ **Provide incarcerated/detained persons and staff no-cost access to:**
    - o **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.
    - o **Running water, and hand drying machines or disposable paper towels for hand washing**
    - o **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).
    - o **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:**
  - o Symptoms of COVID-19 and its health risks
  - o 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.
  - o In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).
  - o 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:**
  - o Symptoms of COVID-19 and its health risks
  - o Employers' sick leave policy
  - o **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.
  - o **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.
  - o **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.**
  - o 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 **section.**

√ **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 with Limited Onsite Healthcare Services, 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 immediately.
- 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.**
  - o If an individual develops symptoms, they should be moved to medical isolation immediately and further evaluated. (See Medical Isolation section above.)
  - o 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:**
  - o **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.
  - o **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.
  - o **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.**
  - o Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use, and clean their hands after.
  - o Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
  - o 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.
  - o 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.**

- o If the COVID-19 test is positive, continue medical isolation. (See Medical Isolation section above.)
- o 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.**

- o Consider having healthcare staff perform regular rounds to answer questions about COVID-19.
- o 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.**

- o 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.**

- o See above for definition of a close contact.
- o 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**

Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response

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	–	✓	–	–	–
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
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.			✓	✓
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.			–
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons	–	✓	✓	✓	✓
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines)	✓**		✓	✓	✓
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines)	✓	–	✓	✓	✓
Staff handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
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.			✓	✓

* 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.

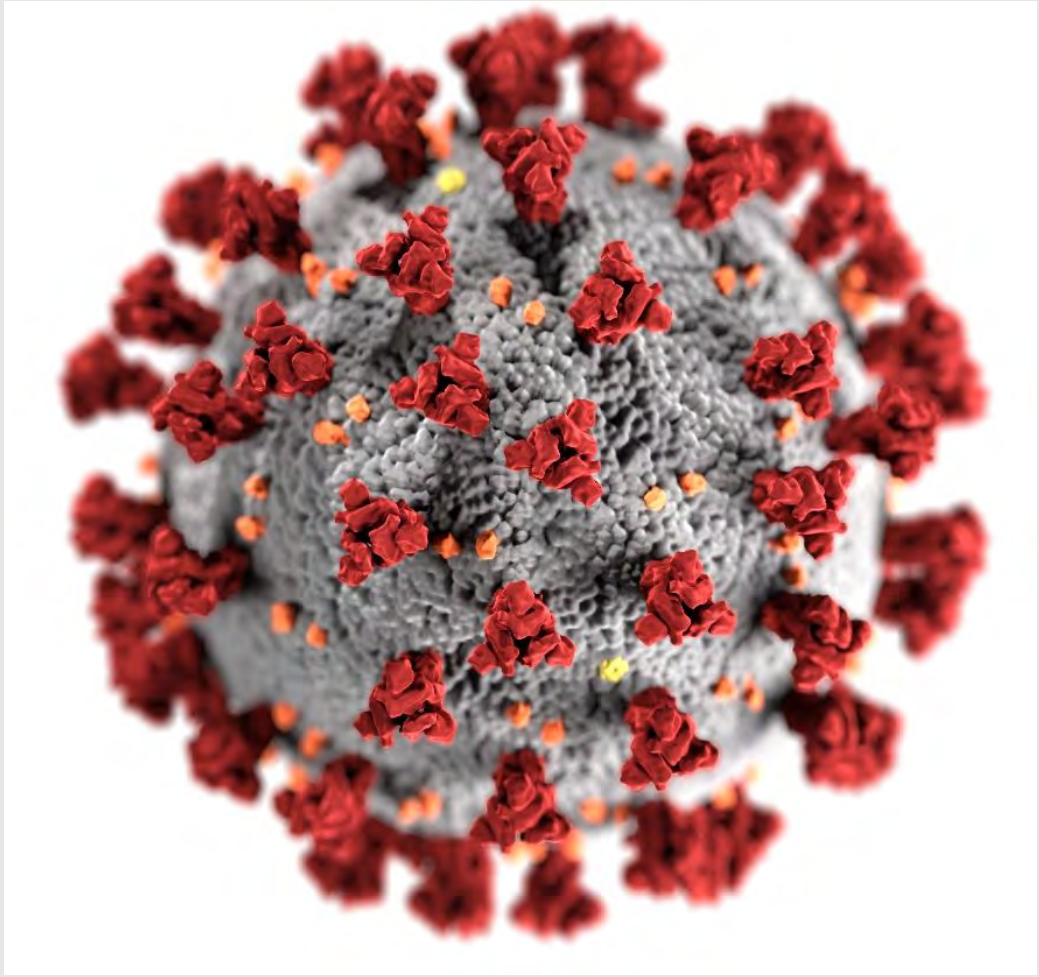
- √ **Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:**
  - *Today or in the past 24 hours, have you had any of the following symptoms?*
    - *Fever, felt feverish, or had chills?*
    - *Cough?*
    - *Difficulty breathing?*
  - *In 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

EXHIBIT B

CDC Guidance on Management of COVID-19 in Correctional and Detention Facilities

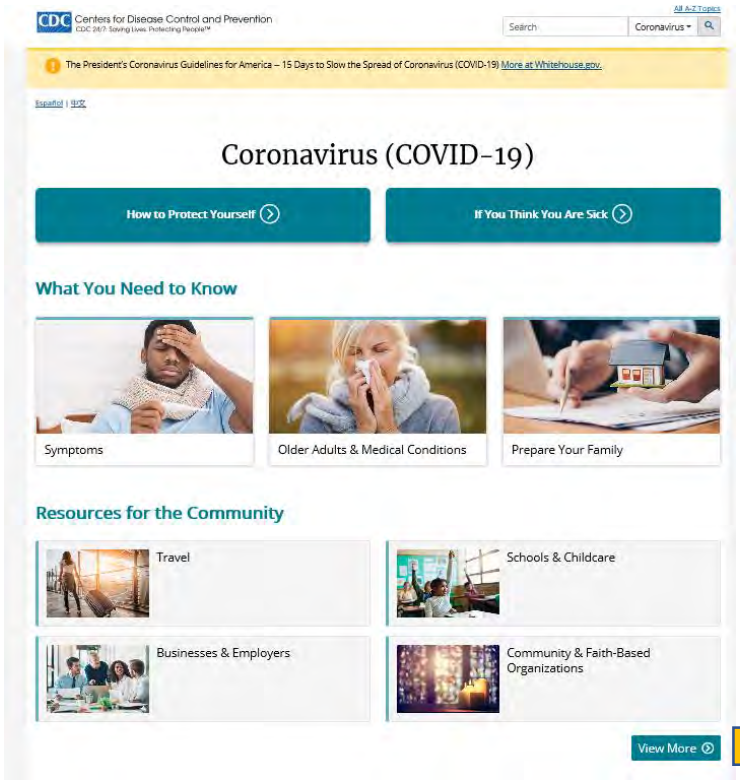
This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of March 30, 2020.

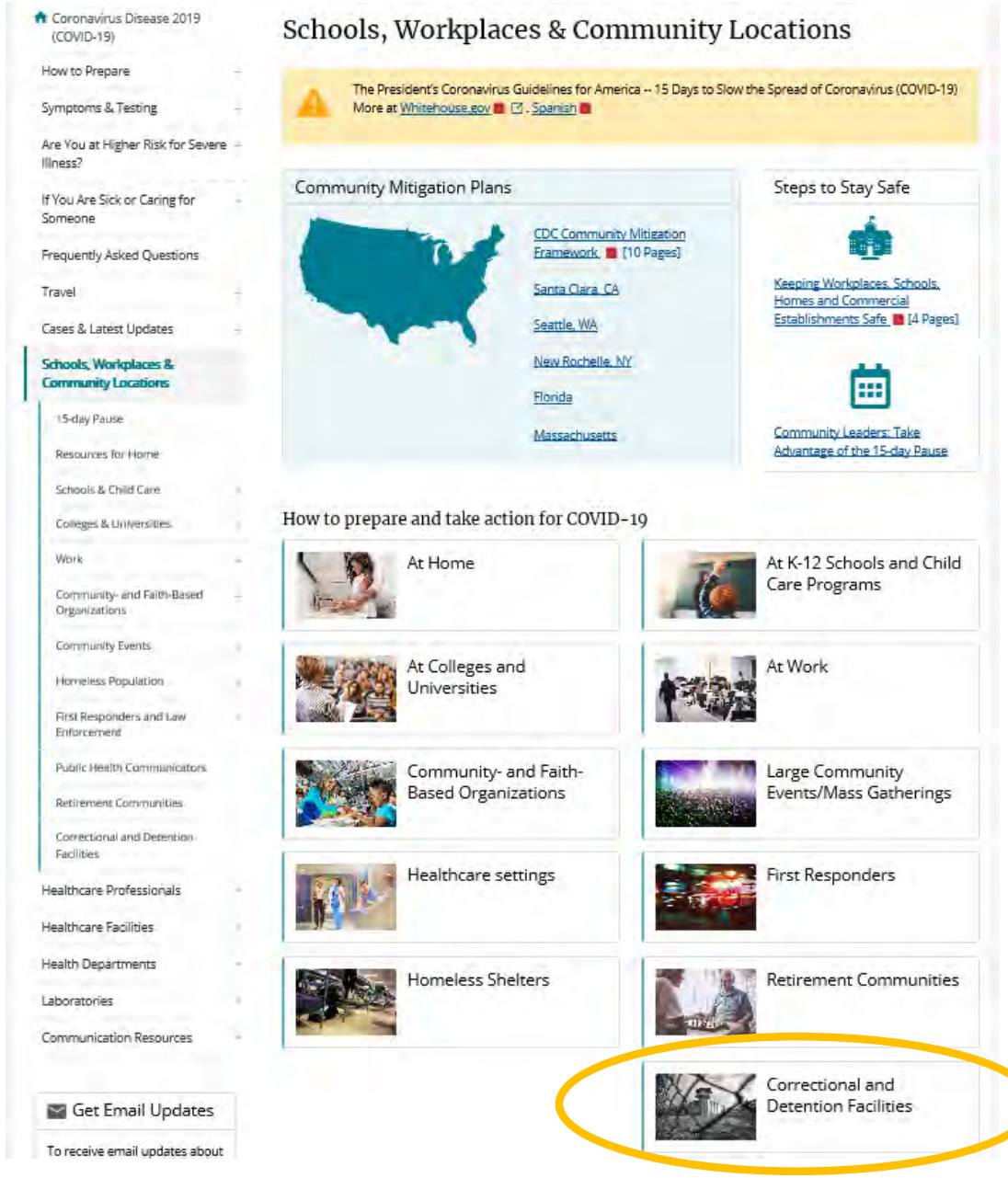
The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.



cdc.gov/coronavirus

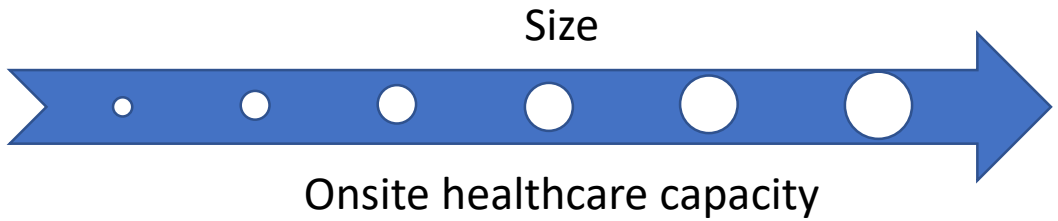
Finding the CDC guidance for corrections





https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

What types of facilities does the guidance cover?



Navigating the CDC Guidance Document

1

PREPARE

Communications

Personnel Practices

Operations

Supplies

2

PREVENT

Hygiene

Cleaning

Screening for Symptoms

Social Distancing

3

MANAGE

Medical Isolation

Quarantine

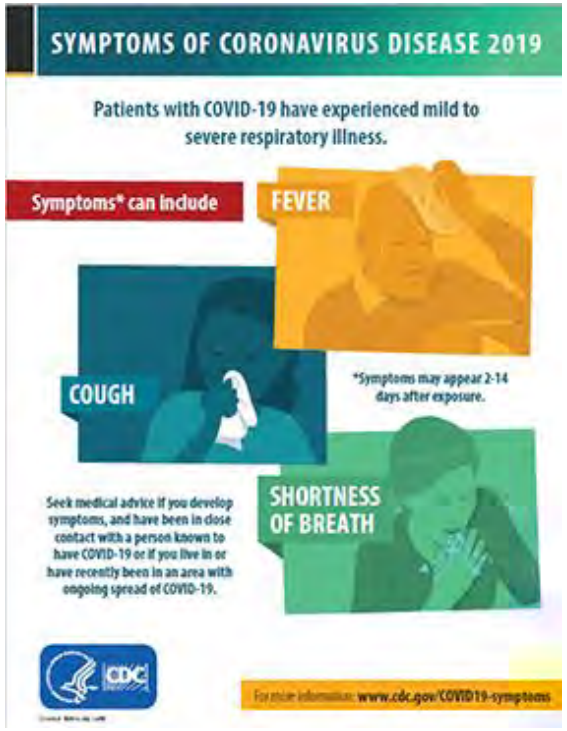
Infection Control

Clinical Care

Make sure to look at recommendations from all phases, regardless of whether you have cases

PREPARE

- **COMMUNICATE** with local public health
- **IDENTIFY** medical isolation and quarantine spaces ahead of time
- **PLAN** for staff absences and encourage sick employees to stay home
- **POST** information around the facility on COVID-19 symptoms and hygiene
- **CHECK** supply stocks (cleaning supplies, hand washing supplies, medical supplies, PPE)



Communications Resources

https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html

A quick note on…SOAP

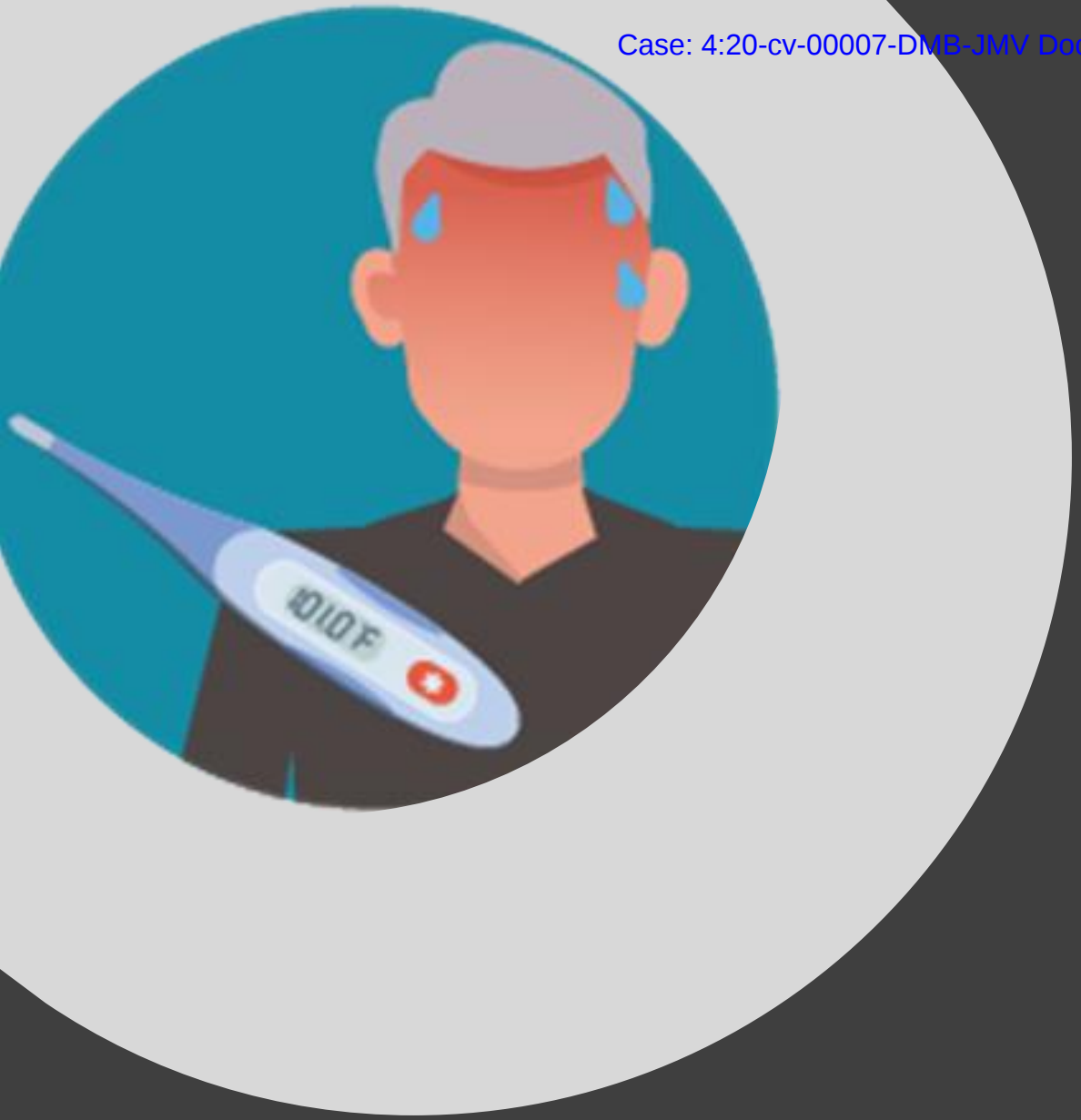
Make sure it is:

- Free
- Accessible
- Restocked continually
- Not irritating to skin

Alcohol-based hand sanitizer (at least 60% alcohol) is a good alternative when soap & water aren't available – consider loosening restrictions where feasible

PREVENT

- **RAMP UP** cleaning schedule & hand hygiene reminders
- **LIMIT** transfers between facilities
- **SCREEN** everyone coming in for symptoms (new intakes, staff, visitors)
- **IMPLEMENT** social distancing
- **MAKE SURE** everyone knows what to do if they have symptoms
- **ENCOURAGE** non-contact visits or consider suspending visitation



Screening

- **New intakes** – AT SALLYPORT
- **Incarcerated people leaving the facility**
- **Staff** – daily on entry
- **Visitors**

1. *Today or in the past 24 hours, have you had any of the following symptoms?*
   - *Fever, felt feverish, or had chills?*
   - *Cough?*
   - *Difficulty breathing?*

2. *In the past 14 days, have you had contact with a person known to be infected with coronavirus (COVID-19)?*

3. *Take the person's temperature*

Social Distancing

- Ideally 6 feet between people (sick or not)
- Decrease frequency of contact

Reduces risk of spreading disease

Social Distancing Examples for Corrections

NOT one-size-fits-all…each facility will need to choose what works for them

Common areas

- Enforce increased space between people in
  - holding cells
  - lines
  - waiting areas such as intake (e.g., remove every other chair in a waiting area)

Recreation

- Choose spaces where people can spread out
- Stagger time in recreation spaces
- Assign each housing unit a dedicated recreation space to avoid mixing and cross-contamination

Meals

- Stagger meals
- Rearrange seating in the dining hall (e.g., remove every other chair and use only one side of the table)
- Provide meals inside housing units or cells

Group activities

- Limit their size
- Increase space between people
- Suspend group programs where people will be in closer contact than in their housing environment
- Choose outdoor areas or other areas where people can spread out

Housing

- Reassign bunks to provide more space between people
- Sleep head to foot
- Minimize mixing of people from different housing areas

Medical

- Designate a room near each housing unit to evaluate people with COVID-19 symptoms
- Stagger sick call
- Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process

COMMUNICATE the reasons for social distancing

MANAGE

- **SUSPEND** all non-medical transfers
- **INTEGRATE** screening into release planning
- **COORDINATE** with public health
- **MASK & MEDICALLY ISOLATE** symptomatic people
- **IDENTIFY & QUARANTINE** close contacts
- **WEAR** recommended PPE
- **PROVIDE** clinical care or transfer for care
- **COMMUNICATE** clearly & often

MEDICAL ISOLATION

Who: Symptomatic people

What: MASK & separate from others

When: Immediately once symptoms appear

Where: Ideally, an individual cell

Why: Prevent exposing others
Evaluate, test if needed
Give care

How long: It's complicated
(More on next slide)

QUARANTINE

Who: Close contacts of a known or suspected case (staff or incarcerated)

What: Separate from others
Monitor for symptoms

When: Once identified as a close contact

Where: Ideally, an individual cell
(if incarcerated)
At home (if staff)

Why: Prevent exposing others if infected

How long: 14 days

Medical Isolation

Isolate anyone with symptoms of COVID-19

- MASK for source control
- Separate from others (individually if possible) & restrict movement
- Provide with tissues, trash can, and hand hygiene supplies
- Notify public health
- Clean & disinfect thoroughly
- Evaluate and test, if indicated
- Give care (or transfer for care)

Options for Medical Isolation

when multiple people need to be isolated due to COVID-19

IDEAL: SEPARATELY

- Single cells with solid walls & solid door
- Single cells with solid walls

NEXT BEST: AS A COHORT – *use social distancing*

- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)

LAST RESORT: TRANSFER

- Transfer to a facility with isolation space

  (LAST RESORT due to possibility of introducing COVID-19 to another facility)

CAUTIONS for Cohorting COVID-19 Cases

DO NOT COHORT CONFIRMED CASES WITH SUSPECTED CASES

DO NOT COHORT CASES WITH UNDIAGNOSED RESPIRATORY INFECTIONS

PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

- Older adults
- People with serious underlying medical conditions

USE SOCIAL DISTANCING AS MUCH AS POSSIBLE

When Does Medical Isolation End?

Test-based strategy

- Fever-free for ≥72 hours (without fever reducing medications) **AND**
- Respiratory symptoms have improved **AND**
- Tested negative in ≥2 consecutive respiratory specimens collected ≥24 hours apart

Symptom-based strategy

- Fever-free for ≥72 hours (without fever reducing medications) **AND**
- Respiratory symptoms have improved **AND**
- At least 7 days have passed since the first symptoms appeared

If the person had a positive test but never had symptoms

- At least 7 days have passed since the first positive COVID-19 test **AND**
- The person has had no subsequent illness

Quarantine

A close contact is anyone who:

- Has been within 6 feet of a confirmed/suspected case for a prolonged period of time

OR

- Has had contact with infectious secretions from a confirmed/suspected case (e.g., coughed on)

- Identify close contacts
- Mask as source control, if PPE stocks allow
- Separate from others (ideally individually) & restrict movement
- Monitor symptoms 2x per day
- If symptoms develop, immediately mask and medically isolate
- If cohorting and another case develops, 14-day clock restarts
- Return to previous housing and lift movement restrictions after 14 days if no symptoms develop

Options for Quarantine

when multiple close contacts of a COVID-19 case need to be quarantined

IDEAL: SEPARATELY

- Single cells with solid walls & solid door
- Single cells with solid walls

NEXT BEST: AS A COHORT – *use social distancing*

- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)
- If a whole housing unit has been exposed: quarantine in place, with no movement outside the unit

LAST RESORT: TRANSFER

- Transfer to a facility with quarantine space

  (LAST RESORT due to possibility of introducing COVID-19 to another facility)

CAUTIONS for Cohorting Close Contacts of COVID-19 Cases

MONITOR SYMPTOMS CLOSELY, AND IMMEDIATELY PLACE SYMPTOMATIC PEOPLE UNDER MEDICAL ISOLATION TO PREVENT FURTHER SPREAD

(14-DAY CLOCK RESTARTS)

PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

- Older adults
- People with serious underlying medical conditions

DO NOT ADD PEOPLE TO AN EXISTING QUARANTINE COHORT

DO NOT MIX PEOPLE QUARANTINED DUE TO EXPOSURE WITH PEOPLE UNDER ROUTINE INTAKE QUARANTINE

Clinical Care for Patients with COVID-19

- **Refer to full CDC guidance at https://www.cdc.gov/coronavirus/2019-nCoV/index.html:**
  - Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)
  - CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)
- **Evaluate people for COVID-19 at the first sign of symptoms**
  - Include assessment of high risk status
  - Test for other causes of respiratory illness (e.g., influenza)
- **Have a plan in place to safely transport cases to a local hospital if they need care beyond what the facility can provide**

Infection Control & PPE

- **Refer to full CDC guidance at https://www.cdc.gov/coronavirus/2019-nCoV/index.html:**
  - CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
  - NOTE: language is not specific for correctional settings – implement as fully as able, may need to adapt

- **Assess PPE needs based on the type of contact a person has with a confirmed/suspected COVID-19 case** (see full guidance document and accompanying PPE table – details on next 2 slides)

- **Minimize contact with a symptomatic person until that person is wearing a mask** (6 feet if possible)

- **Clean duty belt, gear, clothing that comes into contact with a symptomatic person**

- **Wash hands thoroughly after any contact**

Infection Control & PPE

- **Nationwide shortages are expected for all PPE categories:**

- **Refer to CDC's guidance on optimizing PPE supplies:** https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

  Some strategies include:

  - **N95 respirators:** Face masks are an acceptable alternative to N95 respirators when supplies are limited. N95s should be prioritized for procedures expected to generate infectious aerosols.
  - **Face masks:** Extended use for multiple patients; use beyond shelf life; reuse; prioritize for splashes/sprays; increase ventilation; homemade masks
  - **Eye protection:** Choose reusable options if available; use beyond shelf life; extended use for multiple patients; clean disposable units; prioritize for splashes/sprays
  - **Gowns**: Cloth/reusable options; use beyond shelf life; use gowns meeting international standards; prioritize for splashes/sprays/high-contact; other garments

Recommended PPE

PPE recommended for staff and incarcerated people depends on the level of contact they have with COVID-19 cases and/or contaminated materials

2nd to last page of guidance document

NOTE: Change to table forthcoming – staff performing temperature checks do NOT need to wear gowns/coveralls.

Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response

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	–	✓	–	–	–
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
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.			✓	✓
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.			–
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons	–	✓	✓	✓	✖
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines)	✓**		✓	✓	✓
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines)	✓	–	✓	✓	✓
Staff handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
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.			✓	✓

* 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 can be used as an 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.

Q & A

EXHIBIT C

Unit 3D
Building C
Zone A

NAME: [redacted]

MDOC NUMBER: [redacted]

CDC Protocols for Correctional Facilities

Attorneys & Staff

Things to pay attention to while at the entering Visitor Center:

1) Signage outside the visiting area explaining the screening process?

2) Signage inside the visiting area?

3) Hand sanitizer in visitor entrance, exit, and waiting area?

Not asked of inmate.

4) Hand soap in the visitor bathrooms?

5) Signage posted in visitor bathrooms?

6) Are MDOC Visitor Intake Staff wearing PPE? (Gloves & masks at a minimum)

7) At what point did COVID-19 screening take place? (Before or after security)

8) Were you screened by a nurse or correctional officer and were they wearing PPE?

9) What type of thermometer was used/did it contact your head or temple area?

9) What type of thermometer was used/did it contact your head or temple area?

not asked of inmate

10) If the thermometer contacted your head was it sanitized before being used on the next person?

11) Did you witness any staff being screened?

Inmate Interview Questions

Keeping Inmates up to date

1) What information or flyers have you been given regarding Covid-19? This officer may [redacted]. Turner came around last week (2,3,4 of April) and said they had been exposed to virus and could be on quarantine for fourteen (14 days) but [redacted] only isolated until April 9. Said officer affected was last on March 26.

2) Are given frequent updates regarding Covid-19? No
Turner said "no comment" to all questions.
Info came from T.V.

3) Were you told Co-Pays were waived? no

4) Were you told about social distancing? Is it enforced for inmates? no
from 3/26 to when Turner came, still eating in dining halls, etc. -> not on quarantine

5) Do you see staff practice social distancing? not really

Hygiene

1) Have you been given extra hygiene supplies? Soap?
1 bar dial soap 2 weeks ago
extra state soap

2) Handy drying machine or disposable paper towels? no

3) Facial Tissues? no

2 working toilets
hole in roof + shower mold

4) No-Touch trash receptacles? no

only 2 of 3 wall phones work for the whole

5) Were any cleaning measures implemented inside the unit? no

no sterilization
a special work crew had been cleaning it
this, but nothing major

6) How often are the bunks cleaned? never

7) How is laundry being provided?
yes - but it comes back dirty

Prevention Practices

1) Recreation: Is it allowed? YES/NO
If YES.... not during quarantine/lockdown
yesterday (April 9) spent 1.5 hours in gym

a) Was it in spaces where individuals can spread out?

b) Was time staggered in the recreation space? 1 DR / time

c) Any restrictions on recreation space? Such as a single housing unit per space?

2) Meals: Whether do they take place? Bunk area, Dining hall, or both
during quarantine (4/2 8th to 4/9) in zone

a) Are meals staggered at all?
3/26 until quarantine
+
4/9 after in dining hall

Kitchen workers in unit C.

b) If in the dining hall- is seating rearranged 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) 2 > no distancing in dining hall. not 6 apart dining all is next

6) Group activities: Is it suspended? YES/NO
IF YES....

a) Have other forms of alternative activities to support mental health needs been provided? no extras

IF NO...

a) Limit the size of group activities?

b) Increase space between individuals during group activities?

7) Housing:
a) Reassign bunks to provide more space between individuals? no

b) Arrange bunks so that individuals sleep head to foot to increase the distance between them? no

c) Rearrange scheduled movements to minimize mixing of individuals from different housing areas?

8) Medical:
a) Were inmates with underlying medical conditions(respiratory, chronic illness) provided any extra medical attention? no

COPD 3 + diabetics —> none
Bed [redacted] Mr. [redacted]

b) Have you ever been offered the flu vaccine? yes - offered

c) If you decided not to take the flu vaccine before...were you offered the flu vaccine again? yes

d) Where are you evaluated if you have symptoms of COVID-19? Unit 30 or Unit 42? told nurse had symptoms on Apr. 9; was told to "watch his rock"

e) If in Unit 30, Is there a designated room in the Unit 30? Do you have to walk through the facility to get the room?

f) Is sick call staggered so buildings are not mixing?

g) Does a nurse make regular rounds to check for symptoms at all? If so, what questions are you asked? just temps; didn't ask about symptoms

Inmate with symptoms of COVID-19

1) Who do you tell if you have symptoms? had temp of 99.1 yesterday but had taken Tylenol before temp taken. told officer and nurse felt fever, nausea, and headaches; told to get on sick

2) How long does it take to be seen?

3) Are you given a face mask? no → not until brought to see lawyer

4) Are you separated from other individuals? If so, for how long and where are you kept? guy @ bed [redacted] couldn't taste or smell

5) Are you tested for COVID-19? never

6) Was the original housing area of the individual cleaned after they were moved to isolation? no

Staff caring for Inmate with Symptoms

1) Did staff (CO or Nurse) have on gloves?
nurses mostly wore masks & gloves one didn't have mask early on

2) Face mask? yes nurses

3) Gowns? yes - nurse

4) How is your temperature taken/does the thermometer touch your head?
yes - until last day used laser before that it was touch & used same pad to wipe it off

5) Have you seen staff wearing PPE at times when not caring for an inmate?
mainly wear masks, but not all

UNIT 30 C & D Quarantine Specifically

1) How were you informed of the quarantine?
Turner

2) What reason were you given for quarantine?
exposed to someone on last 3/26

3) Were any precautions taken inside your building such as the questions described above?

4) What changed while in quarantine? food, hygiene supplies, inmate movements in or out of Unit 30?

5) Were you instructed to maintain 6 ft away from others if possible?

6) Were you issued face masks?

7) Daily temperature checks?

8) Were inmates tested for COVID-19?

9) Did MDOC staff remain on-site or did new staff members take their place after the quarantine started?

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: 4/10/2020

TIME:

CLIENT SIGNATURE:

WITNESS SIGNATURE:

Unit 3D, C, A

NAME: [redacted]

MDOC NUMBER: [redacted]

CDC Protocols for Correctional Facilities

Attorneys & Staff

Things to pay attention to while at the entering Visitor Center:

1) Signage outside the visiting area explaining the screening process?

2) Signage inside the visiting area?

3) Hand sanitizer in visitor entrance, exit, and waiting area?

4) Hand soap in the visitor bathrooms?

not asked of inmate

5) Signage posted in visitor bathrooms?

6) Are MDOC Visitor Intake Staff wearing PPE? (Gloves & masks at a minimum)

7) At what point did COVID-19 screening take place? (Before or after security)

8) Were you screened by a nurse or correctional officer and were they wearing PPE?

9) What type of thermometer was used/did it contact your head or temple area?

9) What type of thermometer was used/did it contact your head or temple area?

not asked of inmate

10) If the thermometer contacted your head was it sanitized before being used on the next person?

11) Did you witness any staff being screened?

Inmate Interview Questions

Keeping Inmates up to date

1) What information or flyers have you been given regarding Covid-19?

None.

2) Are given frequent updates regarding Covid-19?

Employees said no one had tested positive, but they never tested anyone.

3) Were you told Co-Pays were waived?

He wasn't told by Pardner, but heard 3rd hand.

4) Were you told about social distancing? Is it enforced for inmates?

of course not - only info they got off of 5:30 news

5) Do you see staff practice social distancing?

some had masks some didn't no soc. dist.

Hygiene

1) Have you been given extra hygiene supplies? Soap?

did soap no extra towel, sheets clothes

2) Handy drying machine or disposable paper towels?

no

3) Facial Tissues?

no

only have 2 phones in Zone; giving 2 free calls per week, but fight over phone

4) No-Touch trash receptacles?
no; no extra trash bags or instructions about trash

5) Were any cleaning measures implemented inside the unit?
no ~~set~~ crews to clean
no more supplies than normal

6) How often are the bunks cleaned?
no extra laundry
no clean sheets

7) How is laundry being provided?
red, blue, yellow, clear spray bottles to [redacted]

Prevention Practices

1) Recreation: Is it allowed? YES/NO
If YES.... made everyone go to gym yesterday in zone A+B in unit 3 - one zone at a time

a) Was it in spaces where individuals can spread out?

b) Was time staggered in the recreation space?

c) Any restrictions on recreation space? Such as a single housing unit per space?

2) Meals: Whether do they take place? Bunk area, Dining hall, or both
in zone -> ~~dining~~ hall during quarantine

a) Are meals staggered at all?

One guy in zone right now is sick. Doesn't know if pre-stroke -> muscle cramps, vomiting, no fever, no cough - Ambulance came and got him but back today [redacted]

b) If in the dining hall- is seating rearranged 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)

6) Group activities: Is it suspended? YES/NO
IF YES....

a) Have other forms of alternative activities to support mental health needs been provided?

of course not

IF NO...

a) Limit the size of group activities?

b) Increase space between individuals during group activities?

7) Housing:
a) Reassign bunks to provide more space between individuals?

no

b) Arrange bunks so that individuals sleep head to foot to increase the distance between them? no

c) Rearrange scheduled movements to minimize mixing of individuals from different housing areas?

moving people between units + new people in just not in quarantine in last 8 days

8) Medical:
a) Were inmates with underlying medical conditions(respiratory, chronic illness) provided any extra medical attention?

none

b) Have you ever been offered the flu vaccine?

yes -> 2 months ago

c) If you decided not to take the flu vaccine before...were you offered the flu vaccine again?

2 guys got real sick / cough both in admin [redacted] days cards w/ them

d) Where are you evaluated if you have symptoms of COVID-19? Unit 30 or Unit 42?

coughing, nose running, tired no extra evaluation

e) If in Unit 30, Is there a designated room in the Unit 30? Do you have to walk through the facility to get the room? after quarantine, called 5 to go to 42 refused called 24 to go to 30

guys have to be really sick to go to 42 b/c hours up there brace; crammed in small rooms 32 clinic

f) Is sick call staggered so buildings are not mixing?

g) Does a nurse make regular rounds to check for symptoms at all? If so, what questions are you asked? no ask or screening

Inmate with symptoms of COVID-19

1) Who do you tell if you have symptoms?

nurses told

2) How long does it take to be seen?

3) Are you given a face mask?

no

4) Are you separated from other individuals? If so, for how long and where are you kept?

5) Are you tested for COVID-19?

no one was

6) Was the original housing area of the individual cleaned after they were moved to isolation?

no - of course not

Staff caring for Inmate with Symptoms

1) Did staff (CO or Nurse) have on gloves?

both

2) Face mask?

nurses + some officers

3) Gowns?

one officer wore gown one night

4) How is your temperature taken/does the thermometer touch your head?

yes

5) Have you seen staff wearing PPE at times when not caring for an inmate?

not when outside dr

UNIT 30 C & D Quarantine Specifically

1) How were you informed of the quarantine?

3/26/2020 Turner said may have come in contact with someone who tested positive for COVID-19 and would be on lockdown until April 9.

2) What reason were you given for quarantine?

Friday, nurse came to Unit 30, Building C. Said wash hands and use good hygiene. 185 people in 2010 - only two working toilets, two showers, three sinks in A 2010.

3) Were any precautions taken inside your building such as the questions described above? Dial-soap pre-quarantine

4) What changed while in quarantine? food, hygiene supplies, inmate movements in or out of Unit 30?
Food was worse because guys from Unit 30A had to work kitchen and they are untrained because 30C usually works kitchen

5) Were you instructed to maintain 6 ft away from others if possible?
No. Not instructed to report symptoms or anything

6) Were you issued face masks?
Tarkman did not mention or give out masks

7) Daily temperature checks?
Once per day

8) Were inmates tested for COVID-19? On first day they took everyone's temp. I had a fever and taken to Unit 42

9) Did MDOC staff remain on-site or did new staff members take their place after the quarantine started?
no was brought back to 30/C/A on 4/9/2020

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: 4/10/2020

TIME: [redacted]

CLIENT SIGNATURE:

WITNESS SIGNATURE:

NAME: [redacted]

MDOC NUMBER: [redacted]

Unit 3D Building D Zone A

CDC Protocols for Correctional Facilities

Attorneys & Staff

Things to pay attention to while at the entering Visitor Center:

1) Signage outside the visiting area explaining the screening process?

2) Signage inside the visiting area?

3) Hand sanitizer in visitor entrance, exit, and waiting area?

4) Hand soap in the visitor bathrooms? not asked of inmate

5) Signage posted in visitor bathrooms?

6) Are MDOC Visitor Intake Staff wearing PPE? (Gloves & masks at a minimum)

7) At what point did COVID-19 screening take place? (Before or after security)

8) Were you screened by a nurse or correctional officer and were they wearing PPE?

9) What type of thermometer was used/did it contact your head or temple area?

9) What type of thermometer was used/did it contact your head or temple area?

not asked of inmate

10) If the thermometer contacted your head was it sanitized before being used on the next person?

11) Did you witness any staff being screened?

Inmate Interview Questions

Keeping Inmates up to date

1) What information or flyers have you been given regarding Covid-19?

handout

2) Are given frequent updates regarding Covid-19?

no updates

3) Were you told Co-Pays were waived?

not emphasized

4) Were you told about social distancing? Is it enforced for inmates?

no -> not 6' feet apart then told to line up for temp check

5) Do you see staff practice social distancing?

no

Hygiene

1) Have you been given extra hygiene supplies? Soap?

1 bar of dial soap
extra state soap

2) Handy drying machine or disposable paper towels?

no

3) Facial Tissues?

no

4) No-Touch trash receptacles?

NO

5) Were any cleaning measures implemented inside the unit?

NO

6) How often are the bunks cleaned?

by inmates → no ventilation for 3 weeks

7) How is laundry being provided?

no new sheets
laundry is dirty when brought back

Prevention Practices

1) Recreation: Is it allowed? YES/NO
If YES....

after quarantine
1 hour in gym

a) Was it in spaces where individuals can spread out?

b) Was time staggered in the recreation space?

c) Any restrictions on recreation space? Such as a single housing unit per space?

2) Meals: Whether do they take place? Bunk area, Dining hall, or both

ate in unit on lockdown for last week; before that dining hall

a) Are meals staggered at all?

b) If in the dining hall- is seating rearranged 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)

6) Group activities: Is it suspended? YES/NO
IF YES....

a) Have other forms of alternative activities to support mental health needs been provided? 2 boxes of dominoes 2 packs of cards for 108 guys told "have a good time"

IF NO...

a) Limit the size of group activities?

b) Increase space between individuals during group activities?

7) Housing:
a) Reassign bunks to provide more space between individuals? NO

b) Arrange bunks so that individuals sleep head to foot to increase the distance between them? NO

c) Rearrange scheduled movements to minimize mixing of individuals from different housing areas?

8) Medical:
a) Were inmates with underlying medical conditions(respiratory, chronic illness) provided any extra medical attention? NO

[redacted] filled out sick call 2 days ago, wanted him to sign a refusal of service but he wouldn't, knee was hurting

b) Have you ever been offered the flu vaccine?

no

c) If you decided not to take the flu vaccine before...were you offered the flu vaccine again?

d) Where are you evaluated if you have symptoms of COVID-19? Unit 30 or Unit 42?

e) If in Unit 30, Is there a designated room in the Unit 30? Do you have to walk through the facility to get the room?

f) Is sick call staggered so buildings are not mixing?

g) Does a nurse make regular rounds to check for symptoms at all? If so, what questions are you asked?

Inmate with symptoms of COVID-19

1) Who do you tell if you have symptoms?

TV only real source of info.

2) How long does it take to be seen?

3) Are you given a face mask?

today when brought to see lawyers

4) Are you separated from other individuals? If so, for how long and where are you kept?

no

Beds [redacted] need help released [redacted] Sunday and he had a 102.7° temperature and had been in quarantine

5) Are you tested for COVID-19?

NO

6) Was the original housing area of the individual cleaned after they were moved to isolation?

Staff caring for Inmate with Symptoms

1) Did staff (CO or Nurse) have on gloves?

nurse had mask, gloves, gown when drawing blood yesterday

2) Face mask?

3) Gowns?

4) How is your temperature taken/does the thermometer touch your head?

forehead then laser last day

5) Have you seen staff wearing PPE at times when not caring for an inmate?

Some wore masks; some not

UNIT 30 C & D Quarantine Specifically

1) How were you informed of the quarantine?

Turner came to Zone 4 said someone tested positive from dining that was last

2) What reason were you given for quarantine? heard on March 26

3) Were any precautions taken inside your building such as the questions described above?

no

Mr [redacted] sprayed bathrooms

4) What changed while in quarantine? food, hygiene supplies, inmate movements in or out of Unit 30?

ate in cell for 8 days

5) Were you instructed to maintain 6 ft away from others if possible?

no

6) Were you issued face masks? no - not until met w/ lawyer was I given a mask

7) Daily temperature checks?

yes

8) Were inmates tested for COVID-19?

no

9) Did MDOC staff remain on-site or did new staff members take their place after the quarantine started?

swapped out

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: 4/10/2020

TIME: [redacted]

CLIENT SIGNATURE:

WITNESS SIGNATURE:

Unit 30
C Building
A Zone

NAME: [redacted]

MDOC NUMBER: [redacted]

CDC Protocols for Correctional Facilities

Attorneys & Staff

Things to pay attention to while at the entering Visitor Center:

1) Signage outside the visiting area explaining the screening process?

2) Signage inside the visiting area?

3) Hand sanitizer in visitor entrance, exit, and waiting area?

not asked of inmate

4) Hand soap in the visitor bathrooms?

5) Signage posted in visitor bathrooms?

6) Are MDOC Visitor Intake Staff wearing PPE? (Gloves & masks at a minimum)

7) At what point did COVID-19 screening take place? (Before or after security)

8) Were you screened by a nurse or correctional officer and were they wearing PPE?

9) What type of thermometer was used/did it contact your head or temple area?

9) What type of thermometer was used/did it contact your head or temple area?

not asked of inmate

10) If the thermometer contacted your head was it sanitized before being used on the next person?

11) Did you witness any staff being screened?

Inmate Interview Questions

Keeping Inmates up to date

1) What information or flyers have you been given regarding Covid-19?

initial flyer

2) Are given frequent updates regarding Covid-19?

no

3) Were you told Co-Pays were waived?

not sure

4) Were you told about social distancing? Is it enforced for inmates?

no

5) Do you see staff practice social distancing?

no

Hygiene

1) Have you been given extra hygiene supplies? Soap?

extra bar soap

2) Handy drying machine or disposable paper towels?

no

3) Facial Tissues?

no

2-3 per week
(2) Bars per week
7a - 10am

4) No-Touch trash receptacles?

NO

5) Were any cleaning measures implemented inside the unit?

made sure cleaning normal supplies for inmates Bleach

6) How often are the bunks cleaned?

7) How is laundry being provided?

no extra laundry clothes

Prevention Practices

1) Recreation: Is it allowed? YES/NO not due to quarantine
If YES....

a) Was it in spaces where individuals can spread out?

b) Was time staggered in the recreation space?

c) Any restrictions on recreation space? Such as a single housing unit per space?

2) Meals: Whether do they take place? Bunk area, Dining hall, or both

a) Are meals staggered at all?

b) If in the dining hall- is seating rearranged 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)

6) Group activities: Is it suspended? YES/NO
IF YES....

a) Have other forms of alternative activities to support mental health needs been provided?

NO

IF NO...

a) Limit the size of group activities?

b) Increase space between individuals during group activities?

7) Housing:
a) Reassign bunks to provide more space between individuals?

NO

b) Arrange bunks so that individuals sleep head to foot to increase the distance between them?

NO

c) Rearrange scheduled movements to minimize mixing of individuals from different housing areas?

I fight broke out → 2 guys came in ... quarantin... only [redacted] taken out

8) Medical:
a) Were inmates with underlying medical conditions(respiratory, chronic illness) provided any extra medical attention?

NO

several asthmatics in zone

b) Have you ever been offered the flu vaccine?

yes

c) If you decided not to take the flu vaccine before...were you offered the flu vaccine again?

d) Where are you evaluated if you have symptoms of COVID-19? Unit 30 or Unit 42?

e) If in Unit 30, Is there a designated room in the Unit 30? Do you have to walk through the facility to get the room?

f) Is sick call staggered so buildings are not mixing?

several questionable/high temps during checks; would call back up toward the end and say borderline

g) Does a nurse make regular rounds to check for symptoms at all? If so, what questions are you asked?

Inmate with symptoms of COVID-19

lined up for temp check; not 6' apart

1) Who do you tell if you have symptoms?

didn't tell them no co-pay charge, but may have been on flyer

2) How long does it take to be seen?

3) Are you given a face mask?

now -> special details + Kitchen have them; some temp workers had this only given when he left back to special work detail post quarantine

4) Are you separated from other individuals? If so, for how long and where are you kept? no

on zone, noticed dry coughs, etc.; 3-4 complaining of headaches; 308 took [redacted] in ambulance on Wednesday for 308, but came back same day

5) Are you tested for COVID-19?

6) Was the original housing area of the individual cleaned after they were moved to isolation?

Staff caring for Inmate with Symptoms

1) Did staff (CO or Nurse) have on gloves?

2) Face mask?

3) Gowns?

4) How is your temperature taken/does the thermometer touch your head?

5) Have you seen staff wearing PPE at times when not caring for an inmate?

UNIT 30 C & D Quarantine Specifically

1) How were you informed of the quarantine?

2) What reason were you given for quarantine?

said nurses would come by to check temp + hand out cards but every lined up + checked temps + record

3) Were any precautions taken inside your building such as the questions described above?

4) What changed while in quarantine? food, hygiene supplies, inmate movements in or out of Unit 30?

5) Were you instructed to maintain 6 ft away from others if possible?

NO

6) Were you issued face masks?

washing hands cleaning hands got one yesterday going through buildings had to keep before quarantine

7) Daily temperature checks?

yes he had been in every building through C, D, A, B

25th / 26th March

8) Were inmates tested for COVID-19?

[redacted] tested

9) Did MDOC staff remain on-site or did new staff members take their place after the quarantine started? told his crew now to clean A+B and want you to do kitchen A+B building

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: 4/10/2020

TIME: [redacted]

CLIENT SIGNATURE:

WITNESS SIGNATURE:

NAME: [redacted]

MDOC NUMBER: [redacted]

CDC Protocols for Correctional Facilities

Attorneys & Staff

Things to pay attention to while at the entering Visitor Center:

1) Signage outside the visiting area explaining the screening process?

2) Signage inside the visiting area?

3) Hand sanitizer in visitor entrance, exit, and waiting area?

4) Hand soap in the visitor bathrooms?

5) Signage posted in visitor bathrooms?

6) Are MDOC Visitor Intake Staff wearing PPE? (Gloves & masks at a minimum)

7) At what point did COVID-19 screening take place? (Before or after security)

8) Were you screened by a nurse or correctional officer and were they wearing PPE?

9) What type of thermometer was used/did it contact your head or temple area?

Not asked to provide this

9) What type of thermometer was used/did it contact your head or temple area?

not asked of inmates

10) If the thermometer contacted your head was it sanitized before being used on the next person?

11) Did you witness any staff being screened?

Inmate Interview Questions

Keeping Inmates up to date

1) What information or flyers have you been given regarding Covid-19? Were not given info other than being told on March 26 that an officer had tested positive, they were given a flyer explaining Symptoms of Co-Vid 19
2) Are given frequent updates regarding Covid-19? No updates were given

3) Were you told Co-Pays were waived? No

4) Were you told about social distancing? Is it enforced for inmates? No, he was never told about social distancing. Unit 30 Building C Zone A has over 108 inmates who sleep three feet apart.
5) Do you see staff practice social distancing? Yes, they have masks They Practice social distancing, however, they do not distance during the count

Hygiene

1) Have you been given extra hygiene supplies? Soap? One ~~extra~~ bar of anti-bacterial soap was given to the inmates when they put on lock down. They receive two bars of regular soap
2) Handy drying machine or disposable paper towels? No

3) Facial Tissues? No, only toilet paper that is given weekly

4) No-Touch trash receptacles? No

5) Were any cleaning measures implemented inside the unit? Only weekly cleaning supplies were given. They were put in the gym and allowed to play with a ball that was not sanitized on April 9.

6) How often are the bunks cleaned? No

7) How is laundry being provided? Yes, three times a week, but the clothes do not look cleaner. He washes his own clothes

Prevention Practices

1) Recreation: Is it allowed? (YES) NO
If YES....

a) Was it in spaces where individuals can spread out? Yes, however they played with a ball that was not sanitized and 108 men were in close contact with one another.

b) Was time staggered in the recreation space? No, all 108 inmates in Unit 30 ~~Unit~~ Building C Zone A were told to go to the gym at once.

c) Any restrictions on recreation space? Such as a single housing unit per space?

2) Meals: Whether do they take place? Bunk area, Dining hall, or both Under lockdown, the trays came into contact with one another ~~throughout~~ It is mandatory for inmates in Unit 30 to eat side-by-side, that occured during lockdown. Half the inmates on the zone

a) Are meals staggered at all? They waited 3-4 hours yesterday to receive a peanut butter sandwhich because "the kitchen ran out of food."

Under lockdown, Men would get up and they were told to sit back down by guards to sit in only a little elbow room.

b) If in the dining hall- is seating rearranged 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) They sit 8 people at a table with no room in between them, under lockdown, they were not allowed to get up and leave or to create space

6) Group activities: Is it suspended? YES/NO
IF YES....

a) Have other forms of alternative activities to support mental health needs been provided?

IF NO...

a) Limit the size of group activities? No

b) Increase space between individuals during group activities? No

7) Housing:
a) Reassign bunks to provide more space between individuals?
No

b) Arrange bunks so that individuals sleep head to foot to increase the distance between them? No

c) Rearrange scheduled movements to minimize mixing of individuals from different housing areas? No

8) Medical:
a) Were inmates with underlying medical conditions(respiratory, chronic illness) provided any extra medical attention? No, he has [redacted], [redacted], and [redacted], however he received treatment an inhaler for his asthma which was diagnosed before the lock down.

b) Have you ever been offered the flu vaccine? Yes, he took it.

c) If you decided not to take the flu vaccine before...were you offered the flu vaccine again?

d) Where are you evaluated if you have symptoms of COVID-19? Unit 30 or Unit 42? Unit 42

e) If in Unit 30, Is there a designated room in the Unit 30? Do you have to walk through the facility to get the room? Yes

f) Is sick call staggered so buildings are not mixing? No, they are not staggered. In 42, it is not staggered.

g) Does a nurse make regular rounds to check for symptoms at all? If so, what questions are you asked? No, She checked our temperatures, told us what they were, and left.

Inmate with symptoms of COVID-19

1) Who do you tell if you have symptoms? They have to tell the guard or the nurse

2) How long does it take to be seen?

3) Are you given a face mask? No

4) Are you separated from other individuals? If so, for how long and where are you kept? No, we are confined together and social distancing is not enforce

5) Are you tested for COVID-19? No

6) Was the original housing area of the individual cleaned after they were moved to isolation? No, My cellmate exhibited Symptoms of CoVid-19 and none of his personal belongings were ever cleaned and or sanitized.

Staff caring for Inmate with Symptoms

1) Did staff (CO or Nurse) have on gloves? Yes

2) Face mask? No, guards consistently failed to wear masks.

3) Gowns? One officer wore a gown after being off for 2 or 3 days.

4) How is your temperature taken/does the thermometer touch your head? At first, they would take temperatures by touching our head, but they cleaned those off with alcohol wipes.

5) Have you seen staff wearing PPE at times when not caring for an inmate? Guards in the tower would not wear masks, or would have them down when they were talking to each other.

UNIT 30 C & D Quarantine Specifically

1) How were you informed of the quarantine? He, and the other inmates, were told that they were being placed on lockdown for 15 days from the March 26 to April 9, because

2) What reason were you given for quarantine?
They were told because of Corona, however, they were not actually placed on lockdown until a week later.

3) Were any precautions taken inside your building such as the questions described above? None

4) What changed while in quarantine? food, hygiene supplies, inmate movements in or out of Unit 30? Nothing changed

5) Were you instructed to maintain 6 ft away from others if possible? My cellmate exhibited symptoms of coronavirus and was taken to Unit 42, but I was never asked about symptoms by anyone.

6) Were you issued face masks? NO

7) Daily temperature checks? Yes

8) Were inmates tested for COVID-19? Today We were never tested, we only received daily temperature checks

9) Did MDOC staff remain on-site or did new staff members take their place after the quarantine started? No, the same officers carried out their same duties

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: April 10, 2020

TIME:

CLIENT SIGNATURE: [redacted]

WITNESS SIGNATURE:

NAME: [redacted]

MDOC NUMBER: [redacted]

Unit 30
Building C
Zone B

CDC Protocols for Correctional Facilities

Attorneys & Staff

Things to pay attention to while at the entering Visitor Center:

1) Signage outside the visiting area explaining the screening process?

2) Signage inside the visiting area?

3) Hand sanitizer in visitor entrance, exit, and waiting area?

4) Hand soap in the visitor bathrooms?

not asked of inmate

5) Signage posted in visitor bathrooms?

6) Are MDOC Visitor Intake Staff wearing PPE? (Gloves & masks at a minimum)

7) At what point did COVID-19 screening take place? (Before or after security)

8) Were you screened by a nurse or correctional officer and were they wearing PPE?

9) What type of thermometer was used/did it contact your head or temple area?

9) What type of thermometer was used/did it contact your head or temple area?

not asked of inmate

10) If the thermometer contacted your head was it sanitized before being used on the next person?

11) Did you witness any staff being screened?

Inmate Interview Questions

Keeping Inmates up to date

1) What information or flyers have you been given regarding Covid-19?

one flyer to everyone

2) Are given frequent updates regarding Covid-19?

none

3) Were you told Co-Pays were waived?

no

4) Were you told about social distancing? Is it enforced for inmates?

no

5) Do you see staff practice social distancing?

no

Hygiene

1) Have you been given extra hygiene supplies? Soap?

one extra bar

2) Handy drying machine or disposable paper towels?

no

3) Facial Tissues?

no

Unit 30 B Zone [redacted]

temp check twice. 100°F [redacted] temp ok diabetic

4) No-Touch trash receptacles?

no

5) Were any cleaning measures implemented inside the unit?

no

6) How often are the bunks cleaned?

inmates do that

7) How is laundry being provided?

no extra laundry

inmates handling

Prevention Practices

1) Recreation: Is it allowed? YES/NO

If YES....

yesterday had to go to recreation 1hr. in gym

a) Was it in spaces where individuals can spread out?

b) Was time staggered in the recreation space?

c) Any restrictions on recreation space? Such as a single housing unit per space?

2) Meals: Whether do they take place? Bunk area, Dining hall, or both

meals being brought in during quarantine

a) Are meals staggered at all?

3 phones 10/minutes per week-free

b) If in the dining hall- is seating rearranged 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)

6) Group activities: Is it suspended? YES/NO
IF YES....

a) Have other forms of alternative activities to support mental health needs been provided? given one pack of UNO cards

IF NO...

a) Limit the size of group activities?

b) Increase space between individuals during group activities?

7) Housing:
a) Reassign bunks to provide more space between individuals? NO

b) Arrange bunks so that individuals sleep head to foot to increase the distance between them? NO

c) Rearrange scheduled movements to minimize mixing of individuals from different housing areas?

Book [redacted] case from D Building; has [redacted] couple in there for 2 or 3 wk

8) Medical:
a) Were inmates with underlying medical conditions(respiratory, chronic illness) provided any extra medical attention?

NO

b) Have you ever been offered the flu vaccine?

no -> you can ask for it

c) If you decided not to take the flu vaccine before...were you offered the flu vaccine again?

no

d) Where are you evaluated if you have symptoms of COVID-19? Unit 30 or Unit 42?

D building called for Dr

in the hallway
weight + test blood
nose swab
3 guys diabetic yesterday

e) If in Unit 30, Is there a designated room in the Unit 30? Do you have to walk through the facility to get the room?

f) Is sick call staggered so buildings are not mixing?

g) Does a nurse make regular rounds to check for symptoms at all? If so, what questions are you asked?

Inmate with symptoms of COVID-19

1) Who do you tell if you have symptoms?

2) How long does it take to be seen?

3) Are you given a face mask?

no - not until large meetings

4) Are you separated from other individuals? If so, for how long and where are you kept?

5) Are you tested for COVID-19?

no

6) Was the original housing area of the individual cleaned after they were moved to isolation?

no extra cleaning

Staff caring for Inmate with Symptoms

1) Did staff (CO or Nurse) have on gloves?

Some

2) Face mask?

Some

3) Gowns?

one

4) How is your temperature taken/does the thermometer touch your head?

yes

5) Have you seen staff wearing PPE at times when not caring for an inmate?

no

UNIT 30 C & D Quarantine Specifically

1) How were you informed of the quarantine?

Held exposed to someone w/ it on March 26th: no masks - no gloves through kitchen

2) What reason were you given for quarantine? not a wk after 26

didn't say who or where got where from [illegible]

don't ask any questions;

on lockdown until yesterday

3) Were any precautions taken inside your building such as the questions described above? two bars of regular plain soap yesterday Dial 3-5wks ago

4) What changed while in quarantine? food, hygiene supplies, inmate movements in or out of Unit 30? no

didn't tell no co-pay

5) Were you instructed to maintain 6 ft away from others if possible? no

6) Were you issued face masks? no

7) Daily temperature checks? 4 working

8) Were inmates tested for COVID-19? none

9) Did MDOC staff remain on-site or did new staff members take their place after the quarantine started? second shift had

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: 4/10/20

TIME: [redacted]

CLIENT SIGNATURE: [redacted]

WITNESS SIGNATURE: [redacted]

EXHIBIT D

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, *ET AL*. **PLAINTIFFS**

V. **CASE NO. 4:20-CV-007-DMB-JMV**

TOMMY TAYLOR, *ET AL*. **DEFENDANTS**

DECLARATION OF [redacted]

On this the ___ day of April 2020, I hereby declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following statements, based on my personal knowledge, are true and correct:

1. My name is [redacted]. I am an inmate at the Mississippi State Penitentiary in Parchman, Mississippi. I am housed in Unit 30, Building C, Zone A.
2. On or about Thursday April 2, 2020, Superintendent Turner spoke to Building C, Zone A of Unit 30 and stated that on March 26, 2020 we had possibly been exposed to an individual who had been tested for COVID-19 and that Buildings C and D of Unit 30 would be placed on lockdown until April 9, 2020.
3. On or about April 2, 2020, Superintendent Turner explained that we were exposed to the virus by someone (a guard or nurse) who had exhibited COVID-19 symptoms and last came in contact with us on March 26, 2020. Superintendent Turner refused to answer any questions at that time.
4. Between March 26th and April 2nd, men in my building were still going to the dining hall for meals, and inmates from Buildings C and D who worked were still in contact with people in A and B Buildings, the dining hall, and other common areas. We were not in quarantine or lockdown from March 26, 2020 to April 2, 2020.

5. On or about April 2nd or April 3rd, a nurse came to our zone, handed out a flyer, and began taking temperatures. Since that day, we have been given no further information from correctional or medical staff.
6. Building C was on lockdown/quarantine for one week (from April 2, 2020 until April 9, 2020). During that time, I was never issued a mask.
7. With the exception of [redacted], no one in my building or zone has been given a mask except when we were brought to see our attorneys on April 10th.
8. We were not given frequent updates about the virus. It was not emphasized to use that co-pays would be waived for virus related symptoms.
9. Bunks were not rearranged to allow men to social distance. We were not instructed to sleep head to foot, for example.
10. Intra-prison transfers (from unit to unit or zone to zone) continued during this time.
11. I did not observe the guards using masks or maintaining social distances at all times. Some guards wore masks, others did not.
12. We were told we would receive two free 5-minute phone calls per week but that these free calls would end on April 13, 2020. There are only two working phones in my zone for 108 inmates.
13. Nurses began administering daily temperature checks once per day starting on or about April 2nd or 3rd. At the beginning, one nurse who was taking our temperature was not wearing a mask. Most wore masks and gloves after that.
14. Nurses were utilizing thermometers that had to be placed directly onto our temples. Between each use, I saw nurses wiping the tip of the thermometer with the same alcohol pad multiple times. This happened from April 2 or 3 until April 8th. On April 8th, nurses began using

laser thermometers. We did not stand 6 feet apart, and were not told to stand 6 feet apart, in line while waiting for our temperatures to be checked.

15. On April 9, 2020, lockdown was lifted, and we went back to the dining hall that day for meals.

16. On April 9, 2020, my building had mandatory recreation call in the gym on April 9th. My entire zone went to the gym for about an hour to an hour and a half. Some inmates played basketball during this time.

17. The hygiene measures that have been implemented to my knowledge in Building C include receiving one (1) bar of Dial soap in the last week of March. We have received two (2) bars of state-issued soap per week instead of the usual one (1) bar. We were not given tissues or paper towels to use.

18. No additional cleaning measures were implemented inside the unit. Bunks are never cleaned. Laundry services are still provided but laundry comes back dirty so inmates don't use it often. There was a special detail of inmates generally cleaning and painting things prior to lockdown, but no extra precautions were taken during lockdown.

19. Inmate [redacted] was exhibiting COVID-19 symptoms and was taken to Unit 42 on April 2, 2020 and came back to the zone on Wednesday, April 8th. His bedding and property remained on his bunk while he was gone. [redacted] returned with a mask and face shield which he does not wear.

20. Nurses did not ask about symptoms when our temperatures were being taken. When we reported symptoms or someone had a fever, they were given Tylenol and sent back to their bunk.

21. Other inmates in my zone have had fevers exhibited some symptoms related to COVID-19, but they have not been removed from the zone or otherwise treated.

22. To my knowledge, no one on my zone has been tested for the flu or for COVID-19.

23. I personally was exhibiting COVID-19 symptoms on April 9th. I felt feverish, had chills and a sore throat, and registered a 99.7 degree fever during the daily temperature check. That same day, I attempted to tell the nurse of my condition and request to be tested or otherwise helped. Once I told her of my symptoms, a guard pulled a can of mace out and told me to go back to the zone, which I did. I received Tylenol from a fellow inmate; that is the extent of the medical attention I have received related to COVID-19 symptoms.

I declare under penalty of perjury that all of the foregoing is true and correct to the best of my knowledge.

THIS the ___ day of April, 2020.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, *ET AL*. **PLAINTIFFS**

V. **CASE NO. 4:20-CV-007-DMB-JMV**

TOMMY TAYLOR, *ET AL*. **DEFENDANTS**

DECLARATION OF [redacted]

On this the ___ day of April 2020, I hereby declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following statements, based on my personal knowledge, are true and correct:

1. My name is [redacted] I am an inmate at the Mississippi State Penitentiary in Parchman, Mississippi. My MDOC number is [redacted]. I am housed in Unit 30, Building C, Zone A.
2. As of April 9, 2020, to the best of my knowledge and information, no inmate on my zone has received a face mask. I did not receive a mask before meeting with my attorneys on April 10, 2020.
3. Superintendent Turner spoke to my zone on Thursday, April 2, 2020 and informed us that we may have come in contact with someone who tested positive for COVID-19 and we would be on lockdown until April 9, 2020.
4. There are only two working phones in my zone. We were given 2 free five minute calls per week, but we fight over phone.
5. Social distancing was not enforced or promoted. They were moving people between units and new people came in and out just not during the last eight days.
6. No more cleaning supplies than normal were given to inmates. No extra laundry was run. No clean sheets were given out. No paper towels or facial tissues were handed out. No extra

trash runs were done. We were not given special instructions about trash or given no-touch trash receptacles.

7. Between March 26th and April 2nd, myself and the other inmates in my building were still eating our meals in the dining halls, where we were in close contact to one another.
8. My building was placed on lockdown for one (1) week after Superintendent Turner announced that our building was to be quarantined for COVID-19. On April 9, 2020, the lockdown was lifted. As a result, we were allowed to resume eating meals in the dining hall on April 9th.
9. On April 9th, we were told that we would have a mandatory recreation call in the Unit 30 gym, in which every prisoner incarcerated in my zone was required to participate. My entire zone proceeded to the gym and participated in the recreation call for about an hour to an hour and a half.
10. Prior to April 2, 2020, every inmate on my zone was given 1 bar of Dial soap. Since April 2nd, every inmate on my zone has been given two bars of state-issued soap per week.
11. There are only two working toilets, two showers, and three sinks for 108 men on my zone.
12. Guards only began giving certain at-risk individuals on my zone protective masks and gloves the previous week based, in my view, upon favoritism.
13. As of April 10, 2020, I am aware of two inmates who work in the administration area (who Ira Hadley plays cards with) who have been coughing and sick, but they have not been tested.
14. Nurses began mandatory temperature checks of every inmate on our zone April 2nd, the same day Superintendent Turner informed us that we had spent the previous week, and as such, would subsequently spend the following week, under quarantine.

15. I personally witnessed a nurse conduct temperature checks, on myself and the inmates on my zone, without wearing a protective mask.
16. Until or around April 9, 2020, temperature checks were conducted using a contact thermometer, which were subsequently swabbed with an alcohol sterilization pad. As of today, the temperature checks are conducted with laser thermometers.
17. With a single exception, I have personally witnessed multiple inmates exhibit supposed symptoms of COVID-19 but were never taken to Unit 42 for treatment. To the best of my knowledge, as of April 10, 2020, none of those inmates have been tested for COVID-19 or the flu.
18. I personally witnessed an inmate on my zone exhibit symptoms of COVID-19 and, as a result, he was transferred to Unit 42 on April 4, 2020. Four days later, I personally witnessed the same inmate return to the zone on Wednesday, April 8, 2020. As of today, I have yet to witness anyone sterilize either the inmate's bed or personal possessions.

I swear under penalty of perjury that all of the foregoing is true and correct to the best of my knowledge.

THIS the ___ day of April, 2020.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, *ET AL*. **PLAINTIFFS**

V. **CASE NO. 4:20-CV-007-DMB-JMV**

TOMMY TAYLOR, *ET AL*. **DEFENDANTS**

DECLARATION OF [redacted]

On this the ___ day of April 2020, I hereby declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following statements, based on my personal knowledge, are true and correct:

1. My name is [redacted]. I am an inmate at the Mississippi State Penitentiary at Parchman, Mississippi. My MDOC number is [redacted]. I am currently housed in Unit 30, Building D, Zone A.

2. Superintendent Turner came to Building D, Zone A of Unit 30 on April 2, 2020 and announced that someone who worked in our building and had been in the dining hall had tested positive for COVID-19. Superintendent Turner explained that the individual had last been around us on March 26, 2020. He did not answer any questions we had or explain anything further.

3. Between March 26th and April 2nd, men in my building were still going to the dining hall for meals, and inmates from Buildings C and D who worked were still in contact with people in A and B Buildings, the dining hall, and other common areas. We were not in quarantine or lockdown from March 26, 2020 to April 2, 2020.

4. Building D was on lockdown/quarantine for one week (from April 2, 2020 until April 9, 2020). During that time, I was never issued a mask.

5. The day after Superintendent made his announcement regarding COVID-19 to my zone, nurses began daily temperature checks and gave us flyers that explained proper hand-washing and other safety procedures. Since receiving that flyer, we have received no other information from correctional or medical staff. At no point during daily temperature administration were we told to be six feet apart from one another. All knowledge and information I have regarding COVID-19 has come from the local news that men in my zone listen to most evenings, except for the initial flyer given to us.

6. Nurses were utilizing thermometers that had to be placed directly onto our temples. Between each use, I saw nurses wiping the tip of the thermometer with the same alcohol pad multiple times. This happened from April 2 or 3 until April 8th. On April 8th, nurses began using laser thermometers. We did not stand 6 feet apart, and were not told to stand 6 feet apart, in line while waiting for our temperatures to be checked.

7. On April 2nd or 3rd, I had a fever of 100.7 degrees. The nurse sent me back to my zone. No other protocol steps were taken, and I was given no treatment or medical advice at that time. The next day, they took my temperature again, and my fever was reduced. That was the extent of my testing and treatment.

8. On April 9, 2020, my building had mandatory recreation call in the gym on April 9th. My entire zone went to the gym for about an hour to an hour and a half. Some inmates played basketball during this time.

9. The hygiene measures that have been implemented to my knowledge in Building D include receiving two (2) bars of state-issued soap per week instead of the usual one (1) bar. We were not given tissues or paper towels to use.

10. No additional cleaning measures were implemented inside the unit. Bunks are never cleaned. Laundry services are still provided but laundry comes back dirty so inmates don't use it often. There was a special detail of inmates generally cleaning and painting things prior to lockdown, but no extra precautions were taken during lockdown.

11. One man in my zone had fever and was exhibiting multiple COVID-19 symptoms on April 2nd or 3rd, and he was removed from the zone. A day or two later, he was brought back to the zone. He has since been released. Other inmates in my zone have had fevers exhibited some symptoms related to COVID-19, but most have not been removed from the zone or otherwise treated.

12 I know of no one in my building or zone who have been tested for the flu or for COVID-19.

13. I am hesitant to eat the food from the dining hall due to the fact that the individual who tested positive for COVID-19 had been in the kitchen/dining hall on March 26, 2020.

I declare under penalty of perjury that all of the foregoing is true and correct to the best of my knowledge.

THIS the ___ day of April, 2020.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, *ET AL*. **PLAINTIFFS**

V. **CASE NO. 4:20-CV-007-DMB-JMV**

TOMMY TAYLOR, *ET AL*. **DEFENDANTS**

DECLARATION OF [redacted]

On this the ___ day of April 2020, I hereby declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following statements, based on my personal knowledge, are true and correct:

1. My name is [redacted]. I am an inmate at the Mississippi State Penitentiary in Parchman, Mississippi. My MDOC number is [redacted] I am housed in Unit 30, Building C, Zone A.
2. On or about Thursday April 2, 2020, Superintendent Turner spoke to Building C, Zone A of Unit 30 and stated that on March 26, 2020 we had possibly been exposed to an individual who had been tested for COVID-19 and that Buildings C and D of Unit 30 would be placed on lockdown until April 9, 2020.
3. Between March 26th and April 2nd, men in my building were still going to the dining hall for meals. I am part of a cleaning crew, and I was working and still in contact with people in A and B Buildings, the dining hall, and other common areas in between March 26th and April 2nd. We were not in quarantine or lockdown from March 26, 2020 to April 2, 2020.
4. On or about April 2nd or April 3rd, a nurse came to our zone, handed out a flyer, and began taking temperatures. Since that day, we have been given no further information from correctional or medical staff.

5. Building C was on lockdown/quarantine for one week (from April 2, 2020 until April 9, 2020). I received a mask once quarantine ended since I was going back to work. All men on the work detail were provided a mask.
6. With the exception of a single inmate on my zone, no one on my zone apart from working inmates, to my knowledge, has been given a mask.
7. We were not given updates about the virus. It was not emphasized to me that co-pays would be waived for virus-related symptoms.
8. Bunks were not rearranged to allow men to social distance. We were not instructed to sleep head to foot, for example.
9. I did not observe the guards using masks or maintaining social distances at all times. Some guards wore masks, others did not.
10. Nurses began administering daily temperature checks once per day starting on or about April 2nd or 3rd. There are people in my unit with COVID-19 symptoms who were not removed or tested.
11. Nurses were utilizing thermometers that had to be placed directly onto our temples. Between each use, I saw nurses wiping the tip of the thermometer with the same alcohol pad multiple times. This happened from April 2 or 3 until April 8th. On April 8th, nurses began using laser thermometers. We did not stand 6 feet apart, and were not told to stand 6 feet apart, in line while waiting for our temperatures to be checked.
12. On April 9, 2020, lockdown was lifted, and we went back to the dining hall that day for meals. My zone also had mandatory recreation call in the gym on April 9th. I was working, so I did not participate in recreation call.

13. The hygiene measures that have been implemented to my knowledge in Building C include receiving one (1) bar of Dial soap in the last week of March. We have received two (2) bars of state-issued soap per week instead of the usual one (1) bar. We were not given tissues or paper towels to use.
14. No additional cleaning measures were implemented inside the unit. The same chemicals were provided that are usually provided. Laundry services are still provided but laundry comes back dirty so inmates don't use it often.
15. Other inmates in my zone have had fevers exhibited some symptoms related to COVID-19, but they have not been removed from the zone or otherwise treated.
16. To my knowledge, no one on my zone has been tested for the flu or for COVID-19.

I declare under penalty of perjury that all of the foregoing is true and correct to the best of my knowledge.

THIS the ___ day of April, 2020.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, *ET AL*. **PLAINTIFFS**

V. **CASE NO. 4:20-CV-007-DMB-JMV**

TOMMY TAYLOR, *ET AL*. **DEFENDANTS**

DECLARATION OF [redacted]

On this the ___ day of April 2020, I hereby declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following statements, based on my personal knowledge, are true and correct:

1. My name is [redacted] I am an inmate at the Mississippi State Penitentiary in Parchman, Mississippi. My MDOC number is [redacted]. I am housed in Unit 30, Building C, Zone A.
2. On or about Thursday April 2, 2020, Superintendent Turner spoke to Building C, Zone A of Unit 30 and stated that on March 26, 2020 we had possibly been exposed to an individual who had been tested for COVID-19 and that Buildings C and D of Unit 30 would be placed on lockdown until April 9, 2020.
3. Between March 26th and April 2nd, men in my building were still going to the dining hall for meals, and inmates from Buildings C and D who worked were still in contact with people in A and B Buildings, the dining hall, and other common areas. We were not in quarantine or lockdown from March 26, 2020 to April 2, 2020.
4. On or about April 2nd or April 3rd, a nurse came to our zone, handed out a flyer explaining the symptoms of COVID-19, and began taking temperatures of all men on our zone. Since that day, we have been given no further information from correctional or medical staff.
5. Building C was on lockdown/quarantine for one week (from April 2, 2020 until April 9, 2020). During that time, I was never issued a mask.

6. We were not given frequent updates about the virus. I was not told that co-pays would be waived for placing a sick call request for virus-related symptoms.
7. I was not told about social distancing in general. Bunks were not rearranged to allow men to social distance. We were not instructed to sleep head to foot, for example. We sleep three feet apart.
8. I did not observe the guards using masks or maintaining social distances at all times. Some guards wore gloves or masks, others did not. Guards in the towers do not wear mask, or would have them pulled away from their face while talking with one another.
9. We were told we would receive two free 5-minute phone calls per week. There are only two working phones in my zone for 108 inmates.
10. Nurses began administering daily temperature checks once per day starting on or about April 2nd or 3rd. At the beginning, one nurse who was taking our temperature was not wearing a mask. Most wore masks and gloves after that. I observed one nurse wearing a protective gown after having not seen the nurse for two to three days.
11. Nurses were utilizing thermometers that had to be placed directly onto our temples. Between each use, I saw nurses wiping the tip of the thermometer with the same alcohol pad multiple times. This happened from April 2 or 3 until April 8th. On April 8th, nurses began using laser thermometers. We did not stand 6 feet apart, and were not told to stand 6 feet apart, in line while waiting for our temperatures to be checked.
12. On April 9, 2020, lockdown was lifted, and we went back to the dining hall that day for meals.
13. On April 9, 2020, my building had mandatory recreation call in the gym on April 9th. My entire zone (108 people) went to the gym for about an hour. Some inmates played basketball

during this time. I observed that the ball was never sanitized and men were in close contact with one another.

14. The hygiene measures that have been implemented to my knowledge in Building C include receiving one (1) bar of Dial soap a few weeks ago. We have received two (2) bars of state-issued soap per week instead of the usual one (1) bar. We were not given Kleenex or paper towels to use. We receive our standard supply toilet paper weekly.
15. No additional cleaning measures were implemented inside the unit. Bunks are never cleaned. Laundry services are still provided but laundry comes back dirty so inmates don't use it often.
16. My rack mate exhibited symptoms of COVID-19 and was taken to Unit 42. I was never asked about symptoms or told to self-isolate by any medical staff even though I was in close proximity with him. His personal belongings were never cleaned or sanitized and remained on his bunk while he was in Unit 42.
17. Everyone on my zone is confined together, and social distancing is not enforced.
18. As an inmate with underling conditions, I have not been provided extra medical attention or checks. Fortunately, I did receive an inhaler for my newly-diagnosed asthma before lockdown began.
19. Other inmates in my zone have had fevers and/or exhibited some symptoms related to COVID-19, but they have not been removed from the zone or otherwise treated besides my rack mate.
20. Nurses do not ask us any questions regarding our condition or welfare while we get our temperature checked. They check it, tell us the temperature, and then leave.
21. I was given a mask right before meeting with my attorneys on April 10, 2020.

22. To my knowledge, no one on my zone has been tested for the flu or for COVID-19.

I declare under penalty of perjury that all of the foregoing is true and correct to the best of my knowledge.

THIS the ___ day of April, 2020.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, *ET AL*. **PLAINTIFFS**

V. **CASE NO. 4:20-CV-007-DMB-JMV**

TOMMY TAYLOR, *ET AL*. **DEFENDANTS**

DECLARATION OF [redacted]

On this the ___ day of April 2020, I hereby declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following statements, based on my personal knowledge, are true and correct:

1. My name is [redacted] I am an inmate at the Mississippi State Penitentiary in Parchman, Mississippi. My MDOC number is [redacted] I am housed in Unit 30, Building C, Zone B.
2. On or about Thursday April 2, 2020, Superintendent Turner spoke to Building C, Zone B of Unit 30 and stated that on March 26, 2020 we had possibly been exposed to an individual who had been tested for COVID-19 and that Buildings C and D of Unit 30 would be placed on lockdown until April 9, 2020.
3. Between March 26th and April 2nd, men in my building were still going to the dining hall for meals, and inmates from Buildings C and D who worked were still in contact with people in A and B Buildings, the dining hall, and other common areas. We were not in quarantine or lockdown from March 26, 2020 to April 2, 2020.
4. On or about April 2nd or April 3rd, a nurse came to our zone, handed out a flyer detailing symptoms of COVID-19, and began taking temperatures of all men on the zone. Since that day, we have received no further information from correctional or medical staff.

5. Building C was on lockdown/quarantine for one week (from April 2, 2020 until April 9, 2020). During that time, I was never issued a mask.
6. Instead, I made a mask out of a t-shirt during quarantine in order to protect myself and others.
7. We were not given any updates about the virus except what we see on the news. It was not emphasized to me that co-pays would be waived for virus-related symptoms.
8. Bunks were not rearranged to allow men to social distance. We were not instructed to sleep head to foot, for example.
9. We were told we would 10 free minutes per week for two phone calls. In zone B, we have three working phones.
10. Intra-prison transfers (from unit to unit or zone to zone) continued during this time. An inmate was transferred to my zone from Building D and was transferred out a week later, for example. This happened mere days before Superintendent Turner told us we had been exposed to someone with COVID-19.
11. I did not observe the guards using masks or maintaining social distances at all times. Some guards wore masks, others did not.
12. Nurses began administering daily temperature checks once per day starting on or about April 2nd or 3rd. Nurses were utilizing thermometers that had to be placed directly onto our temples. On April 8th, nurses began using laser thermometers.
13. We did not stand six feet apart, and were not told to stand six feet apart in line while waiting for our temperatures to be checked.
14. On April 9, 2020, lockdown was lifted. During quarantine, meals were brought to us.

15. On April 9, 2020, my building had mandatory recreation call in the gym on April 9th. My entire zone went to the gym for about an hour. Some inmates played basketball during this time.
16. The hygiene measures that have been implemented to my knowledge in Building C include receiving one (1) bar of Dial soap in the last week of March. We have received two (2) bars of state-issued soap per week instead of the usual one (1) bar. We were not given tissues or paper towels to use.
17. No additional cleaning measures were implemented inside the unit. Bunks are never cleaned unless done so by the inmates. Laundry services are still provided but laundry comes back dirty so inmates don't use it often. There was a special detail of inmates generally cleaning and painting things prior to lockdown, but no extra precautions were taken during lockdown.
18. Other inmates in my zone have had fevers exhibited some symptoms related to COVID-19, but they have not been removed from the zone or otherwise treated.
19. To my knowledge, no one on my zone has been tested for the flu or for COVID-19. Some swabs were done on the final day of lockdown out in the hallway for some of the diabetics, but no one has been told results from these swabs.

I declare under penalty of perjury that all of the foregoing is true and correct to the best of my knowledge.

THIS the ___ day of April, 2020.

EXHIBIT E

On this 10th day of April 2020, I hereby declare:

1. My name is Daniel R. Sullivan. I am a licensed Private Investigator based in Staten Island, New York.

2. I work as a Private Investigator for CTS Research Inc., and the law firm of Maron Marvel Bradley Anderson & Tardy, LLC, (hereinafter MMBAT) located in Jackson, Mississippi.

3. MMBAT has been retained to advocate for the civil liberties of the inmates at the Mississippi State Penitentiary (hereinafter "Parchman") located in Parchman, Mississippi.

4. Over the past two and half months, I traveled to Parchman, Units 29, 30 and 42, with a team of attorneys from MMBAT to interview inmates regarding their living conditions and health care needs.

5. I've appeared at the prison regularly, generally commencing on January 22, 2020 Monday through Friday, until the close of business on Friday March 26, 2020.

6. On Tuesday March 17, 2020 and Wednesday March 18, 2020, I visited Parchman to conduct inmate interviews and was not subject to COVID-19 verbal screening or temperature checks. I specifically asked the MDOC Correctional Officers who were present at the visitor intake unit if I was required to participate in any type of screening for COVD 19 to which the MDOC Correctional Officers responded "no".

7. On Thursday March 19, 2020, I visited Parchman accompanied by MMBAT Attorney G. McMahon to conduct inmate interviews in Unit 29. At 9:50 AM, I was advised by MDOC Correctional Officers assigned to the visitor intake unit that I would be required to be screened for COVID-19. However, I was subject to security checks for contraband and weapons prior to the COVID-19 screening and temperature check. At approximately 10:05 AM, after passing through the security checkpoints, I was instructed to wait for a nurse to administer a

screening and test regarding COVID-19. The MDOC Correctional Officer instructed me to wait due to the nurse having to bring a thermometer from Unit 42 Hospital. At approximately 10:35 AM a female who identified herself as a MDOC nurse who was assigned to Unit 42 arrived at the back part of the visitor center past the metal detector checkpoint. I was instructed to complete an MDOC Medical Questionnaire including my name, date of birth, address, and information regarding travel outside of the United States. The Medical Questionnaire listed symptoms related to COVID-19 that would preclude my admittance to the prison. The Unit 42 nurse took my temperature by contacting the thermometer along with my right temple and advised me that my temperature was within the required marker for entry into the facility. At the time of taking my temperature, the Unit 42 nurse was not wearing a protective face mask. I inquired with the nurse if we would be required to wear a facial mask or gloves and was advised that the MDOC Chief Medical Officer was advising against those guidelines at this point.

8. I personally observed Deputy Commissioner of Institutions Jeworski Mallet be administtered the same COVID-19 screening on March 19, 2020 at the same approximate time. The Unit 42 nurse was not wearing a protectice face mask while administering the screening and temperature check. I expressed our willingness to wear masks and gloves for the protection of all, to which an MDOC staff member replied, "[w]e are not there yet".

9. I was next transported to Unit 29. Upon my arrival to the front entrance no security guards were present. Both the door leading to the building/housing areas and the door to the gymnasium were unlocked. I proceeded to the gymnasium where I observed an MDOC Correcitonal Officer watching approximately 20 or more inmates playing basketball. During my visit to Unit 29, I did not witness any social distancing strategies being implemented by staff or inmates.

10. On Tuesday March 24, 2020, I visited Parchman accompanied by MMBAT Attorney McMahon to conduct inmate interviews in Unit 30. Upon arrival to the visitor intake unit, I observed the men's visitor restroom to be without hand soap, hand sanitizer was not available for visitors, and there was no signage posted regarding COVID-19 or any related screening measures. While at the visitor center, I was advised by an MDOC Correctional Officer that COVID-19 screening would take place after I was checked for contraband and weapons and had passed through the metal detectors.

11. Upon finishing the visitor security checks, both Attorney McMahon and I were driven to the main gate at Parchman by an MDOC Correctional Officer in a marked MDOC van. The MDOC Correctional Officer assigned to the main gate was the only guard present. While at the main gate, the officer conducted searches of vehicles entering the prison grounds while simultaneously performing the COVID-19 screening. Upon completion of a vehicle inspection, the officer asked me to sign my name and write my date of birth in an entry log page contained in a binder. The officer then stated that she had "just learned how to perform the test and was not sure if the batteries were working properly in the thermometer". Without wearing any Personal Protective Equipment ("PPE"), the officer took my temperature by contacting the thermometer with my right temple and I was advised that my temperature was within the MDOC guidelines allowing me to enter Parchman. The officer immediately, without cleaning the thermometer, proceeded to check Attorney McMahon's temperature. The officer did not perform a COVID-19 verbal screening and I was not given a Medical Questionnaire.

12. While at the main gate on March 24, 2020 upon information and belief, I observed approxiamtely 2 to 3 vehicles occupied by MDOC Correctional Officers and/or third-party contractors, drive through the main gate at Parchman with little scrutiny. The MDOC Correctional

officer assigned to the main gate did not administer a COVID-19 verbal screening, Medical Questionnaire, or temperature check to any of the occupants of the vehciles.

13. During my interviews in Unit 30 on March 24, 2020 I did not witness any staff members in Unit 30 utilizing PPE. No social distancing strategies were being implemented by staff or inmates. Inmates steadily traveled to and from the Unit 30 lobby entrance/front desk area and were almost always less than 6 feet apart.

14. On Wednesday March 25, 2020, I visited Parchman accompanied by MMBAT Attorney McMahon to conduct inmate interviews in Unit 29 and Unit 30. Upon arrival to the visitor intake unit, I observed the men's visitor restroom to be without hand soap, no hand sanitizer was available for visitors, and there was no signage posted regarding COVID-19 or any related screening measures. I went through the visitor security checks for contraband and weapons as well as walking through metal detectors. I was then driven to the main gate at Parchman by a MDOC Correctional Officer in a marked MDOC van. The MDOC Correctional Officer at the main gate was the only assigned guard at the gate. While at the main gate, the MDOC Correctional Officer conducted searches of vehicles entering the prison grounds while simultaneously performing the COVID-19 screening. Without wearing any PPE, the officer took my temperature by contacting the thermometer with my right temple and I was advised that my temperature was within the MDOC guidelines allowing me to enter Parchman. The officer immediately, without cleaning the thermometer, proceeded to check Attorney McMahon's temperature. The officer did not perform a COVID-19 verbal screening and I was not given a Medical Questionnaire.

15. While at the main gate on March 25, 2020, upon information and belief, I observed mutliple vehicles occupied by MDOC Correctional Officers and/or third-party contractors, drive through the main gate at Parchman with little scrutiny. The MDOC Correctional officer assigned

to the main gate did not administer a COVID-19 verbal screening, Medical Questionnaire, or temperature check to any of the occupants of the vehciles.

16. At no point during my visit on Wednesday March 25, 2020 did I witness any staff members in Unit 29 or Unit 30 utlizing PPE or implementing social distancing strategies.

Executed on April 10, 2020.

Daniel R Sullivan

Daniel R Sullivan Licensed Private Investigator

EXHIBIT F

On this 10th day of April 2020, I hereby declare:

1. My name is Gregory M. McMahon. I currently live in Chicago, Illinois.

2. I am an Attorney at the law firm of Maron Marvel Bradley Anderson & Tardy, LLC, (hereinafter MMBAT) located in Chicago, Illinois.

3. MMBAT has been retained to advocate for the civil liberties of the inmates at the Mississippi State Penitentiary (hereinafter "Parchman") located in Parchman, Mississippi.

4. Over the past two months, I traveled to Parchman, Units 29 and 30 with private investigators and other attorneys from MMBAT to interview inmates regarding their living conditions and health care needs.

5. I've appeared at the prison regularly, generally commencing on January 22, 2020 Monday through Friday, until the close of business on Friday March 26, 2020.

6. On the morning of Thursday March 19, 2020, I traveled to Parchman to conduct inmate interviews in Unit 29. I was accompanied by Private Investigator Daniel R. Sullivan. After entering the visitor intake unit, I was advised by an MDOC Correctional Officer that I would be required to be screened for COVID-19. After passing through the security checkpoints, I was told to wait for a nurse to administer the screening and test regarding COVID-19. Approximately 30 minutes later, a female identifying herself as a MDOC nurse assigned to Unit 42 arrived at the visitor center. I was required to complete an MDOC Medical Questionnaire including name, date of birth, address and information regarding travel outside of the United States. The Medical Questionnaire listed symptoms related to COVID-19 that would preclude my admittance to the prison. After I completed the questionnaire, the MDOC nurse placed a thermometer to my head, contacting my right temple and informed me my temperature was

within the required marker for entry. The nurse was not wearing a protective face mask of any kind.

7. I observed Deputy Commissioner of Institutions Jeworski Mallet be administtered the same COVID-19 screening on Thursday March 19, 2020 at the same approximate time. The Unit 42 nurse was not wearing a face mask.

8. On Tuesday March 24, 2020 I traveled to Parchman to conduct inmate interviews in Unit 30. I was accompanied by Private Investigator Daniel R. Sullivan. While in the visitor intake unit, the men's visitor restroom did not have hand soap, hand sanitizer was not available, and I did not see any COVID-19 signage. I was advised by an MDOC Correctional Officer that COVID-19 screening would take place after our normal security checks. After completing the security checkpoints, PI Sullivan and I were driven by an MDOC Correctional Officer in an MDOC van to the main gate at Parchman. The MDOC Correctional Officer at the main gate was the only guard present and was also conducting vehicle searches entering the Parchman prison grounds. Upon completion of a vehicle inspection, the officer had me complete an entry into a log page in a binder with my name and date of birth. The Correction Officer commented that she was just taught how to perform the test and was not sure if the batteries for the thermometer were working properly. The officer took PI Sullivan's temperature then immediately without cleaning the thermometer placed the thermometer to my head, contacting my right temple and informed me my temperature was within the required marker for entry. The officer did not ask me any verbal COVID-19 screening questions and the officer was not wearing any Personal Protective Equipment ("PPE").

9. While at the main gate on March 24, 2020, I observed the officer perform multiple vehicle searches, however, no temperature checks or vebal COVID-19 screening was performed.

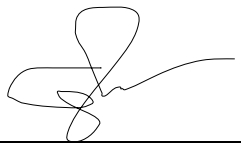
10. After leaving the main gate PI Sullivan and I were driven to Unit 30. While present in Unit 30, I did not see any MDOC staff members wearing PPE. Inmates were constantly passing to and from the Unit 30 front lobby as had normally taken place during my previous visits. I did not witness any social distancing measures being implemented.

11. On Wednesday March 25, 2020 I traveled to Parchman to conduct inmate interviews in Unit 29 and Unit 30. I was accompanied by Private Investigator Daniel R. Sullivan. While in the visitor intake unit, the men's visitor restroom did not have hand soap, hand sanitizer was not available, and I did not see any COVID-19 signage. After completing the standard security checks, PI Sullivan and I were driven by an MDOC Correctional Officer in an MDOC van to the main gate at Parchman. The MDOC Correctional Officer at the main gate was the only guard present and was also conducting vehicle searches entering the Parchman prison grounds. The officer had me complete an entry into a log page in a binder with my name and date of birth. The officer first took PI Sullivan's temperature then immediately, without cleaning the thermometer, placed the thermometer to my head, contacting my right temple and informed me my temperature was within the required marker for entry. The officer did not ask me any verbal COVID-19 screening questions and the officer was not wearing any PPE.

12. While at the main gate on March 25, 2020, I observed the officer perform multiple vehicle searches, however, no temperature checks or vebal COVID-19 screening was performed.

13. After leaving the main gate PI Sullivan and I were driven to Unit 29 and Unit 30. While present in Unit 29 and Unit 30, I did not witness any social distancing measures being utilized or any MDOC staff members wearing PPE.

Executed on April 10, 2020.



Gregory M. McMahon (IL Bar 6278015)

EXHIBIT G

From: **Trey Jones** TJones@brunini.com
Subject: RE: PARCHMAN INFORMATION
Date: April 13, 2020 at 7:00 PM
To: Marcy Croft MCroft@maronmarvel.com, Cody Bailey cbailey@brunini.com, David Kaufman DKaufman@brunini.com, Garrig Shields garrig.shields@shieldsgoodson.com, Carson Thurman cthurman@carrollbufkin.com, KRISSY NOBILE KNOBI@ago.ms.gov, Karen Howell KHowell@brunini.com, Gary Bufkin tgb@carrollbufkin.com, Chan E. McLeod CMcLeod@maronmarvel.com, Molly Walker mmwalker@bradley.com, wmanuel@bradley.com, Leonard Vincent LVINCENT@mdoc.state.ms.us, mbentley@bradley.com

I understand that there has been one confirmed positive Covid-19 test of an inmate at Parchman. The inmate who tested positive has passed away, and the cause of death is undetermined at this time.

Trey

William Trey Jones III
E: mailto:tjones@brunini.com
P: 601-960-6857 F: 601-960-6902

Brunini, Grantham, Grower & Hewes, PLLC
The Pinnacle Building
190 East Capitol St, Suite 100, Jackson, MS 39201
Post Office Drawer 119, Jackson, MS 39205

-----Original Message-----
From: Marcy Croft [mailto:MCroft@maronmarvel.com]
Sent: Monday, April 13, 2020 1:57 PM
To: Cody Bailey; Trey Jones; David Kaufman; Garrig Shields; Carson Thurman; KRISSY NOBILE; Karen Howell; Gary Bufkin; Chan E. McLeod; Molly Walker; wmanuel@bradley.com; Leonard Vincent; mbentley@bradley.com
Subject: PARCHMAN INFORMATION
Importance: High

Counsel: As you know, our additional briefing is due to the Court today. Could you please confirm whether and how many inmates who have been or currently are housed at Parchman: (1) have been tested for COVID_19, (2) tested positive for COVID-19, (3) tested negative for COVID-19, (4) have been/are considered as PUIs (5) have reported/recorded fevers or flu-like/covid-19 symptoms since March 20? Could you please provide the same information with respect to the staff who have been or are currently working at Parchman?

Finally, we are hearing that there was a death in Unit 26 yesterday. Can you confirm or deny that there was another death at Parchman or of another Parchman inmate over the weekend?

We would appreciate a response by COB today to these questions so that our submissions to the Court can be finalized.

Thank you.

- Marcy Croft

Marcy Croft | Attorney at Law
D: 601-960-8630 | mcroft@maronmarvel.com

D: 601-360-8600 | mcroft@maronmarvel.com

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[https://esig365snippets.blob.core.windows.net/images/7E1D9365-6828-4F74-A4BC-9AEFC143F6A8/linkedin-icon.png]
<https://www.linkedin.com/company/maron-marvel-bradley-&-anderson>
[https://esig365snippets.blob.core.windows.net/images/7E1D9365-6828-4F74-A4BC-9AEFC143F6A8/mm-logo.gif]
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<https://www.facebook.com/MaronMarvel/>

_____
From: Cody Bailey [cbailey@brunini.com]
Sent: Wednesday, April 08, 2020 1:27 PM
To: Marcy Croft; Trey Jones; David Kaufman; Garrig Shields; Carson Thurman; KRISSY NOBILE; Karen Howell; Gary Bufkin; Chan E. McLeod; Molly Walker; wmanuel@bradley.com; Leonard Vincent; mbentley@bradley.com
Subject: RE: Wednesday, 4/8/2020, Parchman Client Meetings

Marcy, an officer who has previously worked in Units 30C and 30D reported that he/she was inadvertently exposed to someone with COVID-19 symptoms while the officer was at a location outside of Parchman. Out of an abundance of caution, Parchman placed those two units on quarantine. The 14-day quarantine period ends tomorrow, April 9, and that is why you will be allowed to visit with your clients from those units on Friday, April 10. Please follow all Parchman safety guidelines regarding personal protective equipment for your attorney-client visits. Thank you.

Cody

Cody C. Bailey
E: mailto:cbailey@brunini.com
P: 601-973-8790 F: 601-960-6902

Brunini, Grantham, Grower & Hewes, PLLC
The Pinnacle Building
190 East Capitol St, Suite 100, Jackson, MS 39201
Post Office Drawer 119, Jackson, MS 39205

-----Original Message-----
From: Marcy Croft [mailto:MCroft@maronmarvel.com]

Sent: Wednesday, April 08, 2020 1:23 PM
To: Trey Jones; Cody Bailey; David Kaufman; Garrig Shields; Carson Thurman; KRISSY NOBILE; Karen Howell; Gary Bufkin; Chan E. McLeod; Molly Walker; wmanuel@bradley.com; Leonard Vincent
Subject: Fwd: Wednesday, 4/8/2020, Parchman Client Meetings

Counsel:
Per the email chain below, we were originally approved to see 7 of our clients at Parchman today.

Late yesterday afternoon, however, we were informed things had changed and we could only see 2 of the 7 clients.

The remaining 5 clients, we were told, are in Unit 30 Buildings C&D, and are “unavailable.”

Could you please let us know ASAP why we are not being allowed to see any of our clients in Unit 30, Buildings C&D? This is very disconcerting.

- Marcy Croft

Marcy Croft | Attorney at Law
D: 601-960-8630 | mcroft@maronmarvel.com

bio<https://www.maronmarvel.com/attorneys/Marcy-Croft<https://www.maronmarvel.com/attorneys/Marcy-Croft>> | vcard<https://www.maronmarvel.com/attorneys/Marcy-Croft/vcard<https://www.maronmarvel.com/attorneys/Marcy-Croft/vcard>> | [https://esig365snippets.blob.core.windows.net/images/7E1D9365-6828-4F74-A4BC-9AEFC143F6A8/linkedin-icon.png<https://esig365snippets.blob.core.windows.net/images/7E1D9365-6828-4F74-A4BC-9AEFC143F6A8/linkedin-icon.png>] <https://www.linkedin.com/company/maron-marvel-bradley-&-anderson<https://www.linkedin.com/company/maron-marvel-bradley-&-anderson>>
[https://esig365snippets.blob.core.windows.net/images/7E1D9365-6828-4F74-A4BC-9AEFC143F6A8/mm-logo.gif<https://esig365snippets.blob.core.windows.net/images/7E1D9365-6828-4F74-A4BC-9AEFC143F6A8/mm-logo.gif>]
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Begin forwarded message:

From: Marcy Croft <MCroft@maronmarvel.com>
Date: April 8, 2020 at 8:46:27 AM CDT
To: "Rebekah S. Clayton" <RClayton@maronmarvel.com>
Cc: "McIntyre, Kathryn" <KMcIntyre@mdoc.state.ms.us>, "Hall, Charles" <ChHall@mdoc.state.ms.us>, "McLeod, Gia" <GMcLeod@mdoc.state.ms.us>, Carson Thurman <CThurman@carrollbufkin.com>, "Christi G. Jones" <CJones@maronmarvel.com>, "Hope E. VanEtten" <HVanEtten@maronmarvel.com>, Leonard Vincent <LVINCENT@mdoc.state.ms.us>, Gary Bufkin <tgb@carrollbufkin.com>
Subject: Re: Wednesday, 4/8/2020, Parchman Client Meetings

Hi, Kathy and Leonard: After being approved yesterday to see all seven clients per our normal process, could you please let us know why we now are not being allowed see any of our clients in Unit 30, Buildings C & D? This is very disconcerting.

Thank you.

- Marcy Croft

On Apr 8, 2020, at 8:39 AM, Rebekah S. Clayton <RClayton@maronmarvel.com> wrote:

Rebekah S. Clayton | Attorney at Law
D: 601-973-5991 | rclayton@maronmarvel.com

bio<https://www.maronmarvel.com/attorneys/Rebekah-Clayton<https://www.maronmarvel.com/attorneys/Rebekah-Clayton>> | vcard<https://www.maronmarvel.com/attorneys/Rebekah-Clayton/vcard<https://www.maronmarvel.com/attorneys/Rebekah-Clayton/vcard>> | [https://esig365snippets.blob.core.windows.net/images/7E1D9365-6828-4F74-A4BC-9AEFC143F6A8/linkedin-icon.png<https://esig365snippets.blob.core.windows.net/images/7E1D9365-6828-4F74-A4BC-9AEFC143F6A8/linkedin-icon.png>] <https://www.linkedin.com/company/maron-marvel-bradley-&-anderson<https://www.linkedin.com/company/maron-marvel-bradley-&-anderson>>
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From: Rebekah S. Clayton
Sent: Tuesday, April 7, 2020 4:53 PM
To: 'McIntyre, Kathryn'
Cc: 'Hall, Charles'; 'McLeod, Gia'; Marcy Croft; Carson Thurman; Christi G. Jones; Hope E. VanEtten
Subject: RE: Wednesday, 4/8/2020, Parchman Client Meetings

Kathy,

As a follow-up to our conversation, it is my understanding that we are now only approved to see clients John Barnette and Quincy Johnson tomorrow. As the remaining five clients listed below, housed in C and D buildings, are no longer available to be seen until Friday, 4/10/2020, the team will still plan to meet with Barnette and Johnson tomorrow (4/8/2020).

If I've misunderstood our conversation in any way, please let me know.

Thank you,
Rebekah Clayton

From: Rebekah S. Clayton
Sent: Tuesday, April 7, 2020 3:16 PM
To: 'McIntyre, Kathryn'
Cc: 'Hall, Charles'; 'McLeod, Gia'; Marcy Croft; Carson Thurman; Christi G. Jones; Hope E. VanEtten
Subject: RE: Wednesday, 4/8/2020, Parchman Client Meetings

Hi Kathy,

Thank you for approving the below client meetings for tomorrow, 4/8/2020. The team will go to Unit 42 first, to meet with John Barnette, and then to Unit 30 to meet with the remaining clients. Please let the gate guards know.

Thank you,
Rebekah Clayton

From: Rebekah S. Clayton
Sent: Tuesday, April 7, 2020 11:59 AM
To: 'McIntyre, Kathryn'
Cc: 'Hall, Charles'; 'McLeod, Gia'; Marcy Croft; Carson Thurman; Christi G. Jones; Hope E. VanEtten
Subject: Wednesday, 4/8/2020, Parchman Client Meetings

Hi Kathy,

We would like to see the following clients tomorrow, Wednesday, 4/8/2020.

Antonio Davis MDOC 193095
Christopher Ballard MDOC R3298
Jesse Mccuin MDOC 153950
John Barnett MDOC 131134
John Ware MDOC 39586
Quincy Johnson MDOC L6175
Wilson Hervey MDOC M4911

The following team members will arrive around 9:30am tomorrow morning:

1. Marcy Croft (attorney)

2. Ericson Enger (attorney)

Thank you,
Rebekah Clayton