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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

OAKLAND DIVISION

MARCIANO PLATA, et al., Plaintiffs, **v.** **GAVIN NEWSOM, et al.,** Defendants.	01-cv-01351-JST **DECLARATION OF CONNIE GIPSON IN SUPPORT OF DEFENDANTS' OPPOSITION TO PLAINTIFFS' EMERGENCY MOTION REGARDING PREVENTION AND MANAGEMENT OF COVID-19**

I, Connie Gipson, declare:

1. I am employed by the California Department of Corrections and Rehabilitation (CDCR) as the Director of CDCR's Division of Adult Institutions. This declaration supplements

the declaration that I provided in the *Three Judge Panel* on March 31, 2020 (ECF No. 3240). I provide it to update the Court and the Parties on additional, new, or modified measures that CDCR has implemented since my prior declaration to prevent the spread of COVID-19 in CDCR's institutions and to explain CDCR's response action plan if an outbreak occurs. A true and correct copy of my previous declaration (ECF No. 3240) is attached hereto as Exhibit A.

2. In my last declaration I discussed the activation of the Department Operations Center (DOC), which is a centrally located command center where CDCR and California Correctional Health Care Services experts monitor information, prepare for known and unknown events, and exchange information centrally in order to make decisions and provide guidance quickly in response to the COVID-19 situation. The DOC continues to function well and to accomplish various important tasks. For example, the DOC worked with the California Prison Industry Authority to coordinate the manufacture and distribution of face masks. DOC has also assisted in the acquisition of cots and bedding that can be used in the gymnasiums. And DOC has continued to develop plans to deal with staffing issues that could arise as a result of COVID-19, including by reaching out to retired staff and compiling a list of staff who are willing to transfer to prisons in need of assistance.

3. In my last declaration I discussed CDCR's Pandemic Operational Guidelines and the various levels of operational conditions that they describe. Those guidelines remain unchanged. And based on current staffing levels and conditions throughout the system, the institutions continue to operate under the guidelines at the Bravo operational level. The Bravo operational level mandates increased modifications to program activities, transportation, and population to minimize exposure, to address isolation situations and quarantines, and to address staff limitations impacting daily operations.

Updates on CDCR's and CCHCS's Preventative Measures

4. Since my last declaration, CDCR has continued to assess the situation in the institutions and has modified some of the previous measures and added several new measures to prevent outbreaks and the spread of COVID 19 in the prisons. Those new or modified measures include:

a. On March 31, 2020, CDCR announced an expedited release plan to improve the institutions' capacity to respond to the threat posed by COVID-19 by accelerating the release of eligible inmates who had 60 days or less to serve on their sentences and are not (1) currently serving time for a violent crime as defined by law, (2) a person required to register as a sex offender under Penal Code section 290, or (3) a person serving time for a domestic violence offense. In total, CDCR anticipates releasing 3,496 inmates under this accelerated release plan. On April 3, 2020, CDCR began releasing inmates under this plan. As of the end of day on April 12, 2020, a total of 3,418 inmates have been released from institutions across the system. CDCR anticipates that the releases will be completed on April 13, 2020.

b. On April 7, 2020, I issued a memorandum implementing a mandatory 14-day statewide modified program to reduce staff and inmate exposure to COVID 19. The purpose of this modified program is to prevent opportunities for the spread of COVID-19 and to protect the health and safety of inmates and staff. The memorandum provides direction regarding how movement will occur within the institution to (1) maximize social distancing, (2) prevent inmates in different housing units from mixing, (3) reduce yard and dayroom capacity to facilitate social distancing, and (4) detail the provision of phone calls, canteen, education, and other programs. While these restrictive measures are mandatory, the incarcerated population will still have access to medication, mental health and medical care services, yard time, packages, and cell-front religious programming. Attached as Exhibit B is a true and correct copy of the memorandum.

c. All institutions have placed markings on the floor in communal areas marking six feet between each space. These markings were placed in the housing units near kiosks and telephones, and on the yard for medication pass. They serve as prompts and reminders for inmates to maintain physical distance from others as they wait for services in these areas. Attached as Exhibit C are true and correct pictures of these markings at various institutions.

d. Inmate transfers have been sharply reduced to only allow essential movement in and out of the institutions. This has occurred with coordination between the Division of Adult Institutions, the Statewide Mental Health Program, and California Correctional Health Care Services. For example, starting on April 7, 2020, transfers from Reception Centers have been

suspended through April 22, 2020. Any transfers that are required are conducted in a manner that maintains social distancing for both staff and inmates.

e. To improve physical distancing in dorms, CDCR developed and implemented a plan to transfer some inmates from the dorms to available spaces throughout the prisons. As described below, a number of those planned transfers have already been completed.

f. CDCR is also currently assessing whether there is additional space within the institutions that may be used to house inmates, such as gymnasiums. Those spaces must first be approved by the State Fire Marshal to be used as housing. Further, cots must be purchased and the staffing needs for each location must be assessed so that the Division of Adult Institutions can ensure that safety and security will be maintained and that inmates' essential needs can be met. At this time, nineteen potential sites have been identified and about 600 cots have already been procured. To date, the State Fire Marshal has approved occupancy for twelve gymnasiums and two visiting rooms located at Mule Creek State Prison, Central California Women's Facility, Pleasant Valley State Prison, Salinas Valley State Prison, San Quentin State Prison, California State Prison – Solano, and California State Prison – Los Angeles County. CDCR is continuing to determine how these spaces might be used to improve physical distancing.

g. CDCR has continued to provide information and education to inmates regarding COVID-19 and CDCR's efforts to prevent its spread. Video message updates are provided to inmates via the institution television network, and senior correctional staff have been instructed to meet with their respective Inmate Advisory Councils, either individually or in small groups where social distancing can be maintained, at each institution to ensure the inmates are getting important information about COVID-19.

h. The California Prison Industry Authority has begun producing hand sanitizer for use by both staff and the incarcerated population, both alcohol and alcohol-free. CALPIA has also started producing reusable cloth barrier masks to meet some of the supply needs of staff and inmates. As of April 10, 2020, CALPIA is producing about 22,000 barrier masks per day, and has begun distributing the masks to the institutions for both staff and inmate use.

Dorm Transfer Plans and the Receiver's April 10 Memorandum

5. As discussed above, CDCR developed a plan, to transfer inmates from some of the dorms to available space in other prison to create more space and to allow greater physical distancing in the dorms. The plan contemplated transferring inmates from dorms in Chuckawalla Valley State Prison, Substance Abuse Treatment Facility, California Rehabilitation Center, Folsom State Prison B Facility, California State Prison – Solano, California Correctional Center, and Sierra Conservation Center. The Receiver was fully apprised of these plans.

6. As of April 11, 2020, the following planned transfers were completed:

- 150 inmates from Chuckawala Valley State Prison to Ironwood State Prison (A4);
- 150 inmates from Chuckawala Valley State Prison to Ironwood State Prison (A5);
- 100 inmates from Substance Abuse Treatment Facility to CSP Corcoran;
- 52 inmates from California Correctional Center to camps;
- 143 inmates from Sierra Conservation Center to camps; and
- 43 inmates from Folsom State Prison B Facility to Female Community Reentry Facility;

7. The remaining transfers, which are in various stages of completion, should be completed by Thursday, April 16. The remaining planned transfers are:

- 57 inmates from Chuckawalla Valley State Prison to CSP Corcoran;
- 361 inmates from California Rehabilitation Center to CSP Corcoran; and
- 226 inmates from CSP Solano to Deuel Vocational Institution;

8. On April 10, 2020, the Receiver and CCHCS issued a memorandum that placed restrictions on transfers of inmates. That memorandum is attached as Exhibit M to the Declaration of Secretary Diaz in support of Defendants' opposition to Plaintiffs' emergency motion. The Receiver's memorandum prohibits CDCR from authorizing or undertaking transfers of inmates between institutions without first obtaining approval from the Health Care Placement Oversight Program and the California Correctional Health Care Services' public health team. Accordingly, CDCR will continue to work closely with the Receiver to obtain approval for any additional dorm transfers.

9. The April 10 memorandum also set forth a plan to achieve better social distancing in the prisons and explained that the Receiver has determined that necessary social distancing can be achieved in dorms by creating eight-person housing cohorts. Accordingly, CDCR is evaluating the feasibility of creating social-distancing cohorts in the dorms that would each be separated from other pods by at least six feet. As the Receiver's memorandum noted, these "social-distancing cohorts" would be analogous to family units in communities.

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

Executed on April 13, 2020, in Sacramento, California.

/s/ Connie Gibson

CONNIE GIPSON
(Original signature retained by counsel)

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Exhibit A

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UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

AND THE NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT COMPOSED OF THREE UDGES

PURSUANT TO SECTION , TITLE UNITED STATES CODE

RALPH COLEMAN, et. al., Plaintiffs, v. GAVIN NEWSOM, et al., Defendants.	CASE NO. 2:90-cv-00520-KJM-DB **THREE- UDGE COURT**
MARCIANO PLATA, et al., Plaintiffs, v. GAVIN NEWSOM, et al., Defendants.	CASE NO. C01-1351 JST **THREE- UDGE COURT** **DECLARATION OF CONNIE GIPSON IN SUPPORT OF DEFENDANTS' OPPOSITION TO PLAINTIFFS' EMERGENCY MOTION TO MODIFY POPULATION REDUCTION ORDER**

I, Connie Gipson, declare:

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

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

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

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

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

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

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

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

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

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

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

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

CDCR's and CCHCS's Preventative Measures

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

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

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

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

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

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

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

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

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

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

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

i. Chuckawalla Valley State Prison will move 100-150 inmates next door to Ironwood State Prison Facility A, Building 5; and

ii. California Substance Abuse Treatment Facility and State Prison and the California Rehabilitation Center will each relocate 192 inmates (*i.e.,* a total of 384 inmates) to CSP-Corcoran, Building 4B.

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

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

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

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

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

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

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

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

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

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

CDCR's and CCHCS's Out rea Mana ement Plans

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

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

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

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

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

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

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

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

/S/
CONNIE GIPSON

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

EXHIBIT A

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition Normal (OPCON) Core Functions	Category	Operation	Triggering Event
Operations	Safety Security	Normal	• Able to sustain normal operations and perform all Non-essential and Essential Functions
	Feeding	Normal	
	Medication	Normal	
	Health Care Access	Normal	
	Mental Health Care	Normal	
	Showers	Normal	
	Committee's	Normal	
Program Activities	Mail	Normal	
	Visiting	Normal	
	Education	Normal	
	Vocation	Normal	
	Religious Services	Normal	
	Self-Help	Normal	
	Yard Activity	Normal	
	Dayroom Activity	Normal	
	Volunteers/Contractors	Normal	
Privileges	Phone calls	Normal	
	Canteen	Normal	
	Packages	Normal	
	In-cell Activities	Normal	
Population/Transportation	Intra-facility Transfers	Normal	
	RC Processing	Normal	
	Out to Court	Normal	
	Medical Guarding Transportation	Normal	

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition – Alpha (OPCON) Core Functions	Category	Operation	Triggering Event:
Operations	Safety Security	Normal	• Some modifications to Program Activities Modification to Program Activities/Transportation and population to minimize exposure or to address staff limitations which may occur in any discipline (custody, non custody, health care, mental health, etc) impacting daily operation. • Custody Staffing levels between 80-89% of authorized posts filled. As workload is shed, use custody resources as overtime avoidance.
	Feeding	Normal	
	Medication	Normal	
	Health Care Access	Normal	
	Mental Health	Normal	
	Showers	Normal	
	Committee's	Normal increasing social distancing	
Program Activities	Mail	Normal	
	Visiting	May be cancelled or reduced	
	Education	May be cancelled or reduced	
	Vocation	May be cancelled or reduced	
	Religious Services	May be cancelled or reduced. May become in unit roving support	
	Self-Help	May be cancelled or reduced. May become in unit roving support	
	Yard Activity	Normal	
	Dayroom Activity	Normal	
	Volunteers/Contractors	May be cancelled or reduced	
Privileges	Phone calls	Normal	
	Canteen	Normal	
	Packages	Normal	
	In-cell Activities	Normal	
	Intra-facility Transfers	Select Transfer jurisdictions identified for closure	
Population/Transportation	RC Processing	Cluster incoming from County. Possible reduced intake or closure of intake as directed by health care.	
	Out to Court	Normal	
	Medical Guarding Transportation	Emergent/Urgent Continues some routine appointments may be cancelled.	

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition – Bravo (OPCON) Core Functions	Category	Operation	Triggering Event:
Operations	Safety Security	Normal	• Increased Modification to Program Activities/Transportation and Population to minimize exposure and/or to address isolation /quarantines and/or to address some staff limitations in any discipline (custody, non custody health care, mental health, etc) impacting daily operations. • Custody staffing level between 70-79% of authorized posts filled. As Workload is shed, use custody resources as overtime avoidance.
	Feeding	Increase Social Distancing /May cell feed.	
	Medication	Evaluate staffing availability and needs of health care. Some instances of cell front or podium distribution as directed by local health care.	
	Health Care Access	Appointments completed as directed by Health Care (Refer to Clinical Operations Plan)	
	Mental Health Care	Mental Health Groups and one on ones completed as directed by Mental Health (Refer to Mental Health Emergency Plan)	
	Showers	Normal	
	Committee's	Normal increasing social distancing	
Program Activities	Mail	Normal	
	Visiting	Cancelled	
	Education	Cancelled	
	Vocation	Cancelled	
	Religious Services	Cancelled. Provide roving support	
	Self-Help	Cancelled	
	Yard Activity	Reduce by 50%	
	Dayroom Activity	Reduced by 50%	
	Volunteers/Contractors	Cancelled	
Privileges	Phone calls	Normal	
	Canteen	Normal	
	Packages	Normal	
	In-cell Activities	Normal	
Population/Transportation	Intra-facility Transfers	Select Transfer types may be stopped	
	RC Processing	Cluster incoming from County. Possible reduced intake or closure of intake as directed by health care	
	Out to Court	Check local jurisdictions for closure	
	Medical Guarding Transportation	Emergent/Urgent Continues some routine appointments may be cancelled.	

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition – Charlie (OPCON) Core Functions	Category	Operation	Triggering Event:
Operations	Safety Security	Normal	• Significant Modifications to Program Activities/ Transportation and Population/Core Functions due to increased mitigation measures to minimize exposures and/or isolations/ quarantines and/or to address increased staff limitations in any discipline (custody, non custody, health care, mental health, etc) impacting daily operation. • Staffing level between 60-69% of authorized posts filled. • Custody resources focused on core essential operations in priority. • Use Peace Officer resources in the institution to perform essential duties such as counselors assisting with CO duties. • Use custody resources from Statewide Transportation Unit to assist with vacancies as available. • Identify additional strike team resources for custody and shift schedule changes needed to maximize resources.
	Feeding	Cell feeding only due to limited custody staff resources	
	Medication	Continue best method based on staff resource availability as directed by Health Care. May increase instances of cell front or podium distribution by local health care	
	Health Care Access	Urgent (Refer to Clinical Operations Plan)	
	Mental Health Care	Mental Health Groups and one on ones completed as directed by Mental Health (Refer to Mental Health Emergency Plan)	
	Showers	Normal	
	Committee's	Normal increasing social distancing	
Program Activities	Mail	Normal	
	Visiting	Cancelled	
	Education	Cancelled	
	Vocation	Cancelled	
	Religious Services	Cancelled. Provide roving support	
	Self-Help	Cancelled	
	Yard Activity	Reduce by 50%	
	Dayroom Activity	Reduced by 50%	
	Volunteers/ Contractors	Cancelled	
Privileges	Phone calls	Normal	
	Canteen	Normal	
	Packages	Normal	
	In-cell Activities	Consider increases to include: 1) reading material 2) activities 3) TV, Radio, Tablet Access (if possible)	
Population/Transportation	Intra-facility Transfers	Select Transfer types may be stopped	
	RC Processing	Cluster incoming from County. Possible reduced intake or closure of intake as directed by health care	
	Out to Court	Check local jurisdictions for closure	
	Medical Guarding Transportation	Emergent/Urgent Continues some routine appointments may be cancelled as directed by health care.	

Division of Adult Institutions Pandemic Operation Guidelines

Operational Condition-Delta (OPCON) Core Functions	Category	Operation	Triggering Event
Operations	Safety Security	Normal	• Extensive Modifications to Program Activities/ Transportation and Population/Core Functions due to mitigation efforts to minimize exposure and/or increased isolation/quarantine and/or increased staff limitations in any discipline (custody, non custody, health care, mental health, etc) impacting daily operation. • Extensive custody vacancies resulting in minimal custody staffing levels. Staffing level between 59-50% or below of authorized post filled. • Custody resources focused only on the most critical functions in priority order. • Possible shift modifications to maximize resources available. • All available Peace Officers performing core most critical essential duties (Counselors, Management, etc.). • All available non-custody perform any identified essential functions as appropriate such as feeding, delivering mail, etc. • Use strike team resources identified to include neighboring institutions, other identified institution staff, Statewide
	Feeding	Cell feeding only due to limited custody staff resources	
	Medication	Best method of efficiency as determined by health care (may include cell front or podium pass)	
	Health Care Access	Only Urgent/Emergent as determined by health care (Refer to Clinical Operations Plan)	
	Mental Health Care	Cancelled groups/one on ones due to lack of custody staff. MH cell front only unless urgent/emergent (Refer to Mental Health Emergency Plan)	
	Showers	In the event of extreme staff shortages, may be reduced/cancelled only for the duration required due to extreme custody staff shortages	
	Committee's	Cancelled except for extreme urgency	
Program Activities	Mail	May be delayed due to staff shortages	
	Visiting	Cancelled	
	Education	Cancelled	
	Vocation	Cancelled	
	Religious Services	Cancelled	
	Self-Help	Cancelled	
	Yard Activity	Cancelled	
	Dayroom Activity	Cancelled	
	Volunteers/ Contractors	Cancelled	
Privileges	Phone calls	May be reduced/cancelled due to staff shortages	
	Canteen	Only essential items and delivery may be delayed due to staff or inventory shortages. May be cancelled in extreme circumstances.	
	Packages	May be reduced based on availability of staff to process	
	In-cell Activities	Provide increased 1) reading material 2) activities 3) TV, Radio, Tablet Access (if possible)	

Division of Adult Institutions Pandemic Operation Guidelines

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

Key Components to DAI Pandemic Operation Guidelines:

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

EXHIBIT B

EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

EXECUTIVE ORDER N-36-20

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

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

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

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

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

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

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

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

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

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

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

IT IS HEREBY ORDERED THAT:

1. To protect the health, safety, and welfare of inmates in the custody of CDCR and staff who work in the facilities, I direct the Secretary of CDCR to use his emergency authority under California Penal Code section 2900(b) to suspend intake into state facilities for 30 days by directing that all persons convicted of felonies shall be received, detained, or housed in the jail or other facility currently detaining or housing them for that period. Consistent with California Penal Code section 2900(b), the time during which such person is housed in the jail or other facility shall be computed as part of the term of judgment. I further order the Secretary to suspend intake into Division of Juvenile Justice (DJJ) facilities for 30 days. To the extent that any statutory or other provisions require DJJ to accept new juveniles into its facilities, such provisions are waived or suspended. The Secretary may grant one or more 30-day extensions of the suspension of intake or commitment if suspension continues to be necessary to protect the health, safety, and welfare of inmates and juveniles in CDCR's custody and staff who work in the facilities.

2. The Board of Parole Hearings is directed to develop a process for conducting parole hearings by videoconference and shall confer with stakeholders in developing this process. The Board of Parole Hearings shall endeavor to make parole hearings conducted via videoconference accessible to all participants specified in the Penal Code and the California Code of Regulations. This process shall be operational no later than April 13, 2020.

3. To protect the health and welfare of inmates, hearing board officers, inmates' counsel, victims and their representatives, and representatives of the people, the Board of Parole Hearings is directed to cease conducting in-person parole hearings for 60 days and shall postpone any scheduled parole hearings until April 13, 2020, or an earlier date at which it is able to accommodate conducting parole hearings by video conference. The Secretary may grant one or more 30-day extensions of the prohibition on in-person parole hearings if it continues to be necessary to protect the health, safety, and welfare of inmates in CDCR's custody, staff who work in the facilities, hearing officers, victims and their representatives, and representatives of the people.

4. For the next 60 days, and for the term of any extensions, inmates scheduled for a parole hearing can elect to continue with their timely parole hearing by videoconference, to accept a postponement of their parole hearing, or to waive their hearing.
    a. Any parole hearing postponed under this provision shall be rescheduled for the earliest practicable date.

    b. All rights for all participants delineated by state law will be applied to hearings postponed and rescheduled.

    c. To the extent that an inmate is required to show good cause to waive or postpone his or her hearing under California Code of Regulations, title 15, section 2253, subdivisions (b)(3) and (d)(2), such requirements are suspended for the next 60 days, and for the term of any extensions.

5. For the next 60 days, and for the term of any extensions, to the extent that any law or regulation gives any person the right to be present at a parole hearing, that right is satisfied by the opportunity to appear by videoconference. Specifically:
    a. For inmates who choose to go forward with their parole hearing by videoconference during the next 60 days, and during the term of any extensions, the inmate's right to be present and to meet with a Board of Parole Hearing's panel under Penal Code sections 3041, subdivision (a)(2), 3041.5, subdivision (a)(2), and California Code of Regulations, title 15, section 2247, is satisfied by appearance through videoconference.

    b. For inmates who choose to go forward with their parole hearing by videoconference during the next 60 days, and during the term of any extensions, Penal Code section 3041.7 and California Code of Regulations, title 15, section 2256, which provide that an inmate has the right to be represented by an attorney at parole hearings, will be satisfied by the attorney appearing by videoconference and by providing for privileged teleconferencing between the inmate and attorney immediately before and during the hearing. Such inmates will also be provided reasonable time and opportunity for privileged communications by telephone with their retained or appointed counsel prior to the hearing at no charge to either party.

    c. For hearings conducted by videoconference during the next 60 days, and during the term of any extensions, the right of victims, victims' next of kin, members of the victims' family and victims' representatives to be present at a parole hearing will be satisfied by the opportunity to appear by videoconference, teleconference, or by written or electronically recorded statement, consistent with California Constitution, Article I, section 28, subdivision (b)(7), Penal Code section 3043, subdivision (b)(1) and California Code of Regulations, title 15, section 2029, and as provided in Penal Code sections 3043.2 and 3043.25.

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

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

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

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

GAVIN NEWSOM
Governor of California

ATTEST:

ALEX PADILLA
Secretary of State

EXHIBIT C

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

MEMORANDUM

Date:	March 26, 2020
To:	California Department of Corrections and Rehabilitation (CDCR) All Staff California Correctional Health Care Services (CCHCS) All Staff
From:	*Original Signed By* Connie Gipson Director, Division of Adult Institutions California Department of Corrections and Rehabilitation *Original Signed By* Barbara Barney-Knox, MBA, MA, BSN, RN Deputy Director of Nursing (A), Statewide Chief Nurse Executive (A) California Correctional Health Care Services *Original Signed By* Heather C. Bowlds Psy.D. Deputy Director Department of Corrections & Rehabilitation Juvenile Justice, Health Care Services
Subject:	**NOVEL CORONAVIRUS DISEASE 2019 (COVID-19) and INFLUENZA-LIKE-ILLNESS FACILITY ENTRANCE SCREENING**

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

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

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

MEMORANDUM

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

- This screening shall include 1 and 2 below:

  1. Symptom questions:
     - Do you have a new or worsening cough?
     - Do you have a fever?
     - Do you have new or worsening difficulty breathing?

  2. Temperature measurement

Staff performing temperature screening shall use the following recommendations:

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

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

Exhibit B

State of California Department of Corrections and Rehabilitation

Memorandum

Date: April 7, 2020

To: Associate Director, Division of Adult Institutions
Wardens

Subject: **REVISED COVID-19 MANDATORY 14-DAY MODIFIED PROGRAM**

The California Department of Corrections and Rehabilitation's priority is to protect the health and well-being of our staff and the offender population as well as providing a safe environment. The purpose of the memorandum is to reduce staff and inmate exposure to the coronavirus (COVID-19) by increasing more restrictive measures.

Effective Wednesday, April 8, 2020, all institutions will implement a mandatory 14-day modified program. Each institution will be responsible for either creating or amending their current Program Status Report taking all of the following information into consideration:

- The entire institution will be affected, except for Restricted Housing Units, Correctional Treatment Centers, and Psychiatric Inpatient Programs, etc.
- Movement will be via escort - maintain increased social distancing unless security would dictate otherwise (i.e. Administrative Segregation Unit placement). Movement will be in such a fashion as to not mix inmates from one housing unit with another housing unit.
- Feeding – Cell feeding or one housing unit at a time, maintaining social distancing and disinfecting tables between each use
- Ducats – priority only – includes mental health groups and individual clinical contacts
- Visiting – none
- Family visiting – none
- Legal visits – urgent/emergency, via telephone or video conference where available. Board of Parole Hearings will continue with attorney contacts as required
- Workers – critical and porters
- Showers – maintain distancing and disinfect between each use
- Health care services - conduct rounds in housing units
- Medication(s) distribution – Wardens, please work with your CEO's to establish a process, recommend if cell feeding, medication line is conducted within the unit. If doing controlled feeding within the dining halls, utilize medication windows on the yard
- Law Library – PLU or paging option while maintaining social distancing in library
- Dayroom – numbers need to be reduced to allow for increased social distancing which may result in no dayroom activities if unable to maintain social distancing numbers to accommodate showers and phones

- Recreation - One housing unit/dorm at a time
- Canteen is permitted – if unable to accommodate during scheduled yard time facilitate delivery method
- Packages are permitted
- Phone calls are permitted - disinfect between each use
- Religious programs shall be cell front or deliver materials to housing unit/dorm/cells
- Educational materials to be provided either cell front or to dorm
- Request for Health Care Services Forms, CDCR-Form 7362, will be distributed and picked up in the housing units by staff

During this time, I would like to see our Community Resource Managers and Education Department facilitate the delivery of increased games, program materials, reading books, or other items to the housing units. Housing unit/dorm officers and supervisors are expected to conduct additional rounds and spot checks of inmates in an effort to reduce self-harm and/or suicide attempts.

All institutions will be required to provide a copy of their Program Status Report, Part-A, to their respective Associate Director each day for this 14-day period. Institutions are expected to brief staff and inmate advisory committees on this directive as this modified program is currently only slated to be in effect for 14-days, through April 21, 2020.

During the past couple of weeks there have been some best practices coming forward that I would like to see implemented or considered such as placing markers on the ground in six foot intervals as a reminder for staff and inmates to maintain social distancing, and the placement of acrylic glass (e.g. Plexiglas) at staff entrances as a barrier between the screener and the person entering the prison.

Thank you for you continued efforts in managing this COVID-19 event. If you have any additional questions, please contact your respective Associate Director.

CONNIE GIPSON
Director
Division of Adult Institutions

cc: Kimberly Seibel
Patrice Davis
Justin Penney

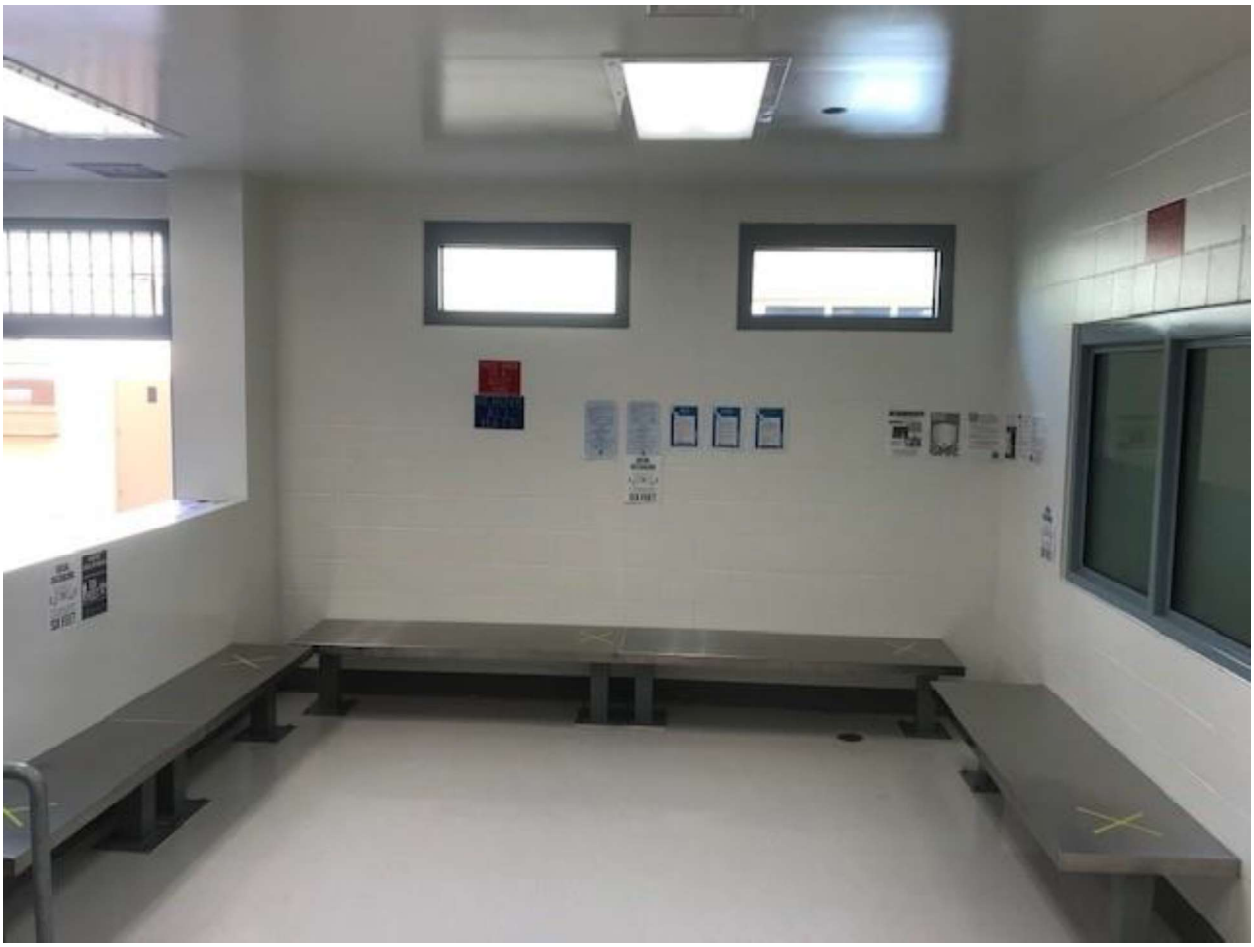
Exhibit C

Pictures of Social Distancin Mar in s at CDCR Institutions

Richard J. Donovan Correctional Facility

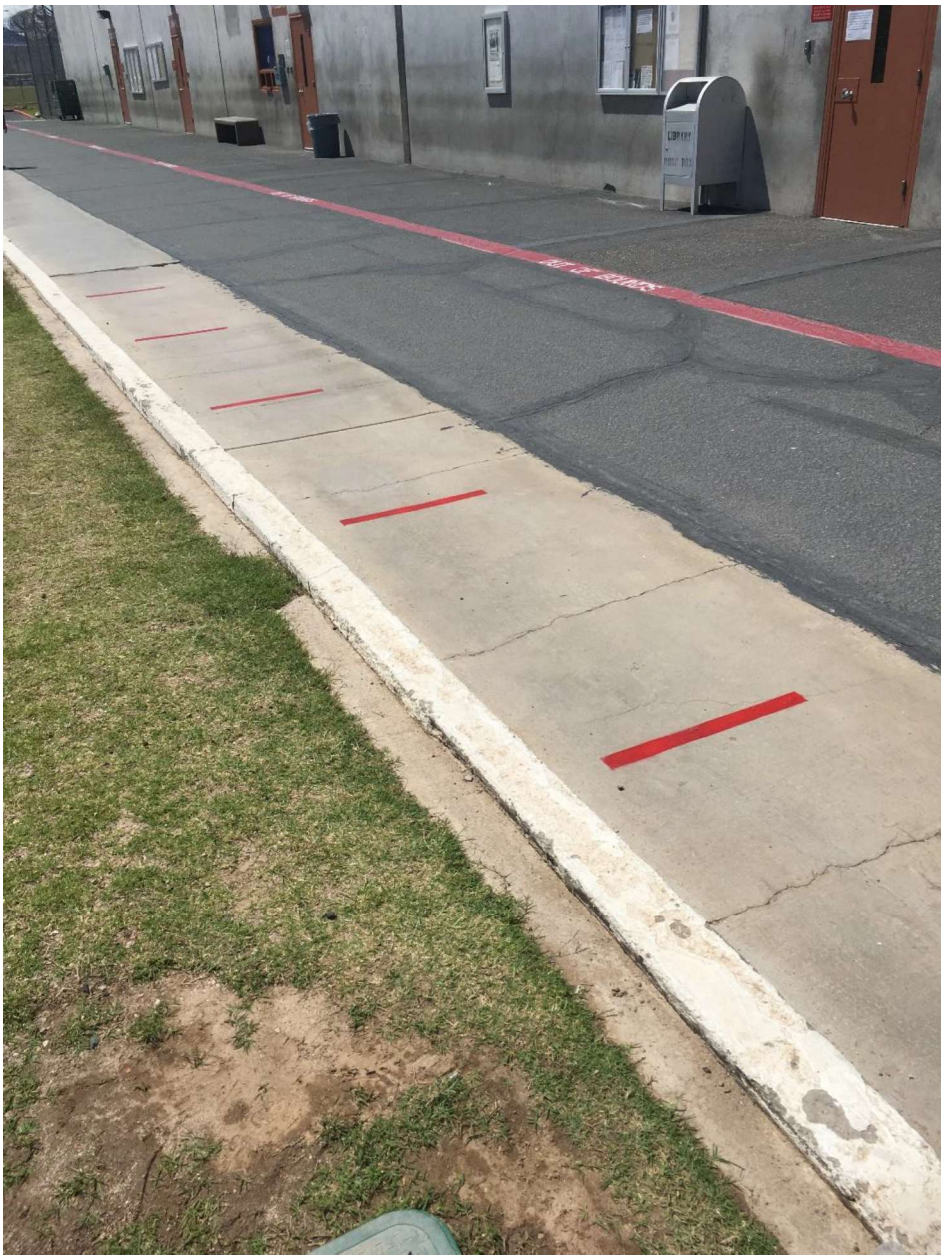
Richard J. Donovan Correctional Facility

California Men's Colony- East Clinic Waiting Area



California Correctional Institution- Facility C

Chuckawalla Valley State Prison



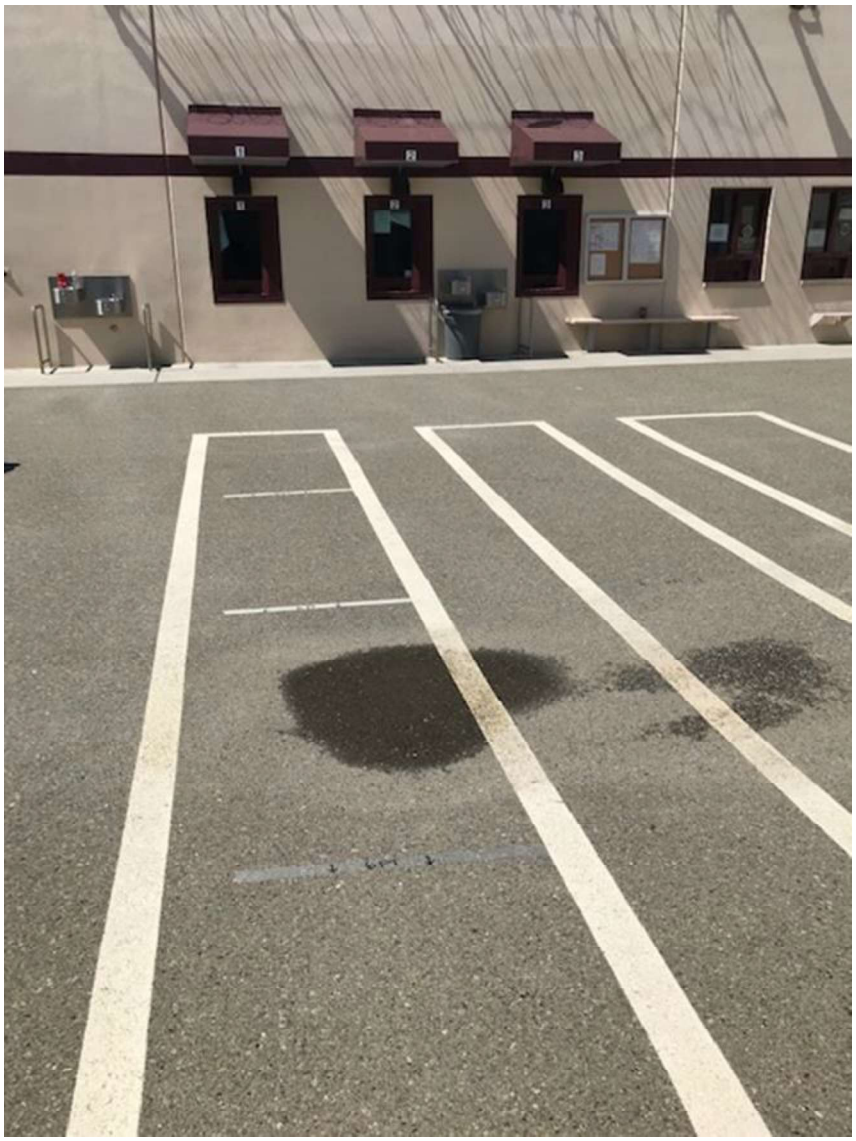
Salinas Valley State Prison- Facility D

Salinas Valley State Prison- Facility D

California Institution for Women

Central California Women's Facility

California Substance Abuse Treatment Facility and State Prison, Corcoran



California Substance Abuse Treatment Facility and State Prison, Corcoran