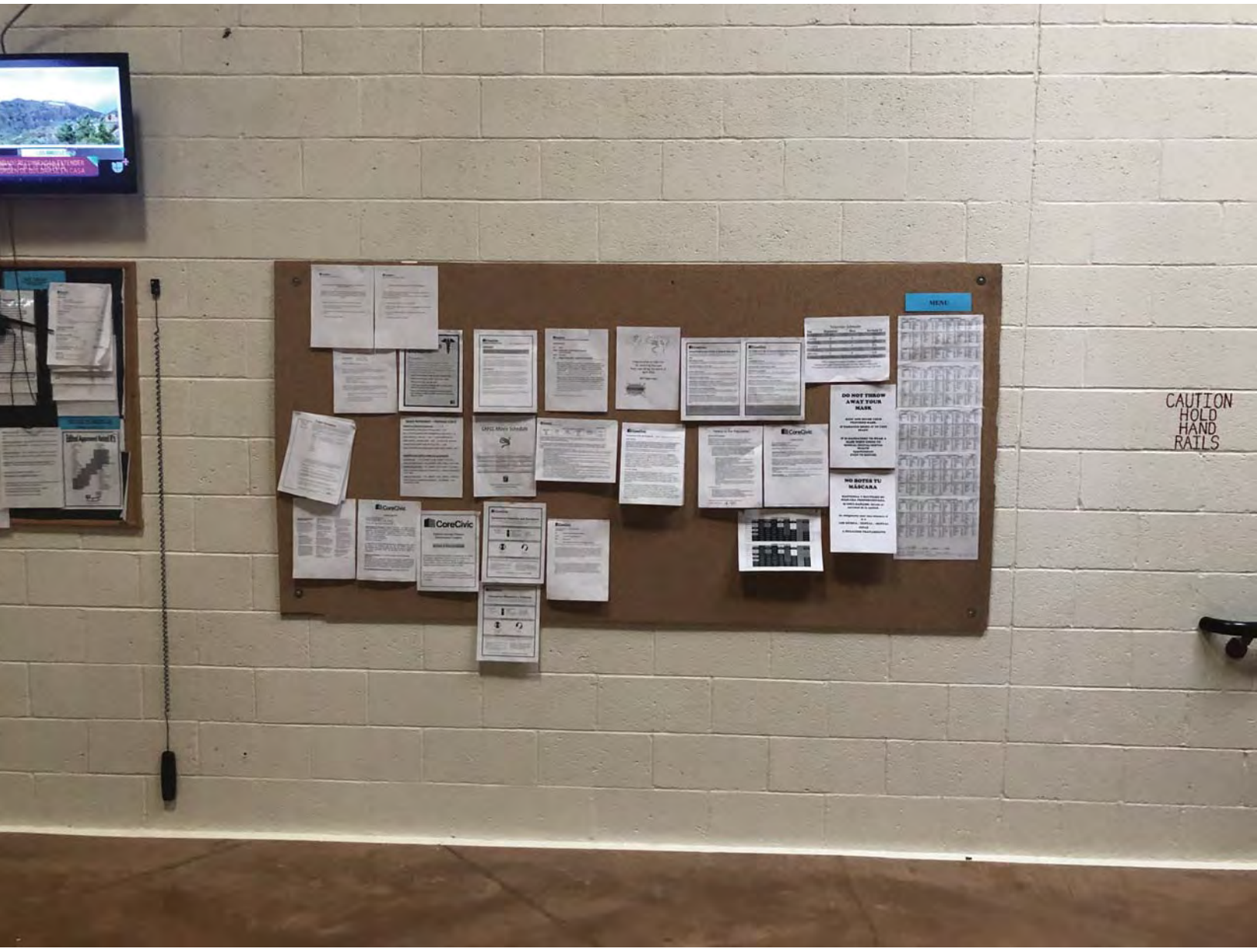
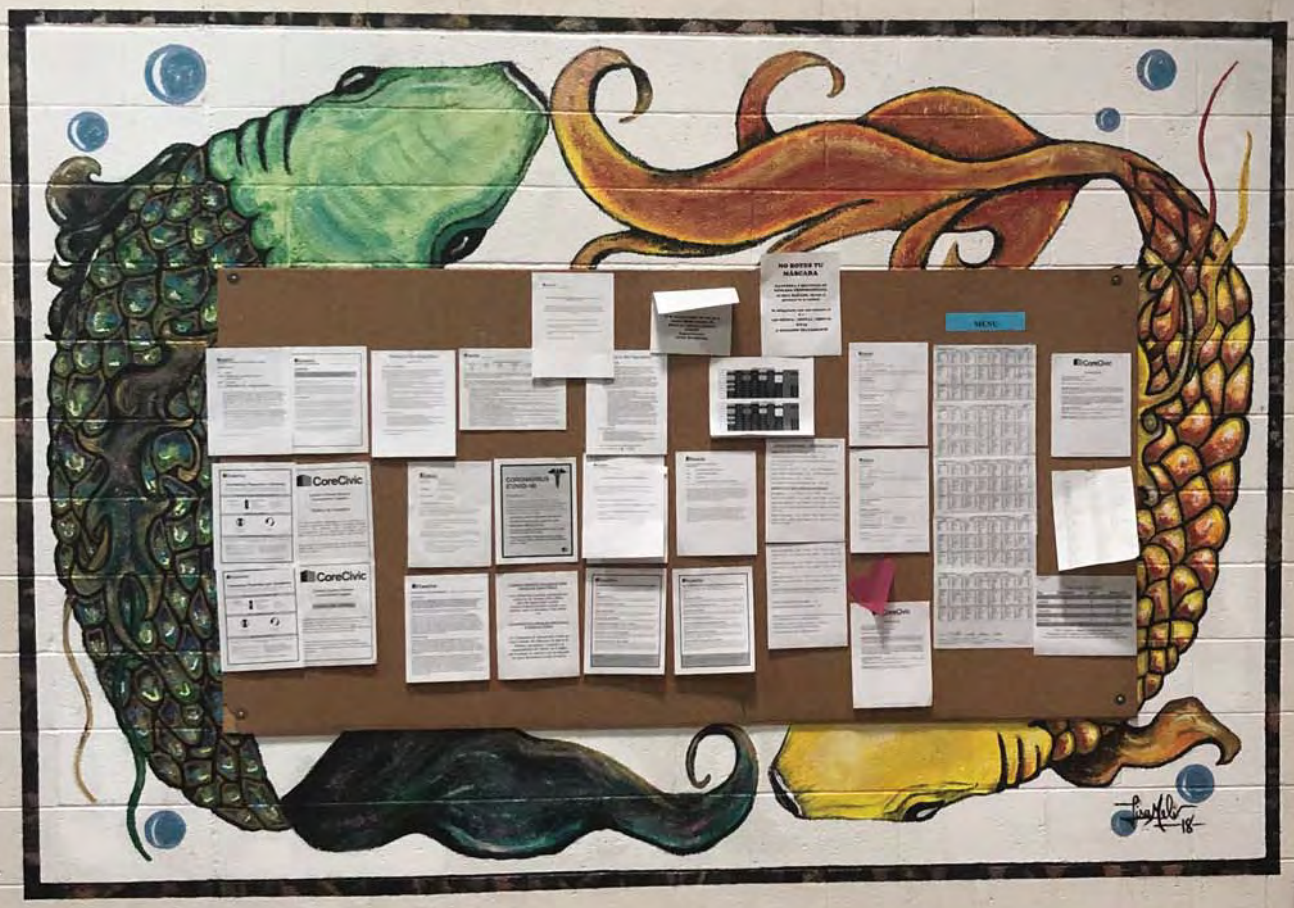
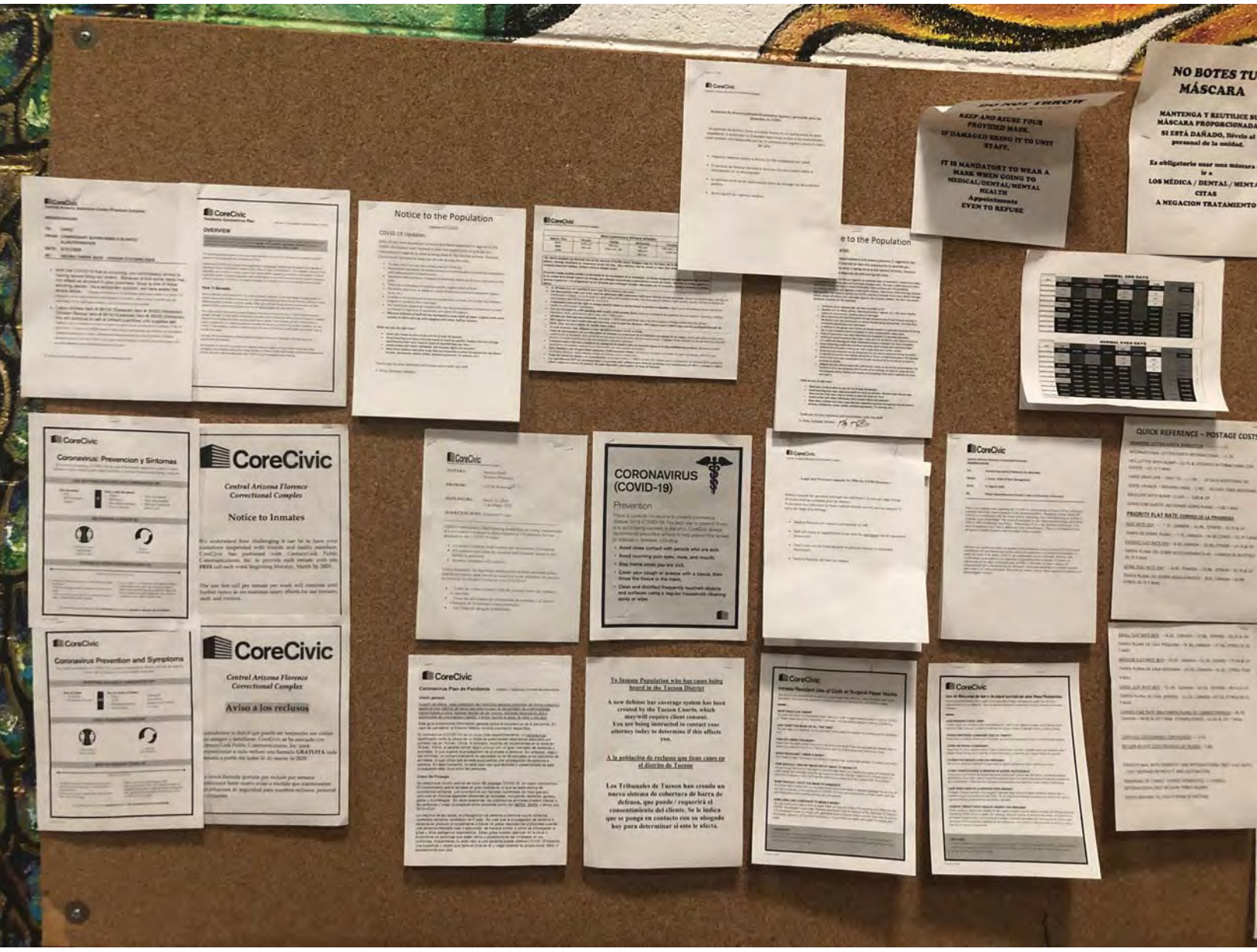
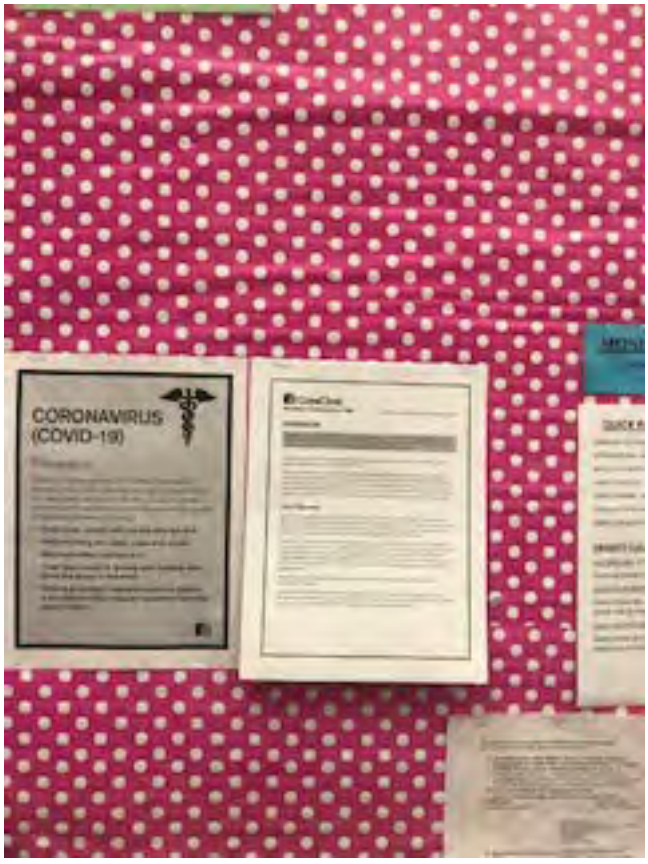
ATTACHMENT 19
Declaration of K. Kline


CAUTION
HOLD
HAND
RAILS
DO NOT THROW AWAY YOUR MASK
NO BOTES TU MÁSCARA
CoreCivic


NO QUITE TU MÁSCARA
MENU
CoreCivic
CoreCivic
CORONAVIRUS (COVID-19)


FOX10


NO BOTES TU MÁSCARA
KEEP AND REUSE YOUR PROVIDED MASK.
IF DAMAGED BRING IT TO UNIT STAFF.
IT IS MANDATORY TO WEAR A MASK WHEN GOING TO MEDICAL/DENTAL/MENTAL HEALTH Appointments EVEN TO REFUSE
Notice to the Population
CoreCivic
Coronavirus: Prevencion y Sintomas
Central Arizona Florence Correctional Complex
Notice to Inmates
CoreCivic
Coronavirus Prevention and Symptoms
Central Arizona Florence Correctional Complex
Aviso a los reclusos
CORONAVIRUS (COVID-19)
Prevention
To Inmate Population who has cases being heard in the Tucson District
A new defense bar coverage system has been created by the Tucson Courts, which may/will require client consent. You are being instructed to contact your attorney today to determine if this affects you.
A la población de reclusos que tiene casos en el distrito de Tucson
Los Tribunales de Tucson han creado un nuevo sistema de cobertura de barra de defensa, que puede / requerirá el consentimiento del cliente. Se le indica que se ponga en contacto con su abogado hoy para determinar si esto le afecta.
QUICK REFERENCE – POSTAGE COST


CORONAVIRUS
(COVID-19)


106

ATTACHMENT 20
Declaration of K. Kline

CoreCivic

Coronavirus Prevention and Symptoms

The novel coronavirus, or COVID-19, is a severe respiratory illness, and we all need to do our part to keep our facility healthy and safe.

SYMPTOMS INCLUDE A COMBINATION OF:

One of these:
- Coughing
- Shortness of breath

OR

Two or more of these:
- Fever
- Chills
- Repeated shaking
- Muscle pain
- Headache
- Sore throat
- Recent loss of taste or smell

COVID-19 SPREADS THROUGH

Close contact (about 6 feet)

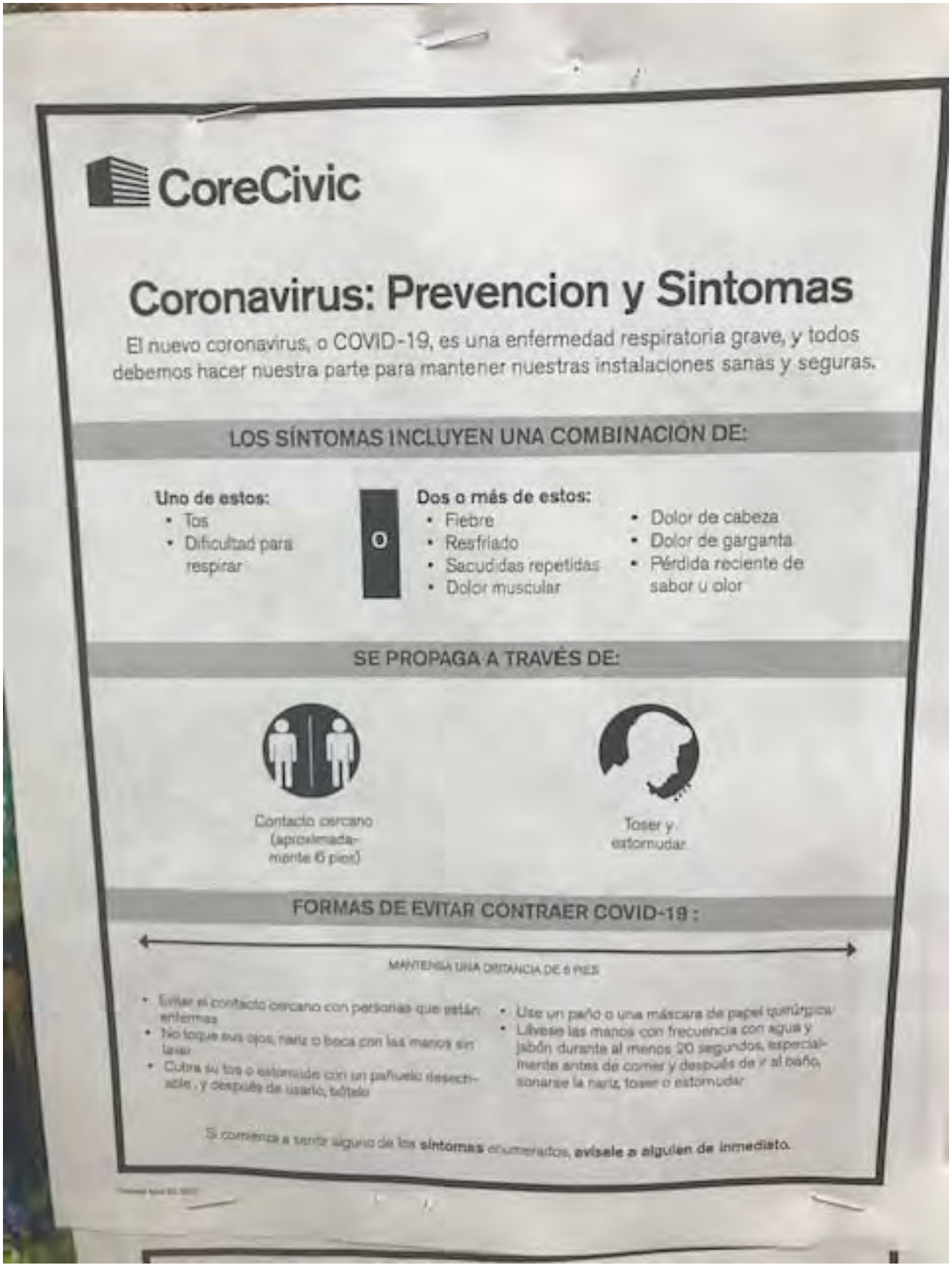
Coughing and sneezing

WAYS TO PREVENT COVID-19

KEEP 6 FEET DISTANCE

- Avoid close contact with people who are sick.
- Don't touch your eyes, nose, or mouth with unwashed hands.
- Cover your cough or sneeze with a tissue, then throw the tissue away.
- Wear a cloth or surgical paper mask.
- Wash your hands often with soap and water for at least 20 seconds, especially before eating, and after going to the bathroom, blowing your nose, coughing, or sneezing.

If you start to feel any of the **symptoms** listed, **let someone know immediately.**


CoreCivic
Coronavirus: Prevencion y Sintomas
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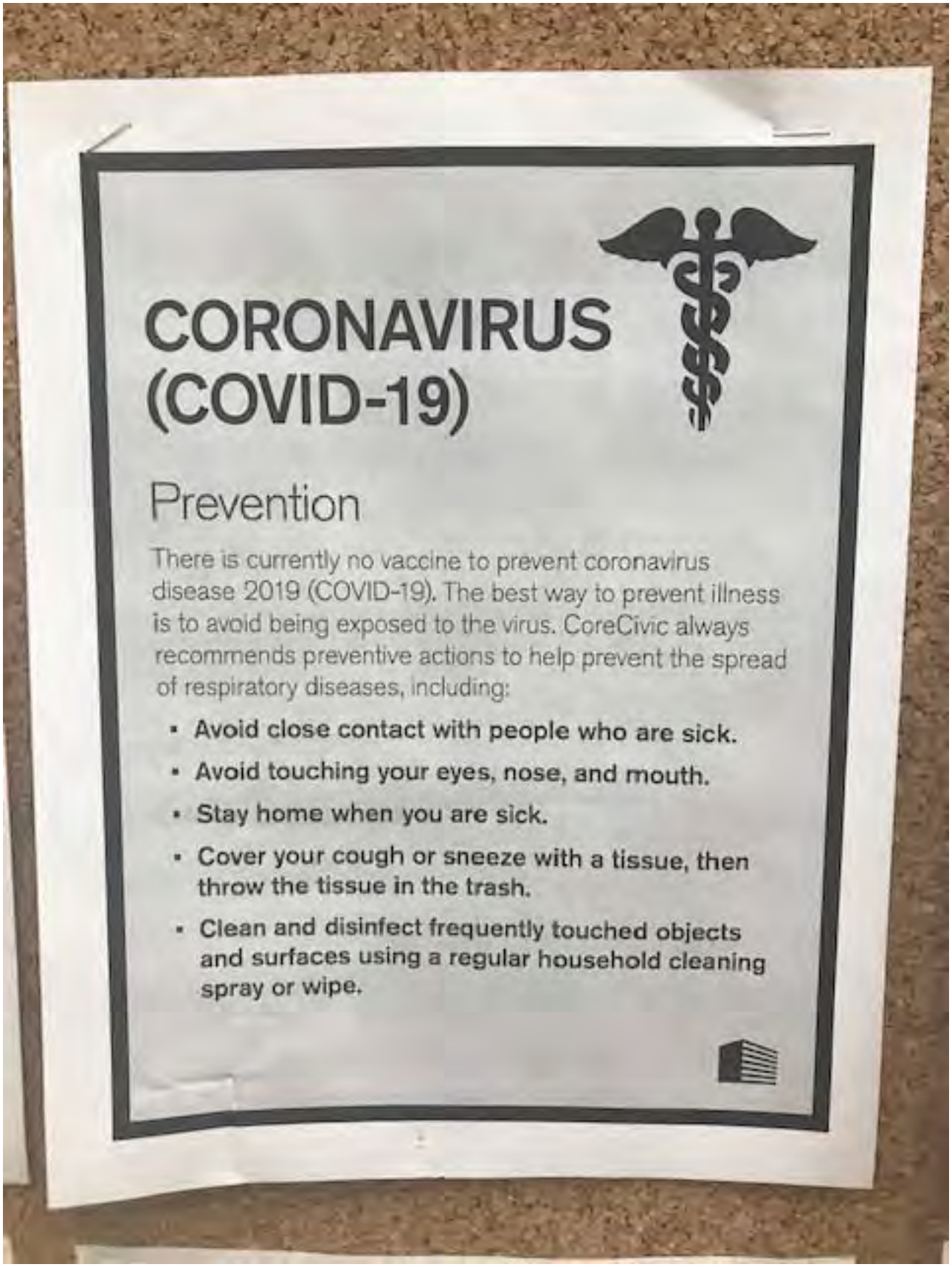
LOS SÍNTOMAS INCLUYEN UNA COMBINACION DE:
Uno de estos:
• Tos
• Dificultad para respirar
O
Dos o más de estos:
• Fiebre
• Resfriado
• Sacudidas repetidas
• Dolor muscular
• Dolor de cabeza
• Dolor de garganta
• Pérdida reciente de sabor u olor
SE PROPAGA A TRAVÉS DE:
Contacto cercano (aproximadamente 6 pies)
Toser y estornudar
FORMAS DE EVITAR CONTRAER COVID-19 :
MANTENGA UNA DISTANCIA DE 6 PIES
• Evitar el contacto cercano con personas que están enfermas
• No toque sus ojos, nariz o boca con las manos sin lavar
• Cubra su tos o estornudo con un pañuelo desechable, y después de usarlo, bótelo
• Use un paño o una máscara de papel quirúrgica
• Lávese las manos con frecuencia con agua y jabón durante al menos 20 segundos, especialmente antes de comer y después de ir al baño, sonarse la nariz, toser o estornudar
Si comienza a tener alguno de los síntomas enumerados, avísele a alguien de inmediato.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(COVID-19)
Prevention
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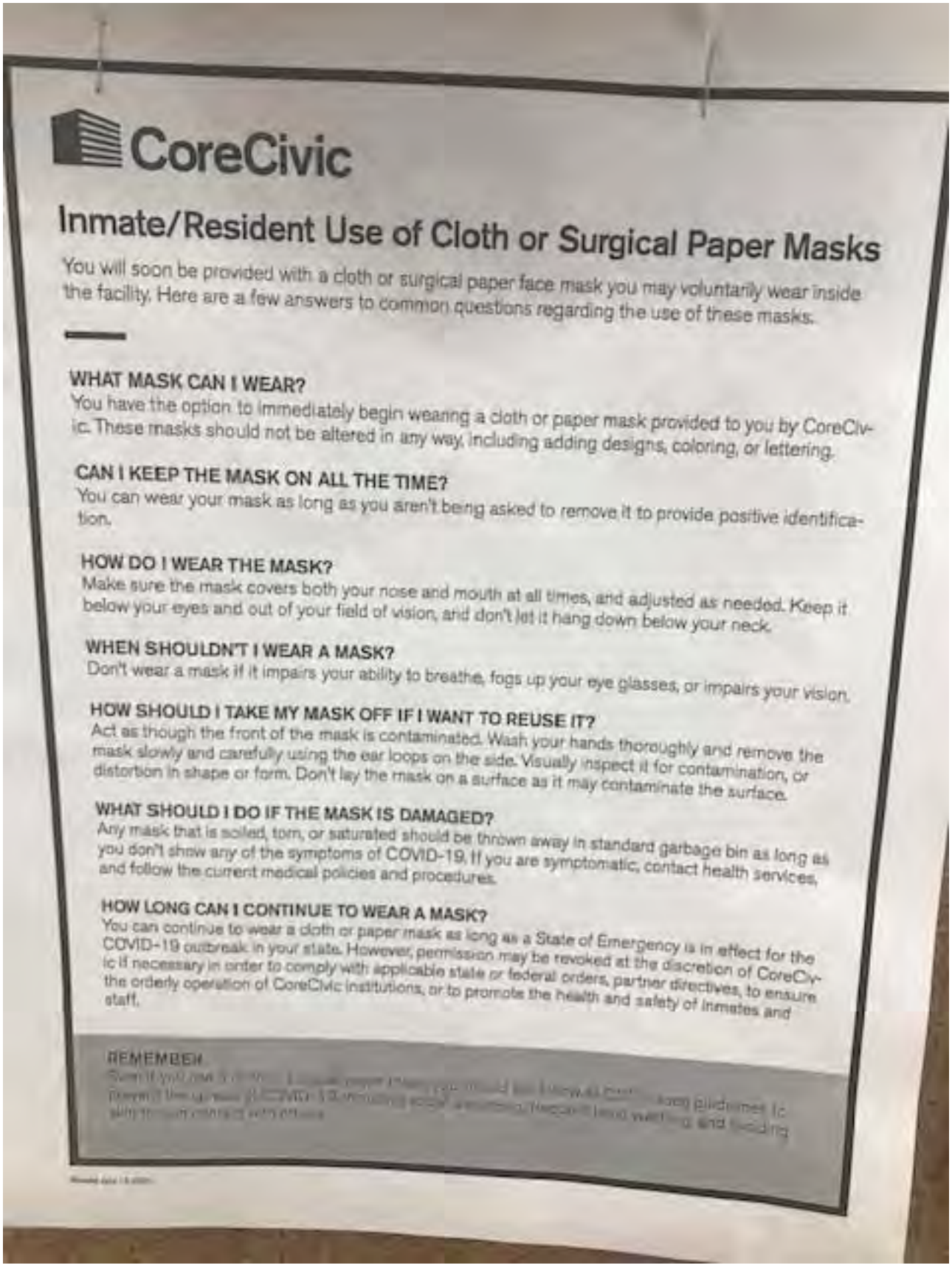
Avoid close contact with people who are sick.
Avoid touching your eyes, nose, and mouth.
Stay home when you are sick.
Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.



CoreCivic

Inmate/Resident Use of Cloth or Surgical Paper Masks

You will soon be provided with a cloth or surgical paper face mask you may voluntarily wear inside the facility. Here are a few answers to common questions regarding the use of these masks.

WHAT MASK CAN I WEAR?
You have the option to immediately begin wearing a cloth or paper mask provided to you by CoreCivic. These masks should not be altered in any way, including adding designs, coloring, or lettering.

CAN I KEEP THE MASK ON ALL THE TIME?
You can wear your mask as long as you aren't being asked to remove it to provide positive identification.

HOW DO I WEAR THE MASK?
Make sure the mask covers both your nose and mouth at all times, and adjusted as needed. Keep it below your eyes and out of your field of vision, and don't let it hang down below your neck.

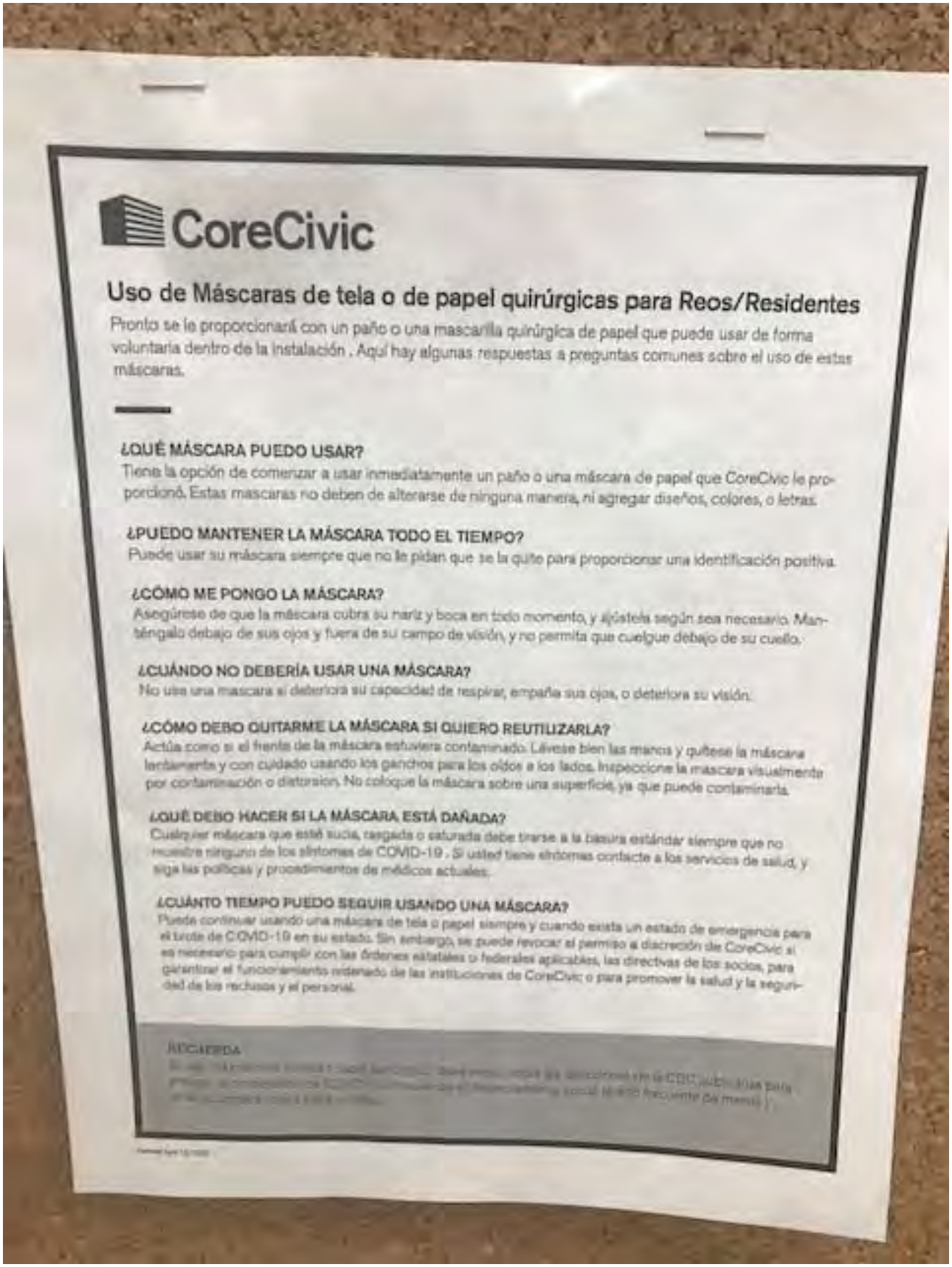
WHEN SHOULDN'T I WEAR A MASK?
Don't wear a mask if it impairs your ability to breathe, fogs up your eye glasses, or impairs your vision.

HOW SHOULD I TAKE MY MASK OFF IF I WANT TO REUSE IT?
Act as though the front of the mask is contaminated. Wash your hands thoroughly and remove the mask slowly and carefully using the ear loops on the side. Visually inspect it for contamination, or distortion in shape or form. Don't lay the mask on a surface as it may contaminate the surface.

WHAT SHOULD I DO IF THE MASK IS DAMAGED?
Any mask that is soiled, torn, or saturated should be thrown away in standard garbage bin as long as you don't show any of the symptoms of COVID-19. If you are symptomatic, contact health services, and follow the current medical policies and procedures.

HOW LONG CAN I CONTINUE TO WEAR A MASK?
You can continue to wear a cloth or paper mask as long as a State of Emergency is in effect for the COVID-19 outbreak in your state. However, permission may be revoked at the discretion of CoreCivic if necessary in order to comply with applicable state or federal orders, partner directives, to ensure the orderly operation of CoreCivic institutions, or to promote the health and safety of inmates and staff.

REMEMBER



CoreCivic

Uso de Máscaras de tela o de papel quirúrgicas para Reos/Residentes

Pronto se le proporcionará con un paño o una mascarilla quirúrgica de papel que puede usar de forma voluntaria dentro de la instalación . Aquí hay algunas respuestas a preguntas comunes sobre el uso de estas máscaras.

¿QUÉ MÁSCARA PUEDO USAR?
Tiene la opción de comenzar a usar inmediatamente un paño o una máscara de papel que CoreCivic le proporcionó. Estas mascaras no deben de alterarse de ninguna manera, ni agregar diseños, colores, o letras.

¿PUEDO MANTENER LA MÁSCARA TODO EL TIEMPO?
Puede usar su máscara siempre que no le pidan que se la quite para proporcionar una identificación positiva.

¿CÓMO ME PONGO LA MÁSCARA?
Asegúrese de que la máscara cubra su nariz y boca en todo momento, y ajústela según sea necesario. Manténgalo debajo de sus ojos y fuera de su campo de visión, y no permita que cuelgue debajo de su cuello.

¿CUÁNDO NO DEBERÍA USAR UNA MÁSCARA?
No use una mascara si deteriora su capacidad de respirar, empaña sus ojos, o deteriora su visión.

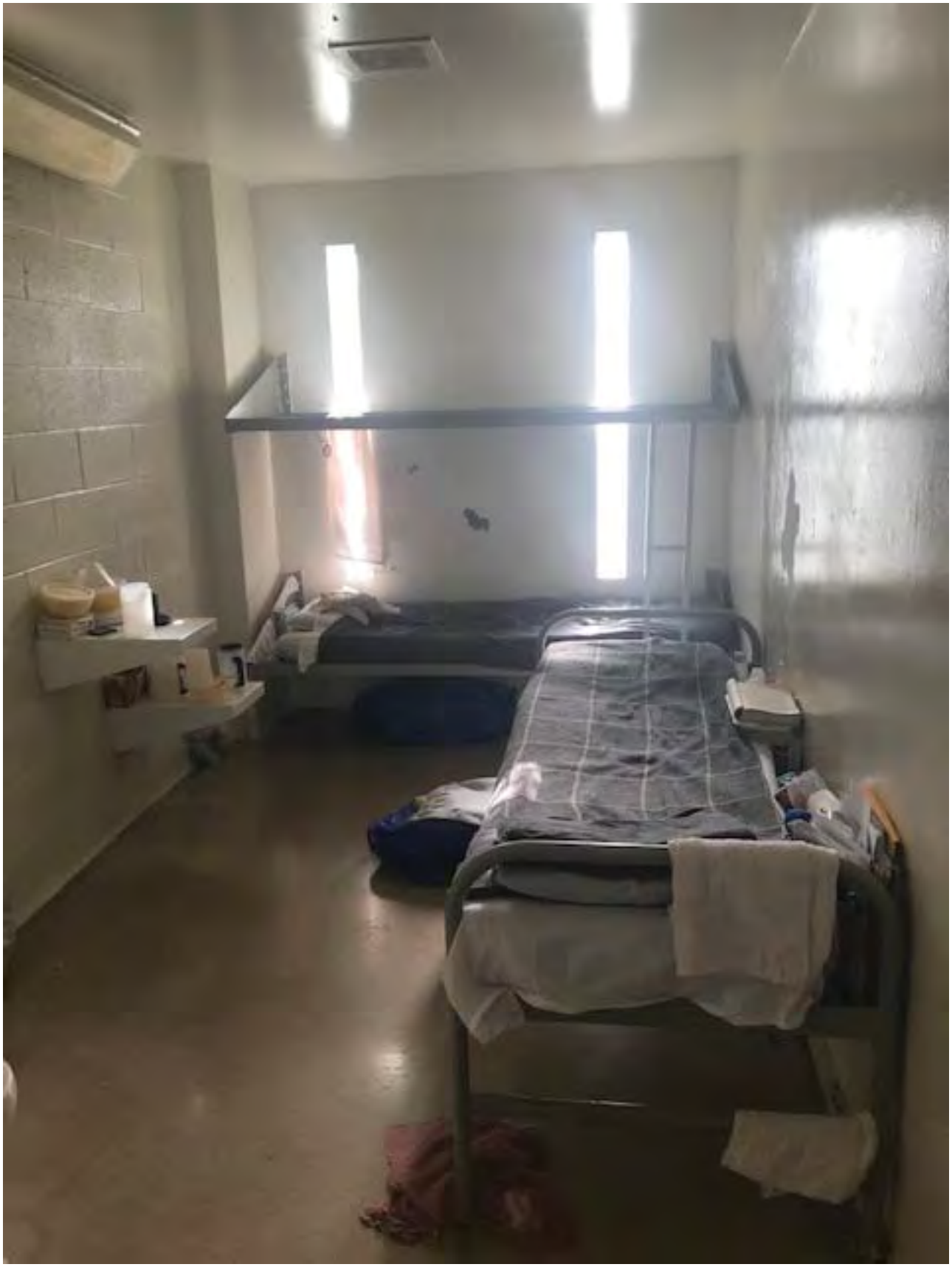
¿CÓMO DEBO QUITARME LA MÁSCARA SI QUIERO REUTILIZARLA?
Actúa como si el frente de la máscara estuviera contaminado. Lávese bien las manos y quítese la máscara lentamente y con cuidado usando los ganchos para los oídos a los lados. Inspeccione la mascara visualmente por contaminación o distorsion. No coloque la máscara sobre una superficie ya que puede contaminarla.

¿QUÉ DEBO HACER SI LA MÁSCARA ESTÁ DAÑADA?
Cualquier máscara que esté sucia, rasgada o saturada debe tirarse a la basura estándar siempre que no muestre ninguno de los síntomas de COVID-19 . Si usted tiene síntomas contacte a los servicios de salud, y siga las políticas y procedimientos de médicos actuales.

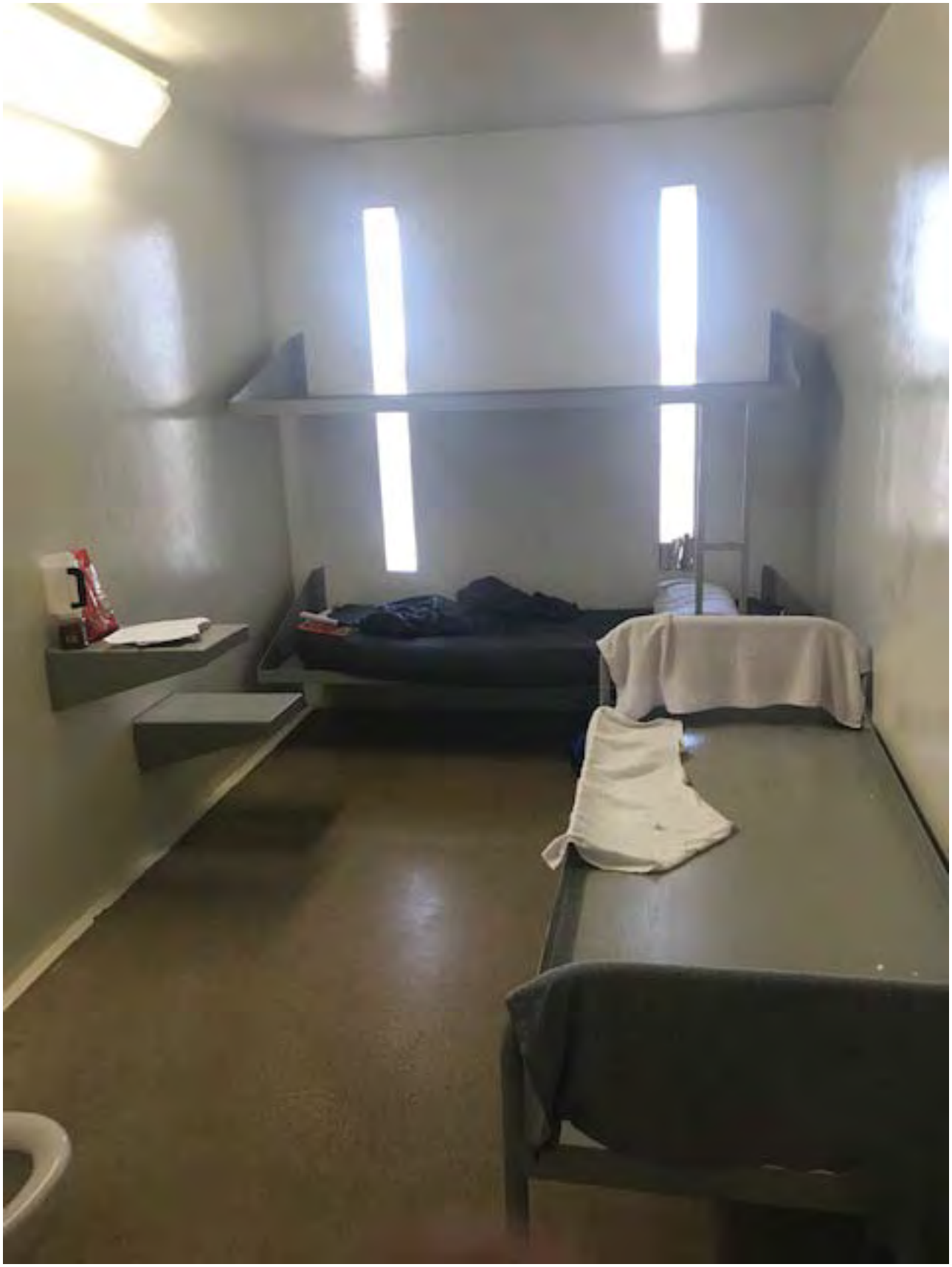
¿CUÁNTO TIEMPO PUEDO SEGUIR USANDO UNA MÁSCARA?
Puede continuar usando una máscara de tela o papel siempre y cuando exista un estado de emergencia para el brote de COVID-19 en su estado. Sin embargo, se puede revocar el permiso a discreción de CoreCivic si es necesario para cumplir con las órdenes estatales o federales aplicables, las directivas de los socios, para garantizar el funcionamiento ordenado de las instituciones de CoreCivic o para promover la salud y la seguridad de los reclusos y el personal.

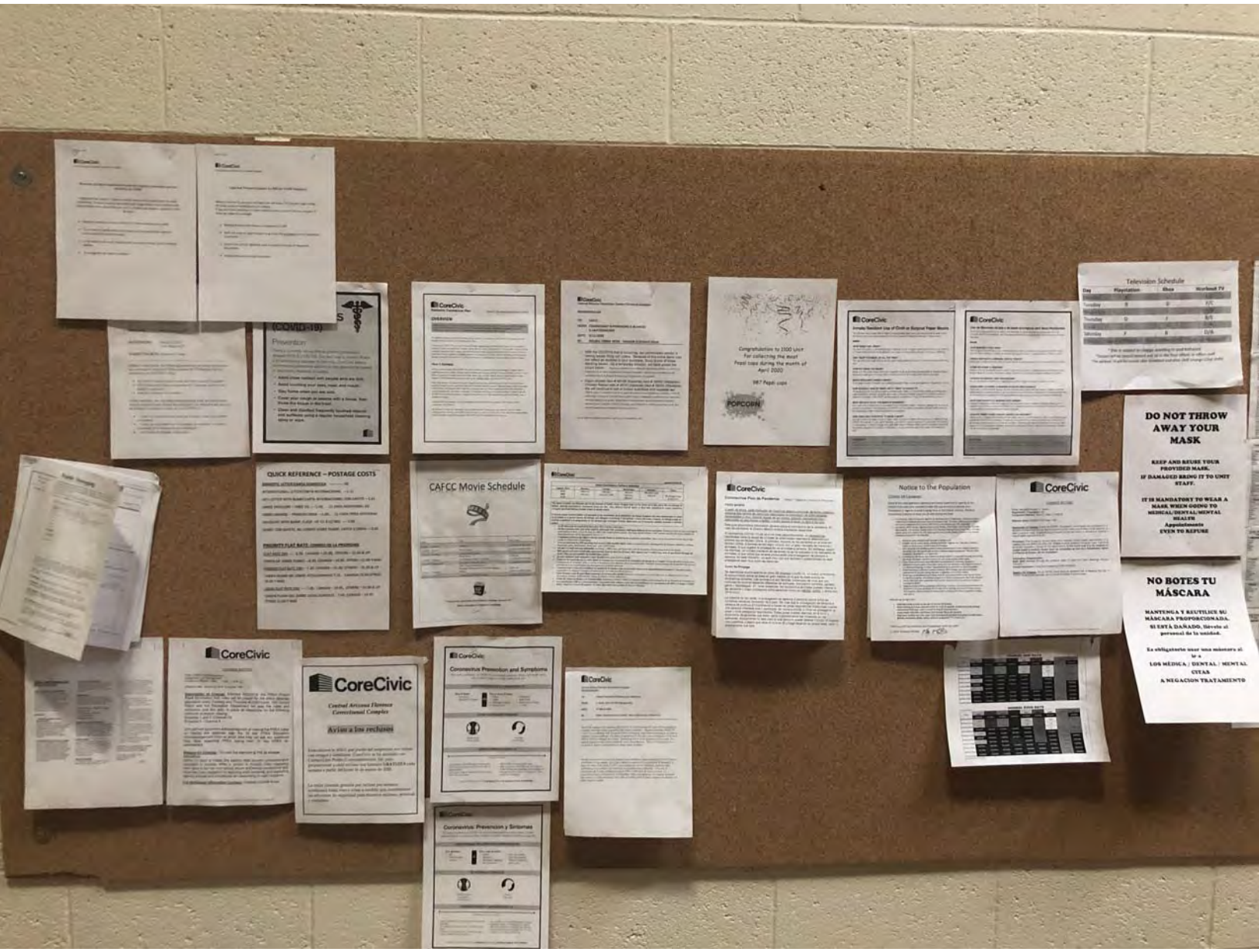
RECUERDA

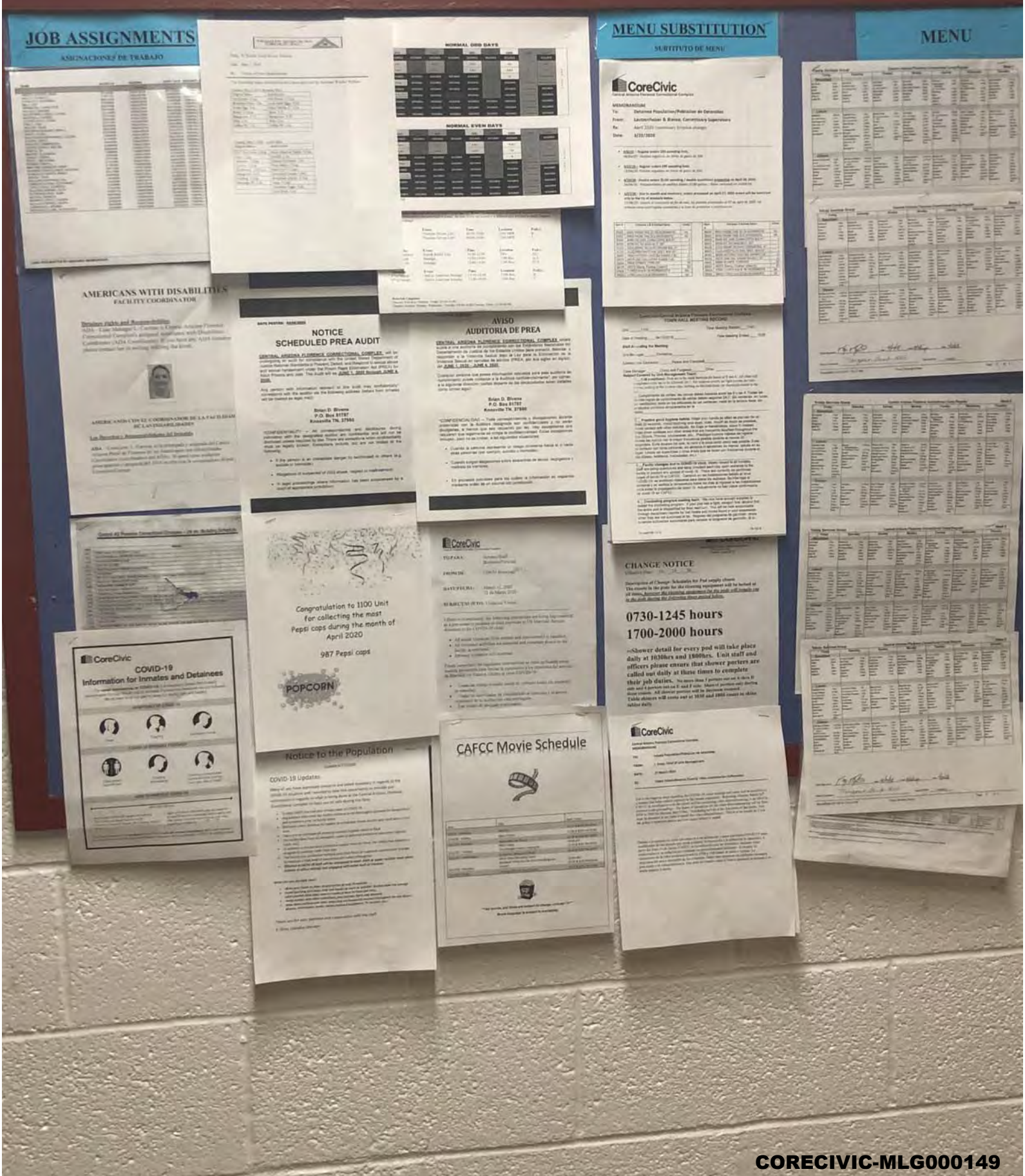

210



ATTACHMENT 21
Declaration of K. Kline




CoreCivic
Prevention
QUICK REFERENCE – POSTAGE COSTS
CAFCC Movie Schedule
Congratulation to 2100 Unit
For collecting the most
Popcorn during the month of
April 2020
987 Popcorn cups
POPCORN
Television Schedule
Notice to the Population
DO NOT THROW AWAY YOUR MASK
KEEP AND REUSE YOUR PROVIDED MASK.
IF DAMAGED BRING IT TO UNIT STAFF.
IT IS MANDATORY TO WEAR A MASK WHEN GOING TO MEDICAL/DENTAL/MENTAL HEALTH Appointments EVEN TO REFUSE
NO BOTES TU MÁSCARA
MANTENGA Y REUTILICE SU MÁSCARA PROPORCIONADA.
SI ESTÁ DAÑADO, llévelo al personal de la unidad.
CoreCivic
Central Arizona Florence Correctional Complex
Aviso a los reclusos
Coronavirus Prevention and Symptoms
Coronavirus Prevención y Síntomas


JOB ASSIGNMENTS
ASIGNACIONES DE TRABAJO
NORMAL ODD DAYS
NORMAL EVEN DAYS
AMERICANS WITH DISABILITIES
FACILITY COORDINATOR
NOTICE
SCHEDULED PREA AUDIT
AVISO
AUDITORIA DE PREA
Congratulation to 1100 Unit
for collecting the most
Pepsi caps during the month of
April 2020
987 Pepsi caps
POPCORN
CoreCivic
COVID-19
Information for Inmates and Detainees
Notice To the Population
COVID-19 Updates
CAFCC Movie Schedule
MENU SUBSTITUTION
SUBSTITUTO DE MENU
CoreCivic
CHANGE NOTICE
0730-1245 hours
1700-2000 hours
MENU

FACILITY COORDINATOR

Detainee rights and Responsibilities

ADA - Case Manager L. Carman is Central Arizona Florence Correctional Complex's assigned Americans with Disabilities Coordinator (ADA Coordinator). If you have any ADA concern please contact her in writing utilizing the kiosk.

AMERICANOS CON EL COORDINADOR DE LA FACILIDAD DE LAS INHABILIDADES

Los Derechos y Responsabilidades del Detenido

ADA – Consejera- L. Carman es la encargada y asignada del Centro Arizona Penal de Florence de los Americanos con Inhabilidades Coordinador (coordinadora del ADA). Si usted tiene cualquier preocupación o pregunta del ADA escriba con la computadora (Kiosk) Consejera Carman.

DATE POSTED: 04/06/2020

NOTICE
SCHEDULED PREA AUDIT

CENTRAL ARIZONA FLORENCE CORRECTIONAL COMPLEX will be undergoing an audit for compliance with the United States Department of Justice National Standards to Prevent, Detect, and Respond to sexual abuse and sexual harassment under the Prison Rape Elimination Act (PREA) for Adult Prisons and Jails. The Audit will be **JUNE 1, 2020 through JUNE 4, 2020.**

Any person with information relevant to this audit may confidentially* correspond with the auditor via the following address (letters from inmates will be treated as legal mail):

Brian D. Bivens
P.O. Box 51787
Knoxville TN, 37950

*CONFIDENTIALITY – All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following:

- If the person is an immediate danger to her/himself or others (e.g. suicide or homicide);
- Allegations of suspected of child abuse, neglect or maltreatment;
- In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

AUDIT

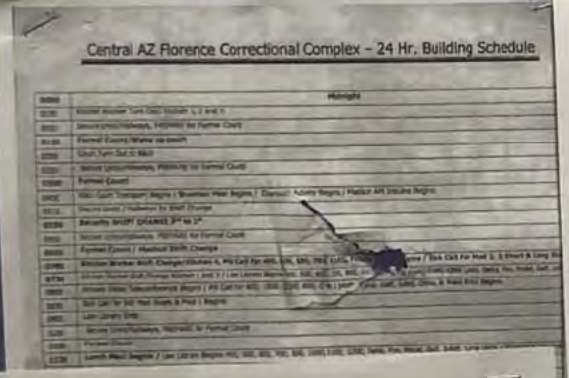
CENTRAL ARIZONA FLOR
sujeta a una auditoría de cu
Departamento de Justicia de
responder a la Violencia Se
Violencia Sexual en carceles
del **JUNE 1, 2020 – JUNE 4,**

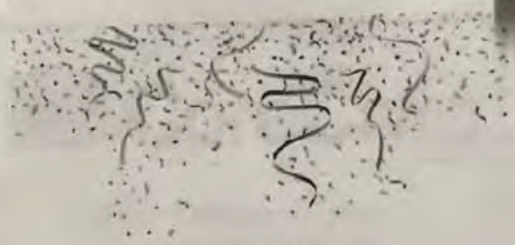
Cualquier persona que pose
cumplimiento puede contacta
a la siguiente dirección (carta
como correo legal):

*CONFIDENCIALIDAD – To
entrevistas con la Auditora
divulgadas, a menos que s
requieren que legalmente se
incluyen, pero no se limitan,

- Cuando la persona re
otras personas (por ej
- Cuando surgen alegac
maltrato de menores;
- En procesos judiciales
mediante orden de un

Central AZ Florence Correctional Complex – 24 Hr. Building Schedule





Congratulation to 1100 Unit
for collecting the most
Pepsi caps during the month of
April 2020

987 Pepsi caps

CoreCivic
Central Arizona Florence Correctional Complex

TO/PARA: Inmates/Reclusos

FROM/DE: COUM

DATE/FECHA: March 12 / 12 de Ma

SUBJECT/SUJETO: Visitatio

Effective immediately, the follo
as a preventative measure to limi
detainees to the COVID-19 virus

- All social visitation (both c
- All volunteer activities are
facility is restricted.
- Attorney visitation will con

Efecto inmediato, las siguientes
medida preventiva para limitar la
de Mariscal los Estados Unidos al

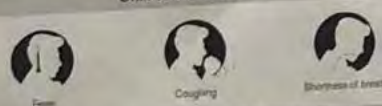
- Todas las visitas sociales
se cancelan.
- Todas las actividades de v
voluntario de la institución e
- Las visitas de abogado con

CoreCivic

COVID-19
Information for Inmates and Detainees

The **novel coronavirus, or COVID-19,** is a respiratory illness that is easily transmissible through the air and on surfaces if prevention measures are not followed. We all need to do our part to keep our facility safe and healthy.

SYMPTOMS OF COVID-19



COVID-19 SPREADS THROUGH

HOW TO PREVENT COVID-19

- Avoid close contact with people who are sick
- Don't touch your eyes, nose, or mouth
- Cover your cough or sneeze with a tissue, not your hand
- Wash your hands often with soap and water for at least 20 seconds, especially before eating, and after going to the bathroom, blowing your nose, coughing or sneezing

If you start to develop any of the **symptoms** listed, **tell a staff member immediately.** Alert a staff member if you notice someone else showing signs of COVID-19 will be prioritized.

Notice to the Population

Update 4/27/2020

COVID-19 Updates:

Many of you have expressed concerns and asked questions in regards to the COVID-19 situation and I wanted to take this opportunity to provide you information in regards to what is being done at the Central Arizona, Florence Correctional Complex to keep you all safe during this time.

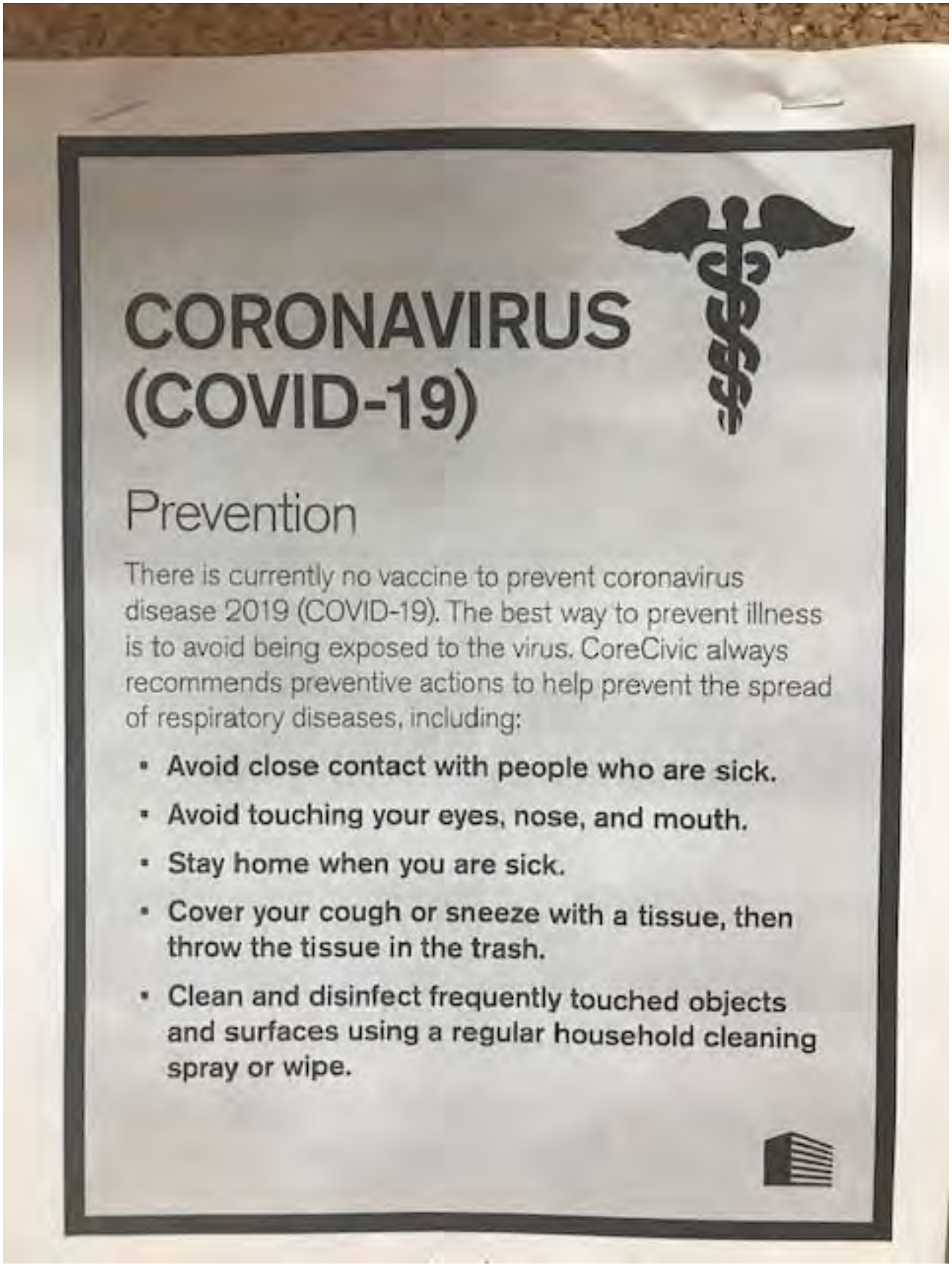
- To date CAFCC has had zero inmate cases of COVID-19.
- Any persons who enter the facility continue to be thoroughly screened for temperature and symptoms prior to facility entry.
- Sanitation plans continue to happen as scheduled, thank you for your hard work in this area.
- There are no shortages of cleaning supplies, hygiene items or food.
- The facility does have an adequate supply of personal protective equipment (gloves, mask, etc.)
- In addition to the personal protective supply items on hand, the facility has initiated a program to produce cloth mask also.
- The Facility has conducted multiple drills that focus on exposure containment in order to maintain a high level of awareness and safety throughout.
- **Effective 4/28/20 all staff will be mandated to wear cloth or paper surgical mask when outside of office settings and engaging with other staff or inmates.**

What can you do right now?

- **Wash your hands as often as you can for at least 20 seconds.**
- **Avoid touching your eyes, nose and mouth as much as possible. Studies show the average adult touches their eyes, nose or mouth at least 60 times per hour.**
- **Avoid contact with other individuals, (this includes fights and assaults).**
- **Avoid contact with other areas that are frequently touched throughout the day (doors, surfaces and other areas that are frequently touched throughout the day (doors, TV controls, etc.)**

CAFCC M

Date	Title
5/9/20 - Saturday	
5/10/20 - Sunday	
5/11/20 - Monday	
5/12/20 - Tuesday	
5/13/20 - Wednesday	
5/14/20 - Thursday	
5/15/20 - Friday	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(COVID-19)
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Stay home when you are sick.
Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

CoreCivic

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OR

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CoreCivic

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- Dificultad para respirar

O

Dos o más de estos:
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- Resfriado
- Sacudidas repetidas
- Dolor muscular
- Dolor de cabeza
- Dolor de garganta
- Pérdida reciente de sabor u olor

SE PROPAGA A TRAVÉS DE:

Contacto cercano (aproximadamente 6 pies)

Toser y estornudar

FORMAS DE EVITAR CONTRAER COVID-19 :

MANTENGA UNA DISTANCIA DE 6 PIES

- Evitar el contacto cercano con personas que están enfermas
- No toque sus ojos, nariz o boca con las manos sin lavar
- Cubra su tos o estornude con un pañuelo desechable, y después de usarlo, bótelo
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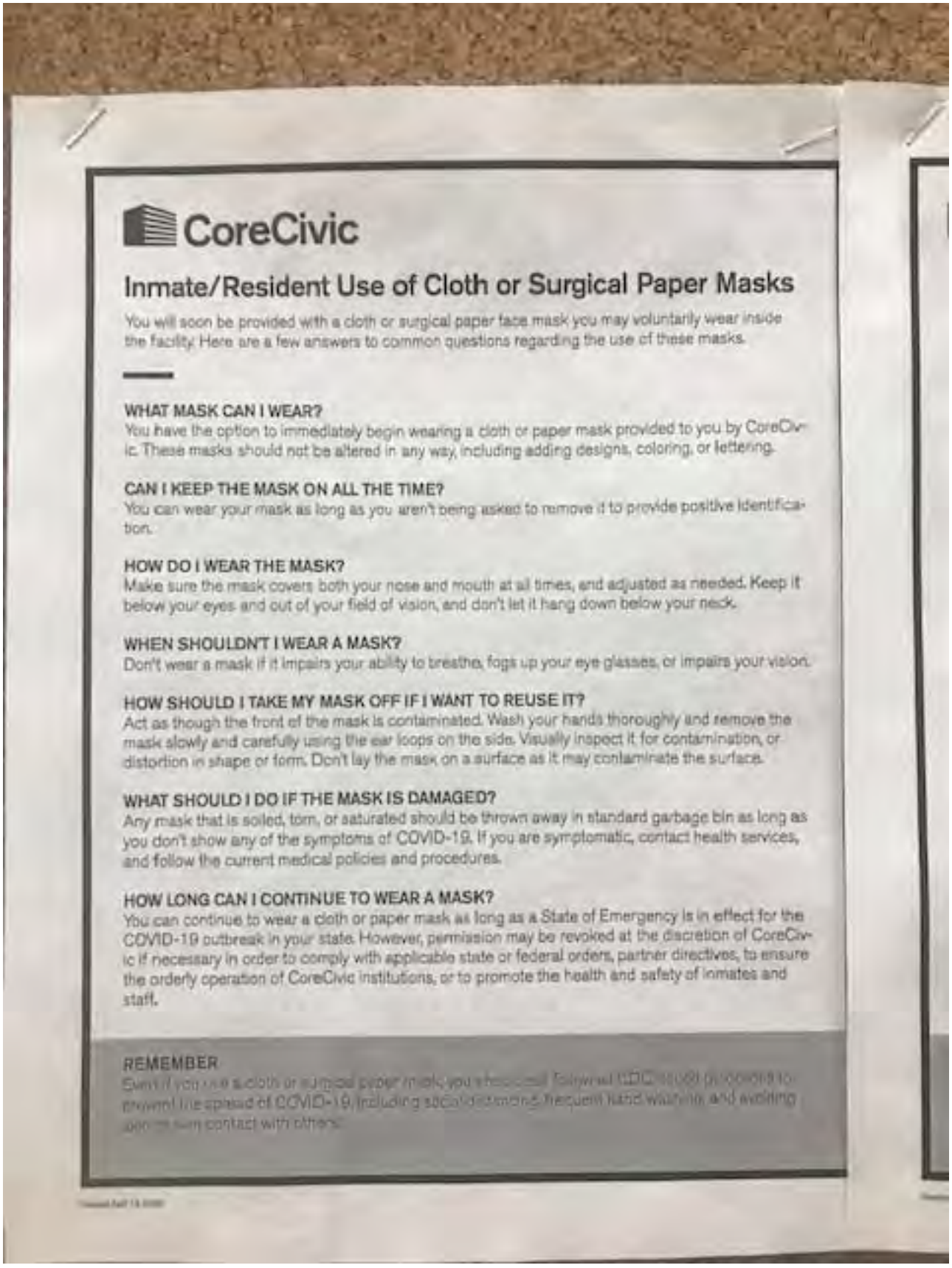

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Don't wear a mask if it impairs your ability to breathe, fogs up your eye glasses, or impairs your vision.

HOW SHOULD I TAKE MY MASK OFF IF I WANT TO REUSE IT?
Act as though the front of the mask is contaminated. Wash your hands thoroughly and remove the mask slowly and carefully using the ear loops on the side. Visually inspect it for contamination, or distortion in shape or form. Don't lay the mask on a surface as it may contaminate the surface.

WHAT SHOULD I DO IF THE MASK IS DAMAGED?
Any mask that is soiled, torn, or saturated should be thrown away in standard garbage bin as long as you don't show any of the symptoms of COVID-19. If you are symptomatic, contact health services, and follow the current medical policies and procedures.

HOW LONG CAN I CONTINUE TO WEAR A MASK?
You can continue to wear a cloth or paper mask as long as a State of Emergency is in effect for the COVID-19 outbreak in your state. However, permission may be revoked at the discretion of CoreCivic if necessary in order to comply with applicable state or federal orders, partner directives, to ensure the orderly operation of CoreCivic institutions, or to promote the health and safety of inmates and staff.

REMEMBER
Even if you use a cloth or surgical paper mask, you should continue to observe CDC guidelines to prevent the spread of COVID-19, including social distancing, frequent hand washing, and avoiding person-to-person contact with others.

CoreCivic

Uso de Máscaras de tela o de papel quirúrgicas para Reos/Residentes

Pronto se le proporcionará con un paño o una mascarilla quirúrgica de papel que puede usar de forma voluntaria dentro de la instalación . Aquí hay algunas respuestas a preguntas comunes sobre el uso de estas máscaras.

¿QUÉ MÁSCARA PUEDO USAR?
Tiene la opción de comenzar a usar inmediatamente un paño o una máscara de papel que CoreCivic le proporcionó. Estas mascaras no deben de alterarse de ninguna manera, ni agregar diseños, colores, o letras.

¿PUEDO MANTENER LA MÁSCARA TODO EL TIEMPO?
Puede usar su máscara siempre que no le pidan que se la quite para proporcionar una identificación positiva.

¿CÓMO ME PONGO LA MÁSCARA?
Asegúrese de que la máscara cubra su naríz y boca en todo momento, y ajústela según sea necesario. Manténgalo debajo de sus ojos y fuera de su campo de visión, y no permita que cuelgue debajo de su cuello.

¿CUÁNDO NO DEBERÍA USAR UNA MÁSCARA?
No use una mascara si deteriora su capacidad de respirar, empaña sus ojos, o deteriora su visión.

¿CÓMO DEBO QUITARME LA MÁSCARA SI QUIERO REUTILIZARLA?
Actúa como si el frente de la máscara estuviera contaminado. Lávese bien las manos y quítese la máscara lentamente y con cuidado usando los ganchos para los oídos a los lados. Inspeccione la mascara visualmente por contaminación o distorsion. No coloque la máscara sobre una superficie, ya que puede contaminarla.

¿QUÉ DEBO HACER SI LA MÁSCARA ESTÁ DAÑADA?
Cualquier máscara que esté sucia, rasgada o saturada debe tirarse a la basura estándar siempre que no muestre ninguno de los síntomas de COVID-19 . Si usted tiene síntomas contacte a los servicios de salud, y siga las políticas y procedimientos de médicos actuales.

¿CUÁNTO TIEMPO PUEDO SEGUIR USANDO UNA MÁSCARA?
Puede continuar usando una máscara de tela o papel siempre y cuando exista un estado de emergencia para el brote de COVID-19 en su estado. Sin embargo, se puede revocar el permiso a discreción de CoreCivic si es necesario para cumplir con las órdenes estatales o federales aplicables, las directivas de los socios, para garantizar el funcionamiento ordenado de las instituciones de CoreCivic o para promover la salud y la seguridad de los reclusos y el personal.

RECUERDA

CoreCivic
Central Arizona Florence Correctional Complex

MEMORANDUM

TO: CAFCC Everyone

FROM: Safety and Medical Departments

DATE: 3/18/2020

SUBJECT: COVID-19 Sanitation Schedule and Protocols

This Sanitation schedule will go into effect March 18, 2020 until Medical gives the all clear. Until the ALL clear is given, we will using HDQC2 solution in all housing units and common areas. The HDQC2 must remain wet and on the surface for a minimum of ten (10) minutes to be effective.

Housing Units:

1. Immediately following the lockdown for the 1030, 1800 & 2300 counts, a staff member will have the units spray bottles ready with HDQC2.
   a. Staff or inmate porter will ensure that after the routine sanitation is completed that the HDQC2 solution is sprayed on showers, tables, door handles, knobs, handrails, push buttons, intercoms and workout equipment. Phones and kiosks (the phones and kiosks will be cleaned using a towel that is sprayed with the HDQC2 solution). DO NOT WIPE THE SLOUTION OFF, LET IT AIR DRY!!!
   b. Then proceed to go cell to cell and spray the toilet, tables/shelves and inner door handle area. DO NOT WIPE OFF THE SOLUTION, LET IT AIR DRY!!!
   c. Mop dayrooms with HDQC2 and let air dry. Fill the bucket ¼ full of HDQC2 only no additional water.
2. Staff at the start of their shifts will spray the staff restroom and all of the hard surfaces in the offices. Clean and spray door handles. Use a rag with HDQC2 on it to wipe down the phones, computer and keyboard etc. DO NOT WIPE OFF THE SOLUTION, LET IT AIR DRY!!!
3. Daily before each recreation the inmate recreation porter will clean the equipment on the recreation yards. They will be sprayed in the same manner. DO NOT WIPE OFF THE SOLUTION, LET IT AIR DRY!!!
4. Mopping in hallways use HDQC2 and let air dry-use wet floor signs and only mop ½ of the hallway at a time. DO NOT DRY, LET IT AIR DRY!!!

General Areas:

1. Surfaces such as phones, radios, keyboards, desk tops, chairs, keys etc. should be wiped down regularly and after uses with the HDQ.
2. Visitation should be included in this protocol, wiping down door handles, chairs, phones, table tops, doors, etc. where inmates and visitors come into contact. This will be completed by visitation staff.
3. Staff break areas should be wiped down to include microwaves and vending machines. This will be completed by administrative porters and or staff using these areas.

4. The receiving and discharge departments will be on a schedule of multiple cleanings per shift, in addition all transportation vehicles will be sanitized before and after each use. The R&D area will be sanitized by porters and the vehicles will be sanitized by staff.
5. Entry/Exit points will be sanitized in between staff/personnel entry, wiping down countertops, chairs, and search boxes used by all persons. This will be completed by the posted officer.
6. The staff time clock is to be wiped clean at the beginning and end of each shift change, staff will be directed to wash their hands prior to using the biometrics. This will be completed by the lobby officer or inmate porter at the direction of the officer.

Staff Precautions:

1. Wash hands frequently for 20 seconds with soap.
2. Clean and disinfect frequently touched objects and surfaces using HDQC2 spray. (For offices use towel with HDQC2 and LET AIR DRY!!!
3. Utilize the hand sanitizer that is placed throughout the facility. (Purell)
4. Avoid close contact with sick people. Maintaining 6 feet when you can.
5. Avoid shaking hands during this time.
6. Avoid touching your eyes, nose, and mouth with unwashed hands.
7. Stay at home when you are sick.
8. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

[redacted] Dwyn and C. Ross
Safety Manager and CID Nurse
Central Arizona Florence Correctional Complex

1100 UNIT COVID-19 PORTER

[redacted]

Please outcount inmate BAILEY during the 1030, 1800 and 2300 hour counts daily.

Please refer to the covid-19 sanitation memo

During this time she will spray down all commonly touched surfaces in the main hallway to include the medical 3 hallway with HDQ2 chemical and let it airdry.

Escort her through the pods during the 2300 hour count as well to spray the commonly touched surfaces in the dayrooms. The shower porters will do this during 1030 and 1800 counts.

Officers Daily Binder

1st shift has the following inventories:

Barbershop

Laundry Room (located in the laundry room)

Recreation (located in the recreation shed)

Chemical

Control

Lock Checks

Sewing Room

Diet Logs for Breakfast and Lunch (circle NC if inmate refuses diet)

2nd shift has the following inventories:

Barbershop

Laundry Room (located in the laundry room)

Chemical

Control

Lock Checks

Sewing Room

Diet Log for Dinner (circle NC if inmate refuses diet)

3rd shift has the following inventories:

Laundry Room (located in the laundry room)

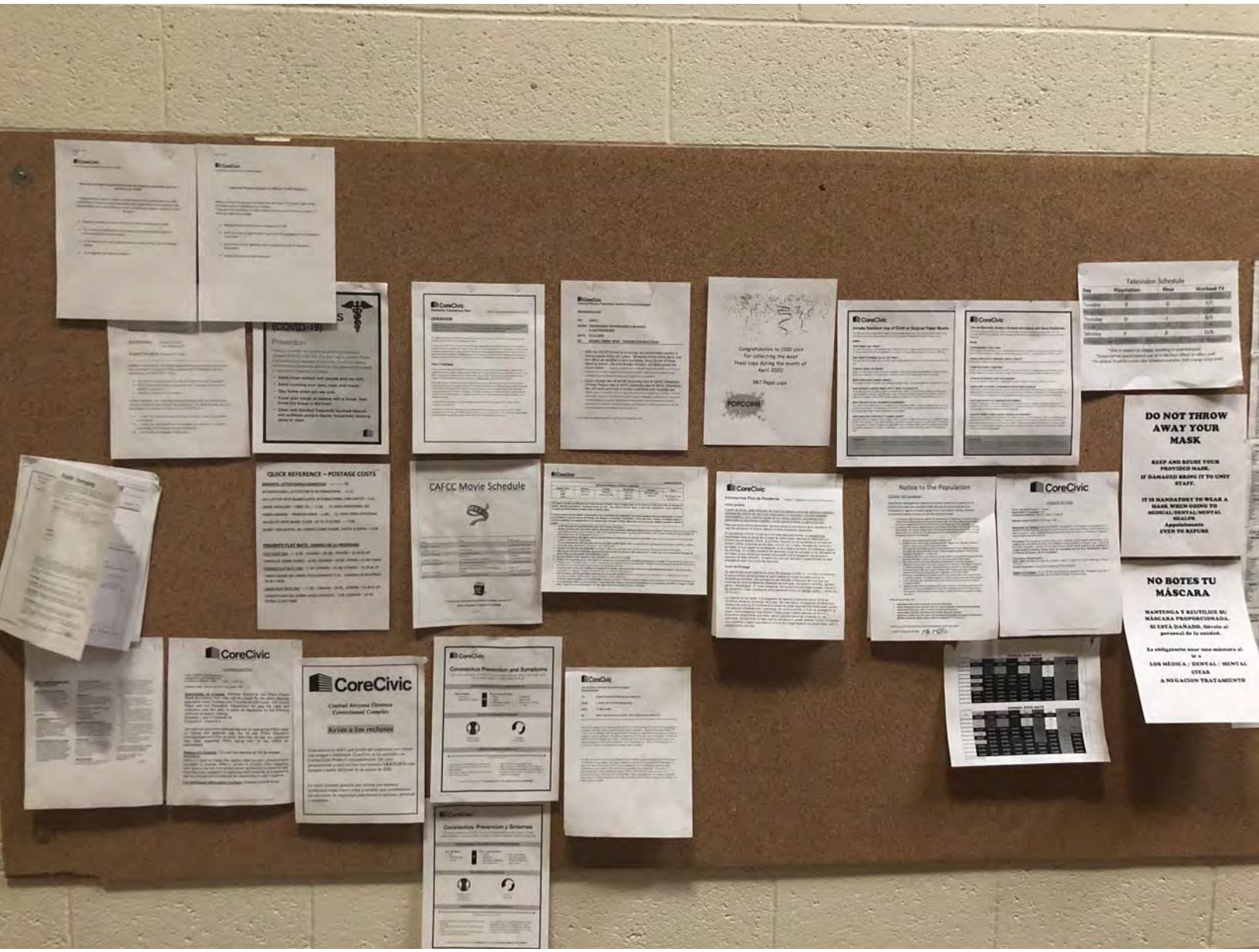
Control

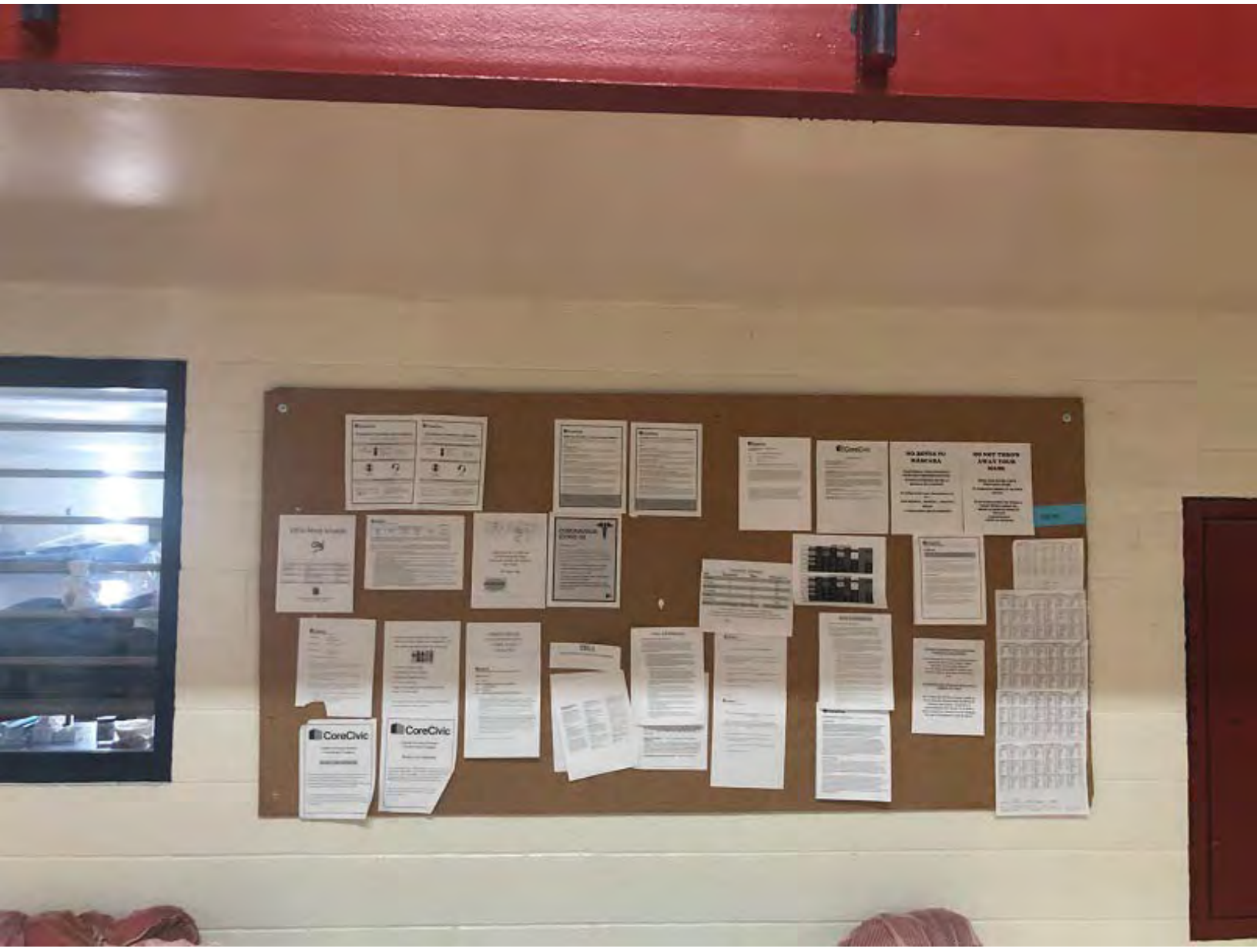
Lock Checks

Sewing Room

ATTACHMENT 22
Declaration of K. Kline


F


CoreCivic
Prevention
QUICK REFERENCE – POSTAGE COSTS
CAFCC Movie Schedule
Notice to the Population
Television Schedule
DO NOT THROW AWAY YOUR MASK
KEEP AND REUSE YOUR PROVIDED MASK.
IF DAMAGED BRING IT TO UNIT STAFF.
IT IS MANDATORY TO WEAR A MASK WHEN GOING TO MEDICAL/DENTAL/MENTAL HEALTH Appointments EVEN TO REFUSE
NO BOTES TU MÁSCARA
MANTENGA Y REUTILICE SU MÁSCARA PROPORCIONADA.
SI ESTÁ DAÑADO, llévelo al personal de la unidad.
CoreCivic
Central Arizona Florence Correctional Complex
Aviso a los reclusos
Coronavirus Prevention and Symptoms
Coronavirus Prevención y Síntomas


CoreCivic
CoreCivic


103
104

CoreCivic

Coronavirus: Prevencion y Sintomas

El nuevo coronavirus, o COVID-19, es una enfermedad respiratoria grave, y todos debemos hacer nuestra parte para mantener nuestras instalaciones sanas y seguras.

LOS SÍNTOMAS INCLUYEN UNA COMBINACIÓN DE:

Uno de estos:
- Tos
- Dificultad para respirar

O

Dos o más de estos:
- Fiebre
- Resfriado
- Sacudidas repetidas
- Dolor muscular
- Dolor de cabeza
- Dolor de garganta
- Pérdida reciente de sabor u olor

SE PROPAGA A TRAVÉS DE:

Contacto cercano (aproximadamente 6 pies)

Toser y estornudar

FORMAS DE EVITAR CONTRAER COVID-19 :

MANTENGA UNA DISTANCIA DE 6 PIES

- Evitar el contacto cercano con personas que están enfermas
- No toque sus ojos, nariz o boca con las manos sin lavar
- Cubra su tos o estornude con un pañuelo desechable , y después de usarlo, bótelo
- Use un paño o una máscara de papel quirúrgica
- Lávese las manos con frecuencia con agua y jabón durante al menos 20 segundos, especialmente antes de comer y después de ir al baño, sonarse la nariz, toser o estornudar

Si comienza a sentir alguno de los **síntomas** enumerados, **avísele a alguien de inmediato.**

CoreCivic

Coronavirus Prevention and Symptoms

The novel coronavirus, or COVID-19, is a severe respiratory illness, and we all need to do our part to keep our facility healthy and safe.

SYMPTOMS INCLUDE A COMBINATION OF:

One of these:
- Coughing
- Shortness of breath

OR

Two or more of these:
- Fever
- Chills
- Repeated shaking
- Muscle pain
- Headache
- Sore throat
- Recent loss of taste or smell

COVID-19 SPREADS THROUGH

Close contact (about 6 feet)

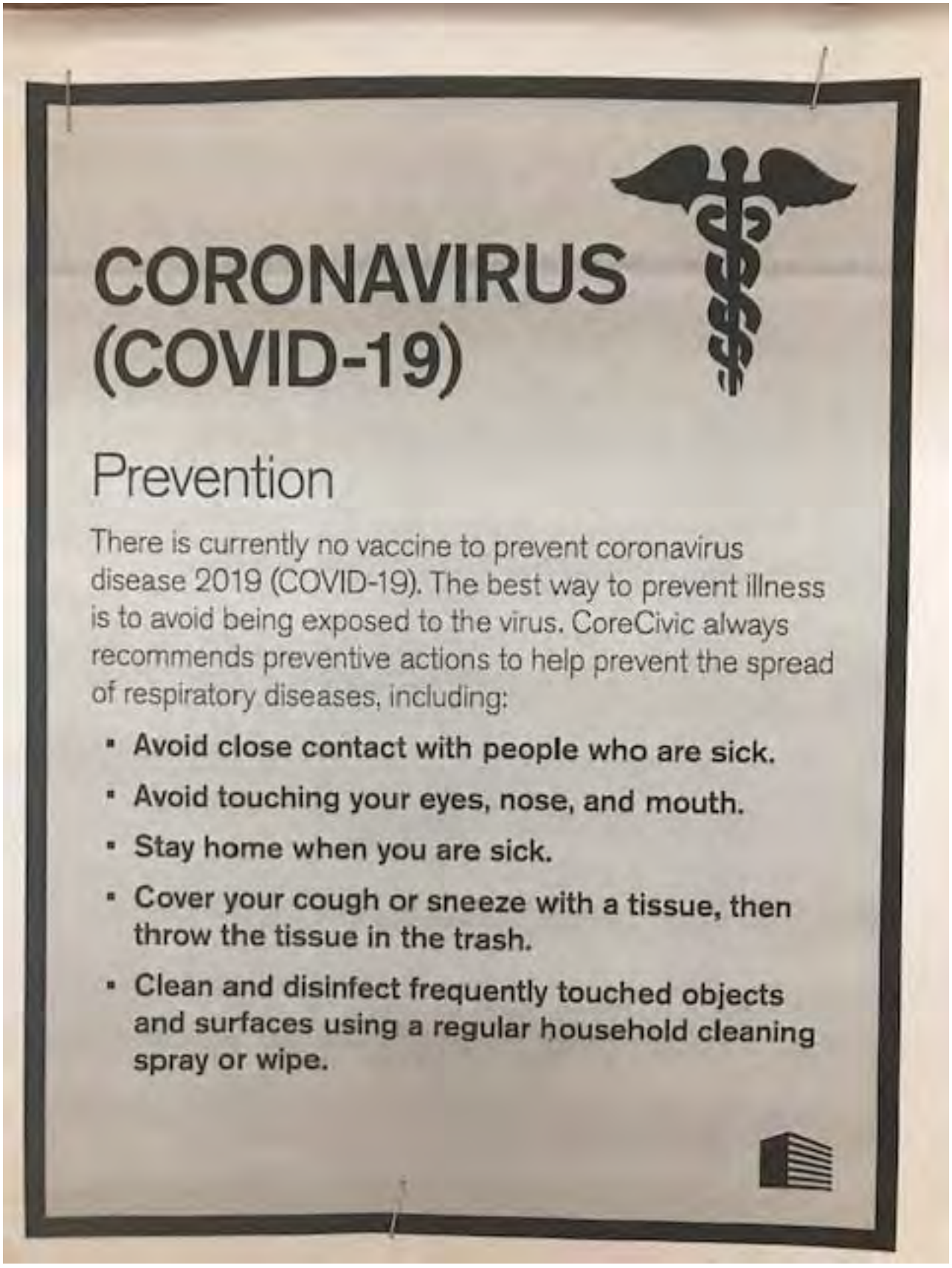
Coughing and sneezing

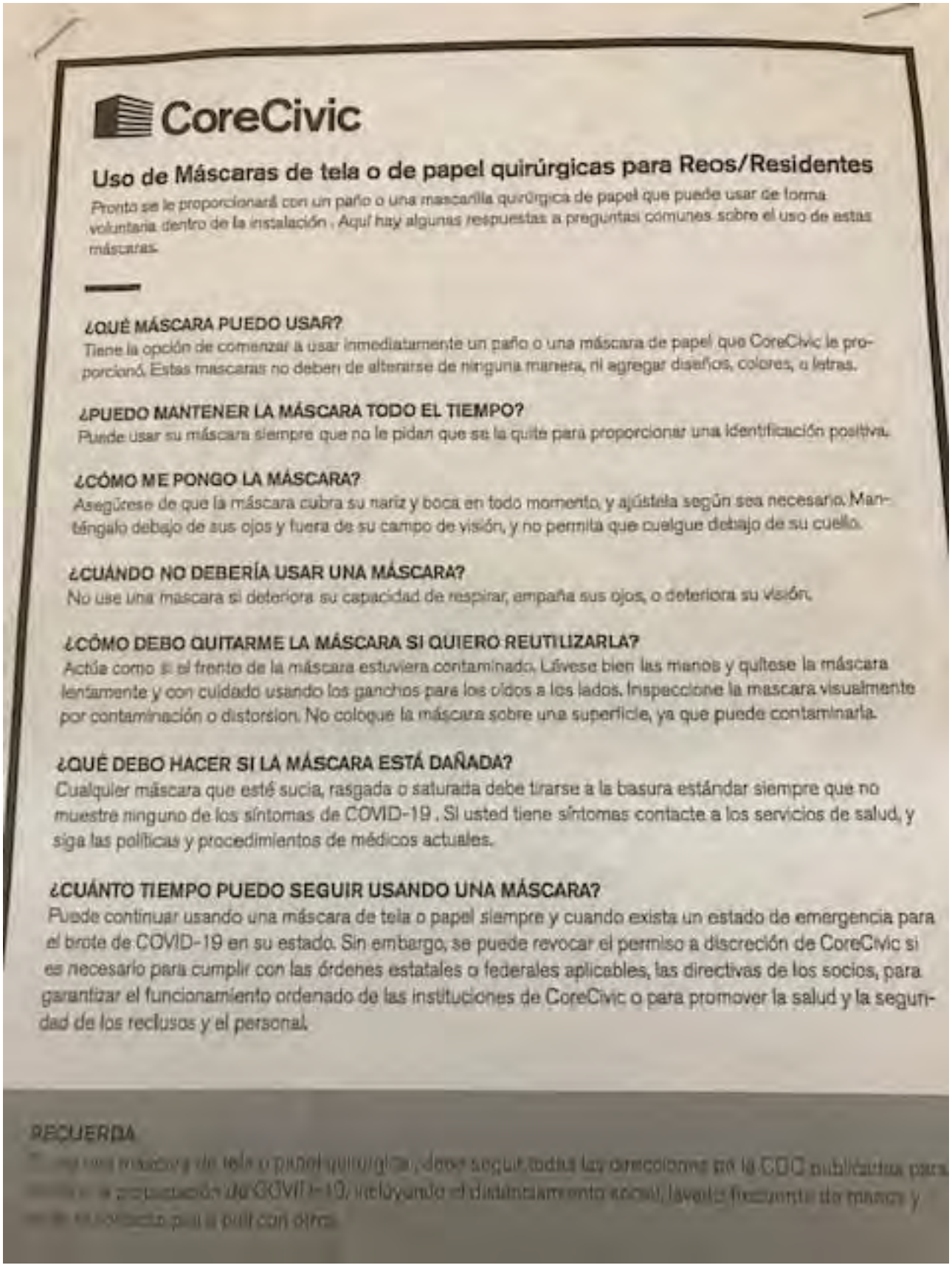
WAYS TO PREVENT COVID-19

KEEP 6 FEET DISTANCE

- Avoid close contact with people who are sick.
- Don't touch your eyes, nose, or mouth with unwashed hands.
- Cover your cough or sneeze with a tissue, then throw the tissue away.
- Wear a cloth or surgical paper mask
- Wash your hands often with soap and water for at least 20 seconds, especially before eating and after going to the bathroom, blowing your nose, coughing, or sneezing.

If you start to feel any of the **symptoms** listed, **let someone know immediately**


CORONAVIRUS
(COVID-19)
Prevention
There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to the virus. CoreCivic always recommends preventive actions to help prevent the spread of respiratory diseases, including:
Avoid close contact with people who are sick.
Avoid touching your eyes, nose, and mouth.
Stay home when you are sick.
Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.



CoreCivic

Uso de Máscaras de tela o de papel quirúrgicas para Reos/Residentes

Pronto se le proporcionará con un paño o una mascarilla quirúrgica de papel que puede usar de forma voluntaria dentro de la instalación . Aquí hay algunas respuestas a preguntas comunes sobre el uso de estas máscaras.

¿QUÉ MÁSCARA PUEDO USAR?
Tiene la opción de comenzar a usar inmediatamente un paño o una máscara de papel que CoreCivic le proporcionó. Estas mascaras no deben de alterarse de ninguna manera, ni agregar diseños, colores, o letras.

¿PUEDO MANTENER LA MÁSCARA TODO EL TIEMPO?
Puede usar su máscara siempre que no le pidan que se la quite para proporcionar una identificación positiva.

¿CÓMO ME PONGO LA MÁSCARA?
Asegúrese de que la máscara cubra su nariz y boca en todo momento, y ajústela según sea necesario. Manténgalo debajo de sus ojos y fuera de su campo de visión, y no permita que cualgue debajo de su cuello.

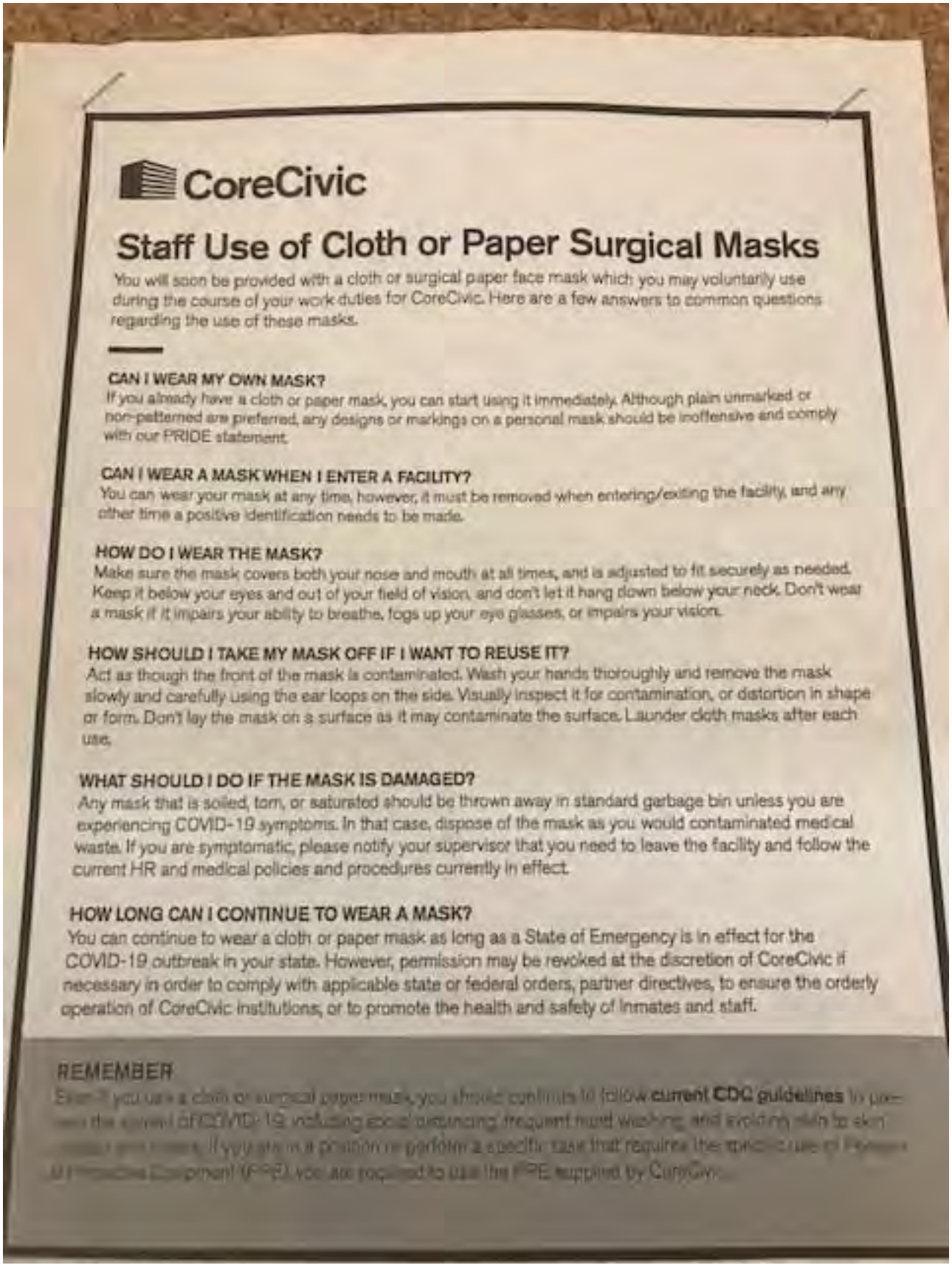
¿CUÁNDO NO DEBERÍA USAR UNA MÁSCARA?
No use una mascara si deteriora su capacidad de respirar, empaña sus ojos, o deteriora su visión.

¿CÓMO DEBO QUITARME LA MÁSCARA SI QUIERO REUTILIZARLA?
Actúa como si el frente de la máscara estuviera contaminado. Lávese bien las manos y quítese la máscara lentamente y con cuidado usando los ganchos para los oídos a los lados. Inspeccione la mascara visualmente por contaminación o distorsion. No coloque la máscara sobre una superficie, ya que puede contaminarla.

¿QUÉ DEBO HACER SI LA MÁSCARA ESTÁ DAÑADA?
Cualquier máscara que esté sucia, rasgada o saturada debe tirarse a la basura estándar siempre que no muestre ninguno de los síntomas de COVID-19 . Si usted tiene síntomas contacte a los servicios de salud, y siga las políticas y procedimientos de médicos actuales.

¿CUÁNTO TIEMPO PUEDO SEGUIR USANDO UNA MÁSCARA?
Puede continuar usando una máscara de tela o papel siempre y cuando exista un estado de emergencia para el brote de COVID-19 en su estado. Sin embargo, se puede revocar el permiso a discreción de CoreCivic si es necesario para cumplir con las órdenes estatales o federales aplicables, las directivas de los socios, para garantizar el funcionamiento ordenado de las instituciones de CoreCivic o para promover la salud y la seguridad de los reclusos y el personal.

RECUERDA



CoreCivic

Staff Use of Cloth or Paper Surgical Masks

You will soon be provided with a cloth or surgical paper face mask which you may voluntarily use during the course of your work duties for CoreCivic. Here are a few answers to common questions regarding the use of these masks.

CAN I WEAR MY OWN MASK?
If you already have a cloth or paper mask, you can start using it immediately. Although plain unmarked or non-patterned are preferred, any designs or markings on a personal mask should be inoffensive and comply with our PRIDE statement.

CAN I WEAR A MASK WHEN I ENTER A FACILITY?
You can wear your mask at any time, however, it must be removed when entering/exiting the facility, and any other time a positive identification needs to be made.

HOW DO I WEAR THE MASK?
Make sure the mask covers both your nose and mouth at all times, and is adjusted to fit securely as needed. Keep it below your eyes and out of your field of vision, and don't let it hang down below your neck. Don't wear a mask if it impairs your ability to breathe, fogs up your eye glasses, or impairs your vision.

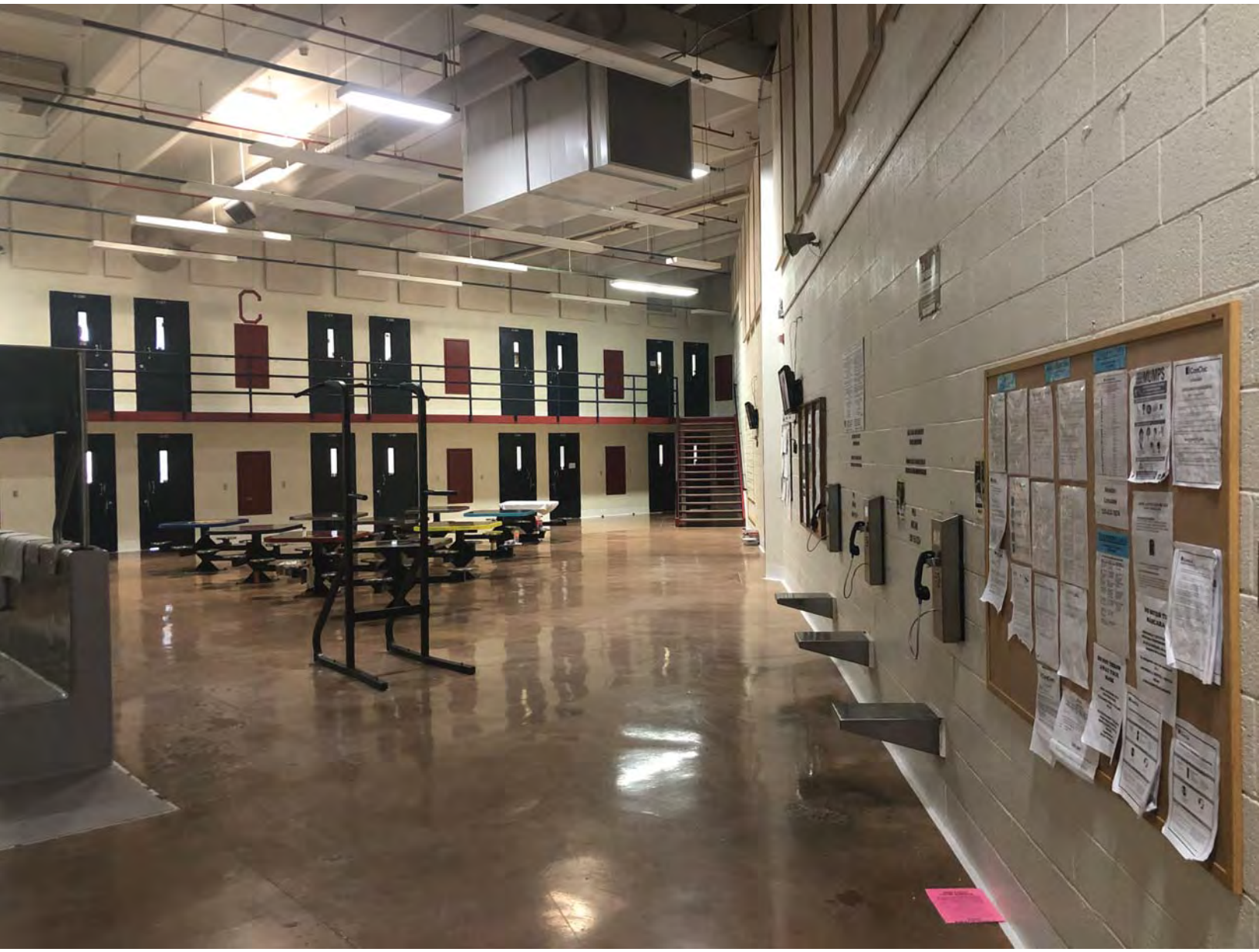
HOW SHOULD I TAKE MY MASK OFF IF I WANT TO REUSE IT?
Act as though the front of the mask is contaminated. Wash your hands thoroughly and remove the mask slowly and carefully using the ear loops on the side. Visually inspect it for contamination, or distortion in shape or form. Don't lay the mask on a surface as it may contaminate the surface. Launder cloth masks after each use.

WHAT SHOULD I DO IF THE MASK IS DAMAGED?
Any mask that is soiled, torn, or saturated should be thrown away in standard garbage bin unless you are experiencing COVID-19 symptoms. In that case, dispose of the mask as you would contaminated medical waste. If you are symptomatic, please notify your supervisor that you need to leave the facility and follow the current HR and medical policies and procedures currently in effect.

HOW LONG CAN I CONTINUE TO WEAR A MASK?
You can continue to wear a cloth or paper mask as long as a State of Emergency is in effect for the COVID-19 outbreak in your state. However, permission may be revoked at the discretion of CoreCivic if necessary in order to comply with applicable state or federal orders, partner directives, to ensure the orderly operation of CoreCivic institutions, or to promote the health and safety of inmates and staff.

REMEMBER
Even if you use a cloth or surgical paper mask, you should continue to follow **current CDC guidelines** to prevent the spread of COVID-19, including social distancing, frequent hand washing, and avoiding touching to eyes, nose and mouth. If you are in a position or perform a specific task that requires the specific use of Personal Protective Equipment (PPE), you are required to use the PPE supplied by CoreCivic.

ATTACHMENT 23
Declaration of K. Kline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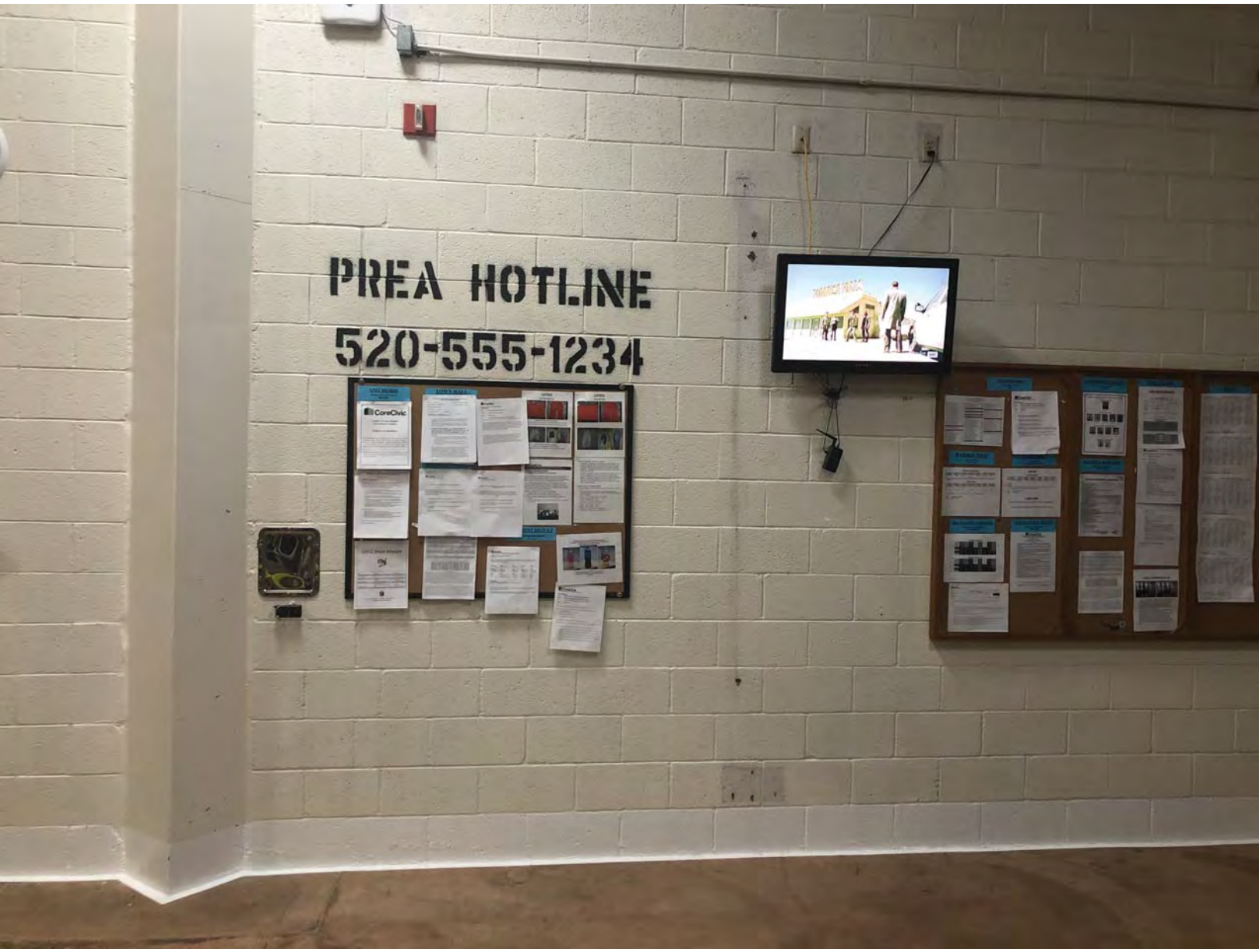
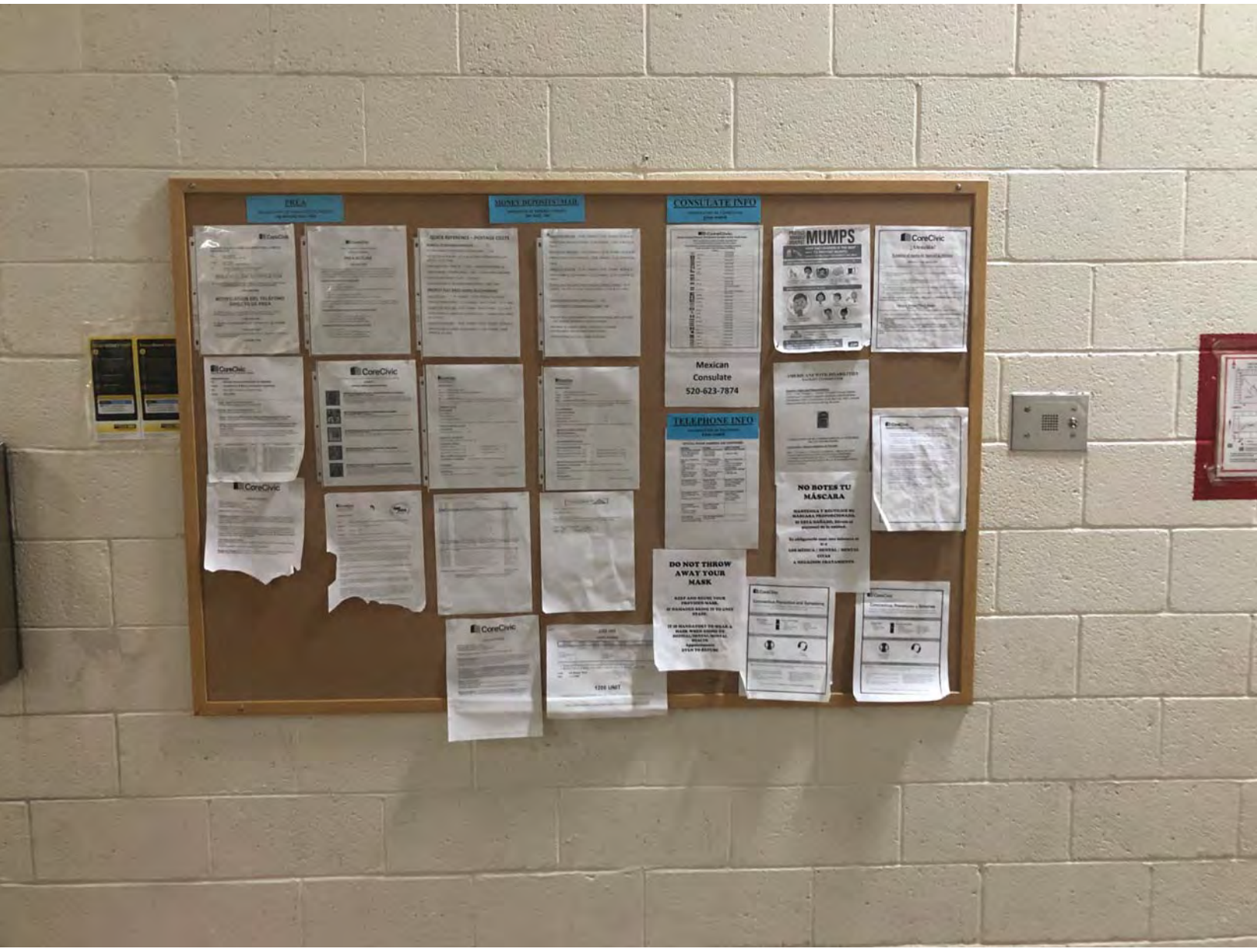
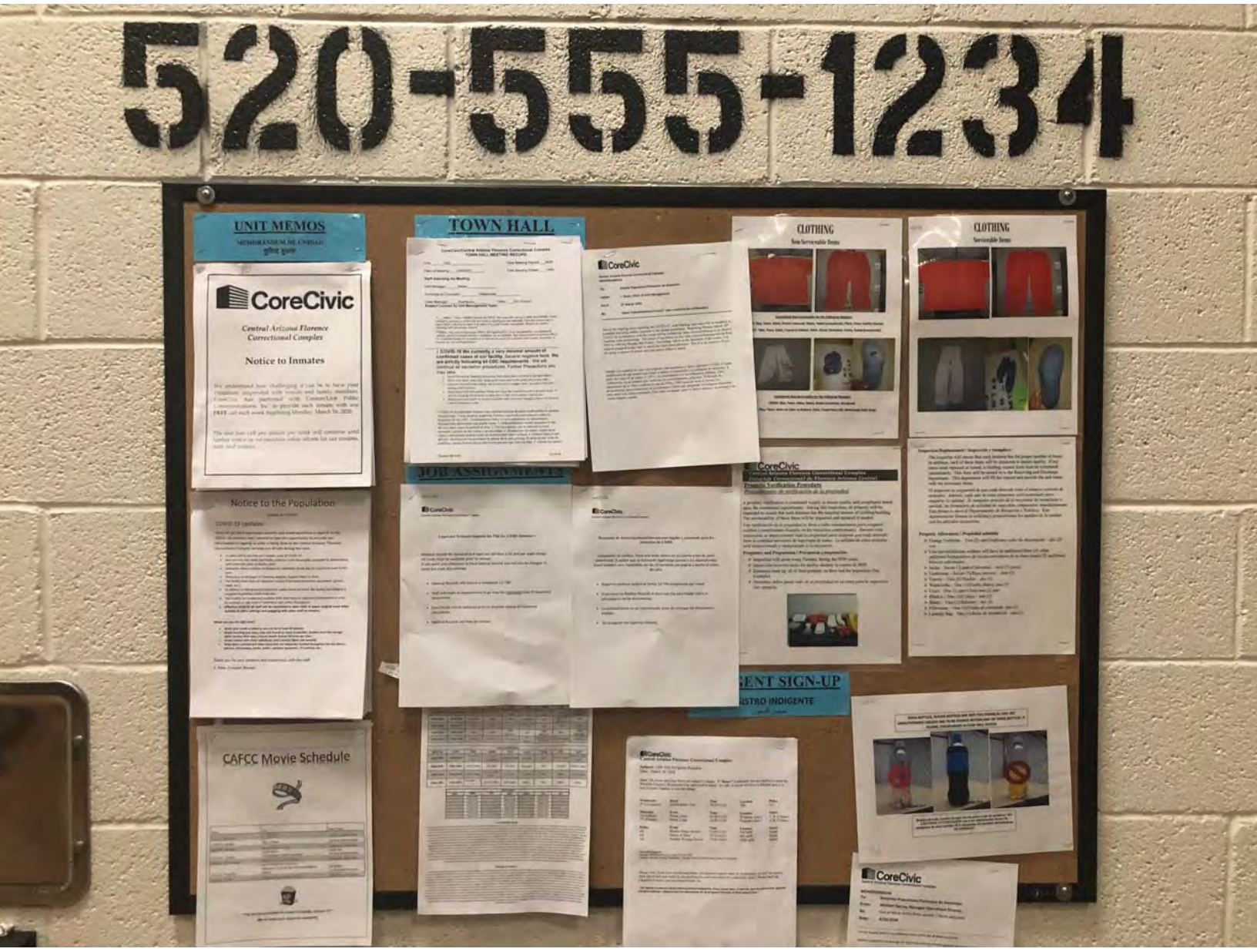
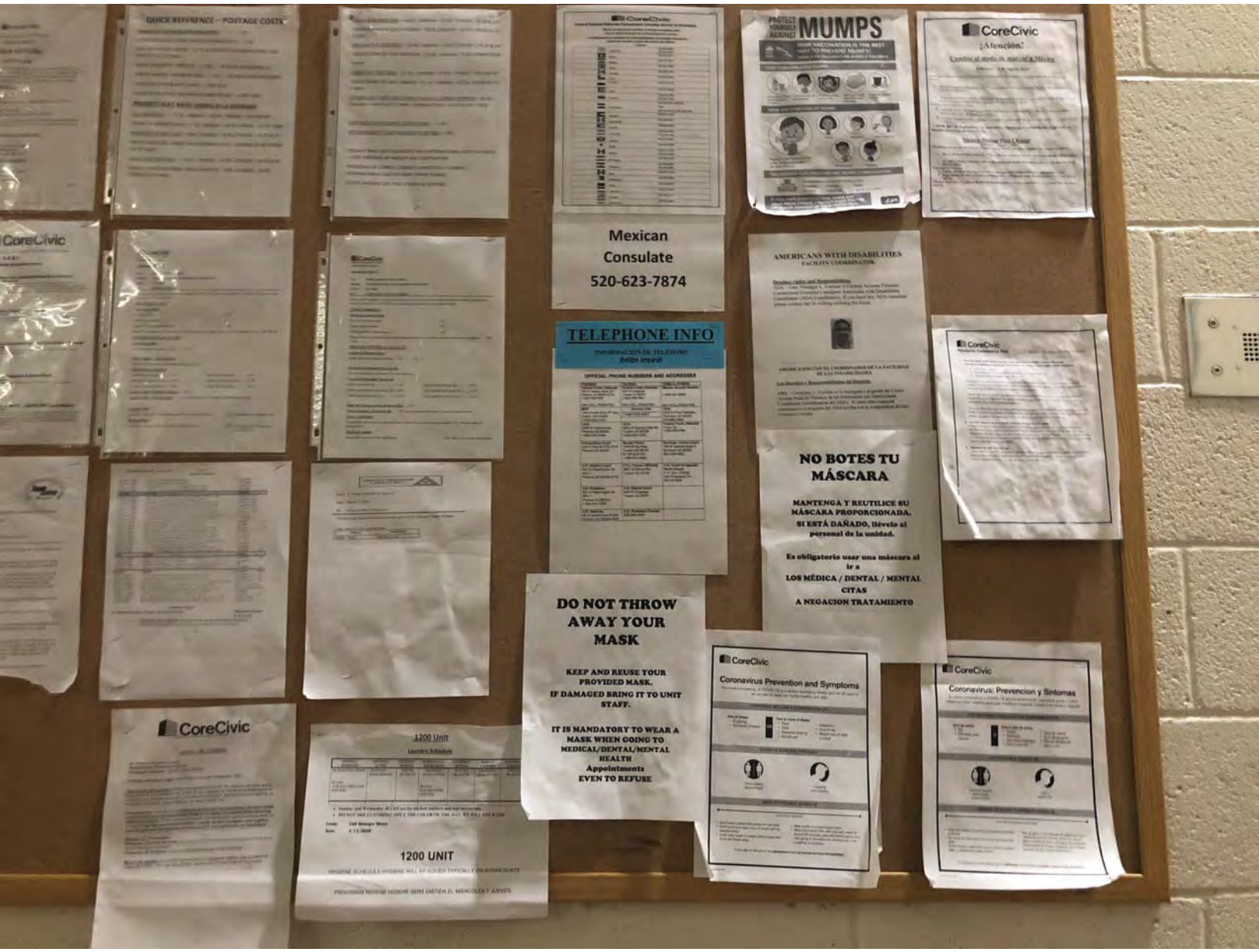
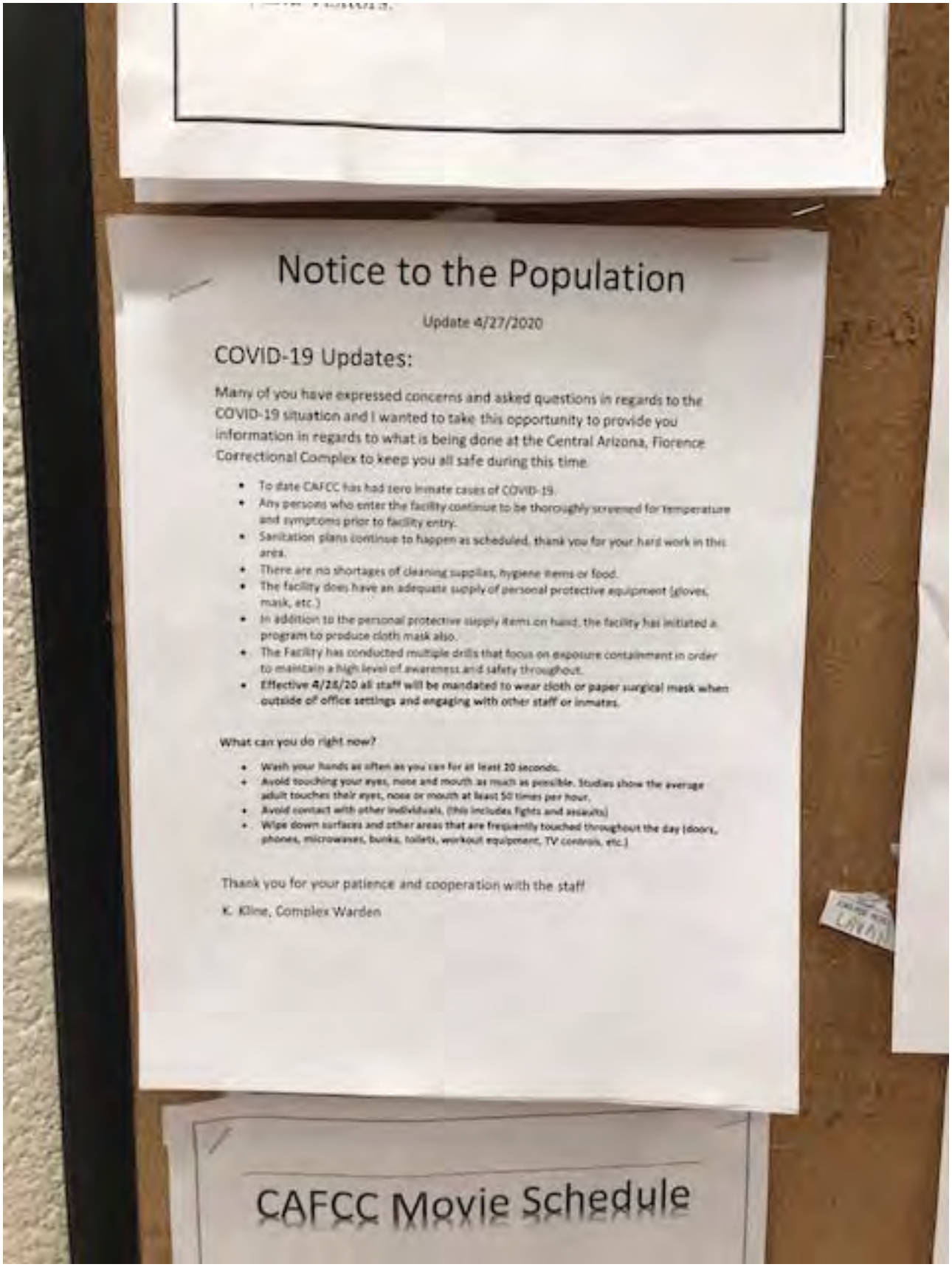

PREA HOTLINE
520-555-1234
CoreCivic


PREA
MONEY DEPOSITS/MAIL
CONSULATE INFO
MUMPS
Mexican
Consulate
520-623-7874
TELEPHONE INFO
NO BOTES TU
MÁSCARA
DO NOT THROW
AWAY YOUR
MASK
CoreCivic


520-555-1234
UNIT MEMOS
TOWN HALL
CoreCivic
Central Arizona Florence Correctional Complex
Notice to Inmates
Notice to the Population
CAFCC Movie Schedule
CLOTHING
CLOTHING
JOB ASSIGNMENTS
CoreCivic


CoreCivic
MUMPS
Mexican
Consulate
520-623-7874
TELEPHONE INFO
NO BOTES TU
MÁSCARA
MANTENGA Y REUTILICE SU
MÁSCARA PROPORCIONADA.
SI ESTÁ DAÑADO, llévelo al
personal de la unidad.
Es obligatorio usar una máscara al
ir a
LOS MÉDICA / DENTAL / MENTAL
CITAS
A NEGACION TRATAMIENTO
DO NOT THROW
AWAY YOUR
MASK
KEEP AND REUSE YOUR
PROVIDED MASK.
IF DAMAGED BRING IT TO UNIT
STAFF.
IT IS MANDATORY TO WEAR A
MASK WHEN GOING TO
MEDICAL/DENTAL/MENTAL
HEALTH
Appointments
EVEN TO REFUSE
Coronavirus Prevention and Symptoms
Coronavirus: Prevencion y Sintomas
1200 UNIT


DO NOT THROW AWAY YOUR MASK
KEEP AND REUSE YOUR PROVIDED MASK.
IF DAMAGED BRING IT TO UNIT STAFF.
IT IS MANDATORY TO WEAR A MASK WHEN GOING TO MEDICAL/DENTAL/MENTAL HEALTH Appointments EVEN TO REFUSE
ON WEDNESDAYS
ES Y JUEVES.



Notice to the Population

Update 4/27/2020

COVID-19 Updates:

Many of you have expressed concerns and asked questions in regards to the COVID-19 situation and I wanted to take this opportunity to provide you information in regards to what is being done at the Central Arizona, Florence Correctional Complex to keep you all safe during this time.

- To date CAFCC has had zero inmate cases of COVID-19.
- Any persons who enter the facility continue to be thoroughly screened for temperature and symptoms prior to facility entry.
- Sanitation plans continue to happen as scheduled, thank you for your hard work in this area.
- There are no shortages of cleaning supplies, hygiene items or food.
- The facility does have an adequate supply of personal protective equipment (gloves, mask, etc.)
- In addition to the personal protective supply items on hand, the facility has initiated a program to produce cloth mask also.
- The Facility has conducted multiple drills that focus on exposure containment in order to maintain a high level of awareness and safety throughout.
- **Effective 4/28/20 all staff will be mandated to wear cloth or paper surgical mask when outside of office settings and engaging with other staff or inmates.**

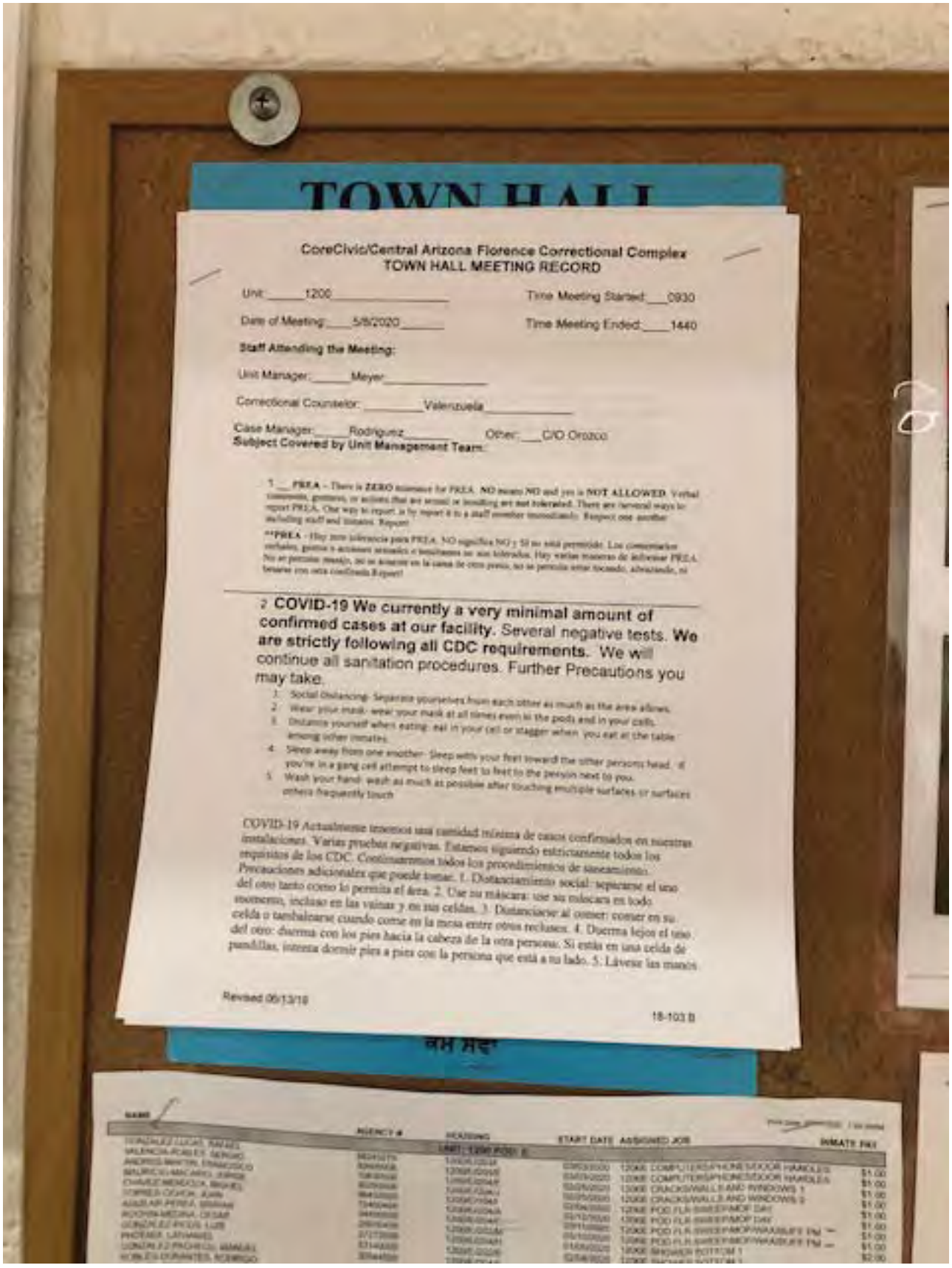
What can you do right now?

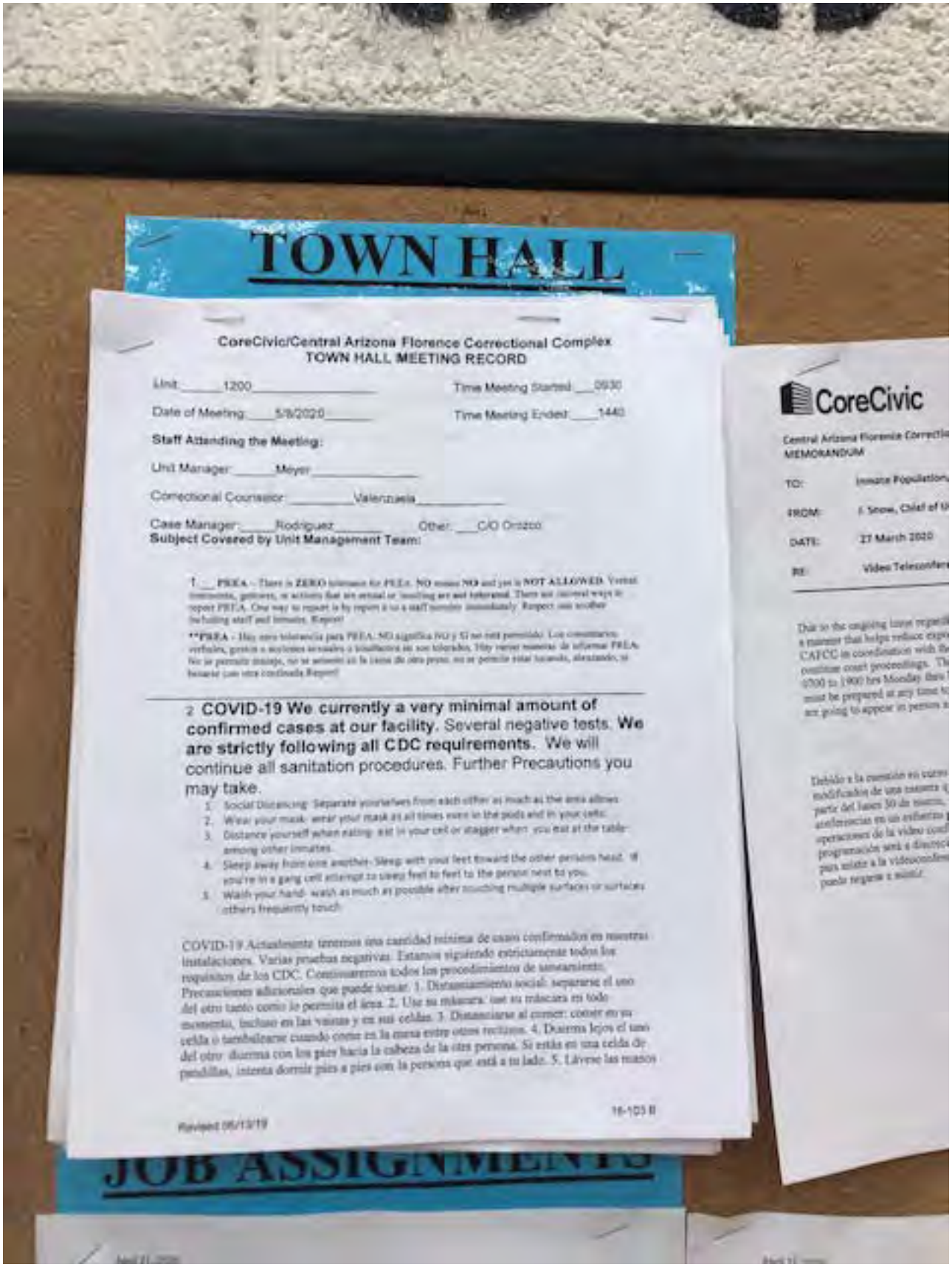
- **Wash your hands as often as you can for at least 20 seconds.**
- **Avoid touching your eyes, nose and mouth as much as possible. Studies show the average adult touches their eyes, nose or mouth at least 50 times per hour.**
- **Avoid contact with other individuals. (this includes fights and assaults)**
- **Wipe down surfaces and other areas that are frequently touched throughout the day (doors, phones, microwaves, bunks, toilets, workout equipment, TV controls, etc.)**

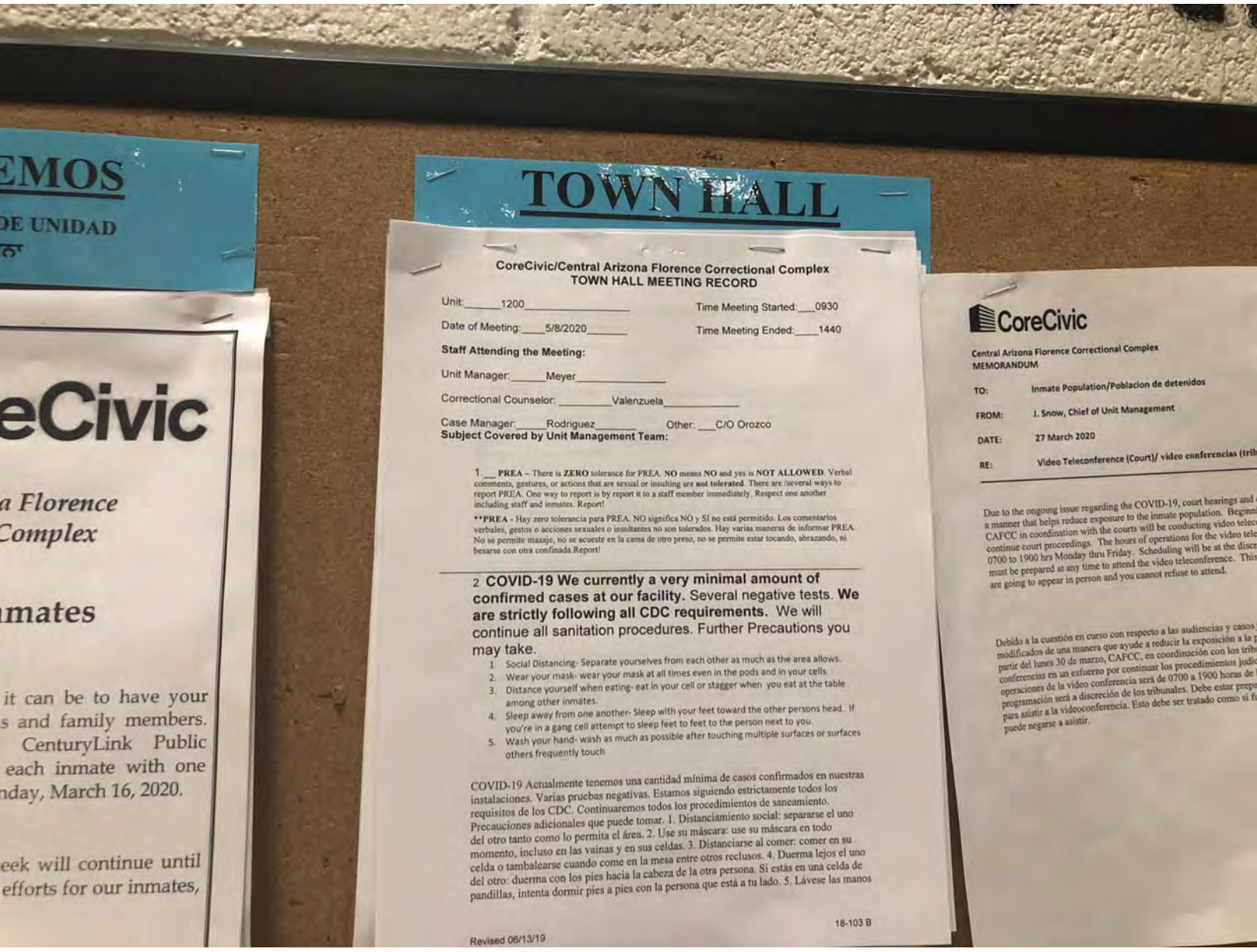
Thank you for your patience and cooperation with the staff

K. Kline, Complex Warden

CAFCC Movie Schedule


TOWN HALL
CoreCivic/Central Arizona Florence Correctional Complex
TOWN HALL MEETING RECORD
Unit: 1200
Time Meeting Started: 0930
Date of Meeting: 5/8/2020
Time Meeting Ended: 1440
Staff Attending the Meeting:
Unit Manager: Meyer
Correctional Counselor: Valenzuela
Case Manager: Rodriguez
Other: C/O Orozco
Subject Covered by Unit Management Team:
1 PREA - There is ZERO tolerance for PREA. NO means NO and yes is NOT ALLOWED.
**PREA - Hay cero tolerancia para PREA. NO significa NO y Sí no está permitido.
2 COVID-19 We currently a very minimal amount of confirmed cases at our facility. Several negative tests. We are strictly following all CDC requirements. We will continue all sanitation procedures. Further Precautions you may take.
1. Social Distancing- Separate yourselves from each other as much as the area allows.
2. Wear your mask- wear your mask at all times even in the pods and in your cells.
3. Distance yourself when eating- eat in your cell or stagger when you eat at the table among other inmates.
4. Sleep away from one another- Sleep with your feet toward the other persons head. If you're in a gang cell attempt to sleep feet to feet to the person next to you.
5. Wash your hand- wash as much as possible after touching multiple surfaces or surfaces others frequently touch
COVID-19 Actualmente tenemos una cantidad mínima de casos confirmados en nuestras instalaciones. Varias pruebas negativas. Estamos siguiendo estrictamente todos los requisitos de los CDC. Continuaremos todos los procedimientos de saneamiento.
Precauciones adicionales que puede tomar. 1. Distanciamiento social: sepárense el uno del otro tanto como lo permita el área. 2. Use su máscara: use su máscara en todo momento, incluso en las vainas y en sus celdas. 3. Distanciarse al comer: comer en su celda o tambalearse cuando come en la mesa entre otros reclusos. 4. Duerma lejos el uno del otro: duerma con los pies hacia la cabeza de la otra persona. Si está en una celda de pandillas, intenta dormir pies a pies con la persona que está a su lado. 5. Lávese las manos
Revised 06/13/19
18-103 B


TOWN HALL
CoreCivic/Central Arizona Florence Correctional Complex
TOWN HALL MEETING RECORD
Unit: 1200
Time Meeting Started: 0930
Date of Meeting: 5/8/2020
Time Meeting Ended: 1440
Staff Attending the Meeting:
Unit Manager: Meyer
Correctional Counselor: Valenzuela
Case Manager: Rodriguez
Other: C/O Orozco
Subject Covered by Unit Management Team:
1. PREA - There is ZERO tolerance for PREA. NO means NO and yes is NOT ALLOWED.
**PREA - Hay cero tolerancia para PREA. NO significa NO y Si no está permitido.
2 COVID-19 We currently a very minimal amount of confirmed cases at our facility. Several negative tests. We are strictly following all CDC requirements. We will continue all sanitation procedures. Further Precautions you may take.
1. Social Distancing: Separate yourselves from each other as much as the area allows
2. Wear your mask: wear your mask at all times even in the pods and in your cells.
3. Distance yourself when eating: eat in your cell or stagger when you eat at the table among other inmates.
4. Sleep away from one another- Sleep with your feet toward the other persons head. If you're in a gang cell attempt to sleep feet to feet to the person next to you.
5. Wash your hand- wash as much as possible after touching multiple surfaces or surfaces others frequently touch
COVID-19 Actualmente tenemos una cantidad mínima de casos confirmados en nuestras instalaciones. Varias pruebas negativas. Estamos siguiendo estrictamente todos los requisitos de los CDC. Continuaremos todos los procedimientos de saneamiento. Precauciones adicionales que puede tomar: 1. Distanciamiento social: separarse el uno del otro tanto como lo permita el área. 2. Use su máscara: use su máscara en todo momento, incluso en las vainas y en sus celdas. 3. Distanciarse al comer: comer en su celda o tambalearse cuando come en la mesa entre otros reclusos. 4. Duerma lejos el uno del otro: duerma con los pies hacia la cabeza de la otra persona. Si está en una celda de pandillas, intenta dormir pies a pies con la persona que está a su lado. 5. Lávese las manos
Revised 05/13/19
16-103 B
JOB ASSIGNMENTS
CoreCivic
Central Arizona Florence Correctional
MEMORANDUM
TO: Inmate Population
FROM: J. Snow, Chief of
DATE: 27 March 2020
RE: Video Teleconfer


EMOS
DE UNIDAD
eCivic
a Florence
Complex
mates
it can be to have your
s and family members.
CenturyLink Public
each inmate with one
nday, March 16, 2020.
eek will continue until
efforts for our inmates,
TOWN HALL
CoreCivic/Central Arizona Florence Correctional Complex
TOWN HALL MEETING RECORD
Unit: 1200
Time Meeting Started: 0930
Date of Meeting: 5/8/2020
Time Meeting Ended: 1440
Staff Attending the Meeting:
Unit Manager: Meyer
Correctional Counselor: Valenzuela
Case Manager: Rodriguez
Other: C/O Orozco
Subject Covered by Unit Management Team:
1. PREA – There is ZERO tolerance for PREA. NO means NO and yes is NOT ALLOWED. Verbal comments, gestures, or actions that are sexual or insulting are not tolerated. There are /several ways to report PREA. One way to report is by report it to a staff member immediately. Respect one another including staff and inmates. Report!
**PREA - Hay zero tolerancia para PREA. NO significa NO y SI no está permitido. Los comentarios verbales, gestos o acciones sexuales o insultantes no son tolerados. Hay varias maneras de informar PREA. No se permite masaje, no se acueste en la cama de otro preso, no se permite estar tocando, abrazando, ni besarse con otra confinada.Report!
2 COVID-19 We currently a very minimal amount of confirmed cases at our facility. Several negative tests. We are strictly following all CDC requirements. We will continue all sanitation procedures. Further Precautions you may take.
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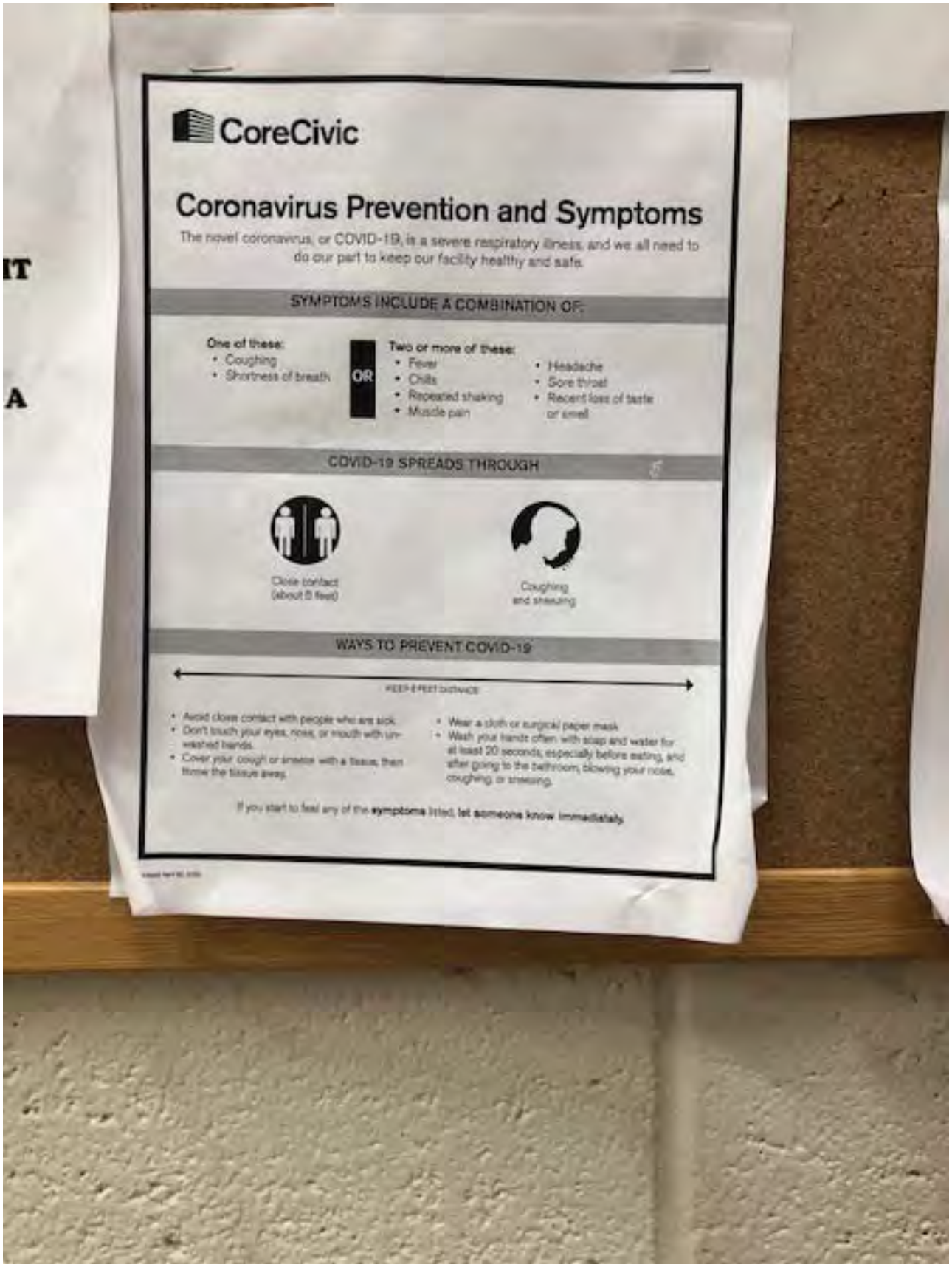
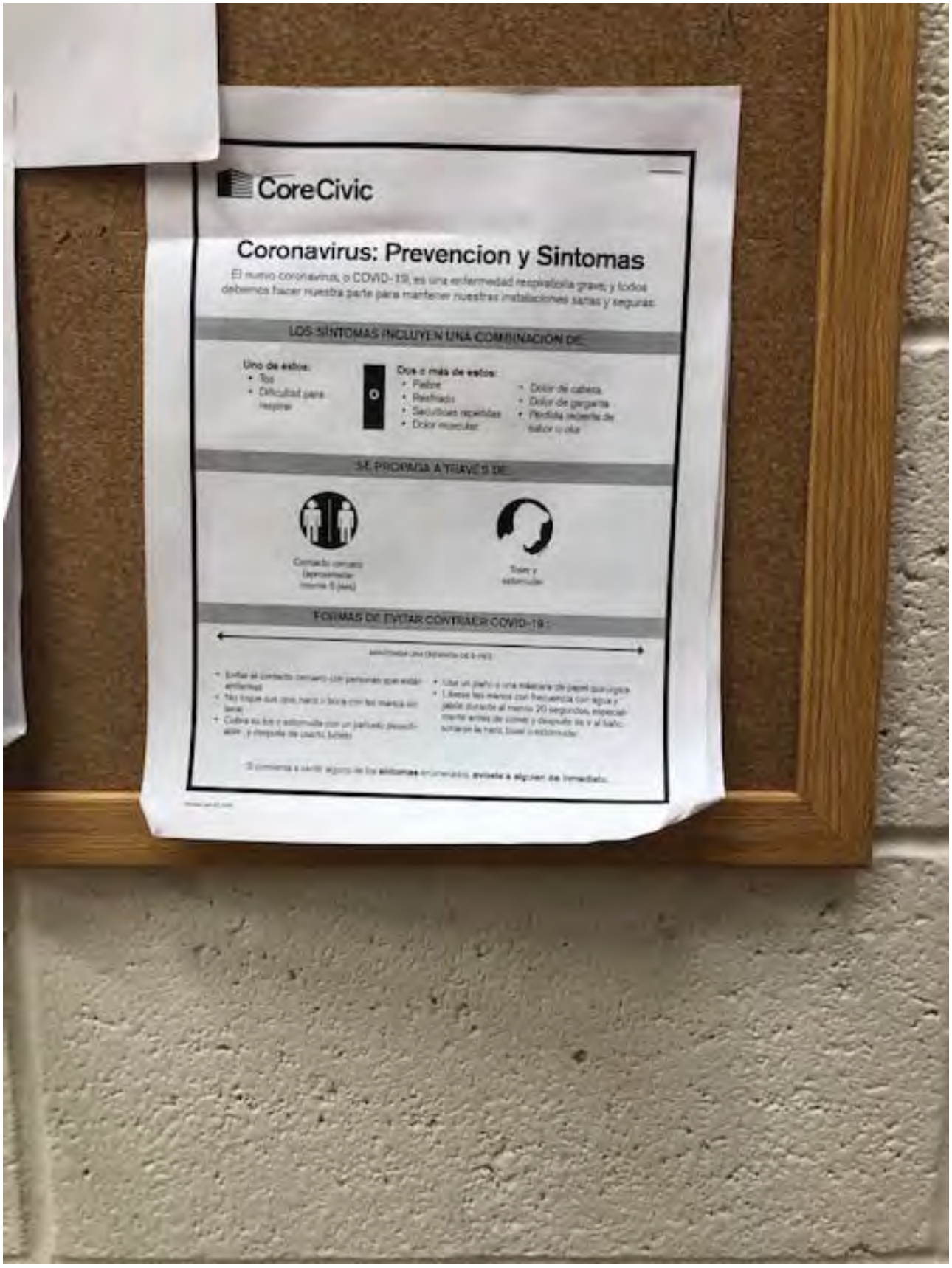
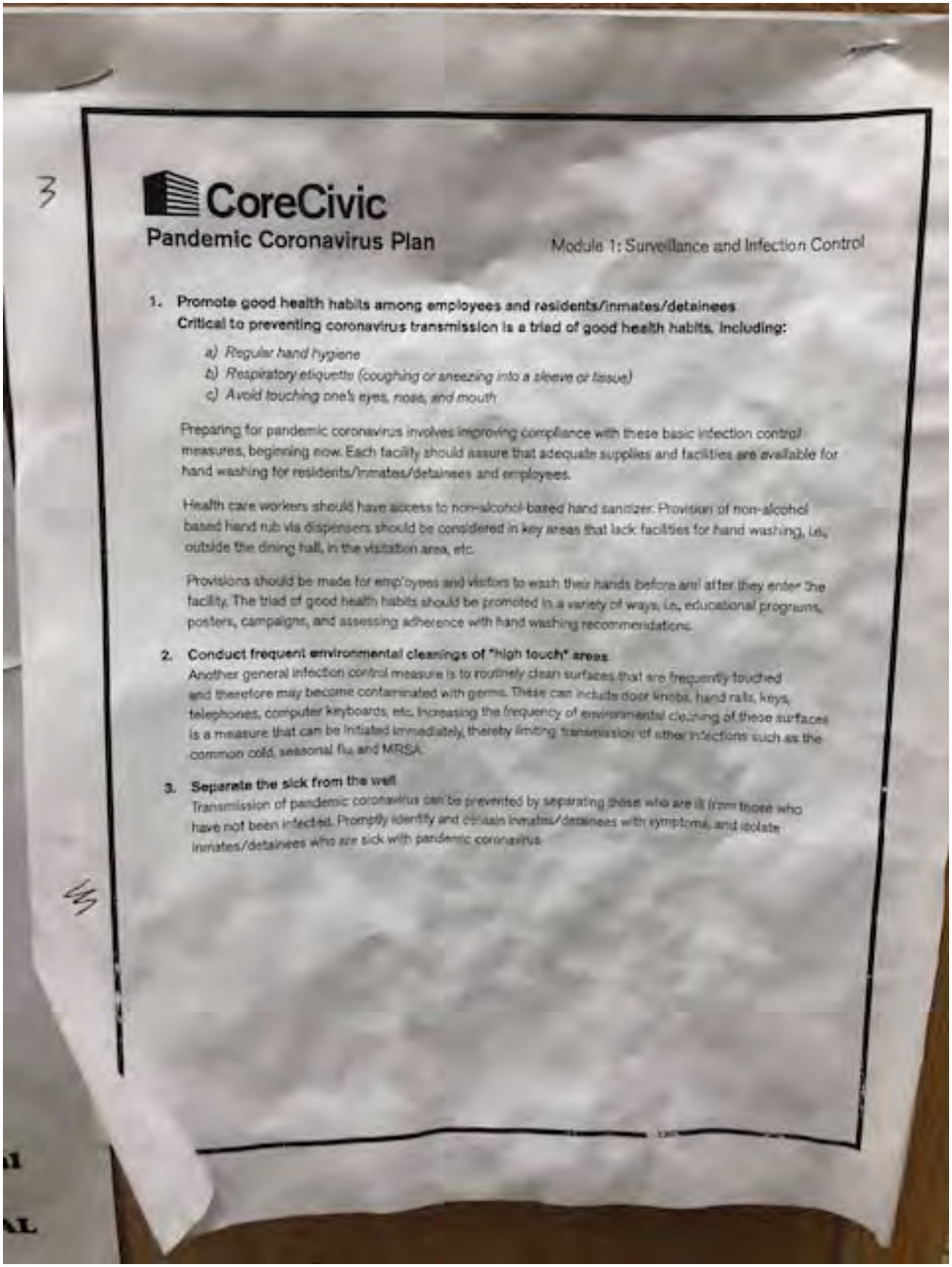
18-103 B
Revised 06/13/19
CoreCivic
Central Arizona Florence Correctional Complex
MEMORANDUM
TO: Inmate Population/Poblacion de detenidos
FROM: J. Snow, Chief of Unit Management
DATE: 27 March 2020
RE: Video Teleconference (Court)/ video conferencias (trib
Due to the ongoing issue regarding the COVID-19, court hearings and
a manner that helps reduce exposure to the inmate population. Beginni
CAFCC in coordination with the courts will be conducting video telec
continue court proceedings. The hours of operations for the video tele
0700 to 1900 hrs Monday thru Friday. Scheduling will be at the discr
must be prepared at any time to attend the video teleconference. This
are going to appear in person and you cannot refuse to attend.
Debido a la cuestión en curso con respecto a las audiencias y casos
modificados de una manera que ayude a reducir la exposición a la p
partir del lunes 30 de marzo, CAFCC, en coordinación con los trib
conferencias en un esfuerzo por continuar los procedimientos judic
operaciones de la video conferencia será de 0700 a 1900 horas de
programación será a discreción de los tribunales. Debe estar prepa
para asistir a la videoconferencia. Esto debe ser tratado como si fu
puede negarse a asistir.


CoreCivic
Coronavirus Prevention and Symptoms
The novel coronavirus, or COVID-19, is a severe respiratory illness, and we all need to do our part to keep our facility healthy and safe.
SYMPTOMS INCLUDE A COMBINATION OF:
One of these:
• Coughing
• Shortness of breath
OR
Two or more of these:
• Fever
• Chills
• Repeated shaking
• Muscle pain
• Headache
• Sore throat
• Recent loss of taste or smell
COVID-19 SPREADS THROUGH
Close contact (about 6 feet)
Coughing and sneezing
WAYS TO PREVENT COVID-19
KEEP 6 FEET DISTANCE
• Avoid close contact with people who are sick.
• Don't touch your eyes, nose, or mouth with unwashed hands.
• Cover your cough or sneeze with a tissue, then throw the tissue away.
• Wear a cloth or surgical paper mask
• Wash your hands often with soap and water for at least 20 seconds, especially before eating, and after going to the bathroom, blowing your nose, coughing, or sneezing.
If you start to feel any of the symptoms listed, let someone know immediately.


CoreCivic
Coronavirus: Prevencion y Sintomas
El nuevo coronavirus, o COVID-19, es una enfermedad respiratoria grave, y todos debemos hacer nuestra parte para mantener nuestras instalaciones sanas y seguras.
LOS SÍNTOMAS INCLUYEN UNA COMBINACIÓN DE:
Uno de estos:
• Tos
• Dificultad para respirar
O
Dos o más de estos:
• Fiebre
• Resfriado
• Sacudidas repetidas
• Dolor muscular
• Dolor de cabeza
• Dolor de garganta
• Pérdida reciente de sabor o olor
SE PROPAGA A TRAVÉS DE:
Contacto cercano (aproximadamente menos 6 pies)
Tose y estornuda
FORMAS DE EVITAR CONTRAER COVID-19:
• Evitar el contacto cercano con personas que están enfermas
• No toque sus ojos, nariz o boca con las manos sin lavar
• Cubra su tos y estornude con un pañuelo desechable, y deseche de inmediato
• Use un pañuelo o una manga de papel, no la mano
• Lávese las manos con frecuencia con agua y jabón durante al menos 20 segundos, especialmente antes de comer y después de ir al baño; cuando se haya sonado la nariz, tosido o estornudado
Si comienza a tener algunos de los síntomas enumerados, avísele a alguien de inmediato.



CoreCivic

Pandemic Coronavirus Plan

Module 1: Surveillance and Infection Control

1. **Promote good health habits among employees and residents/inmates/detainees**
   Critical to preventing coronavirus transmission is a triad of good health habits, including:
   - a) *Regular hand hygiene*
   - b) *Respiratory etiquette (coughing or sneezing into a sleeve or tissue)*
   - c) *Avoid touching one's eyes, nose, and mouth*

   Preparing for pandemic coronavirus involves improving compliance with these basic infection control measures, beginning now. Each facility should assure that adequate supplies and facilities are available for hand washing for residents/inmates/detainees and employees.

   Health care workers should have access to non-alcohol-based hand sanitizer. Provision of non-alcohol based hand rub via dispensers should be considered in key areas that lack facilities for hand washing, i.e., outside the dining hall, in the visitation area, etc.

   Provisions should be made for employees and visitors to wash their hands before and after they enter the facility. The triad of good health habits should be promoted in a variety of ways, i.e., educational programs, posters, campaigns, and assessing adherence with hand washing recommendations.

2. **Conduct frequent environmental cleanings of "high touch" areas**
   Another general infection control measure is to routinely clean surfaces that are frequently touched and therefore may become contaminated with germs. These can include door knobs, hand rails, keys, telephones, computer keyboards, etc. Increasing the frequency of environmental cleaning of these surfaces is a measure that can be initiated immediately, thereby limiting transmission of other infections such as the common cold, seasonal flu, and MRSA.

3. **Separate the sick from the well**
   Transmission of pandemic coronavirus can be prevented by separating those who are ill from those who have not been infected. Promptly identify and obtain inmates/detainees with symptoms, and isolate inmates/detainees who are sick with pandemic coronavirus.

ATTACHMENT 24
Declaration of K. Kline

CoreCivic

COVID-19
Information for Inmates and Detainees

The **novel coronavirus, or COVID-19,** is a respiratory illness that is easily transmissible through the air and on surfaces if prevention measures are not followed. We all need to do our part to keep our facility safe and healthy.

SYMPTOMS OF COVID-19

Fever

Coughing

Shortness of breath

COVID-19 SPREADS THROUGH

Close contact
(about 6 feet)

Coughing
and sneezing

Touching a contaminated surface and then touching your eyes, nose or mouth

HOW TO PREVENT COVID-19

KEEP 6 FEET DISTANCE

- Avoid close contact with people who are sick
- Don't touch your eyes, nose, or mouth
- Cover your cough or sneeze with a sleeve, not your hand
- Wash your hands often with soap and water for at least 20 seconds, especially before eating, and after going to the bathroom, blowing your nose, coughing, or sneezing

If you start to feel any of the **symptoms** listed, fill out a **sick call request immediately.** Alert a staff member if you notice someone else looking unwell. Requests consistent with the symptoms of COVID-19 will be prioritized.

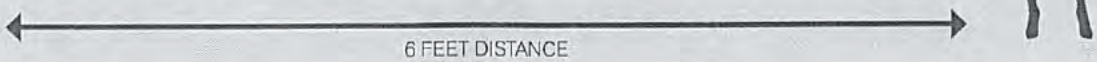
ATTACHMENT 25

Declaration of K. Kline

CoreCivic

Social Distancing 101

Social distancing means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.



INDIVIDUALS AND FAMILY

- Stay home and do not go out in public when you are sick
- Avoid medical settings unless necessary
- Avoid handshakes
- Avoid public transportation or go early or late to avoid rush-hour overcrowding
- Avoid large gatherings such as sporting events, concerts and movie theaters
- Practice good personal hygiene habits

AT WORK

- Work in ways that minimize close contact with people
- Minimize groups over 10 people
- Avoid in-person meetings; use online conferencing
- Unavoidable in-person meetings should be short and in a large meeting room where people can sit at least three feet from each other
- Eliminate unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions
- Do not congregate in work rooms, copier rooms or other areas where people socialize

THOSE AT HIGHER RISK

Health officials recommend that people with higher risk of severe illness should stay home and away from large groups of people. Those at higher risk include people:

- Over 60 years of age
- With underlying health conditions
- With weakened immune systems
- Who are pregnant

REMEMBER TO TAKE EVERYDAY PRECAUTIONS

- Wash your hands for at least 20 seconds with soap and water
- Avoid touching your face, nose and eyes
- Avoid close contact with sick people
- Stay home if you are sick
- Cover your nose or mouth when you cough or sneeze

ATTACHMENT 26
Declaration of K. Kline

CoreCivic/Central Arizona Florence Correctional Complex
TOWN HALL MEETING RECORD

Unit: _____**800**_____ Time Meeting started: __ 0904 hrs._____

Date of Meeting: ____**3/12/2020**_____ Time Meeting Ended: ___ 1033 hrs._____

A_____0904-0918_____
B_____0919-0932_____
C_____0932-0947_____
D_____0947-1001_____
E_____1007-1024_____
F_____1024-1033_____

Staff Attending the Meeting:

Unit Manager: _____**Aguilar** _____

Correctional Counselor: ___**Madoneczky and Cordova** _____

Case Manager: __**B. Gonzalez and J. Gomez**_____Other: _____

Subject Covered by Unit Management Team:

1. **PREA - Zero tolerance**, you can report any occurrence to any staff member or use the phone number provided in the pods.

Verbal Reporting

Calling the facility's twenty-four (24) hour toll-free notification telephone number;

Verbally telling any employee, including the facility Chaplain;

Calling or writing someone outside the facility who can notify facility staff;

Calling the Office of Inspector General (OIG).

Written Reporting

Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call;

Submitting a facility grievance form as outlined below in 14-2.4. L.;

Forwarding a letter, sealed and marked "confidential", to the Warden/Administrator or any other employee;

Forwarding a letter to the CoreCivic Managing Director, Facility Operations,

Calling or writing someone outside the facility who can notify facility staff;

PREA – Cero tolerancias, puede informar de cualquier suceso a cualquier miembro del personal o usar el número de teléfono proporcionado en las unidades.

Informes verbales

Llamar a número de teléfono de notificación de veinticuatro 24 horas de la institución;

Diciendo verbalmente a cualquier empleado, incluyendo al capellán de la institución;

Informes escritos

Presentando una solicitud para reunirse con el personal de servicios de salud o informe a un miembro del personal de los servicios de salud durante llamada de enfermos;

Enviar un formulario de queja de institución como se indica a continuación en 14-2.4. L.;

Una carta, sellado y marcado "confidencial", el director o administrador o cualquier otro empleado;

Envío una carta al Director Gerente de CoreCivic, las operaciones de institución,

Llamando o escribiendo a alguien fuera de la institución que puede notificar a personal de la institución;

2. **CELL COMPLIANCE-** All cells need to be in compliance as posted on the housing/pod rules in each pod. Specifically all beds need to be made by 0800 daily, there are to be no pictures up on the walls, clotheslines are NOT permitted. Lights, window and vents will remain clear at all times. Failure to comply may result in disciplinary action.

Todos los cuartos necesitan estar en cumplimiento como en la normativa de vivienda en cada unidad. Específicamente todas las camas necesitan que estar tendidas para las 0800 horas todos los días. No pueden tener fotos en las paredes, líneas de ropa no se permiten. No tapen la luz, ventanas, ventilaciones en ningún tiempo. Puede ser sujeto a disciplinario

3. **PERSONAL ITEMS LEFT OUT -**You cannot leave out any personal items in the dayroom during counts or lockdowns. You can only have them out while you are currently using them and need to put them away in your cells when you are finished using them and during all lock down times. **No clothing or personal items on the shower wall. No clothing draped on the laundry cart.**

No se puede dejar artículos personales en las mesas o cualquier parte de la vivienda. Sólo puede tener hacia fuera mientras que usted está usando actualmente y necesita ponerlos lejos en sus cuartos cuando haya terminado de usarlos y durante de las cuentas. No pongan artículos personales o ropa en el área de los baños y no ponga a secar ropa en el carro de lavandería.

4. **3RD BUNK and SECURITY LIGHTS -**All items must be cleared off the third bunk and light fixtures. No items are allowed on the third bunk or security lights. No exceptions.

Todos los articulo deben ser liberados de la tercera cama. Artículos no están permitidos en la tercera cama o arriba de las lámparas de seguridad. No hay excepciones.

5. **PROPERTY BAGS –** You are only allowed one property bag.

Se admite una bolsa de pertenencia por detenido.

6. **SANITATION -**You cannot keep or store chemicals in your cell for any reason. If you are found to have chemicals in your cells, you will be subject to receive disciplinary action.

No pueden mantener o almacenar productos químicos en tu cuarto por cualquier motivo. Si encuentran para tener productos químicos en los cuartos, usted será sujeto a recibir acción disciplinaria

7. **INMATE MOVEMENT** – All inmates/detainees must be escorted by a staff to and from the departments calling for them. There will be no movement of unescorted inmates/detainees.

Todos los reclusos/detenidos deben ser acompañados por un personal hacia y desde los departamentos que los llaman. No habrá movimiento de reclusos/detenidos no escoltados.

8. **TOP TIER TRAFFIC** – The top tier is used for passing traffic. There should be no detainee sitting or standing on the top tier to watch TV or talking to one another. Please sit at the tables. Officers should be hindered from walking the stairs or top tier during a security check.

El nivel superior se utiliza para pasar el tráfico. No debe haber ningún detenido sentado o de pie en el nivel superior para ver la televisión o hablar entre sí. Por favor, siéntese en las mesas. Los oficiales deben de tener libre para caminar por las escaleras o el nivel superior durante un control de seguridad.

9**. HALL PASSES –** Be advised, passes are to be used during the times noted on the pass. Do not abuse the pass system to come out at any time with it. You will be addressed immediately to report back to your housing unit after advising you of the proper times.

Tenga en cuenta que los pases deben utilizarse durante los horarios indicados. No abuse del sistema de pases para salir en cualquier momento con él. Se le dirigirá inmediatamente para regreso a su unidad de vivienda después de informarle de los tiempos indicados.

10. **DAYROOM ACTIVITIES –** Shirts must be worn at all times in the dayroom.

Las camisas deben usarse en todo momento en la vivienda.

11. **POD PORTERS –** Pod porters will no longer work during counts. Your job detail needs to be done during dayroom time. Chemicals and cleaning supplies will be issued to accommodate this change.

Los trabajadores ya no se quedarán afuera durante las cuentas. El detalle del trabajo debe hacerse durante el día. Se expedirán productos químicos y artículos de limpieza para adaptarse a este cambio.

12. VENTS – Please do not cover vents with paper/etc. or clog the vents with deodorant/toothpaste. Notify unit staff if the temperature is too cold in the cells or housing unit. Maintenance will then be contacted.

Por favor, no cubra las ventilaciones con papel/ etc. o obstruya las ventilaciones con desodorante / pasta de dientes. Informe al personal de la unidad si la temperatura es demasiado fría en las celdas o en la vivienda. A continuación, se pondrá en contacto con el mantenimiento.

15. RAZORS -Razors need to be turned in for exchange even if it is broken with the blade.

Los rastreos de afeitar deben ser entregados para el intercambio, incluso si está roto con la navaja.

16. TOWELS/CLOTHE LINES –Please do not hang towels from the bunks to obstruct front view. Hang them on the side of the bunk. Do not hang clothing lines.

Por favor, no cuelgue toallas de las camas para obstruir la vista frontal. Cuelge las toallas a los lados y por favor no cuelgue las líneas de ropa.

17. BLUE UNIFORMS – Blue uniforms are not to be worn in the dayroom nor are you to sleep in them. They are to be worn for kitchen detail or working as a line server.

Los uniformes azules no deben usarse en la vivienda. Deben usarse para detalles de cocina o trabajar como servidor de línea.

18. CELL MOVES – You cannot move cells without permission. If you do a disciplinary report will be issued to you. All moves must be approved by the unit team after a review.

No puede mover celdas sin permiso. Si usted lo hace sin permiso, un informe disciplinario será entregado a usted. Todos los movimientos deben ser aprobados por el equipo de la unidad después de una revisión.

19. LINE FOOD AND CONSUMPTION - You are to consume your food from the chow line within one hour of receiving. Do not keep uncovered food in your cell as it attracts insects (ants) into your cell. It is unhygienic for food to be left out uncovered and untouched for days.

Usted debe consumir su comida de la línea dentro de una hora de recibir. No guarde los alimentos descubiertos en su celda, ya que atrae insectos (hormigas) a su celda. No es higiénico que los alimentos se dejen al descubierto y que los dejen durante días así.

20. FLAT RATE PRIORITY ENVELOPES AND BOXES – You are to bring your property you want mailed out to the office to pack up in priority boxes or envelopes. You cannot take them to your cell/housing unit.

Usted debe traer su propiedad que desea enviar por correo a la oficina para empacar en cajas de prioridad o sobres. No puede llevarlos a su celda/unidad de vivienda.

21. CORONA VIRUS (COVID-19) - Effective immediately, the following restrictions are being implemented as a preventative measure to limit exposure to US Marshals Service detainees to the COVID-19 virus:

- **All social visitation (both contact and non-contact) is canceled.**
- **All volunteer activities are canceled and volunteer access to the facility is restricted.**
- **Attorney visitation will continue.**

Efecto inmediato, las siguientes restricciones se están aplicando como medida preventiva para limitar la exposición a los detenidos del servicio de Mariscal los Estados Unidos al virus COVID-19:

- **Todas las visitas sociales (tanto de contacto como sin contacto) se cancelan.**
- **Todas las actividades de voluntariado se cancelan y el acceso voluntario de la institución está restringido.**
- **Las visitas de abogado continuarán**

Concerns brought up by the Detainees:

Comments/Questions:

1. Can the TV's be on at night after 11pm?
*** No. TV's are not allowed to be on after 11pm.**

Preocupaciones supuestas por los detenidos:

Comentarios/preguntas:

1. Se pueden prender las televisiones después de las 11pm?
*** No. Las televisiones no pueden prenderse después de las 11pm.**

Chief of Unit Management: _____ Date: _____

CoreCivic/Central Arizona Florence Correctional Complex
TOWN HALL MEETING RECORD

Unit:_____900_____ Time Meeting Started:___0950

Date of Meeting:_4/13, 4/17 2020_____ Time Meeting Ended:____1015

Staff Attending the Meeting:

Unit Manager:_____Fernandez_____

Correctional Counselor: Melendrez, Muse_____

Case Manager: Quintero_____ Other: ___

Subject Covered by Unit Management Team:

1. PREA – There is **ZERO** tolerance for PREA. **NO** means **NO** and yes is **NOT ALLOWED**. Verbal comments, gestures, or actions that are sexual or insulting are not tolerated. There are /several ways to report PREA. One way to report is by report it to a staff member immediately. Respect one another including staff and inmates.

** **PREA** - Hay zero tolerancia para PREA. NO significa NO y SI no está permitido. Los comentarios verbales, gestos o acciones sexuales o insultantes no son tolerados. Hay varias maneras de informar PREA. No se permite masaje, no se acueste en la cama de otro preso, no se permite estar tocando, abrazando, ni besarse con otra confinada.

_____

2. Sanitation in cells and pods – We have noticed in the last week the sanitation is not what it needs to be. We have a new Unit Staff team here and we will be more engaged in the what goes on in the pods. We will conduct daily walks, looking for things in your cells which you can improve.
** Saneamiento en celdas y vainas: hemos notado en la última semana que el saneamiento no es lo que debe ser. Tenemos un nuevo equipo de personal de la unidad aquí y estaremos más comprometidos con lo que sucede en las cápsulas. Realizaremos caminatas diarias, buscando cosas en sus celdas que pueda mejorar.

_____

3. We have been doing several things at this facility in keeping the population safe from Covid19. Continue to keep your areas clean. Keep your hands away from your face and be mindful of everyone's personal space. We are continuing to spray down handles, doors, etc. We hung up new information this week from our Corporate office regarding Covid. Review it and let us know if you have questions.
** Hemos estado haciendo varias cosas en esta instalación para mantener a la población a salvo de Covid19. Continúa manteniendo tus áreas limpias. Mantenga las manos alejadas de su rostro y tenga en cuenta el espacio personal de todos. Continuamos rociando manijas, puertas, etc. Esta semana colgamos nueva información de nuestra oficina corporativa sobre Covid. Revíselo y háganos saber si tiene preguntas.

_____

4. Lights being covered, bunks being made into tents at night - We are still seeing messy rooms, lights and vents covered. This must be fixed and must remain fixed all during the day. You cannot cover lights and vents at night time. Keep your cells and areas clean. You cannot hang sheets around your bunk while you sleep, prohibiting staff from walking by to see you. We will begin to remove the sheets, towels, blankets if you cover your areas. This will wake you up and cause issues for the cell. Keep them uncovered.
** Luces cubiertas, literas convertidas en carpas por la noche. Todavía vemos habitaciones desordenadas, luces y conductos de ventilación cubiertos. Esto debe ser

reparado y debe permanecer fijo durante todo el día. No puede cubrir luces y respiraderos por la noche. Mantenga sus celdas y áreas limpias. No puedes colgar sábanas alrededor de tu litera mientras duermes, lo que prohíbe que el personal pase a verte. Comenzaremos a quitar las sábanas, toallas, mantas si cubre sus áreas. Esto lo despertará y causará problemas a la célula. Manténgalos descubiertos.

---

5. The court movement and transfer movement has changed a lot with Covid19 here. We are conducting court appearances here at this facility on VTC (video tele-conference.) As of right now, BOP movement has slowed down but they are still taking people they want. We do not know who or what the criteria is but they are still moving who they feel meets their criteria.
** El movimiento de la corte y el movimiento de transferencia ha cambiado mucho con Covid19 aquí. Estamos llevando a cabo apariciones en la corte aquí en este centro en VTC (video teleconferencia). En este momento, el movimiento de BOP se ha ralentizado pero todavía están tomando a las personas que quieren. No sabemos quién o cuáles son los criterios, pero todavía están moviendo a quienes consideran que cumplen con sus criterios.

---

6. All population at CAFCC have been issued a mask for your personal wear. You will only be issued the 1 mask. You are not required to wear the mask but you can. If you are wearing it, you will have to remove it at staff's request for verification purposes. Remember, keep your hands away from your face and washing them is the best prevention.
** Toda la población de CAFCC recibió una máscara para su uso personal. Solo se le emitirá la 1 máscara. No está obligado a usar la máscara, pero puede hacerlo. Si lo lleva puesto, deberá quitarlo a solicitud del personal para fines de verificación. Recuerde, mantenga las manos alejadas de su cara y lavarlas es la mejor prevención.

Concerns brought up by the Detainees:
1. Can we have wax for the tables we are redoing?
2. My family said they sent in money a week ago but I haven't received it.
3. Can we get the book cart swapped out with different books?
4. Are staff washing their hands when they get here?
5. Are they doing early releases from here because of Covid?

Comments:
1. We are looking for some sealer for the tables, we will get some soon.
2. See us after this and we will get your info.
3. Yes, we can get it changed out.
4. Staff are well aware of the precautions we are taking here at this facility. We are all in this together. It's not us against you. We have several stations around the facility for staff to use hand sanitizer. We do not want to take anything home to our families nor do we want to bring any contamination into here.
5. We have not heard anything for this facility about early releases. If we do, we will let you know.

Preocupaciones planteadas por los detenidos:
1. ¿Podemos rehacer las mesas de la sala de día?
2. Tengo un problema con mi pin, ¿a quién puedo preguntar al respecto?
3. ¿Podemos intercambiar el carrito de libros con diferentes libros?
4. Se supone que el miércoles es día de ropa blanca, ¿está quieto cuando lo cambias a mantas?

Comentarios:
1. No tenemos el suministro de papel de lija en este momento, solo mantenga las mesas limpias.
2. Véanos después de esto.
3. Sí, podemos cambiarlo.
4. Terminaremos esta semana y ajustaremos el horario. Lo verás publicado pronto.

Chief of Unit Management: _____ Date: _____

CoreCivic/Central Arizona Florence Correctional Complex
TOWN HALL MEETING RECORD

Unit:_____1200_____ Time Meeting Started:___0930

Date of Meeting:____5/8/2020_____ Time Meeting Ended:____1440

Staff Attending the Meeting:

Unit Manager:_____Meyer_____

Correctional Counselor: _____Valenzuela_____

Case Manager:_____Rodriguez_____ Other: ___C/O Orozco

Subject Covered by Unit Management Team:

1.__ **PREA –** There is **ZERO** tolerance for PREA. **NO** means **NO** and yes is **NOT ALLOWED**. Verbal comments, gestures, or actions that are sexual or insulting are **not tolerated**. There are /several ways to report PREA. One way to report is by report it to a staff member immediately. Respect one another including staff and inmates. Report!

****PREA** - Hay zero tolerancia para PREA. NO significa NO y SI no está permitido. Los comentarios verbales, gestos o acciones sexuales o insultantes no son tolerados. Hay varias maneras de informar PREA. No se permite masaje, no se acueste en la cama de otro preso, no se permite estar tocando, abrazando, ni besarse con otra confinada.Report!

---

2 **COVID-19 We currently a very minimal amount of confirmed cases at our facility.** Several negative tests. **We are strictly following all CDC requirements.** We will continue all sanitation procedures. Further Precautions you may take.

1. Social Distancing- Separate yourselves from each other as much as the area allows.
2. Wear your mask- wear your mask at all times even in the pods and in your cells.
3. Distance yourself when eating- eat in your cell or stagger when you eat at the table among other inmates.
4. Sleep away from one another- Sleep with your feet toward the other persons head. If you're in a gang cell attempt to sleep feet to feet to the person next to you.
5. Wash your hand- wash as much as possible after touching multiple surfaces or surfaces others frequently touch

COVID-19 Actualmente tenemos una cantidad mínima de casos confirmados en nuestras instalaciones. Varias pruebas negativas. Estamos siguiendo estrictamente todos los requisitos de los CDC. Continuaremos todos los procedimientos de saneamiento. Precauciones adicionales que puede tomar. 1. Distanciamiento social: separarse el uno del otro tanto como lo permita el área. 2. Use su máscara: use su máscara en todo momento, incluso en las vainas y en sus celdas. 3. Distanciarse al comer: comer en su celda o tambalearse cuando come en la mesa entre otros reclusos. 4. Duerma lejos el uno del otro: duerma con los pies hacia la cabeza de la otra persona. Si estás en una celda de pandillas, intenta dormir pies a pies con la persona que está a tu lado. 5. Lávese las manos

lo más posible después de tocar múltiples superficies o superficies que otras tocan con frecuencia.

3. Medical Record Requests. There will now be a charge. See posting for procedure.

Solicitudes de registros médicos. Ahora habrá un cargo. Ver publicación para el procedimiento

4. Opioid Exposure. We have had several instances of attempted introduction of opioids into our facility that thankfully have been discovered. On the chance that something gets through, be advised of the symptoms of overdose: Respiratory Distress/Depression, Nervous System depression, Drowsiness, Reduced or lost consciousness, Dizzy, Vomiting, Limp Body. **Contact Staff Immediately!**

Exposición a opioides. Hemos tenido varios casos de intentos de introducción de opioides en nuestras instalaciones que afortunadamente se han descubierto. En caso de que algo pase, tenga en cuenta los síntomas de una sobredosis: dificultad respiratoria / depresión, depresión del sistema nervioso, somnolencia, disminución o pérdida de la conciencia, mareos, vómitos, cojera. ¡Comuníquese con el personal de inmediato!

4. **Laundry**-SCHEDULE- if you mix colors or send the wrong things, they will NOT be washed.

HORARIO DE LAVANDERÍA: si mezcla colores o envía cosas incorrectas, NO se lavarán

5. KIOSKS and RESPECT- I hear about respect from you all. Think about it. Damaging your living space and kiosks is disrespectful to EVERYONE! The facility, your fellow inmates, and yourself.

KIOSCOS Y RESPETO: escucho sobre el respeto de todos ustedes. Piénsalo. ¡Dañar su espacio vital y sus quioscos es una falta de respeto para TODOS! La instalación, sus compañeros de prisión y usted mismo.

6**. Pill Call**. Expect to comply with a proper hand and mouth check!

. Llamada de píldora. ¡Espere cumplir con un control adecuado de la mano y la boca!

7. **Grievances are for grievances only. If you need something that we can provide, ask us in person or via the kiosks.** A grievance takes 10 days to respond. Other forms are much quicker. **When requesting Medical-Do not use a grievance. Face to Face form is what gets you to medical the quickest.**

Las quejas son solo para quejas. Si necesita algo que podamos proporcionar, pregúntenos en persona o a través de los quioscos. Una queja toma 10 días para responder. Otras formas son mucho más rápidas. Cuando solicite un servicio médico, no utilice un reclamo. La forma cara a cara es lo que te lleva al médico más rápido.

8. **When leaving the facility you must have your razor, clothing, towels, cup, spork and all other items that were issued to you. No Hobby Craft!**
Al salir de la instalación, debe tener su navaja, ropa, toallas, taza, spork y todos los demás artículos que le fueron entregados. No Hobby Craft!

9**. Doors will only open with staff present. Be Patient!**

Las puertas solo se abrirán con el personal presente. ¡Se paciente!

10**. Después de usar el quiosco, asegúrate de cerrar sesión. No deje su cuenta abierta para que otros la usen. . Después de usar el quiosco, asegúrate de cerrar sesión. No deje su cuenta abierta para que otros la usen.**

. Después de usar el quiosco, asegúrate de cerrar sesión. No deje su cuenta abierta para que otros la usen.

11. **Health and Welfare-** There is much sickness going around now. Wash hands. Keep your living area clean. Cover sneeze and cough.

Salud y Bienestar- Hay mucha enfermedad pasando por ahí ahora. Lávate las manos. Mantenga su sala de estar limpia. Cubra el estornudo y tose.

12. INCENTIVES-You must earn them. Cell compliance, sanitation, and Incidents are all taken into consideration.

. INCENTIVOS: debes ganarlos. El cumplimiento de las celdas, el saneamiento y los incidentes se tienen en cuenta.

Concerns brought up by the Detainees:

1. **Are we going to be released because of COVID?**
2. **Has anyone died here from COVID?**
3. **Can we have more playstations to help with the stress?**
4. **When will visits begin again?**
5. **Where do we get the form for medical record requests.**

Comments:

1. **There is no talk of that, that I have heard. That would be a better question for the USMS or BOP.**
2. **No.**
3. **The play stations will continue to be used as a pod incentive, only.**
4. **Unfortunately, we have no way of knowing that.**
5. **I will find it and get it to you.**

Chief of Unit Management: _____ Date: _____

CoreCivic/Central Arizona Florence Correctional Complex
TOWN HALL MEETING RECORD

Unit: _____**800**_____

Time Meeting started: __ 1134 hrs._____

Date of Meeting: ___**5/1/2020**_____

Time Meeting Ended: ___ 1250 hrs._____

A_____SEG COHORT_____
B_____1238-1247_____
C_____1134-1150_____
D_____1250-1219_____
E_____1222-1228_____
F_____1230-1236_____

Staff Attending the Meeting:

Unit Manager: _____**Aguilar** _____

Correctional Counselor: ___**Madoneczky and Cordova** _____

Case Manager: __**E. Selby and J. Gomez**_____ Other: _____

Subject Covered by Unit Management Team:

1. **PREA - Zero tolerance**, you can report any occurrence to any staff member or use the phone number provided in the pods.

Verbal Reporting

Calling the facility's twenty-four (24) hour toll-free notification telephone number;

Verbally telling any employee, including the facility Chaplain;

Calling or writing someone outside the facility who can notify facility staff;

Calling the Office of Inspector General (OIG).

Written Reporting

Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call;

Submitting a facility grievance form as outlined below in 14-2.4. L.;

Forwarding a letter, sealed and marked "confidential", to the Warden/Administrator or any other employee;

Forwarding a letter to the CoreCivic Managing Director, Facility Operations,

Calling or writing someone outside the facility who can notify facility staff;

PREA – Cero tolerancias, puede informar de cualquier suceso a cualquier miembro del personal o usar el número de teléfono proporcionado en las unidades.

Informes verbales

Llamar a número de teléfono de notificación de veinticuatro 24 horas de la institución;

Diciendo verbalmente a cualquier empleado, incluyendo al capellán de la institución;

Informes escritos

Presentando una solicitud para reunirse con el personal de servicios de salud o informe a un miembro del personal de los servicios de salud durante llamada de enfermos;

Enviar un formulario de queja de institución como se indica a continuación en 14-2.4. L.;

Una carta, sellado y marcado "confidencial", el director o administrador o cualquier otro empleado;

Envío una carta al Director Gerente de CoreCivic, las operaciones de institución,

Llamando o escribiendo a alguien fuera de la institución que puede notificar a personal de la institución;

2. **CELL COMPLIANCE-** All cells need to be in compliance as posted on the housing/pod rules in each pod. Specifically all beds need to be made by 0800 daily, there are to be no pictures up on the walls, clotheslines are NOT permitted. Lights, window and vents will remain clear at all times. Failure to comply may result in disciplinary action.

Todos los cuartos necesitan estar en cumplimiento como en la normativa de vivienda en cada unidad. Específicamente todas las camas necesitan que estar tendidas para las 0800 horas todos los días. No pueden tener fotos en las paredes, líneas de ropa no se permiten. No tapen la luz, ventanas, ventilaciones en ningún tiempo. Puede ser sujeto a disciplinario

3. **PERSONAL ITEMS LEFT OUT -**You cannot leave out any personal items in the dayroom during counts or lockdowns. You can only have them out while you are currently using them and need to put them away in your cells when you are finished using them and during all lock down times. **No clothing or personal items on the shower wall. No clothing draped on the laundry cart.**

No se puede dejar artículos personales en las mesas o cualquier parte de la vivienda. Sólo puede tener hacia fuera mientras que usted está usando actualmente y necesita ponerlos lejos en sus cuartos cuando haya terminado de usarlos y durante de las cuentas. No pongan artículos personales o ropa en el área de los baños y no ponga a secar ropa en el carro de lavandería.

4. **3RD BUNK and SECURITY LIGHTS -**All items must be cleared off the third bunk and light fixtures. No items are allowed on the third bunk or security lights. No exceptions.

Todos los articulo deben ser liberados de la tercera cama. Artículos no están permitidos en la tercera cama o arriba de las lámparas de seguridad. No hay excepciones.

5. **PROPERTY BAGS –** You are only allowed one property bag.

Se admite una bolsa de pertenencia por detenido.

6. **SANITATION -**You cannot keep or store chemicals in your cell for any reason. If you are found to have chemicals in your cells, you will be subject to receive disciplinary action.

No pueden mantener o almacenar productos químicos en tu cuarto por cualquier motivo. Si encuentran para tener productos químicos en los cuartos, usted será sujeto a recibir acción disciplinaria

7. **INMATE MOVEMENT** – All inmates/detainees must be escorted by a staff to and from the departments calling for them. There will be no movement of unescorted inmates/detainees.

Todos los reclusos/detenidos deben ser acompañados por un personal hacia y desde los departamentos que los llaman. No habrá movimiento de reclusos/detenidos no escoltados.

8. **TOP TIER TRAFFIC** – The top tier is used for passing traffic. There should be no detainee sitting or standing on the top tier to watch TV or talking to one another. Please sit at the tables. Officers should be hindered from walking the stairs or top tier during a security check.

El nivel superior se utiliza para pasar el tráfico. No debe haber ningún detenido sentado o de pie en el nivel superior para ver la televisión o hablar entre sí. Por favor, siéntese en las mesas. Los oficiales deben de tener libre para caminar por las escaleras o el nivel superior durante un control de seguridad.

9. **DAYROOM ACTIVITIES –** Shirts must be worn at all times in the dayroom.

Las camisas deben usarse en todo momento en la vivienda.

10. **VENTS –** Please do not cover vents with paper/etc. or clog the vents with deodorant/toothpaste. Notify unit staff if the temperature is too cold in the cells or housing unit. Maintenance will then be contacted.

Por favor, no cubra las ventilaciones con papel/ etc. o obstruya las ventilaciones con desodorante / pasta de dientes. Informe al personal de la unidad si la temperatura es demasiado fría en las celdas o en la vivienda. A continuación, se pondrá en contacto con el mantenimiento.

11. **RAZORS -**Razors need to be turned in for exchange even if it is broken with the blade.

Los rastreos de afeitar deben ser entregados para el intercambio, incluso si está roto con la navaja.

12. **TOWELS/CLOTHE LINES –**Please do not hang towels from the bunks to obstruct front view. Hang them on the side of the bunk. Do not hang clothing lines.

Por favor, no cuelgue toallas de las camas para obstruir la vista frontal. Cuelge las toallas a los lados y por favor no cuelgue las líneas de ropa.

13. **BLUE UNIFORMS –** Blue uniforms are not to be worn in the dayroom nor are you to sleep in them. They are to be worn for kitchen detail or working as a line server.

Los uniformes azules no deben usarse en la vivienda. Deben usarse para detalles de cocina o trabajar como servidor de línea.

14. **LINE FOOD AND CONSUMPTION -** You are to consume your food from the chow line within one hour of receiving. Do not keep uncovered food in your cell as it attracts insects (ants) into your cell. It is unhygienic for food to be left out uncovered and untouched for days.

Usted debe consumir su comida de la línea dentro de una hora de recibir. No guarde los alimentos descubiertos en su celda, ya que atrae insectos (hormigas) a su celda. No es higiénico que los alimentos se dejen al descubierto y que los dejen durante días así.

15. **FLAT RATE PRIORITY ENVELOPES AND BOXES –** You are to bring your property you want mailed out to the office to pack up in priority boxes or envelopes. You cannot take them to your cell/housing unit.

Usted debe traer su propiedad que desea enviar por correo a la oficina para empacar en cajas de prioridad o sobres. No puede llevarlos a su celda/unidad de vivienda.

16. **MANDATORY USE OF MASKS-** ALL Inmates will wear mask when exiting their housing pods going to rec, medical, vtc, etc. NO Exceptions.

Uso de mascaras sera mandetorio. Cuando salgan al recreo, medico, vtc, etc. NO vera excepciones.

Concerns brought up by the Detainees:

Comments/Questions:
1. Can K1 workers trade out their masks?

Preocupaciones supuestas por los detenidos:
1. Pueden cambiar las mascaras los que trabajan la cocina?

Comentarios/preguntas:

Chief of Unit Management: _____ Date: _____

Notice to the Population

COVID-19 Updates:

Many of you have expressed concerns and asked questions in regards to the COVID-19 situation and I wanted to take this opportunity to provide you information in regards to what is being done at the Central Arizona, Florence Correctional Complex to keep you all safe during this time.

- As a company, Core Civic has put together an extensive team of operations, medical and safety professionals to develop plans and protocols company wide. This team meets daily and meets with Facility leadership daily to share information, best practices and CDC guidelines.
- As a facility, CAFCC has put together a team (A/W Wallace, Chief Snow, Chief Running, Complex HSA Jaramillo, HSA Navarro, Quality Control for infectious Diseases Nurse Rose, Safety Manager Owens, along with others) who will meet regularly and provide updates. The team has already developed protocols for the following:
    - Sanitation plans- detailed plan has been provided to all.
    - Supplies such as masks, gloves, cleaning chemicals, hygiene, etc.- We have a healthy supply on hand and our vendors have no shortages
    - Early detection and identifying plans to take temperatures of new inmates coming to the facility from the courthouses as well as inmates being transported. This will allow immediate identification and separation.
    - In addition to the above, new intakes are being housed in a separate housing unit during the 14 day incubation period to ensure no cross contamination takes place.
    - Areas of quarantine have been identified and prepared if it becomes necessary.
    - Additional accommodations have been made with the AZ District and Federal Courts to run additional hearings via Video Teleconferencing to maintain the court processes.
    - Social distancing is enforced wherever possible, staff training class sizes have been reduced and all contact training has been suspended until further notice.
    - Screening and temperatures are being done for any person before entering the facility to identify any person who display symptoms or have a temperature above 100 degrees.
    - Family visits have been suspended until further notice to limit the amount of persons entering the facility
    - Religious services will be suspended until further notice as we cannot accommodate the President's 10 or less grouping with the size of the settings we have for these services. The Chaplains will be making unit rounds and providing information materials to those who need it.

What can you do right now?

- **Wash your hands as often as you can for at least 20 seconds.**
- **Avoid touching your eyes, nose and mouth as much as possible. Studies show the average adult touches their eyes, nose or mouth at least 50 times per hour.**
- **Avoid contact with other individuals, (this includes fights and assaults)**
- **Wipe down surfaces and other areas that are frequently touched throughout the day (doors, phones, microwaves, bunks, toilets, workout equipment, TV controls, etc.)**

Thank you for your patience and cooperation with the staff

K. Kline, Complex Warden

Aviso a la Población

Actualizaciones de COVID-19:

Muchos de ustedes han expresado sus preocupaciones y hecho preguntas con respecto a la situación COVID-19 y quería aprovechar esta oportunidad para proporcionarles información con respecto a lo que se está haciendo en el Complejo Correccional Central de Florence Arizona para mantenerlos a todos seguros durante este tiempo.

- Como empresa, Core Civic ha reunido un amplio equipo de profesionales de operaciones, médicos y de seguridad para desarrollar planes y protocolos en toda la empresa. Este equipo se reúne diariamente y se reúne con el liderazgo de la institución diariamente para compartir información, mejores prácticas y directrices de los CDC.
- Como institución, CAFCC ha reunido un equipo (A/W Wallace, Chief Snow, Chief Running, Complex HSA Jaramillo, HSA Navarro, Quality Control for infectious Diseases Nurse Rose, Safety Manager Owens, junto con otros) que se reunirá regularmente y proporcionará actualizaciones. El equipo ya ha desarrollado protocolos para lo siguiente:

  * Planes de saneamiento: se ha proporcionado un plan detallado a todos.

  * Suministros como mascarillas, guantes, productos químicos de limpieza, higiene, etc.- Tenemos un suministro saludable a mano y nuestros proveedores no tienen escasez

  *Detección temprana e identificación de planes para tomar las temperaturas de los nuevos reclusos que llegan a las instalaciones desde las casas de la corte, así como los reclusos que son transportados. Esto permitirá la identificación y separación inmediata.

  *Además de lo anterior, se están albergando nuevas tomas en una unidad de vivienda separada durante el período de incubación de 14 días para garantizar que no se realice contaminación cruzada.

  *Las áreas de cuarentena han sido identificadas y preparadas si es necesario.

  *Se han realizado adaptaciones adicionales con el Distrito de AZ y los Tribunales Federales para ejecutar audiencias adicionales a través de Video Teleconferencia para mantener los procesos judiciales.

  *El distanciamiento social se aplica siempre que sea posible, el tamaño de las clases de formación del personal se ha reducido y toda la capacitación de contacto se ha suspendido hasta nuevo aviso.

  *Se están realizando exámenes y temperaturas para cualquier persona antes de entrar en las instalaciones para identificar a cualquier persona que muestre síntomas o tenga una temperatura superior a 100 grados.

  *Las visitas familiares se han suspendido hasta nuevo aviso para limitar la cantidad de personas que ingresan a las instituciones.

  *Los servicios religiosos serán suspendidos hasta nuevo aviso, ya que no podemos acomodar la agrupación del Presidente 10 o menos con el tamaño de los servicios. Los Capellanes andarán siendo ruedas en las unidades y dando materiales de información para los que necesiten.

¿Qué puedes hacer ahora?

- **Lávese las manos tan a menudo como pueda durante al menos 20 segundos.**
- **Evite tocarse los ojos, la nariz y la boca tanto como sea posible. Los estudios muestran que el adulto promedio toca sus ojos, nariz o boca al menos 50 veces por hora.**
- **Evitar el contacto con otras personas, (esto incluye peleas y asaltos)**
- **Limpie las superficies y otras áreas que se tocan con frecuencia durante todo el día (puertas, teléfonos, microondas, literas, inodoros, equipos de entrenamiento, controles de televisión, etc.)**

Gracias por su paciencia y cooperación con el personal

K. Kline, Complex Warden

ATTACHMENT 27
Declaration of K. Kline


1100 Center Hall - 5/11/2020 4:39:02.098 AM

ATTACHMENT 28
Declaration of K. Kline


Chlorine Bleach
CORROSIVE


BLEACH
CORROSIVE
CORROSIVE
WARNING
AVISO
Chlorine Bleach


WARNING
AVISO
AVERTISSEMENT
CORROSIVE
HARD SURFACE DISINFECTING WIPES

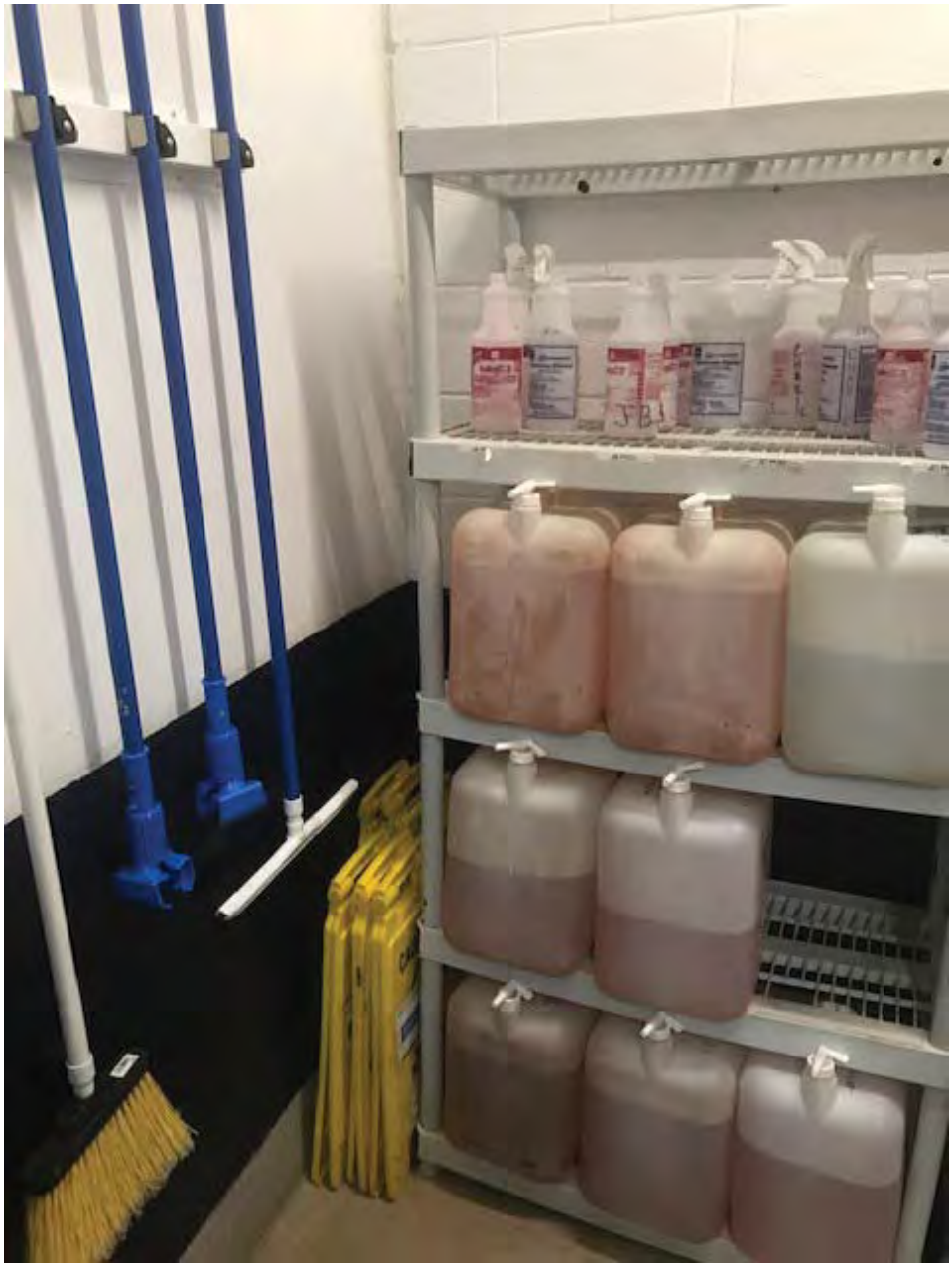
ATTACHMENT 29
Declaration of K. Kline


TOOTHBRUSH
FS4
FRESH
4oz SHAMPOO
QTY
WEIGHT
FS4
FRESHSCENT
4oz SHAMPOO AND BODY BATH
QTY: 60
WEIGHT: 18.35 LBS
L.CA043E04
FS4
freshscent
4 oz SHAMPOO & BODY BATH
Qty : 60 Pcs.
Net Wt. : 7.10 kgs.
Gross Wt. : 8.70 Kgs.
MADE IN INDIA
CORECIVIC
CACC - West Complex
1245 North Pinal Park Way
Florence, AZ 85132
Attn: Business Manager

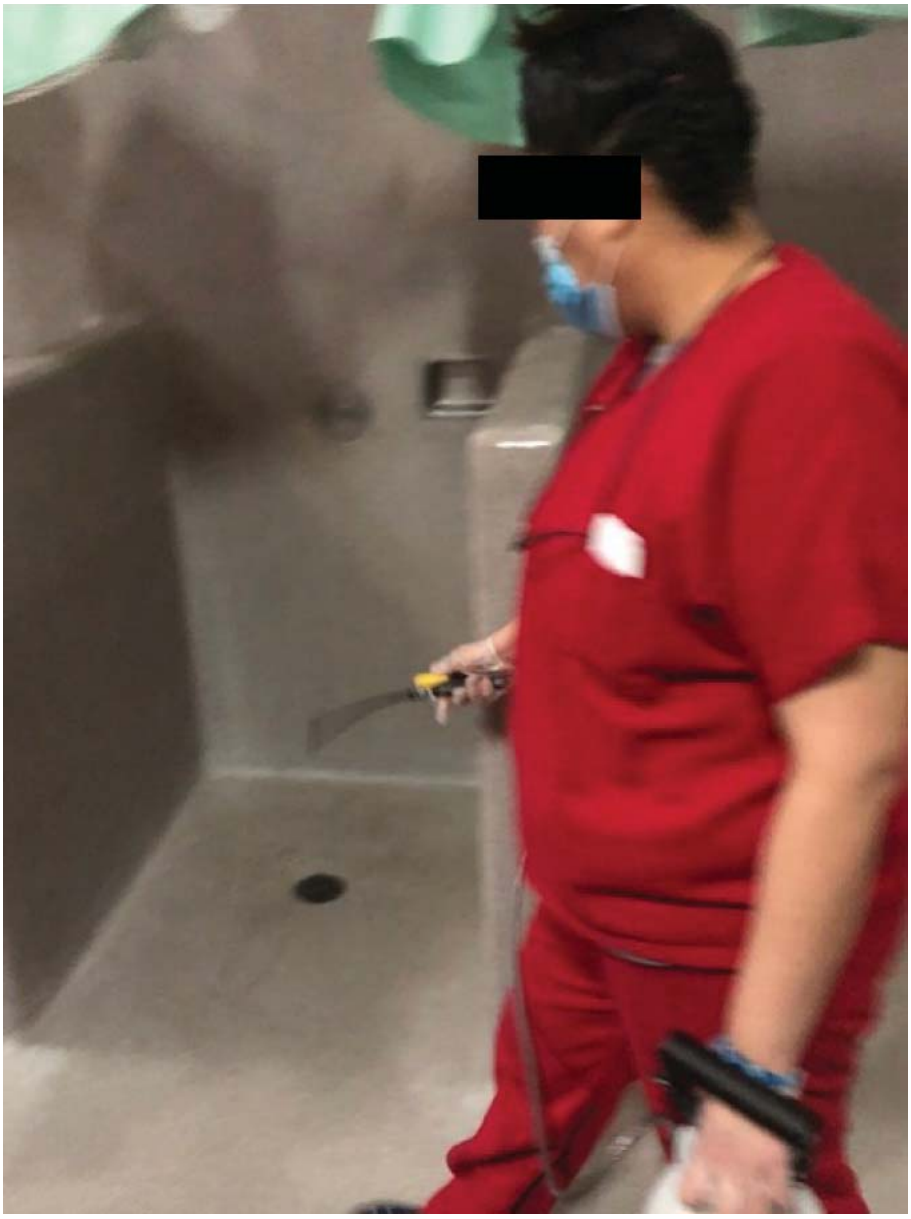

STD5
freshscent
Qty: 576
Weight: 28.6 lbs
Made in China
STD5
freshscent
Qty: 576
Weight: 28.6 lbs
Made in China
STD5
freshscent
Qty: 576
Weight: 28.6 lbs
Made in China
STD5
freshscent
Qty: 576
Weight: 28.6 lbs
Made in China
STD5
freshscent
Qty: 576
Weight: 28.6 lbs
Made in China
STD5
freshscent
Qty: 576
Weight: 28.6 lbs
Made in China


SOAP
US15
LOT #:
Gross Weight: 34.75 lb / 15.8 kg

ATTACHMENT 30
Declaration of K. Kline



ATTACHMENT 31
Declaration of K. Kline

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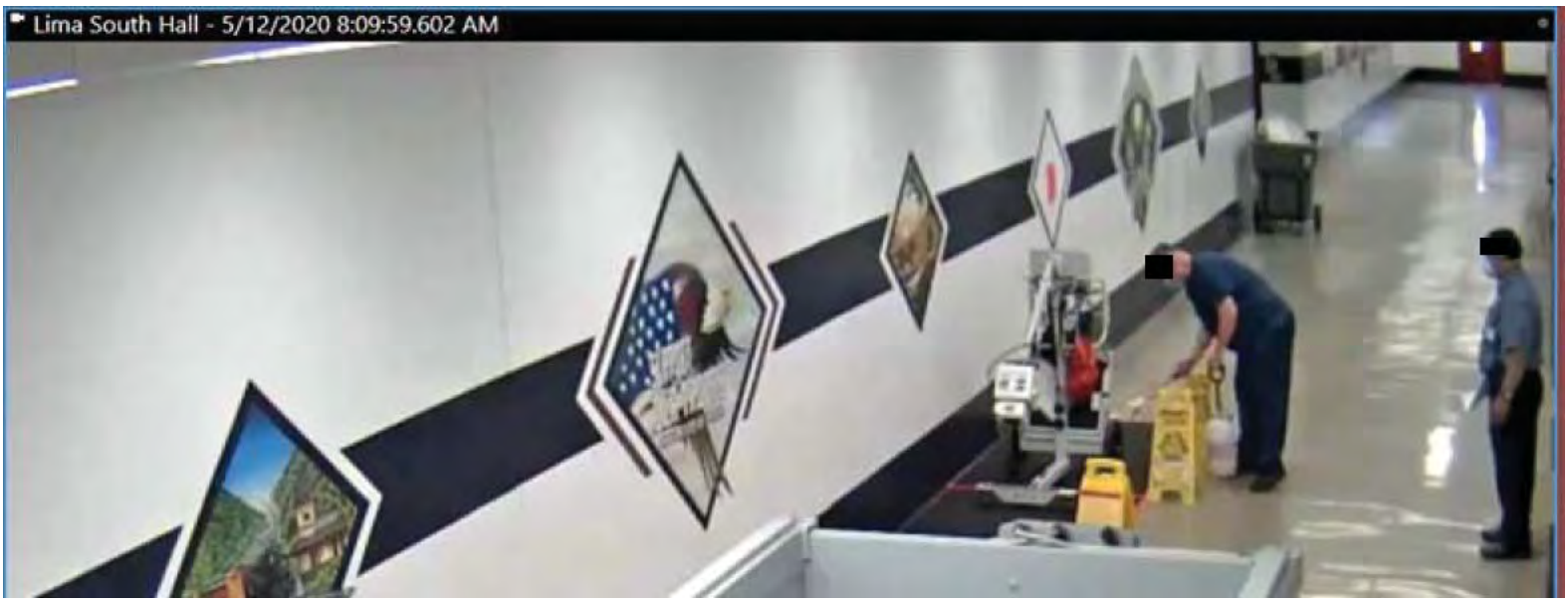
ATTACHMENT 32
Declaration of K. Kline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DECLARATION OF GRIEVANCE COORDINATOR, A. PARTAIN

I, A. PARTAIN, make the following Declaration:

1. I am over the age of 18 years and competent to testify to the matters set forth in this Declaration. I make this Declaration in support of the Defendants-Respondents' Joint Response to Plaintiffs-Petitioners' Motion for Temporary Restraining Order and Preliminary Injunction filed in *Lucero-Gonzalez v. Kline*, No. CV-20-00901-PHX-DJH (DMF).

2. I am currently employed by CoreCivic as the Grievance Coordinator (aka Grievance Officer) at CoreCivic's Central Arizona Florence Correctional Complex ("CAFCC"), located in Florence, Arizona. I have held this position since June 2006, and have been employed with CoreCivic since November 15, 1999.

3. As the CAFCC Grievance Coordinator, I am familiar with CoreCivic's grievance policies and related systems and records discussed herein.

4. My duties and responsibilities as the Grievance Coordinator include coordinating the detainee grievance process and insuring that grievance process is administered in compliance with CoreCivic and government partner requirements. I coordinate the investigation of grievances to determine the facts and reach a reasonable and effective resolution. I also track detainee grievances to ensure timely responses and maintain accurate records and logs in accordance with company policy, procedure, and contract requirements.

5. I make the statements in this Declaration based upon my personal knowledge and review of the grievance records of the detainees who are discussed herein.

6. All Attachments to this Declaration are true and correct copies of the documents indicated, and are records generated and maintained in the ordinary and normal course of CoreCivic/CAFCC operations.

CAFCC GRIEVANCE PROCEDURE

7. CoreCivic/CAFCC Policy 14-103 sets forth the administrative remedies available to United States Marshals Service ("USMS") detainees for complaints regarding facility conditions, treatment, policies, and procedures. This Policy is included in the CAFCC/USMS Detainee Handbook, which is provided to detainees during the intake process, and it is also available for detainees to review upon request through the CAFCC law library. (*See* Excerpts of CAFCC/USMS Detainee Handbook, Attachment 1).

8. Detainees sign an acknowledgement of receipt of the Detainee Handbook during the intake/orientation process. (*See* Acknowledgments executed by Petitioners, Attachment 2.)

9. Detainees are also provided education and instruction on the grievance process by CAFCC detention staff during orientation and ongoing, as requested and/or needed.

10. All grievance-related forms are available in all the housing units and, for detainees in restrictive housing, in the indoor recreation enclosures. Forms are also available upon request from staff.

11. Detainees may obtain assistance from a staff member or another detainee when necessary to communicate the problem on the grievance form.

12. Upon receipt, all informal resolutions, grievances, and appeals are entered into an electronic database called CoreCivic Apps. When an informal resolution or grievance form is submitted, I enter the information into the system (detainee name, number, and housing, date, category, and type of form), which then generates a grievance number. Information regarding staff responses and subsequent related forms are also docketed.

13. In addition to entering grievance information into CoreCivic Apps, I enter the information into a Grievance Log, which is in an Excel format. (*See* Excerpts of the relevant pages of the Grievance Log, Attachment 3).

14. Grievance forms (14-5A, 14-5B) are triplicate. One copy is given to the detainee; one copy is placed in the detainees' institutional file; and I retain a copy. A copy is also scanned and kept in CoreCivic Apps.

15. Complaints submitted on a Sick Call form to medical staff is not a grievance and does not comply with the grievance procedure.

16. CAFCC's grievance process for USMS detainees is three steps: (1) informal resolution (optional); (2) formal grievance (required); and (3) appeal (required).

Step One: Informal Resolution

17. Detainees are encouraged to informally resolve their issue with the appropriate staff prior to filing a grievance. (Attachment 1 at 31.)

18. If a detainee chooses to use the informal resolution process, the detainee must submit an Informal Resolution Form 14-5A ("Information Resolution Form") within seven (7) calendar days of the alleged incident resulting in the grievance. (*Id*.) They must place the Informal Resolution Form into the grievance mailbox located in each housing unit.

19. Unless unusual circumstances are present, the detainee will receive a response to an Informal Resolution Form within ten (10) calendar days of submission. The Unit Manager for the particular housing unit responds. If unusual circumstances exist, the Unit Manager will provide the detainee with written documentation extending the response deadline. (*Id*.)

Step Two: Formal Grievance

20. If a detainee is not satisfied with the result of the informal resolution process, or the detainee elects to forego the informal resolution process, the detainee may proceed to step two of the grievance process. (*Id*.)

21. If the detainee utilized the informal resolution process, the detainee must submit a Detainee Grievance Form 14-5B ("Grievance Form") within five (5) calendar days of the response date listed on the Informal Resolution Form and must

attach a copy of the Informal Resolution Form to the Grievance From. A detainee may also file a Grievance Form at any time while the Informal Resolution Form is still pending. (*Id*.)

22. If the detainee bypassed the informal grievance process, the detainee must submit a Grievance Form within seven (7) calendar days of the date of the alleged incident. The time for filing begins from the date the problem or incident became known to the detainee. (*Id*.)

23. The detainee must complete page 1 of the Grievance Form and place it into the grievance mailbox in the housing unit.

24. Unless a time extension has been granted, the detainee will receive a response to the formal grievance from the Unit Manager within ten (10) calendar days of submission. (*Id*.)

Step Three: Appeal

25. If a detainee is not satisfied with the decision of a formal or emergency grievance, the detainee may complete the Appeal section of Detainee Grievance Form 14-5B and resubmit the grievance in the grievance mailbox. The detainee must file the Appeal within five (5) calendar days of the response date listed on the Grievance Form. (*Id*. at 32–33)

26. The Grievance Officer will then forward the grievance appeal to the Warden for review and a final response. (*Id*.) The Warden has ten (10) calendar days to respond.

27. To fully and properly exhaust CAFCC's grievance process, a detainee must timely submit both a Formal Grievance and Appeal. Once the Warden has responded, the attempt to administratively resolve will be considered exhausted.

28. The total time for the grievance process from filing of the Grievance Form to a final Appeal decision is no more than twenty-seven (27) days, unless unusual circumstances are present. (*Id*.)

Emergency Grievances

29. If the subject matter of a grievance is such that compliance with the regular time requirements would subject the detainee to risk of personal injury, the detainee may request that the grievance be considered an emergency grievance. (*Id.* at 32)

30. The emergency grievance must detail the basis for requiring an immediate response. (*Id.*)

31. If a detainee believes it is an emergent situation, the detainee must fill out a Grievance Form and either affix the word "Emergency Grievance" on the Grievance Form or place it in a sealed envelope with that label on the outside. (*Id.*) Emergency grievances must be placed in the grievance mailbox.

32. Emergency grievances are forwarded to a designated Administrative Duty Officer, who will review the grievance and determine whether it sets forth an emergency. If it is determined that the grievance is not of an emergent nature, the standard procedures for a Formal Grievance are followed. (*Id.*) If it is determined that the grievance is an emergency, it will be resolved within one (1) calendar day of receipt of the grievance and a written response provided to the detainee. (*Id.*)

PETITIONERS' GRIEVANCE HISTORY

33. I have reviewed the grievance files, both in CoreCivic Apps and the Grievance Log, of the Petitioners in this matter with the exception of "Claudia Romero-Lorenzo." After searching various databases, no detainee by that name (or "Claudia Romero Lorenzo") has been detained at CAFCC.

34. With the exception of detainee James Tyler Ciecierski, none of the Petitioners submitted an Informal Resolution Form regarding allegations related to CAFCC's COVID-19 response protocols (e.g., complaints regarding sanitation, social distancing, meal service, access to cleaning supplies, access to facial masks or gloves, access to facial masks, access to medical care, COVID-19 testing, or COVID-19 exposure/infection risk).

35. With the exception of detainee Marvin Lee Enos, none of the Petitioners submitted a Formal Grievance with respect to allegations related to CAFCC's COVID-19 response protocols (e.g., complaints regarding sanitation, social distancing, meal service, access to cleaning supplies, access to facial masks or gloves, access to facial masks, access to medical care, COVID-19 testing, or COVID-19 exposure/infection risk).

Petitioner James Tyler Ciecierski

36. On May 4, 2020, an Informal Resolution Form was received from Detainee Ciecierski and assigned No. W-US-2020-0487. He alleged that due to the housing conditions not allowing social distancing and his severe Asthma, he could die if he contracted COVID-19. (Grievance No. W-US-2020-0487, Attachment 4 at 1.) He requested hand sanitizer and a single cell.

37. On May 8, 2020, Unit Manager L. Meyer responded, reporting that CAFCC was following all CDC guidelines for sanitation as well as providing a mask, and that no housing change would be made at that time. (*Id*. at 2) Unit Manager Meyer encouraged Detainee Ciecierski to notify staff immediately if he began to display any symptoms, and assured him he would be seen by medical. (*Id*. at 2.)

38. Informal Resolution No. W-US-2020-0487 was entered into the Grievance Log. (Attachment 3 at 4.)

39. Detainee Ciecierski noted on the Informal Resolution that he wanted to appeal but, to date, Detainee Ciecierski has not filed a 14-5B Formal Grievance Form, nor has he filed any additional Informal Resolutions related to COVID-19 response protocols or any other matter.

40. Consequently, he has not exhausted available administrative remedies on this complaint.

41. There is no record of Detainee Ciecierski submitting an informal resolution, an emergency grievance, or a non-emergency grievance on either April 15, 2020 or April 30, 2020.

Petitioner Marvin Lee Enos

42. On April 20, 2020, Detainee Enos submitted a Grievance Form, No. W-US-2020-0402, alleging the facility was not taking proper precautions such as providing hand sanitizer for detainees, not giving correction officers face masks, and not issuing enough cleaning supplies to allow detainees to disinfect their housing units, and that the detainees were unable to socially distance themselves. He alleged he felt that his life was in danger due to COVID-19. (Grievance No. W-US-2020-0402, Attachment 5 at 1.) He also reported that the day room porters were not coming out as often and that sometimes chemicals did not come back until a day later. This grievance was not submitted as an emergency grievance. (*Id*.)

43. Unit Manager Fernandez responded on April 27, 2020, reporting that CAFCC had several precautions in place for staff and detainees to clean and sanitize, and that each cell had an assigned spray bottle. (*Id*.) Case Manager Fernandez further responded that the facility was following CDC guidelines pertaining to sanitation, that masks had been distributed to all detainees, that all staff would wear a mask, and that supervisors in the units would adjust some porter schedules to allow day room sanitation, shower sanitation, and cell cleaning. (*Id*.)

44. Grievance No. W-US-2020-0402 was entered into the Grievance Log. (Attachment 3 at 2.)

45. To date, Detainee Enos has not appealed this grievance response, and therefore he has not exhausted available administrative remedies on this complaint.

46. There is no record of Detainee Enos filing an informal resolution, an emergency grievance, or a non-emergency grievance on April 19, 2020, or on April 22, 2020.

Petitioner Maria Guadalupe Lucero-Gonzalez

47. Although Detainee Lucero-Gonzalez submitted only two (2) medical grievances, neither contained any allegations related to CAFCC's COVID-19 response protocols.

48. On March 3, 2020, Detainee Lucero-Gonzalez submitted a Grievance Form, No. W-US-2020-0161, alleging her prescription for Flexerol had expired, she was not receiving proper medical care for her kidney problem that "may be cancerous," and her pain medication, Naproxen, was not adequate. (Grievance No. W-US-2020-0161, Attachment 6 at 1.) She requested better pain medication, proper medical care/attention, and to see a physician ASAP to avoid the progression or spread of her health issue. This grievance was not submitted as an emergency grievance. (*Id*.)

49. A Registered Nurse ("RN") responded on March 11, 2020, reporting that Detainee Lucero-Gonzalez had been seen by a nurse, her Flexerol had been reordered, orders for Naproxen and Acetaminophen as needed were placed, she was seen for an outside consult, had been seen by Licensed Independent Contractor, and had follow appointments scheduled. (*Id*. at 2) It was noted that this Grievance Form was resolved per detainee Lucero-Gonzales who acknowledged receipt of the Response. (*Id*. at 2.)

50. Grievance No. W-US-2020-0161 was entered into the Grievance Log. (Attachment 3 at 1.)

51. On April 20, 2020, Detainee Lucero-Gonzalez submitted a Grievance Form, No. W-US-2020-0458, alleging that medical staff was not taking the measures needed and that she needed to be seen by someone who understood her condition. (Grievance No. W-US-2020-0458, Attachment 7 at 1.) She requested medical staff to find a solution and treat for her medical issues. This grievance was not submitted as an emergency grievance. (*Id*.)

52. An RN responded on May 5, 2020, reporting that she had investigated Detainee Lucero-Gonzalez's grievance and had found she had been seen by an LIP who explained that due to the pandemic, additional outside testing had been delayed at that time, her medications had been reordered, and she had follow up appointments with the LIP at the facility at which time she could discuss the matter and would be

provided updates. (*Id*. at 2) It was noted that this Grievance was resolved per detainee Lucero-Gonzales who acknowledged receipt of the Response. (*Id*. at 2.)

53. Grievance No. W-US-2020-0458 was entered into the Grievance Log. (Attachment 3 at 3.)

54. To date, Detainee Lucero-Gonzalez has not appealed either of these grievance responses and therefore she has not exhausted available administrative remedies related to same.

55. Detainee Lucero-Gonzalez has not submitted any grievances related to CAFCC's COVID-19 response protocols. As such she has not exhausted available administrative remedies on these complaints.

56. There is no record that Detainee Lucero-Gonzalez submitted an informal resolution, an emergency grievance, or a non-emergency grievance on May 1, 2020.

Petitioner Claudia Romero-Lorenzo

57. As noted above, there is no record of a detainee by the name of Claudia Romero-Lorenzo currently or previously detained at CAFCC, and therefore there is no grievance history relating to an individual by that name.

58. I searched CoreCivic Apps and the Grievance Log, and there are only four detainees with the first name Claudia: Claudia Isabel Romero, Claudia Romero Lopez, Claudia Castello, and Claudia Garcia-Quiroz. None of these detainees have submitted any grievances related to CAFCC's COVID-19 response protocols. In fact, only Claudia Castello and Claudia Garcia-Quiroz have any grievance history. On March 10, 2020, Detainee Claudia Castello submitted a Formal Grievance related to food service. In 2018, Detainee Claudia Garcia-Quiroz submitted a Formal Grievance regarding housing at another facility.

Petitioner Tracy Ann Peuplie

59. Detainee Peuplie has not submitted any grievances related to CAFCC's COVID-19 response protocols.

60. There is no record that Detainee Peuplie submitted an informal resolution, an emergency grievance, or a non-emergency grievance on April 22, 220, or on April 30, 2020.

I declare under penalty of perjury under the laws of the United States and the State of Arizona that the foregoing is true and correct to the best of my knowledge.

EXECUTED this 14 day of May, 2020 at Florence, Arizona.

A. PARTAIN

INDEX TO ATTACHMENTS
DECLARATION OF A. Partain

Lucero-Gonzalez v. Chris Kline, et al.
No. 2:20-cv-00901-DJH-DMF

ATTACHMENT	DESCRIPTION	BATES NOS.
1	CAAFCC USMS Detainee Handbook	CORECIVIC-MLG0000007-
2	Acknowledgments of Receipt of Handbook	CORECIVIC-MLG000013-000017
3	Excerpts of CAFCC Grievance Log	CORECIVIC-MLG000018-000021
4	Enos Informal Resolution W-US-2020-0487	CORECIVIC-MLG000022-000023
5	Ciecierski Grievance W-US-2020-0402	CORECIVIC-MLG000024-000025
6	Lucero-Gonzalez Grievance W-US-2020-0161	CORECIVIC-MLG000026-000027
7	Lucero-Gonzalez Grievance W-US-2020-0458	CORECIVIC-MLG000028-000029

ATTACHMENT 1
Declaration of A. Partain

CoreCivic

CENTRAL ARIZONA FLORENCE CORRECTIONAL COMPLEX

COMPLEJO CORRECCIONAL CENTRAL de FLORENCE ARIZONA

UNITED STATES MARSHAL SERVICE

Servicio de Mariscal de Estados Unidos

DETAINEE HANDBOOK

Manual para el Detenido

Approved by: _____
K. Kline, Complex Warden

Effective November 13, 2019

Table of Contents

permanecer callado durante la corte y lo que dice durante la corte podrá ser usado en su contra en una corte de criminal.

Procedimientos Después de una Emergencia
En evento de un desorden en la institución, que necesita acción de emergencia, todas o parte de esta regulas pueden temporalmente ser suspendidas. Cualquier Detenido que está involucrado en la emergencia puede ser retenido sin una corte disciplinaria o durante la emergencia. Al restablecer el orden, todos los detenidos que estaban retenidos estarán sujetos al procedimientos de esta regula.

Grievance Procedure/Procedimento de Quejas

CAFCC has an informal resolution process in place. Detainees are encouraged to utilize the informal resolution process, through the Unit Team, concerning questions, disputes or complaints prior to the submission of a formal grievance. Informal Grievance Forms (14-5A) and Formal Grievance Forms (14-5B) are available in your housing areas. We ask that you make a genuine effort to resolve your issue with the appropriate staff prior to filing a grievance. If a Detainee does not receive resolution in the informal process, he/she may file a formal grievance.
CoreCivic will provide a means for all detainees to address complaints regarding facility conditions, treatment, and policies and procedures. Many matters can and should be resolved directly and promptly between the detainee and institutional staff.
The grievance process will include an informal resolution option and an appeal process. (FPBDS g.9.1) all complaints should be assessed in a fair and impartial manner. Resolution in the best interest of the detainee and the facility should be the primary goal.

The grievance system is not intended to be used for requests. Please utilize the kiosk system or request forms for facility requests.

Grievable matters
Violation of the state and federal laws, regulations, or court decisions, including but not limited to violations of the Americans with Disabilities Act (ADA), constitutional rights, etc. ;
-application of rules, policies, and/or procedures towards Detainees over which CoreCivic has control.
-Individual staff and Detainee actions, including any denial of access to the informal resolution or grievance procedure.
-Reprisals against Detainees for utilizing the informal resolution or grievance processes; and
-Any other matter relating to the conditions of care and supervision within the authority of CoreCivic.

Non-Grievable Matters
-State and Federal court decisions
-State and Federal laws and regulations
-U.S. Marshals Service (USMS) Standards, Decision, Or Matters;
-Note: USMS standards, decisions, or matters shall be grieved in accordance with the regulations of the USMS.
-Disciplinary actions (all disciplinary action must be addressed in accordance with disciplinary procedures in place at the facility);
-Property issues (all property issues must be addressed in accordance with property procedures in place at the facility);
-Classification status (all classification status must be addressed in accordance with classification procedures in place at the facility); and
-Alleged PREA (Prison Rape Elimination Act) incidents. Should a report be submitted and received as a detainee grievance, it will be immediately referred to the facility investigator or Administrative Duty Officer (ADO) and processed in accordance with CoreCivic policy 14-103 Sexual Abuse And Prevention And Response (USMS).

If you do wish to pursue a formal complaint, it is important that the procedures outlined below be followed in order to ensure that your grievance is promptly addressed. You shall never be subjected to retaliation, reprisal or harassment for use of or participation in the grievance procedure. The Warden will promptly and thoroughly investigate any allegations of this nature. Grievance forms are available in your housing areas.
Informal Grievance Procedures

INFORMAL RESOLUTIONS

Detainees may utilize the informal resolution process concerning questions, disputes, or complaints prior to the submission of a formal grievance. If a detainee is not satisfied with the results of the informal resolution process, the detainee may file a formal grievance. Detainees may bypass or terminate the informal resolution process at any point and proceed directly to the formal grievance process.

Filing

- The 14-5A Informal Resolution form must be utilized to initiate the informal resolution process.
- All 14-5A's related to medical care and treatment must be submitted to qualified health services staff through facility mail, and/or designated grievance mailboxes.
- With the exception of grievances related to medical care and treatment, Detainees are required to submit 14-5A's through facility mail or into the request box located in your unit. In the absence of unit management, the Warden/Administrator will designate a staff member to receive informal resolution forms.
- The Detainee must submit the 14-5A within seven (7) calendar days of the alleged incident.
- The time for filing begins from the date the problem or incident became known to the Detainee.
- Unless unusual circumstances are present, the detainee will receive a response to an informal grievance within ten (10) calendar days of submission. In the event of unusual circumstances, the assigned staff member will provide the detainee with written documentation extending the response deadline.
- In the event the Detainee is not satisfied with the response, the Detainee will have five (5) calendar days to submit a formal grievance to the Grievance Officer. In the event the Detainee/resident pursues a formal grievance, the Detainee will be required to attach a copy of the 14-5A to the formal grievance form.

EMERGENCY GRIEVANCES

If the subject matter of the grievance is such that compliance with the regular time guidelines would subject the Detainee to risk of personal injury, the Detainee may request that the grievance be considered an emergency grievance. The emergency grievance must detail the basis for requiring an immediate response. When the grievance is of an emergency nature, utilization of the informal resolution process is not required.

Filing

- The 14-5B Detainee Grievance form must be utilized to file an emergency grievance. The Detainee will complete Page 1 of the 14-5B and place it in a sealed envelope marked "Emergency Grievance". Sealed envelopes may be placed in the grievance mail box or give it directly to the grievance officer. **AFTER HOURS OR ON WEEKENDS THE SEALED EMERGENCY GRIEVANCE WILL BE GIVEN TO THE UNIT MANAGER OR SHIFT SUPERVISOR AND DELIVERED TO THE ADMINISTRATIVE DUTY OFFICER ASSIGNED.**

Formal Grievance Procedure

Filing

- The Detainee must file the grievance within five (5) calendar days of the response date listed on the 14-5A Informal Resolution form.
- In the event a detainee decides to bypass the informal grievance process, the detainee will have seven (7) calendar days from the date of the alleged incident to file a formal grievance. The time for filing begins from the date the problem or incident became known to the detainee.
- The 14-5B Detainee Grievance form must be utilized to file a formal grievance. The Detainee will complete Page 1 of the 14-5B and place into the grievance mailbox in your unit. If a grievance mail box is not used, the formal grievance will be forwarded to the Grievance Coordnator.
- Grievances related to medical care will be responded to within five (5) business days of submission.
- Unless a time extension has been granted, the Detainee will receive a response to the formal grievance within ten (10) calendar days of submission.
- The total time for the formal grievance process will be no more than TWENTY-SEVEN (27) days from filing to a final appeal decision, unless unusual circumstances are present.

Appeals Procedure

Filing

- If a Detainee is not satisfied with the decision of a formal or emergency grievance, the Detainee may complete the appeal section of the 14-5B and resubmit the grievance to the grievance Coordinator. The Detainee must file the appeal within five (5) calendar days of the response date listed on the 14-5B Detainee Grievance form.
  If you wish to review the 14-103 Detainee Grievance Procedures (USMS ONLY) policy, you may request to review it through the Law Library.

CoreCivic proporcionará un medio para que todos los detenidos aborden las quejas relacionadas con las condiciones, el tratamiento, las políticas y los procedimientos de la instalación. Muchos asuntos pueden y deben resolverse directa y rápidamente entre el detenido y el personal institucional.El proceso de reclamo incluirá una opción de resolución informal y un proceso de apelación. (FPBDS g.9.1) todas las quejas deben ser evaluadas de manera justa e imparcial. La resolución en el mejor interés del detenido y la instalación debe ser el objetivo principal.

El sistema de quejas no está destinado a ser utilizado para solicitudes. Utilice el sistema de kiosco o los formularios de solicitud para solicitudes de instalaciones.

Asuntos quebrantables
Violación de las leyes, regulaciones o decisiones judiciales estatales y federales, incluidas, entre otras, violaciones de la Ley de Estadounidenses con Discapacidades (ADA), derechos constitucionales, etc.-aplicación de reglas, políticas y / o procedimientos a detenidos sobre los cuales CoreCivic tiene control.-El personal individual y las acciones de los detenidos, incluida cualquier denegación de acceso a la resolución informal o procedimiento de queja.-Represalias contra detenidos por utilizar la resolución informal o los procesos de queja; y-Cualquier otro asunto relacionado con las condiciones de cuidado y supervisión dentro de la autoridad de CoreCivic.

Asuntos no quebrantables
-Decisiones judiciales estatales y federales
-Las leyes y reglamentos estatales y federales
-NOSOTROS. Estándares, decisiones o asuntos del Servicio de Alguaciles (USMS);
-Nota: los estándares, decisiones o asuntos de USMS serán objeto de reclamo de acuerdo con las reglamentaciones de USMS.
-Acciones disciplinarias (todas las acciones disciplinarias deben abordarse de acuerdo con los procedimientos disciplinarios establecidos en la instalación);
-Problemas de propiedad (todos los problemas de propiedad deben abordarse de acuerdo con los procedimientos de propiedad establecidos en la instalación);
-Estado de clasificación (todo el estado de clasificación debe abordarse de acuerdo con los procedimientos de clasificación establecidos en la instalación); y
- Incidentes PREA (Ley de eliminación de violación en prisión) permitidos. Si se presenta y recibe un informe como un reclamo de un detenido, se lo remitirá inmediatamente al investigador de la instalación o al Oficial de Servicio Administrativo (ADO) y se procesará de acuerdo con la política de CoreCivic 14-2 Abuso sexual y prevención y respuesta (USMS).

RESOLUCIONES INFORMALES
Los detenidos pueden utilizar el proceso de resolución informal con respecto a preguntas, disputas o quejas antes de la presentación de una queja formal. Si un detenido no está satisfecho con los resultados del proceso de resolución informal, el detenido puede presentar una queja formal. Los detenidos pueden omitir o finalizar el proceso de resolución informal en cualquier momento y proceder directamente al proceso formal de queja.
Presentación
• El formulario de resolución informal 14-5A debe utilizarse para iniciar el proceso de resolución informal.
• Todos los 14-5A relacionados con la atención y el tratamiento médicos deben enviarse al personal calificado de servicios de salud a través del correo del centro y / o buzones de reclamos designados.
• Con la excepción de las quejas relacionadas con la atención y el tratamiento médicos, los detenidos deben enviar 14-5A a través del correo del centro o en el cuadro de solicitud ubicado en su unidad. En ausencia de la administración de la unidad, el Guardián / Administrador designará a un miembro del personal para recibir formularios informales de resolución.
• El Detenido debe presentar el 14-5A dentro de los siete (7) días calendario posteriores al supuesto incidente.

• El momento de la presentación comienza a partir de la fecha en que el detenido conoció el problema o incidente.
• A menos que existan circunstancias inusuales, el detenido recibirá una respuesta a una queja informal dentro de los diez (10) días calendario posteriores a la presentación. En caso de circunstancias inusuales, el miembro del personal asignado le proporcionará al detenido documentación escrita que amplíe el plazo de respuesta.
• En caso de que el Detenido no esté satisfecho con la respuesta, el Detenido tendrá cinco (5) días calendario para presentar una queja formal ante el Oficial de Quejas. En el caso de que el Detenido / residente presente una queja formal, se requerirá que el Detenido adjunte una copia de la 14-5A al formulario de queja formal.
QUEJAS DE EMERGENCIA
Si el tema de la queja es tal que el cumplimiento de las pautas de tiempo regular expondría al Detenido al riesgo de lesiones personales, el Detenido puede solicitar que la queja se considere una queja de emergencia. La queja de emergencia debe detallar las bases para requerir una respuesta inmediata. Cuando la queja es de naturaleza de emergencia, no se requiere la utilización del proceso de resolución informal.
Presentación
• El formulario de queja formal para detenidos 14-5B se debe utilizar para presentar una queja formal de emergencia. El Detenido completará la Página 1 del 14-5B y lo colocará en un sobre sellado marcado como "Queja de emergencia". Los sobres sellados se pueden colocar en el buzón de quejas o entregarlos directamente al oficial de quejas. **DESPUÉS DE HORAS O EN FINES DE SEMANA, LA QUEJA DE EMERGENCIA SELLADA SE ENTREGARÁ AL GERENTE DE LA UNIDAD O AL SUPERVISOR DE TURNO Y SE ENTREGARÁ AL OFICIAL DE SERVICIO ADMINISTRATIVO ASIGNADO.**

Procedimiento de queja formal
Presentación
• El Detenido debe presentar la queja dentro de los cinco (5) días calendario posteriores a la fecha de respuesta que figura en el formulario de Resolución informal 14-5A.
• En caso de que un detenido decida omitir el proceso informal de queja, el detenido tendrá siete (7) días calendario a partir de la fecha del supuesto incidente para presentar una queja formal. El momento de la presentación comienza a partir de la fecha en que el detenido conoció el problema o incidente.
• El formulario de queja formal para detenidos 14-5B debe utilizarse para presentar una queja formal. El Detenido completará la Página 1 del 14-5B y lo colocará en el buzón de reclamos de su unidad. Si no se utiliza un buzón de reclamos, el reclamo formal se enviará al Coordinador de reclamos.
• Las quejas relacionadas con la atención médica se responderán dentro de los cinco (5) días hábiles posteriores a la presentación.
• A menos que se haya otorgado una extensión de tiempo, el Detenido recibirá una respuesta a la queja formal dentro de los diez (10) días calendario posteriores a la presentación.
• El tiempo total para el proceso formal de queja no será más de VEINTE SIETE (27) días desde la presentación de una decisión de apelación final, a menos que existan circunstancias inusuales.
Procedimiento de apelaciones
Presentación
• Si un Detenido no está satisfecho con la decisión de una queja formal o de emergencia, el Detenido puede completar la sección de apelaciones de la 14-5B y volver a presentar la queja al Coordinador de quejas. El Detenido debe presentar la apelación dentro de los cinco (5) días calendario posteriores a la fecha de respuesta que figura en el formulario 14-5B de Quejas de Detenido.

Si desea revisar la política de Procedimientos de quejas de detenidos 14-103 (SOLO USMS), puede solicitar revisarla a través de la Biblioteca de Derecho.

Access to Programs/Accesso a Programas

The facility's commitment to equality of access to programs and services without regard to race, gender or national origin are:

-practice religion, subject only to the limitation necessary to maintain facility order and security
-to unlimited access to the courts and to address uncensored communication to governmental authorities without being subject to reprisals or penalties as a consequence
-access to attorneys and their authorized representatives
-access to legal materials to provide assistance to help them with criminal, civil and administrative legal matters

ATTACHMENT 2
Declaration of A. Partain

CENTRAL ARIZONA FLORENCE COMPLEX POLICY 17-101 A

Detainee Name
Nombre del Detenido: LUCERO-GONZALEZ, MARIA GUADALUPE

Detainee Number
Numero del Detenido: 11973508

WORK WAIVER FOR CENTRAL ARIZONA FLORENCE COMPLEX INMATE/DETAINEE

As a CENTRAL ARIZONA FLORENCE COMPLEX detainee, I understand that I may not be compelled to work other than to perform housekeeping tasks in my own cell and the community living area. I would like to volunteer for work and assignments in addition to my housekeeping tasks. I am aware that by waiving separation for the purpose of work assignments, I will be working with or participating in recreations with inmates who are serving a sentence for convictions of crimes.

Como un de CENTRAL ARIZONA FLORENCE COMPLEX detenido, yo entiendo que no puedo ser obligado a trabajar en ninguna area que no sea la limpieza de mi propia celda y el area comun. Me gustaria se voluntario para trabajar en asignaciones fuera de mi unidad como asi indican mis iniciales abajo. Yo comrendo que a renunciar por el proposito de trabajo o asignacion, inclyendo recreacion con reclusos que estan cumpliendo su sentencia por convicciones de crimen.

X Maria Gonzalez — 11-25-19

Detainee Signature/Firma del Detenido — Date/Fecha

REVOCATION OF WAIVER/ANULATION DE RENUNCIA A LA ABSTENCENCIA

Detainee Signature/Firma del Detenido — Date/Fecha

RECEIVING CHECKLIST:

- [/] Verification of Commitment Papers
- [/] Searched at Intake
- [/] Shower at Intake
- [/] Disposition of all monies at Intake
- [/] Medical, Dental, Mental Health Screening
- [/] Photograph/I.D. Card
- [/] Personal Property (Inventory) Form Receipt
- [ ] Classification Booking Sheet
- [/] Hygiene items
- [/] Explanation of Mail and Visiting Procedures
- [/] Telephone Calls
- [/] Assignment of Corecivic Number
- [/] Assignment to a Housing unit
- [/] Issue of clean, laundered clothing
- [ ] PREA Intake Screening

[ ] PRISONER HANDBOOK ACKNOWLEDGEMENT: BY SIGNATURE BELOW, I ACKNOWLEDGE RECEIVING A PRISONER HANDBOOK ON THIS DATE AND HAVE BEEN BRIEFED ON THE RECEIVING CHECKLIST.

X Maria gonzalez — 11-25-19

Detainee Signature/Firma del Detenido — Date/Fecha

Receiving Officer (Signature)

DISCHARGE

- [ ] Verification of identify of inmate
- [ ] Return of all inmate personal property
- [ ] Completion of all pending actions with Corecivic
- [ ] Verification of proper release authority
- [ ] Return of all Corecivic issued property

Discharging Officer (Signature)

Date/Fecha

Inmate (Signature)

CENTRAL ARIZONA FLORENCE COMPLEX POLICY 17-101 A

Detainee Name / Nombre del Detenido: ROMERO-LOPEZ, CLAUDIA

Detainee Number / Numero del Detenido: 23350508

WORK WAIVER FOR CENTRAL ARIZONA FLORENCE COMPLEX INMATE/DETAINEE

As a CENTRAL ARIZONA FLORENCE COMPLEX detainee, I understand that I may not be compelled to work other than to perform housekeeping tasks in my own cell and the community living area. I would like to volunteer for work and assignments in addition to my housekeeping tasks. I am aware that by waiving separation for the purpose of work assignments, I will be working with or participating in recreations with inmates who are serving a sentence for convictions of crimes.

Como un de CENTRAL ARIZONA FLORENCE COMPLEX detenido, yo entiendo que no puedo ser obligado a trabajar en ninguna area que no sea la limpieza de mi propia celda y el area comun. Me gustaria se voluntario para trabajar en asignaciones fuera de mi unidad como asi indican mis iniciales abajo. Yo comrendo que a renunciar por el proposito de trabajo o asignacion, inclyendo recreacion con reclusos que estan cumpliendo su sentencia por convicciones de crimen.

X Claudia R.L. — 1.3.20

Detainee Signature/Firma del Detenido — Date/Fecha

REVOCATION OF WAIVER/ANULATION DE RENUNCIA A LA ABSTENCENCIA

Detainee Signature/Firma del Detenido — Date/Fecha

RECEIVING CHECKLIST:

- [/] Verification of Commitment Papers
- [/] Searched at Intake
- [/] Shower at Intake
- [/] Disposition of all monies at Intake
- [/] Medical, Dental, Mental Health Screening
- [/] Photograph/I.D. Card
- [/] Personal Property (Inventory) Form Receipt
- [ ] Classification Booking Sheet
- [/] Hygiene items
- [/] Explanation of Mail and Visiting Procedures
- [/] Telephone Calls
- [/] Assignment of Corecivic Number
- [/] Assignment to a Housing unit
- [/] Issue of clean, laundered clothing
- [ ] PREA Intake Screening

[ ] PRISONER HANDBOOK ACKNOWLEDGEMENT: BY SIGNATURE BELOW, I ACKNOWLEDGE RECEIVING A PRISONER HANDBOOK ON THIS DATE AND HAVE BEEN BRIEFED ON THE RECEIVING CHECKLIST.

X — 1.3.20

Detainee Signature/Firma del Detenido — Date/Fecha

Claudia R.L.

Receiving Officer (Signature)

DISCHARGE

- [ ] Verification of identify of inmate
- [ ] Return of all inmate personal property
- [ ] Completion of all pending actions with Corecivic
- [ ] Verification of proper release authority
- [ ] Return of all Corecivic issued property

Discharging Officer (Signature)

Inmate (Signature) — Date/Fecha

CENTRAL ARIZONA FLORENCE COMPLEX **POLICY 17-101 A**

Detainee Name / Nombre del Detenido: CIECIERSKI, JAMES TYLER

Detainee Number / Numero del Detenido: 29006508

WORK WAIVER FOR CENTRAL ARIZONA FLORENCE COMPLEX INMATE/DETAINEE

As a CENTRAL ARIZONA FLORENCE COMPLEX detainee, I understand that I may not be compelled to work other than to perform housekeeping tasks in my own cell and the community living area. I would like to volunteer for work and assignments in addition to my housekeeping tasks. I am aware that by waiving separation for the purpose of work assignments, I will be working with or participating in recreations with inmates who are serving a sentence for convictions of crimes.

Como un de CENTRAL ARIZONA FLORENCE COMPLEX detenido, yo entiendo que no puedo ser obligado a trabajar en ninguna area que no sea la limpieza de mi propia celda y el area comun. Me gustaria se voluntario para trabajar en asignaciones fuera de mi unidad como asi indican mis iniciales abajo. Yo comrendo que a renunciar por el proposito de trabajo o asignacion, inclyendo recreacion con reclusos que estan cumpliendo su sentencia por convicciones de crimen.

X _____ 2.27.20

Detainee Signature/Firma del Detenido — Date/Fecha

REVOCATION OF WAIVER/ANULATION DE RENUNCIA A LA ABSTENCENCIA

_____ _____

Detainee Signature/Firma del Detenido — Date/Fecha

RECEIVING CHECKLIST:

- [/] Verification of Commitment Papers
- [/] Searched at Intake
- [/] Shower at Intake
- [/] Disposition of all monies at Intake
- [/] Medical, Dental, Mental Health Screening
- [/] Photograph/I.D. Card
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- [ ] Classification Booking Sheet
- [/] Hygiene items
- [/] Explanation of Mail and Visiting Procedures
- [ ] Telephone Calls
- [/] Assignment of Corecivic Number
- [/] Assignment to a Housing unit
- [/] Issue of clean, laundered clothing
- [ ] PREA Intake Screening

[/] **PRISONER HANDBOOK ACKNOWLEDGEMENT:** BY SIGNATURE BELOW, I ACKNOWLEDGE RECEIVING A PRISONER HANDBOOK ON THIS DATE AND HAVE BEEN BRIEFED ON THE RECEIVING CHECKLIST.

X _____ 2-27-20

Detainee Signature/Firma del Detenido — Date/Fecha

_____

Receiving Officer (Signature)

DISCHARGE

- [ ] Verification of identify of inmate
- [ ] Return of all inmate personal property
- [ ] Completion of all pending actions with Corecivic
- [ ] Verification of proper release authority
- [ ] Return of all Corecivic issued property

_____

Discharging Officer (Signature)

_____ _____

Inmate (Signature) — Date/Fecha

CENTRAL ARIZONA FLORENCE COMPLEX **POLICY 17-101 A**

Detainee Name
Nombre del Detenido: ENOS, MARVIN LEE

Detainee Number
Numero del Detenido: 22821508

WORK WAIVER FOR CENTRAL ARIZONA FLORENCE COMPLEX INMATE/DETAINEE

As a CENTRAL ARIZONA FLORENCE COMPLEX detainee, I understand that I may not be compelled to work other than to perform housekeeping tasks in my own cell and the community living area. I would like to volunteer for work and assignments in addition to my housekeeping tasks. I am aware that by waiving separation for the purpose of work assignments, I will be working with or participating in recreations with inmates who are serving a sentence for convictions of crimes.

Como un de CENTRAL ARIZONA FLORENCE COMPLEX detenido, yo entiendo que no puedo ser obligado a trabajar en ninguna area que no sea la limpieza de mi propia celda y el area comun. Me gustaria se voluntario para trabajar en asignaciones fuera de mi unidad como asi indican mis iniciales abajo. Yo comrendo que a renunciar por el proposito de trabajo o asignacion, inclyendo recreacion con reclusos que estan cumpliendo su sentencia por convicciones de crimen.

X _____ 8-6-19

Detainee Signature/Firma del Detenido — Date/Fecha

REVOCATION OF WAIVER/ANULATION DE RENUNCIA A LA ABSTENCENCIA

_____ _____

Detainee Signature/Firma del Detenido — Date/Fecha

RECEIVING CHECKLIST:

- [/] Verification of Commitment Papers
- [/] Searched at Intake
- [/] Shower at Intake
- [/] Disposition of all monies at Intake
- [/] Medical, Dental, Mental Health Screening
- [/] Photograph/I.D. Card
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- [ ] Classification Booking Sheet
- [/] Hygiene items
- [/] Explanation of Mail and Visiting Procedures
- [/] Telephone Calls
- [/] Assignment of Corecivic Number
- [/] Assignment to a Housing unit
- [/] Issue of clean, laundered clothing
- [ ] PREA Intake Screening

[ ] PRISONER HANDBOOK ACKNOWLEDGEMENT: BY SIGNATURE BELOW, I ACKNOWLEDGE RECEIVING A PRISONER HANDBOOK ON THIS DATE AND HAVE BEEN BRIEFED ON THE RECEIVING CHECKLIST.

X _____ 8-6-19

Detainee Signature/Firma del Detenido — Date/Fecha

_____

Receiving Officer (Signature)

DISCHARGE

- [ ] Verification of identify of inmate
- [ ] Return of all inmate personal property
- [ ] Completion of all pending actions with Corecivic
- [ ] Verification of proper release authority
- [ ] Return of all Corecivic issued property

_____

Discharging Officer (Signature)

_____ _____

Inmate (Signature) — Date/Fecha

CENTRAL ARIZONA FLORENCE COMPLEX **POLICY 17-101 A**

Detainee Name
Nombre del Detenido: PEUPLIE, TRACY A

Detainee Number
Numero del Detenido: 31151508

WORK WAIVER FOR CENTRAL ARIZONA FLORENCE COMPLEX INMATE/DETAINEE

As a CENTRAL ARIZONA FLORENCE COMPLEX detainee, I understand that I may not be compelled to work other than to perform housekeeping tasks in my own cell and the community living area. I would like to volunteer for work and assignments in addition to my housekeeping tasks. I am aware that by waiving separation for the purpose of work assignments, I will be working with or participating in recreations with inmates who are serving a sentence for convictions of crimes.

Como un de CENTRAL ARIZONA FLORENCE COMPLEX detenido, yo entiendo que no puedo ser obligado a trabajar en ninguna area que no sea la limpieza de mi propia celda y el area comun. Me gustaria se voluntario para trabajar en asignaciones fuera de mi unidad como asi indican mis iniciales abajo. Yo comrendo que a renunciar por el proposito de trabajo o asignacion, inclyendo recreacion con reclusos que estan cumpliendo su sentencia por convicciones de crimen.

X Tracy Peuplie 12.30.19

Detainee Signature/Firma del Detenido — Date/Fecha

REVOCATION OF WAIVER/ANULATION DE RENUNCIA A LA ABSTENCENCIA

Detainee Signature/Firma del Detenido — Date/Fecha

RECEIVING CHECKLIST:

- [/] Verification of Commitment Papers
- [/] Searched at Intake
- [/] Shower at Intake
- [/] Disposition of all monies at Intake
- [/] Medical, Dental, Mental Health Screening
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- [/] Telephone Calls
- [/] Assignment of Corecivic Number
- [/] Assignment to a Housing unit
- [/] Issue of clean, laundered clothing
- [ ] PREA Intake Screening

[ ] PRISONER HANDBOOK ACKNOWLEDGEMENT: BY SIGNATURE BELOW, I ACKNOWLEDGE RECEIVING A PRISONER HANDBOOK ON THIS DATE AND HAVE BEEN BRIEFED ON THE RECEIVING CHECKLIST.

X Tracy Peuplie 12.30.19

Detainee Signature/Firma del Detenido — Date/Fecha

Receiving Officer (Signature)

DISCHARGE

- [ ] Verification of identify of inmate
- [ ] Return of all inmate personal property
- [ ] Completion of all pending actions with Corecivic
- [ ] Verification of proper release authority
- [ ] Return of all Corecivic issued property

Discharging Officer (Signature) — Date/Fecha

Inmate (Signature)

ATTACHMENT 3
Declaration of A. Partain

Central Arizona Florence Correctional Complex
Grievance Log

March 2020

Grievance Log Number	Date Grievance Received	Inmate Name	Inmate #	Unit	Contract	Informal / Formal	Grievance Category	Access / Quality of Care	Medical Sub-Category	Informal Resolution Disposition Date	Informal Resolved? Y/N	Informal By-Passed?	Formal Grievance Disposition Date	Formal - Resolved / Unresolved	Appeal	Date Appeal Received	Appeal Disposition Date	Outcome of Grievance Appeal
[redacted]																		
W-USMS 20-0161	3/5/2020	LUCERO-GONZALEZ, MARIA	11971509	1100 Unit	U.S.M.S.	Formal	7	Q	6			Yes	3/11/2020	Resolved				
[redacted]																		

Central Arizona Florence Correctional Complex
Grievance Log

Grievance Log Number	Date Grievance Received	Inmate Name	Inmate #	Unit	Contract	Informal / Formal	Grievance Category	Access / Quality of Care	Medical Sub-Category	Informal Resolution Disposition Date	Informal Resolved Y/N	Informal By-Passed?	Formal Grievance Disposition Date	Formal - Resolved / Unresolved	Appeal	Date Appeal Received	Appeal Disposition Date	Outcome of Grievance Appeal
Redacted																		
W-USMS-20-0402	4/20/2020	ENOS, MARVIN	22821508	900 Unit / SEG	U.S.M.S.	Formal	5					Yes	4/27/2020	Resolved				

Redacted

Central Arizona Florence Correctional Complex
Grievance Log

Grievance Log Number	Date Grievance Received	Inmate Name	Inmate #	Unit	Contract	Informal / Formal	Grievance Category	Assault / Quality of Care	Medical Sub-Category	Informal Resolution Disposition Date	Informal Received Y/N	Informal Bi-Passed?	Formal Grievance Disposition Date	Formal - Resolved / Unresolved	Appeal	Date Appeal Received	Appeal Disposition Date	Outcome of Grievance Appeal
[redacted]																		
W-USMS 20-0458	4/28/2020	LUCERO-GONZALEZ, MARIA	11975508	1100 Unit	U.S.M.S.	Formal	7	O	4			Yes	5/5/2020	Resolved				
[redacted]																		

Central Arizona Florence Correctional Complex
Grievance Log

May 2020

Grievance Log Number	Date Grievance Received	Inmate Name	Inmate #	Unit	Contract	Informal / Formal	Grievance Category	Access / Quality of Care	Medical Sub-Category	Informal Resolution Disposition Date	Informal Resolved? Y/N	Informal By Person?	Formal Grievance Disposition Date	Formal - Resolved / Unresolved	Appeal	Date Appeal Received	Appeal Disposition Date	Outcome of Grievance Appeal
[redacted]																		
W-USMS 20-0487	5/4/2020	CIECIERSKI, JAMES	26006508	1200 Unit	U.S.M.S.	Informal	21			5/8/2020	Yes	No						
[redacted]																		

ATTACHMENT 4
Declaration of K. A. Partain

MAY 0 4 2020

14-5A

INFORMAL RESOLUTION / RESOLUCION INFORMAL

W-US2020-0487

To be completed by inmate/resident / Deberá ser cumplido por preso/residente:

Date / Fecha: 4/28/20

Name / Nombre (Print): Ciecierski (Last Name / Apellido Paterno) James (First Name / Nombre) T (Middle Initial / Apellido Materno)

Number / Numero: 29006508 Housing Assignment / Vivienda asignada: 1200C 106-

Description of issue, problem, and solution you suggest / Escriba su queja y la solución que solicita:

Housing conditions dont Allow social distancing I have severe Asthma and can die if I get Covid 19 Solution Hand Sanitizer, single bells.

Attach additional pages, if necessary / Si es necesario, agregue paginas adicionales.

FOR STAFF USE ONLY / PARA USO EXCLUSIVO DEL PERSONAL:

Date received from inmate/resident / Fecha en que se recibió del preso/residente: 5.4.2020

Name of staff member completing informal resolution process / Nombre del personal que se encarga de completer el proceso de resolucion: UM Mayer

Date response due to inmate/resident / Dia de respuesta al preso/residente: 5.11.2020

Date and time initial meeting held with the inmate/resident / Fecha y hora de la primera reunión con el preso/residente:

Additional information received from initial meeting / Informacion adicional recibida de la reunión inicial:

Names of staff members involved with the inmate/resident's issue / Nombres del personal involucrados con este asunto:

Distribution:
Original: Facility
Copy: Inmate/Resident

W-US 0487 14-5A

Dates and times of contact with staff members concerning the inmate/resident's issue / Fecha y hora de contacto con los miembros del personal respect del interno/residente:

Additional information received from meetings with staff members / Informacion adicional recibida de las reunions con los miembros del personal:

I would like to Appeal

STAFF RESPONSE / RESPUESTA DEL PERSONAL:

We are following all CDC guidelines for sanitation as well as providing a mask. I certainly understand and respect your concerns, but your housing will not change at this time. If you begin to display any symptoms - notify staff immediately. We will have you seen by medical.

Tentative compietion date if remedy suggested / Fecha de finalizacion tentative si remedio sugerido:_____

Completion of Informal Resolution Process / Terminacion del proceso de resolucion informal

By signing below, the inmate/resident verifies agreement with the remedy suggested above. If the inmate/resident is not satisfied with the remedy suggested above, the inmate/resident is not required to sign below and may choose to file a formal grievance with the Facility Grievance Officer. In either case, the inmate/resident will receive a copy of this form on the day the final resolution process is completed.

Al firmar abajo, el interno/residente verifica que esta de acuerdo con el remedio sugerido. Si el residente de preso no esta satisfecho con el remedio sugerido, el interno/residente no esta obligado a firmar a continuación y pueden optar por presentar una queja formal con el oficial de quejas de la institución. En cualquier caso, el interno/residente recibirá una copia de esta forma el día que se completa el proceso de resolución final.

Inmate Signature / Firma del interno/residente: _____ Date / Fecha: 5/8/2020

Designated Staff Signature: L Myers Date: 5/8/2020

*Witness Signature / Firma del testigo: _____ Date / Fecha: _____

*In the event the inmate/resident refuses to sign this form, a witness signature must be obtained to verify that the inmate/resident was offered the opportunity for informal resolution.

*En caso de que el interno/residente se niega a firmar este formulario, debera obtenerse la firma de un testigo para verificar que el interno/residente fue ofrecido la oportunidad de resolucion informal

Informal Resolution Outcome / Resultado de resolucion informal: ☐RESOLVED ☐UNRESOLVED

Distribution:
Original: Facility
Copy: Inmate/Resident

03/07

ATTACHMENT 5
Declaration of A. Partain

APR 20 2020

Grievance No.: WHS 2020-0402 14-5B

INMATE/RESIDENT GRIEVANCE / QUEJA DE INTERNO/RESIDENTE

FULL NAME / NOMBRE COMPLETO:	Marvin Enos		
NUMBER / NUMERO:	27821508	HOUSING ASSIGNMENT / VIVIENDA ASIGNADA:	FOX 900 900F202

INFORMAL RESOLUTION ATTACHED? (Not required for an emergency grievance) ☐ YES/SI ☑ NO
¿SUJETAR RESOLUCION INFORMAL? (No es requerido si es una emergencia)

GRIEVANCE CATEGORY (CIRCLE ONE) / CATEGORIA DE QUEJAS (CIRCULE UNA):

1. Facility Staff / Personal de la Institucion	8. Dental Services / Servicio Dental	15. Housing / Vivienda
2. Access to Legal Materials / Acceso a correo legal	9. Mental Health Services / Servicio de Salud Mental	16. Laundry / Lavanderia
3. Denied Access to Informal Resolution/Grievance Process / Negaron acceso a el proceso de resolucion informal y proceso de quejas	10. Trust Account / Cuenta de Finanzas	17. Recreation / Recreacion
4. Reprisal for Using Informal Resolution/Grievance Process / Represalia por usar el proceso de resolucion informal o el proceso de quejas	11. Commissary / Commissaria	18. Visitation / Visita
5. Safety/Security / Seguridad	12. Food Service / Cocina	19. Programs-education, work, religious, etc. Programas-educacion, trabajo, religioso, etc.
6. Sanitation / Sanitacion	13. Mail / Correo	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights) / Violaciones de regulaciones federales o estado, leyes, decisions de la corte (i.e. ADA o derechos constitucionales)
7. Medical Services / Servicios Medico	14. Intake / Recepcion	21. Other / Otro

STATE GRIEVANCE / ESCRIBA SU QUEJA: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary / Incluya documentacion, testigos, fecha del incidente, y cualquier otra informacion que se relacione con queja. Si es necesario agregar adicionales).

I feel that my life is in danger due to the fact that this facility does not take the proper percautions for the Corona Virus. Such as not giving hand sanatizer for the inmates and not giving the correction officers face mask to wear. Also the facility does not provide enough cleaning supplies for inmates can disinfect where they live. Another issue would be that the inmates at this facility are unable to social distance themselves. There are only a few percautions that this facility has in which it cannot meet the requirments for a safe facility.

REQUESTED ACTION / ACCION SOLICITADA: (Attach additional pages if necessary / Si es necesario agregar paginas adicionales)

Inmate/Resident's Signature / Firma del interno/residente: _____ Date Submitted / Fecha: 4.18.20

Grievance No.: W-US 2020-0402 14-5B

RESPONDING STAFF MEMBER'S REPORT/ REPORTE DEL PERSONAL RESPONDIENDO A LA QUEJA: (Attach additional pages if necessary. All pages must include the grievance number. / Agregar paginas si es necesario. Todas las paginas deben tener el numero de queja)

Currently, CAFCI has several precautions in place for staff and inmates to clean and sanitize.
Each cell has an assigned spray bottle.
EAOS states the day room porters are not coming out as often.
EAOS states sometimes chemicals don't come back, until a day later.

RESPONDING STAFF MEMBER'S DECISION / DECISION DEL PERSONAL: (Attach additional pages if necessary. All pages must include the grievance number. /Agrege paginas si es necesario. Todas las paginas deben tener el numero de la queja)

I have investigated your grievance regarding your concerns with Covid. This facility is following CDC guidelines when it pertains to sanitation. Inmate population have been issued a mask. Beginning 4.28-2020, all staff will wear a mask. Supervisors in the unit will ensure to adjust some porter schedules to allow day room sanitation, shower sanitation and cell cleaning.

Responding Staff Member's Printed Name: Fernandez Title/Titulo: Unit Manager

Responding Staff Member's Signature: _____ Date/Fecha: 4.27.2020

Inmate/Resident's Signature (upon receipt) / Firma del interno/residente (cuando sea recivida): _____

Date/Fecha: 4.28-2020

INMATE/RESIDENT APPEAL / APELACION DEL INTERNO/RESIDENTE (Attach additional pages if necessary. All pages must include the grievance number. / Agrege paginas si es necesario. Todas las paginas deben tener el numero de la queja)

WARDEN/ADMINISTRATOR'S DECISION / DECISION DEL GUARDIAN O ADMINISTRADOR: (Attach additional pages if necessary. All pages must include the grievance number. / Agrege paginas si es necesario. Todas las paginas deben tener el numero de la queja)

Warden/Administrator's Signature/ Firma del guardian o Administrador: _____

Date/Fecha: _____

Inmate/Resident's Signature (upon receipt) / Firma del interno/residente (cuando sea recivida) _____

Date/Fecha: _____

ATTACHMENT 6
Declaration of A. Partain

COPY KEPT MAR 05 2020

14-5B

Grievance No.: WLS 2020-0161

INMATE/RESIDENT GRIEVANCE / QUEJA DE INTERNO/RESIDENTE Q6

FULL NAME / NOMBRE COMPLETO:	Maria Lucero-Gonzalez.		
NUMBER / NUMERO:	1197350 8	HOUSING ASSIGNMENT / VIVIENDA ASIGNADA:	B-205 1100

INFORMAL RESOLUTION ATTACHED? (Not required for an emergency grievance) ☐ YES/SI ☒ NO
¿SUJETAR RESOLUCION INFORMAL? (No es requerido si es una emergencia)

GRIEVANCE CATEGORY (CIRCLE ONE) / CATEGORIA DE QUEJAS (CIRCULE UNA):

1. Facility Staff / Personal de la Institucion	8. Dental Services / Servicio Dental	15. Housing / Vivienda
2. Access to Legal Materials / Acceso a correo legal	9. Mental Health Services / Servicio de Salud Mental	16. Laundry / Lavanderia
3. Denied Access to Informal Resolution/Grievance Process / Negaron acceso a el proceso de resolucion informal y proceso de quejas	10. Trust Account / Cuenta de Finanzas	17. Recreation / Recreacion
4. Reprisal for Using Informal Resolution/Grievance Process / Represalia por usar el proceso de resolucion informal o el proceso de quejas	11. Commissary / Commissaria	18. Visitation / Visita
5. Safety/Security / Seguridad	12. Food Service / Cocina	19. Programs-education, work, religious, etc. Programas-educacion, trabajo, religioso, etc.
6. Sanitation / Sanitacion	13. Mail / Correo	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights) / Violaciones de regulaciones federales o estado, leyes, decisions de la corte (i.e. ADA o derechos constitucionales)
7. Medical Services / Servicios Medico	14. Intake / Recepcion	21. Other / Otro

STATE GRIEVANCE / ESCRIBA SU QUEJA: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary / Incluya documentacion, testigos, fecha del incidente, y cualquier otra informacion que se relacione con queja. Si es necesario agregar adicionales).

As of 02-26-20 my Prescription for flexeril Expired. + currently I'm being treated because I have problems with my kidney that may be Cancerous. on 02-29-20 (saturday) medical came and took me to med 2 because I had a lot of pain on my right side where my kidney is at. Medical did not check any of my vitals nor my Sugar the only thing they did was tell me to sit in the chair and drink water. I am currently talking naproxen 500 mg for pain but it does nothing to calm the cancer pain nor here it always + pecific feel I need a better pain medication for the situation I'm in with my cancer. I need the proper medical care and attention directly see a Physician ASAP so that my health issue does not progress or spread.

REQUESTED ACTION / ACCION SOLICITADA: (Attach additional pages if necessary / Si es necesario agregar paginas adicionales)

Inmate/Resident's Signature / Firma del interno/residente: Maria Lucero Date Submitted / Fecha: 03-03-20

03/07

Grievance No.: 16-115 2020-0161

14-5B

RESPONDING STAFF MEMBER'S REPORT/ REPORTE DEL PERSONAL RESPONDIENDO A LA QUEJA: (Attach additional pages if necessary. All pages must include the grievance number. / Agregar paginas si es necesario. Todas las paginas deben tener el numero de queja)

3/4- seen on nurse sick call. Cyclobenzaprine re-ordered.
I have investigated your grievance regarding Flexeril expiration and needing better pain medication and found that you were seen on nurse sick call the next day 3/4/20 and your Flexeril was reordered. You also have orders for Naproxen & Acetaminophen as needed. You were seen for an outside consult on 3/6/20. You were seen today by an LIP 3/11/20 & you have a follow up LIP appt.

RESPONDING STAFF MEMBER'S DECISION / DECISION DEL PERSONAL: (Attach additional pages if necessary. All pages must include the grievance number. /Agrege paginas si es necesario. Todas las paginas deben tener el numero de la queja)

In response to your grievance regarding Medical, I have investigated and found the following: Your pain medication has been renewed. You have follow up appointments scheduled.
Per determined Grievance is resolved

Responding Staff Member's Printed Name: Arturo Go Title/Titulo: RN

Responding Staff Member's Signature: [signature] Date/Fecha: 3/11/2020

Inmate/Resident's Signature (upon receipt) / Firma del interno/residente (cuando sea recivida): Maria Lucero

Date/Fecha: 3/11/2020

INMATE/RESIDENT APPEAL / APELACION DEL INTERNO/RESIDENTE (Attach additional pages if necessary. All pages must include the grievance number. / Agrege paginas si es necesario. Todas las paginas deben tener el numero de la queja)

WARDEN/ADMINISTRATOR'S DECISION / DECISION DEL GUARDIAN O ADMINISTRADOR: (Attach additional pages if necessary. All pages must include the grievance number. / Agrege paginas si es necesario. Todas las paginas deben tener el numero de la queja)

Warden/Administrator's Signature/ Firma del guardian o Administrador: ______

Date/Fecha: ______

Inmate/Resident's Signature (upon receipt) / Firma del interno/residente (cuando sea recivida) ______

Date/Fecha: ______

ATTACHMENT 7
Declaration of A. Partain

APR 28 2020

Grievance No.: WUS 2020-0458

14-5B

INMATE/RESIDENT GRIEVANCE / QUEJA DE INTERNO/RESIDENTE Q4

FULL NAME / NOMBRE COMPLETO:	Lucero-Gonzalez Maria		
NUMBER / NUMERO:	11973508	HOUSING ASSIGNMENT / VIVIENDA ASIGNADA:	B 205 1100

INFORMAL RESOLUTION ATTACHED? (Not required for an emergency grievance) ☑ YES/SI ☐ NO
¿SUJETAR RESOLUCION INFORMAL? (No es requerido si es una emergencia)

GRIEVANCE CATEGORY (CIRCLE ONE) / CATEGORIA DE QUEJAS (CIRCULE UNA):

1. Facility Staff / Personal de la Institucion	8. Dental Services / Servicio Dental	15. Housing / Vivienda
2. Access to Legal Materials / Acceso a correo legal	9. Mental Health Services / Servicio de Salud Mental	16. Laundry / Lavanderia
3. Denied Access to Informal Resolution/Grievance Process / Negaron acceso a el proceso de resolucion informal y proceso de quejas	10. Trust Account / Cuenta de Finanzas	17. Recreation / Recreacion
4. Reprisal for Using Informal Resolution/Grievance Process / Represalia por usar el proceso de resolucion informal o el proceso de quejas	11. Commissary / Commissaria	18. Visitation / Visita
5. Safety/Security / Seguridad	12. Food Service / Cocina	19. Programs-education, work, religious, etc. Programas-educacion, trabajo, religioso, etc.
6. Sanitation / Sanitacion	13. Mail / Correo	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights) / Violaciones de regulaciones federales o estado, leyes, decisions de la corte (i.e. ADA o derechos constitucionales)
7. Medical Services / Servicios Medico	14. Intake / Recepcion	21. Other / Otro

STATE GRIEVANCE / ESCRIBA SU QUEJA: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary / Incluya documentacion, testigos, fecha del incidente, y cualquier otra informacion que se relacione con queja. Si es necesario agregar adicionales).

I HAVE BEEN TELLING MEDICAL, THAT IM VERY SICK AND THEY ARE NOT TAKING THE MEASURES I NEED.
THERE ARE DAYS, WHERE IM IN SO MUCH PAIN, I CANNOT GET UP.
I NEED TO BE SEEN, BY SOME ONE THAT UNDERSTAND MY CONDITION.
TO PLEASE HELP ME AND FIGURE OUT A SOLUTION TO MY MEDICAL ISSUES, FIND A TREATMENT.

THANKS.

REQUESTED ACTION / ACCION SOLICITADA: (Attach additional pages if necessary / Si es necesario agregar paginas adicionales)

Inmate/Resident's Signature / Firma del interno/residente: MGL Date Submitted / Fecha: 04-20-20

03/07

Grievance No.: NUS 2020-0458 — 14-5B

RESPONDING STAFF MEMBER'S REPORT/ REPORTE DEL PERSONAL RESPONDIENDO A LA QUEJA: (Attach additional pages if necessary. All pages must include the grievance number. / Agregar paginas si es necesario. Todas las paginas deben tener el numero de queja)

I have investigated your Grievance regarding needing to be seen by medical staff that addresses your condition and found that you were seen by a NP here on 4/30/20 who explained to you that due to the pandemic additional outside testing has been delayed at this time. She also reviewed your pain medications. You have follow up appointments with the NP here to discuss and get updates at that time.

RESPONDING STAFF MEMBER'S DECISION / DECISION DEL PERSONAL: (Attach additional pages if necessary. All pages must include the grievance number. /Agregue paginas si es necesario. Todas las paginas deben tener el numero de la queja)

Grievance is resolved per [illegible]

Responding Staff Member's Printed Name: [illegible] Title/Titulo: [illegible]

Responding Staff Member's Signature: [signature] Date/Fecha: 5/5/20

Inmate/Resident's Signature (upon receipt) / Firma del Interno/residente (cuando sea recivida): [signature]

Date/Fecha: 05-05-2020

INMATE/RESIDENT APPEAL / APELACION DEL INTERNO/RESIDENTE (Attach additional pages if necessary. All pages must include the grievance number. / Agregue paginas si es necesario. Todas las paginas deben tener el numero de la queja)

WARDEN/ADMINISTRATOR'S DECISION / DECISION DEL GUARDIAN O ADMINISTRADOR: (Attach additional pages if necessary. All pages must include the grievance number. / Agregue paginas si es necesario. Todas las paginas deben tener el numero de la queja)

Warden/Administrator's Signature/ Firma del guardian o Administrador: ____________

Date/Fecha: ____________

Inmate/Resident's Signature (upon receipt) / Firma del interno/residente (cuando sea recivida) ____________

Date/Fecha: ________