UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

J.H., by and through his mother and next friend, N.H.; I.B., by and through his parents and next friends, A.B. and I.B., on behalf of themselves and all others similarly situated, Plaintiffs-Petitioners, -against- JOHN BEL EDWARDS, IN HIS OFFICIAL CAPACITY AS GOVERNOR OF LOUISIANA; THE LOUISIANA OFFICE OF JUVENILE JUSTICE; EDWARD DUSTIN BICKHAM, IN HIS OFFICIAL CAPACITY AS INTERIM DEPUTY SECRETARY OF THE LOUISIANA OFFICE OF JUVENILE JUSTICE; JAMES WOODS, IN HIS OFFICIAL CAPACITY AS THE DIRECTOR OF THE ACADIANA CENTER FOR YOUTH; SHANNON MATTHEWS, IN HER OFFICIAL CAPACITY AS THE DIRECTOR OF THE BRIDGE CITY CENTER FOR YOUTH; SHAWN HERBERT, IN HER OFFICIAL CAPACITY AS THE DIRECTOR OF THE SWANSON CENTER FOR YOUTH AT MONROE; and RODNEY WARD, IN HIS OFFICIAL CAPACITY AS THE DEPUTY DIRECTOR OF THE SWANSON CENTER FOR YOUTH AT COLUMBIA, Defendants-Respondents.	CIVIL ACTION NO. 3:20-cv-00293-JWD-EWD CLASS ACTION

THE LOUISIANA OFFICE OF JUVENILE JUSTICE DEFENDANTS'[1] RESPONSE TO PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER

[1] Filed on behalf of Defendants-Respondents The Louisiana Office of Juvenile Justice ("OJJ"), Edward Dustin Bickham, James Woods, Shannon Matthews, Shawn Herbert, and Rodney Ward (collectively "Defendants").

The procedures of The Louisiana Office of Juvenile Justice ("OJJ") are working effectively to reduce and eliminate the risk of COVID-19 within OJJ's secure care facilities. Only 28 of the individuals in OJJ's secure care facilities (the "Youth") have been diagnosed with COVID-19. All 28 Youth have recovered. Currently, there are no confirmed or suspected cases of COVID-19 among the Youth in any of OJJ's secure care facilities. There is no emergency condition within OJJ's secure care facility. Plaintiffs' Emergency Motion for Temporary Restraining Order Seeking Immediate Furlough (Doc. No. 7, the "Motion") – offering little to no proof of Plaintiffs' claims beyond unsworn declarations of hearsay and speculation[2] – is unfounded and should be denied.

Plaintiffs' Motion is due to be dismissed for any one, and certainly all, of the following reasons:

- Plaintiffs are not likely to succeed on the merits of their claims on multiple grounds:
    - Plaintiffs failed to exhaust administrative remedies before filing suit as required by the Prison Litigation Reform Act;
    - Plaintiffs' invocation of the relaxed "objectively unreasonable" liability standard is misplaced;
    - Plaintiffs do not (and cannot) demonstrate Defendants acted with deliberate indifference in response to the COVID-19 pandemic; and

[2] Hearsay can be considered in a preliminary injunction motion; however, once received, "the question of how much weight an affidavit will be given is left to the trial court's discretion and the quality of the affidavit will have a significant effect on this determination." 11A Wright & Miller, *Fed. Practice & Procedure* § 2949 (3d ed. 2016). As such, "when the primary evidence introduced is an affidavit made on information and belief rather than on personal knowledge, it generally is considered insufficient to support a motion for a preliminary injunction." *Id.* The Fifth Circuit and its district courts "have shown appropriate reluctance to issue such orders where [as here] the moving party substantiates his side of a factual dispute" with only hearsay or speculation. *Marshall Durbin Farms, Inc. v. National Farmers Org., Inc.*, 446 F.2d 353, 357 (5th Cir. 1971) (reversing trial court's order granting injunction) (cited in *Fed. Practice & Procedure* § 2949, *supra*).

While Plaintiffs' evidence at this stage may not be required to demonstrate entitlement to summary judgment, Plaintiffs must still present a prima facie case based upon standards of substantive law to demonstrate entitlement to injunctive relief. *See Janvey v. Alguire*, 647 F.3d 585, 595-96 (5th Cir. 2011). This, Plaintiffs have failed to do.

- Plaintiffs cannot succeed on their claims for alleged deprivation of education and rehabilitation services because those claims are not legally or factually cognizable;

- Plaintiffs fail to establish a substantial threat of irreparable injury if the injunction is denied;
- The certain and immediate harm to Defendants if the injunction is granted outweighs Plaintiffs' speculation of potential injury if the injunction is denied; and
- The public interest is served if the Motion is denied.

FACTUAL BACKGROUND

A. OJJ's prevention and treatment program has been effective.

Beginning with the end in mind—OJJ's rapid, thoughtful, and evolving response to COVID-19 (described in detail below) is working. OJJ has had a total of only 28 confirmed COVID-19 cases at its secure care facilities. All 28 of the Youth who tested positive fully recovered without need for hospitalization and without any symptoms beyond mild fever. There are currently no Youth within OJJ's secure care facilities with a confirmed or suspected case of COVID-19. Affidavit of Denise Dandridge, attached as Exhibit A, at ¶¶ 31, 41–43.

The first suspected case of COVID-19 within OJJ's secure care facilities was identified on March 20, 2020; that Youth tested negative for COVID-19. The first confirmed case within OJJ's secure care facilities occurred on March 22, 2020. The timeline of confirmed cases is as follows:

Date	**March**										**April**											
	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12
No.	1	1	0	1	1	0	0	0	5	0	5	2	1	0	0	7	0	1	2	0	0	1

Exhibit A-8. No new case of COVID-19 has been identified since April 12, 2020, and no Youth has complained of COVID-like symptoms since April 12, 2020. Exhibit A, ¶¶ 38, 43.

B. OJJ employed a timely and adaptive response appropriate for the evolving nature of the COVID-19 pandemic.

OJJ's response to the COVID-19 global pandemic has been swift, deliberate, and effective, allowing the agency to continue to fulfill its mission to protect the public by providing safe and

effective individualized services to youth, who will become productive, law-abiding citizens.[3] "COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans."[4] Since its emergence in late 2019, the world has grappled with the effects of the pandemic while science has fought to understand the disease. As the world, this nation, and this state responded to the pandemic much has been learned, and as a result, the response to the pandemic—including the methods of treatment and prevention—has been an evolving process.

OJJ's understanding and response to COVID-19 has been similar to the experience of the world at large. In consultation with the Louisiana Office of Public Health, the Louisiana Department of Education, and private-practice medical professionals and following the United States Center for Disease Control ("CDC") Guidelines, OJJ developed an appropriately adaptive set of procedures and protocols to prevent, control, and eliminate the risk of COVID-19 within its secure care facilities. *See generally* Exhibit A; Exhibit B.

Louisiana's first presumptive case of COVID-19 was announced on March 9, 2020, but OJJ's preparation for potential COVID-19 infections began before then. OJJ began conducting regular department-wide meetings to address COVID-19 education, preparedness, and facility needs by no later than March 2, 2020—a full week before the first presumptive case was reported in Louisiana. Exhibit A, ¶¶ 10–11.

In preparation for the potential effects of the coronavirus entering OJJ facilities, "Emergency Plan – COVID-19" was implemented in early March 2020. *See* Exhibit G. OJJ began educating the Youth and staff about best practices for the prevention of COVID-19 and how to

[3] OJJ, Message from the Deputy Secretary, *available at https://ojj.la.gov/about-ojj/message-from-the-deputy-secretary/* (last visited May 23, 2020).
[4] CDC, Coronavirus Disease 2019 (COVID-19), Frequently Asked Questions, *available at* https://www.cdc.gov/coronavirus/2019-ncov/faq.html#:~:text=In%20COVID%2D19%2C,%2D respiratory%20tract%20illnesses (last visited May 23, 2020).

identify symptoms of the disease. Exhibits A-1, A-2. OJJ conducted an evaluation of its food and personal protective equipment to ensure that it had at least two months' worth of supplies. Exhibit A, ¶ 14, Exhibit G, pp. 2–3. OJJ developed a staffing plan to create contingency strategies to maintain adequate staffing levels in the event that OJJ staff were affected by the pandemic. Exhibit A-2; Exhibit G. The COVID Plan included lists of backup staff with availability calendars and a contingency plan to account for up to 40% absence of regularly-scheduled staff. *See* Exhibit A-2. OJJ also contacted its contract service providers to ensure they had plans in place to provide uninterrupted services during the potential pandemic. Exhibit A, ¶ 15.

C. OJJ exceeded CDC Guidelines for testing and monitoring of Youth and staff.

OJJ implemented a COVID-19 monitoring protocol for the Youth on March 14, 2020. The initial protocol provided that all Youth who potentially had been exposed to COVID-19 would receive temperature checks twice daily. Exhibit A, ¶¶ 24, 28; Exhibit A-7. Beginning on March 14, 2020, OJJ began temperature testing all Youth who were quarantined due to exposure or suspected exposure to COVID-19 twice daily. *Id.* ¶¶ 24, 28.

Any Youth with a temperature exceeding 100.4°F or complaints of cough, shortness of breath, tiredness, nasal congestion, runny nose, sore throat, diarrhea, or body aches/pain is sent to the infirmary. The Youth is administered a flu test and a strep test. Those tests are processed at the secure care facility; results are obtained within minutes. If both the flu and strep tests are negative, the Youth is then tested for COVID-19. Following the COVID-19 test, the Youth is placed in medical isolation according to the protocol discussed below. Exhibit A, ¶¶ 50–51,59.

Youth who are not exhibiting symptoms of COVID-19 are not tested for the disease. This is consistent with CDC Guidelines. *See* Exhibit A-11, Center for Disease Control, Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and

Detention Facilities ("CDC Guidelines") at 22 (regarding "Management Strategies for Incarcerated/Detained Persons without COVID-19 Symptoms"); Exhibit A, ¶ 52.

Plaintiffs contend in their TRO Motion that OJJ "stopped testing children altogether weeks ago." Pls.' TRO Br. (Doc. 7-1) at 1. This is incorrect. OJJ continues to maintain the same testing protocol that it implemented throughout the COVID-19 response: Monitor the Youth and test those who are exhibiting symptoms consistent with COVID-19.[5]

For staff and visitors, OJJ limits non-essential visitation and began screening all persons entering the secure care facilities effective March 12, 2020. The protocols restrict the categories of individuals allowed to enter the facilities. Only OJJ staff, emergency visitors, and contractors working on repairs vital to the safety of the facility are allowed to enter. *See* Exhibit A, ¶ 23; Exhibit A-6. This is consistent with CDC Guidelines. *See* Exhibit A-11 at 14 ("Restrict non-essential vendors, volunteers, and tours from entering the facility.").

All staff and essential visitors are also screened prior to admission into the secure care facilities. The screening process is applied to all persons before entering the facility and includes a temperature check. Anyone with a fever (or refusing to have their temperature taken) is prohibited from entering the facility. Exhibit A-6. On March 13, 2020, Wellpath (OJJ's health services contractor) deployed a Coronavirus Supplemental Screening form for use with all visitors at the secure care facilities. *See* Exhibit A, n. 12. This too is consistent with CDC Guidelines. *See* Exhibit A-11 at 13 ("Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all visitors and volunteers on entry.").

[5] For this reason, it is also disingenuous for Plaintiffs' to contend that OJJ's testing is suggestive of a 97% infection rate. *See* Pls.' TRO Br. (Doc. 7-1) at 1. OJJ's testing revealed only that 97% of Youth with symptoms of COVID -19 were positive for COVID-19.

D. OJJ recommended confinement modifications for certain qualifying Youth with pre-existing conditions.

The overwhelming majority of people who contract COVID-19 experience no symptoms of the disease or only mild symptoms.[6] This is especially true with younger populations.[7] The risk of experiencing severe symptoms from a COVID-19 infection resides largely with elderly populations.[8] The worldwide experience with COVID-19 suggests that young people who experience more than mild symptoms of COVID-19 typically have one or more underlying pre-existing medical conditions.[9]

Based on this information, OJJ conducted an individual review of case files to identify any Youth with underlying pre-existing medical conditions creating a greater risk for a more severe reaction to COVID-19. Affidavit of Edward Dustin Bickham, attached as Exhibit B, ¶ 19–22. OJJ maintains a list, known as the Chronic Care List, which includes and identifies all Youth in OJJ's secure care facilities who have chronic, pre-existing medical conditions. OJJ reviewed the Chronic Care List to identify all Youth eligible for status changes using eligibility criteria based upon their case file and public safety concerns. *Id*. OJJ also utilized appropriate medical criteria to identify

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[6] World Health Organization, Situational Report (Mar. 6, 2020) (noting 80% of those with COVID-19 had no symptoms or mild symptoms), *available at* https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_4#:~:text=For%20COVID%2D19%2C,infections%2C%20requiring%20ventilation (last visited May 26, 2020).

[7] *See* CDC, Frequently Asked Questions ("While some children and infants have been sick with COVID-19, adults make up most of the known cases to date."), *available at* https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Children (last visited May 23, 2020).

[8] *See* CDC, Laboratory-Confirmed COVID-19-Associated Hospitalizations (cumulative hospitalization rates for minors age 5 to 17 years old is 1.7/100,000 and for people age 18 to 29 years old is 17.8/100,000; hospitalization rate for all ages is 67.9/100,000; for people age 50 to 64 is 105.9/100,000 and for people age 65 and over is 214.4/100,000), *available at* https://gis.cdc.gov/grasp/COVIDNet/ COVID19_3.html (last visited May 24, 2020).

[9] *See* CDC, Frequently Asked Questions, *available at* https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Children (last visited May 23, 2020) (among cases for minors where more severe symptoms were noted, majority of such minors had "chronic lung disease (including asthma), heart disease, and conditions that weaken the immune system").

individuals with underlying medical conditions at increased risk of contracting COVID-19. Several Youth were identified for potential confinement status change, applying both eligibility and medical criteria. However, some identified Youth were disqualified due to subsequent disciplinary incidents. Of the remaining eligible Youth, individual circumstances were considered to recommend status changes. *Id*.

E. OJJ suspended contact visitation to reduce the risk of community transfer.

Beginning on March 16, 2020, OJJ suspended all in-person/contact visitation. Attorney visitation was to occur by telephone. OJJ made arrangements to increase the number of free phone calls that the Youth could place in a week, and staff was instructed to encourage the Youth to make additional phone calls to stay connected with their families. Additionally, OJJ deployed equipment for video visitation beginning April 16, 2020. *See* Affidavit of Shawn Herbert, attached as Exhibit C, ¶¶ 12–15; Exhibit C-1.

The decision to suspend contact visitation and move to a virtual (i.e., telephonic or video) visitation is consistent with CDC Guidelines. *See* Exhibit A-11 at 13 ("Promote non-contact visits: Encourage incarcerated/detained persons to limit contact visits in the interest of their own health and the health of their visitors[;] Consider reducing or temporarily eliminating the cost of phone calls for incarcerated/detained persons[; and] Consider increasing incarcerated/detained persons' telephone privileges to promote mental health and reduce exposure from direct contact with community visitors." "Consider suspending or modifying visitation programs, if legally permissible. For example, provide access to virtual visitation options where available.").

F. OJJ suspended the furlough program to reduce the risk of community transfer.

As part of its programming, OJJ coordinates with the Juvenile Courts to maintain a furlough program. The program is implemented through a robust set of protocols. Under the

furlough program, Youth who meet certain predetermined criteria are deemed eligible for furlough recommendation. A furlough will not be recommended unless the Youth can be released to an adequate home environment. Accordingly, before a furlough can be recommended, parole and probation officers are required to conduct a "home study" with the Youth's family to assess the home conditions for the Youth while on furlough; the "home study" includes an in-person visit by the parole and probation officer and an in-person interview with the family. Exhibit C, ¶ 16; Exhibit C-2.

When a Youth meets the eligibility requirements and the results of the home study indicate that the furlough can be successfully implemented, OJJ submits a recommendation to the Juvenile Court in which the Youth was adjudicated delinquent. The district attorney and the court have the opportunity to review and object to the recommendation. If the district attorney objects to the furlough recommendation, the furlough is not granted, and a contradictory hearing is conducted regarding the recommendation. It is then within the Juvenile Court's discretion to approve or reject the recommendation. If the court objects to the furlough recommendation, the furlough is not granted, and no hearing is conducted. OJJ does not have the statutory authority to release any Youth on furlough without first giving the district attorney and the court notice of the recommendation and receiving a response of "objection" or "no objection" from the district attorney and court. *Id*. When granted, furloughs typically range in length from 8 hours to 14 days. Exhibit C, ¶ 17.

Beginning March 16, 2020, all off-site programming was suspended, and furloughs were postponed. Exhibit C-1. This measure was taken in order to minimize the amount of contact the Youth and staff had with members of the community who may be carriers of COVID-19, which could then be introduced and spread throughout the facilities. Exhibit A, ¶¶ 23, Exhibit C-1.

The suspension of the furlough program is consistent with CDC Guidelines. *See* Exhibit A-11 at 14 ("Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release where relevant), unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.").[10]

G. OJJ implemented quarantine and medical isolation plans to promote social distancing and avoid cross-contamination within its secure care facilities.

On March 22, 2020, Governor John Bell Edwards issued the initial statewide stay at home order. Proclamation No. JBE-2020-33 (March 22, 2020).[11] The following day, the OJJ implemented a multifaceted quarantine and medical isolation program at each of its facilities. Exhibit A, ¶ 46; Exhibit A-5.

First, all quarantined Youth are to remain in the dorms at all times. All educational, counseling, and other rehabilitative services are to be provided to the Youths in their dorms. Additionally, meals and medications are provided to the Youths in the dorms. Exhibit A, ¶ 28. The plan calls for the Youths to be allowed outdoor recreational time, but is organized in such a fashion so that there is no comingling of dorms. Exhibit A, ¶ 53. Essentially, the Youths are to do what the rest of the State's citizens are instructed to do—stay inside their residences and maintain social distancing when outdoors.

Second, each facility designated separate quarantine zones for any Youth who has left campus and returned but who is not exhibiting any symptoms of COVID-19. *See* Exhibit A-10.

[10] Youth also have the right to petition the Juvenile Courts for modification of their sentence. OJJ is aware of 24 Youth who have filed motions for modification with the courts. Of those, four motions were granted, seven motions were denied, and the remaining 13 are pending. Notably, named Plaintiff I.B. was one of the Youths who moved to have his sentence modified. The Juvenile Court denied the motion; I.B. appealed the denial to the Court of Appeals for the Fourth Circuit. The Court of Appeals affirmed the Juvenile Court's denial. *See* Exhibit B, ¶ 30.

[11] Available at https://gov.louisiana.gov/assets/Proclamations/2020/modified/33-JBE-2020-Public-Health-Emergency-COVID.pdf.

Any Youth who fits in this category is quarantined at a location separate from the dorms for 14 days. *See* Exhibit A-5; Exhibit A-10. If the Youth does not develop COVID-like symptoms during that time period, he is then returned to his dorm. *Id.* This is consistent with CDC Guidelines. *See* Exhibit A-11 at 14 ("If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population….").

Third, each facility has separate locations designated for various categories of medical isolation. If a Youth exhibits COVID-like symptoms, he is removed from his dorm and sent to the infirmary for testing described above. After testing, the Youth is placed in one of two different medical isolation rooms: (1) exhibiting symptoms and awaiting COVID-19 test results; or (2) tested positive for COVID-19. If a Youth exhibits symptoms of COVID-19 but tested negative for the disease, he remains in medical isolation until he is symptom-free for seven days. Exhibit A-5; Exhibit A-10.

The OJJ protocols for discharge following a positive COVID-19 test evolved over time based on evolving guidelines from federal and state authorities. The CDC Guidelines suggested that a patient was deemed to have recovered, and could thus be discharged from isolation and returned to general population, after he was fever-free for 72 hours without the use of fever-reducing medications, exhibited no other symptoms, and was at least seven days past the onset of symptoms or the positive test. An individual who tested positive without symptoms was deemed recovered after seven days following a positive test, as long as the individual failed to develop further symptoms. Exhibit A, ¶¶ 32–36; Exhibit A-11 at p. 17.

Out of an abundance of caution, OJJ has taken steps that exceeded CDC Guidelines. All COVID-19 positive Youth in OJJ secure facilities are placed in medical isolation for 14 days after

the onset of symptoms and are not discharged from isolation until they are symptom- and fever-free for over 72 hours. *See* Exhibit A-8; Exhibit A-12.

On April 23, 2020, OJJ received guidance from the Louisiana Department of Health regarding retesting of COVID-19-positive Youth throughout isolation. According to this guidance, Youth are to be tested seven days after the onset of symptoms if they are symptom- and fever-free. If this test is positive, the test is to be performed again three days later. Upon receiving a negative test result, another test is to be performed 24 hours later. When a Youth receives a second negative test, he may be discharged from isolation and returned to general population. Exhibit A, ¶ 33; Exhibit A-12. OJJ followed the Department of Health's guidance and immediately implemented the recommended discharge procedure. Exhibit A, ¶ 36; Exhibit A-13.

Staff providing security for medically isolated Youth are provided full PPE, including gowns or coveralls, gloves, and eyewear. *See* Exhibit A, ¶ 61; Exhibit C, ¶ 42 (also stating PPE has been made available to all staff and Youth throughout OJJ's pandemic response). These staff members continue to be screened upon arrival for each shift and are encouraged to practice good hand hygiene, cough etiquette, and cleaning practices. Exhibit A, ¶ 61; Exhibit A-5. This is also consistent with CDC Guidelines. *See* Exhibit A-11 at 12, 16.

H. OJJ adapted its educational and rehabilitation services to comply with social distancing guidelines.

As part of its rehabilitative and educational programming, OJJ's secure care facilities provide in-person schooling for the Youth. Exhibit D, ¶ 7. On March 13, 2020, Governor Edwards issued a proclamation closing all Louisiana public schools until April 13, 2020; that proclamation was then extended through the end of the academic school year. Exhibit D, ¶ 6. However, the OJJ school continued in-person education through March 27, 2020—two weeks longer than their counterparts in the Louisiana public school system. Exhibit D, ¶ 8.

Beginning on March 30, 2020, OJJ implemented a distance learning plan for continued learning through the pandemic. The distance learning plan was developed pursuant to the guidelines issued by the Louisiana Department of Education. The distance learning plan was updated weekly or biweekly to address concerns and improve implementation. Exhibit D, ¶¶ 9–13; Exhibit D-1; Exhibit D-2.

Throughout the COVID-19 pandemic, all mental health services continued. Some services were adapted to meet social distancing guidelines; specifically, group counseling sessions were limited to three Youth participants. All Youth scheduled to participate in group counseling still received group counseling; the groups were simply limited in size. Also, to the extent possible, mental health and counseling services were provided in the dorms, as opposed to non-dorm settings. Exhibit A, ¶¶ 64-66.

I. OJJ does not currently permit chemical spray in its secure care facilities.

As part of OJJ's planning in response to the COVID-19 pandemic, to address the potential need for substitute staffing, OJJ identified certain probation and parole officers as additional individuals who may be called upon to maintain appropriate staffing levels in the secure care facilities. Exhibit B-3. Probation and parole officers are trained and qualified in the use of chemical/pepper spray. *Id*.

On March 17, 2020, the then-Deputy Secretary James Bueche, Ph.D., issued a memo authorizing probation and parole officers covering posts within the secure care facilities to carry chemical/pepper spray. *See* Exhibit B, ¶ 36; Exhibit B-3. However, on April 27, 2020, the Interim Deputy Secretary, E. Dustin Bickham, J.D., rescinded the March 17th memo; this rescindment prohibited the carrying of chemical/pepper spray within OJJ's secure care facilities. *See* Exhibit B, ¶ 37; Exhibit B-4. ("Effective today, Probation and Parole staff will not be permitted to bring in chemical spray to any OJJ secure facilities while covering posts.").

LAW AND ARGUMENT

Injunctive relief is "an extraordinary remedy" and requires the movant to "unequivocally show the need for its issuance." *Sacal-Micha v. Longoria*, --- F. Supp. 3d ----, 2020 WL 1518861, at *2 (E.D. La. March 27, 2020) (citing *Valley v. Rapides Parish Sch. Bd.*, 118 F.3d 1047, 1050 (5th Cir. 1997)). To demonstrate entitlement to injunctive relief in the form of a temporary restraining order, Plaintiffs must establish: "(1) a substantial likelihood of prevailing on the merits; (2) a substantial threat of irreparable injury if the injunction is not granted; (3) that the threatened injury outweighs any harm that will result to the non-movant if the injunction is granted; and (4) that the injunction will not disserve the public interest." *Gumns v. Edwards*, No. 20-231-SDD-RLB, 2020 WL 2510248, at *3 (M.D. La. May 15, 2020) (citations omitted). The first two factors are most critical. *Barber v. Bryant*, 833 F.3d 510, 511 (5th Cir. 2016). Failure to establish any element warrants denial of the motion. *Sacal-Micha*, 2020 WL 1518861, at *2 (citing *Guy Carpenter & Co. v. Provenzale*, 334 F.3d 459, 464 (5th Cir. 2003)).

In the context of injunctions against incarceration facilities, based on the Prison Litigation Reform Act, "preliminary injunctive relief must be narrowly drawn, extend no further than necessary to correct the violation of the federal right, and be the least intrusive means necessary to correct the harm." *Id.* (citations omitted). Public policy, and the Supreme Court, counsels federal courts to "eschew toward minimum intrusion into the affairs of state prison administration." *Id.* (citing, *inter alia*, *Mecham v. Fano*, 427 U.S. 215, 228-229 (1976) (warning against judicial decisions regarding "the day-to-day functioning of state prisons and involve[ing] the judiciary in issues and discretionary decisions that are not the business of federal judges")). Stated differently, "[w]hen weighing any form of injunctive relief, federal courts must be mindful not to jump at the

chance to take prison administration into their own hands and out of the hands of the people entrusted with such tasks by the state." *Id.* (citations omitted).

Plaintiffs fail to carry their burden to establish any of the four required elements.

I. Plaintiffs do not have a substantial likelihood of prevailing on the merits.[12]

Generally, Plaintiffs' Complaint (Doc. 1) asserts claims pursuant to 42 U.S.C. § 1983 for "unlawful conditions of confinement and deprivation of due process." *See* Compl. (Doc. 1) at ¶¶ 104-121. More specifically, Plaintiffs contend that Defendants have failed to take reasonable measures to abate the "substantial risk of serious harm (including death)" presented by "the policies, actions, and inactions of [Defendants] in response to the COVID-19 pandemic." *Id.* at ¶ 106. This, Plaintiffs allege, amounts to deprivation of Plaintiffs' rights under the Fourteenth Amendment to "reasonably safe living conditions [and] rehabilitative treatment." *Id.* at ¶ 108. Further, Plaintiffs allege, it violates Plaintiffs' "right to be free from cruel and unusual punishment" under the Eighth Amendment. *Id.* at ¶ 116.

Plaintiffs have not established a substantial likelihood of prevailing on the merits for at least four reasons:

- Plaintiffs failed to exhaust administrative remedies before filing suit as required by the PLRA;
- Plaintiffs incorrectly rely on the relaxed "objectively unreasonable" standard of liability, but that standard does not apply to Plaintiffs' claims;
- Plaintiffs do not—and cannot—demonstrate Defendants were deliberately indifferent, as required by Section 1983; and
- Plaintiffs' claims regarding a deprivation of educational and rehabilitation services is neither legally cognizable, nor factually supported.

[12] The individual Defendants reserve all rights to assert the qualified immunity defense to which they are entitled. *See Brown v. Bolin*, 500 Fed App'x 309, 312 (5th Cir. 2012) (citing *Brown v. Callahan*, 623 F.3d 249 (5th Cir. 2010)). While not fully briefed herein, this is yet another ground that demonstrates Plaintiffs are not substantially likely to succeed on the merits as to those individual Defendants.

Because Plaintiffs fail to establish the first element required to obtain a temporary restraining order, their Motion should be denied.

A. Plaintiffs failed to exhaust their available administrative remedies before filing this action.

The federal Prison Litigation Reform Act ("PLRA") provides that "no action shall be brought under [§ 1983], or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." 42 U.S.C. § 1997e(a).[13,14] Exhaustion is only complete when a plaintiff pursues all "available" administrative remedies, and when (1) the plaintiff has received a final administrative decision at the last step of the applicable procedure; or (2) the time limits for the prison's response at the last step of every available administrative remedy has expired, such that "there is no next step (save filing a lawsuit) to which the prisoner can advance." *See Gates v. Cook*, 376 F.3d 323, 332 (5th Cir. 2004); *Wilson v. Epps*, 776 F.3d 296, 301 (5th Cir. 2015). The PLRA also requires "proper" exhaustion; that is, the plaintiff must comply with "an agency's deadlines and other critical procedural rules because no adjudicative system can function effectively without imposing some orderly structure on the course of its proceedings." *Woodford v. Ngo*, 548 U.S.81, 90 (2006).

The PLRA establishes a mandatory exhaustion regime, forecloses judicial discretion, and prevents a court from excusing a failure to exhaust, even to take "special circumstances" into account. *Ross v. Blake*, 136 S. Ct. 1850, 1856–57 (2016) ("the PLRA's text suggests no limits on

[13] Because Plaintiffs are alleging violations of federal law in a federal district court, their complaint is subject to the procedural requirements of the PLRA. *Ferrington v. Louisiana Dep't of Corr*., 315 F.3d 529, 532 (5th Cir. 2002).

[14] For purposes of the PLRA exhaustion requirement, "prisoner" is broadly defined and includes "any person … detained in any facility who is accused of . . . **or adjudicated delinquent for**, violations of criminal law or the terms and conditions of parole, probation, pretrial release, or diversionary program." 42 U.S.C. § 1997e(h) (emphasis added); *see also Molina v. New York*, 697 F. Supp. 2d 276, 282 (N.D.N.Y. 2010) ("[t]his exhaustion requirement applies equally to juveniles confined in correctional facilities.") (citing 42 U.S.C. § 1997e(h)).

an inmate's obligation to exhaust."); *see also Booth v. Churner*, 532 U.S. 731, 741 n.6 (2001) ("we will not read futility or other exceptions into statutory exhaustion requirements where Congress has provided otherwise."). Moreover, "a prisoner must now exhaust administrative remedies even where the relief sought . . . cannot be granted by the administrative process." *Woodford*, 548 U.S. at 85. The only limit to § 1997e(a)'s mandate is that administrative remedies must be "available." *See Ross*, 136 S. Ct. at 1859-62.

1. OJJ maintains a detailed administrative remedy procedure.

OJJ maintains an Administrative Remedy Procedure ("ARP") to efficiently process internal grievances, such as those addressed in Plaintiffs' complaint, based on its expertise in managing Youth detention facilities. *See* Affidavit of Revettea Woods, attached as Exhibit E, ¶ 3; *see also* Exhibit E-1. Under the ARP, a Youth must fully exhaust a two-step grievance process before seeking judicial review. *See* Exhibit E-1 at 1-14. A Youth first initiates the process by filing an ARP form, deemed filed upon "receipt" by an ARP Coordinator. *Id.* at 4. The ARP Coordinator screens the form and sends it to a facility director, who must respond within 30 days. *Id*. at 7-8. If the Youth is dissatisfied with the director's response, he has 15 days to seek review from the Deputy Secretary of Youth Services. *Id*. at 8-9. The Deputy Secretary must render a final decision within 21 days of receiving the request for review, and the entire process must be completed within 51 days of the original filing of the Youth's grievance form. *Id*. If the Youth is dissatisfied with the response, he may then seek judicial review. *Id*. at 9.

If the Youth's ARP form expresses a belief that he is at immediate risk of harm and that any delay in responding to the grievance would subject him to immediate personal injury or other serious irreparable harm, the ARP coordinator must "immediately forward the ARP" to the regional director, who must "provide an initial response within 48 hours and issue a final decision

within five[] calendar days." *Id*. at 9. The emergency grievance procedure does not render the standard two-step process unavailable to the Youth, nor does it prevent the Youth from seeking requested relief from the facility in Step 1, or review from the Deputy Secretary in Step 2. *See generally id*.; Exhibit E, ¶ 13.

2. Neither of the named Plaintiffs exhausted the available ARP.

Plaintiff J.H. filed no grievances in connection with the COVID-19 pandemic or OJJ's COVID-19 response. *See* Exhibit E, ¶ 7.

Plaintiff I.B. filed five *pro se* standard ARPs on May 6, 2020; none of these ARPs have been fully prosecuted through Step 2. *See* Exhibit E, ¶ 8; *see also* Exhibit E-3 at 1-5. Additionally, a grievance form dated May 8, 2020 – captioned an "Emergency ARP" – was submitted via email (not filed under ARP procedures, as explained *infra*) by Plaintiffs' counsel Nishi Kumar on I.B.'s behalf.[15] *See* Exhibit E, ¶ 9, *see also* Exhibit E-4 at 1-2. The Emergency ARP stated on its face that counsel represented I.B.'s parents, not I.B. *See* Exhibit E-4 at 2.

This lawsuit was filed on May 14, 2020. *See* Doc. No. 1.

I.B.'s five *pro se* standard ARPs have not received a final decision at Step 2, and the period for the OJJ to respond to these ARPs had not expired when Plaintiffs filed suit. *See* Exhibit E, ¶ 8; *see also* Exhibit E-3. Thus, none of Plaintiff I.B.'s COVID-19-related standard ARP forms were fully exhausted before Plaintiffs filed this action.

The only question for this Court, then, is whether I.B.'s Emergency ARP effectively exhausted all available administrative remedies for the class. For the reasons discussed below, it did not.

[15] While the emergency ARP is dated May 8, 2020, the emergency ARP was not filed on May 8, 2020, as discussed *infra*.

First, under the express ARP policies and procedures, a grievance form is not filed until it is received by an ARP coordinator. *See* Exhibit E, ¶ 3; *see also* Exhibit E-1 at 4. Here, I.B.'s Emergency ARP was not properly filed by May 14, 2020 – the date Plaintiffs filed this action. Instead, counsel[16] emailed the form to facility interim director Shawn Herbert on May 8, 2020; counsel did not – and I.B. did not – submit the Emergency ARP to an ARP coordinator as expressly required by the ARP policy. *See* Exhibit E, ¶¶ 9-12; *see also* Exhibit E-4.[17] Therefore, I.B.'s Emergency ARP was never properly filed, and I.B. did not exhaust the Emergency ARP prior to the filing of this lawsuit. *See* Exhibit E, ¶ 12. *See also Flores v. Lappin*, 580 Fed. App'x 248, 249 (5th Cir. 2014) (discussing the court's "strict approach" to the PLRA exhaustion requirement: "mere substantial compliance with administrative remedy procedures does not satisfy exhaustion"; instead, one "must complete the administrative review process in accordance with the applicable procedural rules—rules that are defined not by the PLRA, but by the prison grievance process itself") (internal citations, quotations omitted).

Second, even if I.B. had properly filed his Emergency ARP form on May 8, 2020, he still failed to exhaust because OJJ's two-step grievance process remained available to I.B. notwithstanding his emergency grievance. *See* Exhibit E, ¶ 13. The PLRA is clear that a Youth must exhaust all "available" remedies prior to filing a claim under federal law. 42 U.S.C. § 1997e(a); *Booth v. Churner*, 532 U.S. 731, 741 (2001). As the Supreme Court has emphasized, "it is the prison's requirements, and not the PLRA, that define the boundaries of proper exhaustion." *Jones v. Bock*, 549 U.S. 199, 211 (2007); *see also Woodford*, 548 U.S. at 90

[16] Again, as explained above, counsel expressly represented I.B.'s parents, not I.B. *See* Exhibit E-3 at 2.
[17] At that time, OJJ had no record that counsel was authorized to represent I.B. *Id.* Counsel's email did not include any independent documentation to verify such legal representation. *Id.*

(explaining that administrative exhaustion "means using all steps that the agency holds out, and doing so properly so that the agency addresses the issues on the merits.").

OJJ's ARP does not except Youths from addressing grievances through the standard two-step process if they do not receive emergency relief where requested. *See generally* Exhibit E-1; *see* Exhibit E, ¶ 13. In other words, the ARP includes no provision for complete curtailment of the two-step grievance process, even where a Youth is denied emergency relief. *Id.* In fact, the ARP specifically states that a Youth may seek judicial review after the conclusion of Step 2 of its standard process but contains no such language in the emergency grievance provision. *See* Exhibit E-1 at 7-9. Thus, the ordinary grievance process remains "available" within the meaning of the PLRA even after an inmate has sought administrative relief under an emergency grievance. *See, i.e.*, *Brown v. Eardley*, 184 F. App'x 689, 691-92 (10th Cir. 2006) (holding administrative remedies were still available to inmate through standard grievance process even though warden did not respond to emergency grievances within the three days required under applicable regulations); *Brazell v. Ruh*, 2015 WL 2452410, at *3-4 (E.D. Ark. May 21, 2015) (same).

Here, a finding that I.B. fully exhausted available remedies would create a pervasive incentive for Youths to file frivolous "emergency" ARPs and then immediately file suit at the end of the five-day window, thereby circumventing OJJ's grievance procedure. *See Smith v. Asselmeier*, 2018 WL 3533346, at *3 (S.D. Ill. July 23, 2018), *aff'd*, 762 F. App'x 342 (7th Cir. 2019) ("If a prisoner could exhaust his administrative remedies by filing an emergency grievance instead of going through the standard protocols, then the entire regulatory structure would collapse."). It is clear from the express language of PLRA and applicable case law that Congress did not intend this result.

Accordingly, neither I.B. nor any other named Plaintiff has fully exhausted available administrative remedies. Nothing in the PLRA allows for a plaintiff to bypass the exhaustion requirement. The Supreme Court has consistently been clear that the PLRA's statutory exhaustion requirement does not make exceptions for "special circumstances," including COVID-19. *Ross*, 136 S. Ct. at 1856–57. For this reason alone, this Court should deny Plaintiffs' Motion.

B. The *Kingsley* "objectively unreasonable standard" does not apply.

Plaintiffs argue Defendants are liable under the Fourteenth Amendment because Defendants' COVID-19 response has been "objectively unreasonable," a more relaxed standard adopted by the Supreme Court in *Kingsley* for excessive force cases involving pre-trial detainees. *See* Pls.' TRO Br. (Doc. 7-1) at 19 & n.128 (citing *Kingsley v. Hendrickson*, 576 U.S. 389 (2015)). Plaintiffs admit that the more stringent deliberate indifference standard has been applied by the Fifth Circuit in Eighth and Fourteenth Amendment cases, like *Hare v. City of Corinth, Miss.*, 74 F.3d 633, 645 (5th Cir. 1996). *Id*. at 19, n.128. But, because *Hare* precedes *Kingsley*, Plaintiffs assert the more relaxed "objectively unreasonable" standard should apply. *Id*.

Plaintiffs are incorrect—the Fifth Circuit has expressly rejected the *Kingsley* objectively unreasonable standard for cases not involving excessive force against pre-trial detainees. *See Alderson v. Concordia Par. Corr. Facility*, 848 F.3d 415, 419–20 (5th Cir. 2017) (rejecting one dissenting judge's invitation to extend *Kingsley*). This Court has repeatedly recognized this holding. *See Guillory v. Louisiana Dep't of Health & Hosps.*, No. CV 16-787-JWD-RLB, 2018 WL 1404277, at *8 (M.D. La. Mar. 20, 2018) ("deliberate indifference standard remains a

subjective one as set out in *Hare* despite the intervening case of *Kingsley*").[18,19] *Alderson* and its progeny make clear that the deliberate indifference standard applies here.

C. Plaintiffs do not—and cannot—demonstrate deliberate indifference.

Liability under Section 1983, whether based on the Eighth or Fourteenth Amendment, requires that prison officials act with deliberate indifference to a substantial risk of serious harm. *See generally Gumns*, 2020 WL 2510248 (analyzing Section 1983 claims under Eighth and Fourteenth Amendments).[20] Deliberate indifference is "an extremely high standard to meet." *Valentine v. Collier*, 956 F.3d 797, 801 (5th Cir. 2020) (citation omitted). Proof of negligence, or even gross negligence, is not enough. *Hare*, 74 F.3d at 645 (deliberate indifference must be a "step up" from "mere or even gross negligence," or otherwise the standard is rendered "meaningless"). Relevant to Plaintiffs' claims related to COVID-19, "the incidence of diseases or infections, standing alone, do not imply unconstitutional confinement conditions, since any densely populated

[18] *See Robertson v. Gautreaux*, No. CV 16-341-JJB-RLB, 2017 WL 690542, at *4 (M.D. La. Feb. 21, 2017), *aff'd in part*, 731 F. App'x 337 (5th Cir. 2018) ("Recently the Fifth Circuit reaffirmed the *Hare* holding in light of *Kingsley*. Accordingly, this Court applies a deliberate indifference standard to Plaintiff's claims."); *see also Joyner v. Grenada Cty., Miss.*, --- F. Supp.3d ----, 2020 WL 2298553, at *3 (N.D. Miss. May 7, 2020) (failure to protect case discussing *Alderson* to explain Fifth Circuit has considered and expressly rejected *Kingsley* beyond excessive force cases).

[19] Admittedly, Defendants are somewhat uncertain of Plaintiffs' precise argument as to the standard of liability. The *Hare* decision differentiated between constitutional challenges regarding "conditions of confinement" versus "episodic acts or omissions." *Hare*, 74 F.3d at 644-45. To the extent Plaintiffs are attempting to make a "conditions of confinement" allegations, the liability test for such claims is whether "a particular condition or restriction of pretrial detention is reasonably related to a legitimate governmental objective." *Id.* at 651 (J. Dennis, concurring). If it is rationally related, then it is not unconstitutional "punishment." *Id.* (but applying the deliberate indifference standard to episodic acts at *id.* at 636). *See also Guillory v. La. Dep't of Health & Hosp.*, No. 16-787, 2018 WL 1404277, at *7-8 (M.D. La. March 20, 2018) (discussing *Hare* and distinguishing the liability standards). Here, all of Defendants' response measures to COVID-19 are clearly rationally related to the legitimate government goal of protecting the health and safety of the Youths. Thus, even if Plaintiffs are making a "conditions of confinement case" and the rational relationship test applies, which Plaintiffs have not (clearly) argued, Plaintiffs still fail to demonstrate any likelihood that Defendants are liable.

[20] *See also generally, i.e., Jones v. Tex. Dep't of Crim. Justice*, 880 F.3d 756 (5th Cir. 2018) (discussing deliberate indifference in Eighth Amendment claim); *Estate of Pollard v. Hood County, Tex.*, 579 Fed. App'x 260 (5th Cir. 2014) (discussing deliberate indifference in Fourteenth Amendment claim).

residence may be subject to outbreaks." *Valentine*, 956 F.3d at 801 (citation omitted). Instead, deliberate indifference requires deprivation of "basic human needs." *Id.*

Courts apply a two-part analysis to determine whether a defendant has acted with deliberate indifference under Section 1983. *Id.* (citation omitted). First, the plaintiff must establish an "objectively intolerable risk of harm." *Id.* Second, the plaintiff must establish the defendant acted with subjective indifference; that is, the defendant: "(1) was aware of facts from which the inference could be drawn that a substantial risk of serious harm exists; (2) subjectively dr[e]w the inference that the risk existed; and (3) disregarded the risk." *Id.* (citations and quotations omitted).

Plaintiffs' TRO Motion fails to establish either the objective or the subjective prong of the deliberate indifference standard.

1. OJJ's COVID-19 response does not create an "objectively intolerable risk of harm."

First, Plaintiffs fail to establish an "objectively intolerable risk of harm." *Id.* As explained in *Valentine*, it is undisputed that COVID-19, as with all infectious diseases, poses a risk of serious or even fatal harm to individuals housed in a detention facility. *Id.* For purposes of the objective prong of the deliberate indifference test, though, the question is not whether COVID-19 presents an objectively intolerable risk of harm. *Id.* Instead, the "legal question is whether the Eighth Amendment requires [Defendants] to do more to mitigate the risk of harm" beyond the many protective measures Defendants have already taken. *Id.*

In *Valentine*, prison inmates brought a class action challenging the sufficiency of preventive measures to prevent spread of COVID-19 in the prison facility. *See generally Valentine*, 956 F.3d 797. After reviewing the various efforts the facility had undertaken in compliance with CDC Guidelines, the district court nevertheless granted an injunction that required prison officials to implement more vigorous prevention efforts than those required by the CDC. *Id.* at 802. On

appeal, the Fifth Circuit disagreed, finding there is "no precedent holding that the CDC's recommendations are insufficient to satisfy the Eighth Amendment." *Id.* The *Valentine* court therefore held that Plaintiffs failed to identify an objectively intolerable risk of harm. *Id.* at 802-03. The same result is warranted here.

As stated above, Defendants have exceeded CDC Guidelines in an organized, comprehensive, and effective emergency response to COVID-19. *See* Sections A-H, *supra*. Defendants implemented an early response plan (*see* Section B), appropriately tested and monitored Youth with symptoms (*see* Section C), thoroughly screened visitors (*see* Section C), recommended confinement modifications for qualifying Youth with pre-existing conditions (*see* Section D), suspended contact visits and furlough programs to reduce community transfer (*see* Sections E, F), coordinated with the Louisiana Department of Health for testing efforts (*see* Section G), and provided all services to Youth even while instituting its quarantine and medical isolation program (*see* Section H). Defendants' response has been objectively effective. *See* Section A.

As in *Valentine*, Plaintiffs fail to establish that Defendants' response to the COVID-19 pandemic created an "objectively intolerable risk of harm."

2. OJJ's rapid, well-reasoned, and evolving COVID-19 response demonstrates Defendants did not act with subjective deliberate indifference.

Second, even if Plaintiffs could establish an objectively intolerable risk of harm (and they cannot), Plaintiffs fail to establish Defendants acted with subjective deliberate indifference to that risk, as required for Section 1983 liability.

In *Valentine*, the Fifth Circuit clarified that – to establish liability – defendants must have "general awareness of the dangers posed by COVID-19" and must "subjectively believe the measures they are taking are inadequate." *Valentine*, 956 F.3d at 802. The Fifth Circuit found

plaintiffs failed to meet this subjective prong where "the evidence shows that [the defendant facility] has taken and continues to take measures—informed by guidance from the CDC and medical professionals—to abate and control the spread of the virus." *Id.* Though a court may disagree with those measures, "mere disagreement with [the defendant facility's] medical decisions does not establish deliberate indifference." *Id.* at 803.

Here, Defendants have taken all of the measures discussed in Sections A through H, *supra*, exceeding CDC Guidelines. Plaintiffs present no evidence that Defendants acted with "knowing disregard for a serious risk of harm substantially certain to occur." *Gumns*, 2020 WL 2510248, at *7. Frankly, when the OJJ's comprehensive COVID-19 response plan and the efforts undertaken to implement the plan (as cataloged herein) are compared against the applicable legal standard of "deliberate indifference," it renders the whole Complaint, and the present request for TRO, absurd. Simply put, the OJJ has exhibited a cautious, adaptive, and comprehensive approach to protect the Youth within its care from this pandemic, as established by the attachments to this Response. There is no credible evidence to the contrary.

Because Plaintiffs cannot meet their burden under the objective or subjective prong of the deliberate indifference test, they cannot establish a substantial likelihood of success on the merits of their Section 1983 claim.

D. Plaintiffs' claim regarding a deprivation of educational and rehabilitative services is neither legally cognizable nor factually supported.

Plaintiffs have also failed to show a substantial likelihood of success on the merits of their substantive due process claim involving OJJ's alleged denial of access to educational and rehabilitative programming.

As an initial matter, Plaintiffs' references to the Louisiana Constitution and the Supreme Court of Louisiana's opinion in *In re C.B.,* 708 So.2d 391 (La. 1998), have no bearing on this case.

Plaintiffs have not pled a claim for violations of state law or the Louisiana Constitution. *See generally* Compl. (Doc. 1). Instead, both of their claims sound under 42 U.S.C. § 1983 which, by its plain language, only provides a cause of action for rights that arise under the U.S. Constitution or other federal laws. *Woodard v. Andrus*, 419 F.3d 348, 353 (5th Cir. 2005) ("§ 1983 is only a remedy for violations of federal statutory and constitutional rights."). *In re C.B.* based its holding on the Due Process Clause of the Louisiana Constitution and expressly declined to address whether the alleged "constitutional infirmities would also be present at the federal level." *In re C.B.,* 708 So.2d at 395-400. Accordingly, Plaintiffs cannot base their action, which sounds entirely under Section 1983, on any rights established under state law in *In re C.B.*[21]

Even if the claim was legally cognizable – and it is not – Plaintiffs have failed to show that OJJ's temporary modifications to its educational and rehabilitative programming constitute a deprivation of constitutional rights.

First, there is no firmly established constitutional right to educational and rehabilitative programming. As Plaintiffs acknowledge, the Supreme Court has declined to address the appropriate federal standards by which to judge the conditions of a state juvenile detention facility, both generally and as applied to rehabilitative treatment. *See Ingraham v. Wright*, 430 U.S. 651, 669 n.37 (1977). In the Fifth Circuit's only case addressing the issue, the court vacated a district court's grant of an injunction in favor of a class of juvenile detainees, explaining that a "right to treatment for juvenile offenders has not been firmly established." *Morales v. Turman*, 562 F.2d

[21] In any event, the Fifth Circuit has noted that "[t]he Louisiana Constitution provides the same due process protections as that of the United States Constitution." *Cripps v. Louisiana Dep't of Agric. & Forestry*, 819 F.3d 221, 232 (5th Cir. 2016). Moreover, *In re C.B.* dealt with a Louisiana statute that allowed juveniles to be housed in adult facilities and subjected to the same hard-labor requirements as adults. *In re C.B.*, 708 So.2d at 395-400. Plaintiffs have not been subjected to any such conditions, and as discussed below, they are receiving sufficient educational and rehabilitative programming on a socially distant basis as recommended by the Louisiana Department of Education and the CDC.

993, 997 (5th Cir. 1977). Indeed, the *Morales* Court was skeptical of such a right, characterizing it as "doubtful." *Id.* at 998. The court ultimately reasoned that "even if some form" of the right existed, the district court's injunction was excessively detailed, as a court "is not in a position to monitor day-by-day changes that affect rehabilitation programs." *Id.* at 999.[22]

Second, even in cases recognizing a constitutional right to rehabilitative programming, the challenged practices in those cases fall far below what common sense suggests as appropriate and woefully below the temporary modifications implemented by OJJ in response to COVID-19. For instance, in *Donnell C. v. Illinois State Board of Education*, 829 F. Supp. 1016 (N.D. Ill. 1993), the juvenile-detainee plaintiffs alleged that, for the entire length of their pretrial detention, (a) only 39% of those in need of special educational services were receiving them; (b) the plaintiffs were not being taught courses other than reading and math; (c) they did not have textbooks, workbooks, or other instructional materials; and (d) they were not given learning disability assessments and instruction. *Id.* at 1017-18. Based on these allegations, the court held that the plaintiffs' complaint stated a claim for violations of substantive due process. *Id.* at 1018. Similarly, a court has held that due process violations were present where detainees were placed in "cottages without regard to their age, prior social history, reason for confinement[,] or individual treatment needs, but solely on the basis of vacancies and the maintenance of a fixed black-white ratio in each cottage." *Morgan v. Sproat*, 432 F. Supp. 1130, 1141–43 (S.D. Miss. 1977). The court explained that this did "not

[22] Other courts that have addressed the existence and extent of juvenile detainees' constitutional rights to rehabilitative programming have held that no such right exists. *See, i.e.*, *Santana v. Collazo*, 714 F.2d 1172 (1st Cir. 1983). In *Santana*, the First Circuit expressly held that such a right did not exist. *Id.* at 1176–77. "[A]lthough rehabilitative training is no doubt desirable and sound as a matter of policy and, perhaps, of state law, [juvenile detainees] have no constitutional right to that rehabilitative training." *Id.* Even in courts that have embraced the right of juveniles to receive rehabilitative education and treatment, those courts specifically declined to draw a bright-line rule and instead offered "minimum acceptable standards of care and treatment" as guideposts. *See Nelson v. Heyne*, 491 F.2d 352, 360 (7th Cir. 1974).

allow the matching of students with compatible counseling and supervisory staff" and that it failed to provide a "reasonable opportunity to be rehabilitated." *Id.*

Here, Plaintiffs have failed to show a substantial likelihood of success on their claim that OJJ's temporary modifications to its educational and rehabilitative programming was rendered constitutionally deficient by its COVID-19 protocols. Aside from their general, hearsay assertions that social-distancing efforts have "substantially reduced or completely eliminated" OJJ's educational and rehabilitative services, which is not accurate,[23] Plaintiffs have failed to make any meaningful, specific allegations about how those services have become constitutionally insufficient.

Plaintiffs certainly have not shown the complete breakdown in educational programing as present in *Donnell* or the absolute failure to consider individualized needs as present in *Morgan* that gave rise to a finding of a constitutional deprivation. *See Donnell* 829 F. Supp. at 1017-18; *Morgan*, 432 F. Supp. at 1141–43.[24]

On the contrary, OJJ has made efforts to follow the guidelines it received from the Louisiana Department of Education ("LDOE") and has simply implemented the same social-distance learning procedures that have been used in schools across the state. *See* Exhibit D, ¶ 13. These distance learning efforts, based on recommendations from the LDOE, include providing the students with worksheets and online assignments, along with access to online classroom software. *Id.* ¶¶ 11,14. Further, OJJ is continually revising and updating its distance learning plan to address concerns and developments as the pandemic progresses. *Id.* ¶ 15; Exhibit D-3. The secure care facilities have also implemented procedures to ensure the Youths have access to the mental health

[23] *See* Section H, *supra*.
[24] Plaintiffs have also failed to show, or even suggest, that the COVID-19 protocols have resulted in Youth being subject to adult hard-labor requirements or have otherwise made the Youth's confinement indistinguishable from that of adult prisoners, as was the case in *In re C.B.* 708 So.2d at 395-400

services they require and that they are being provided with the recreation and entertainment materials that can reasonably be made available under the circumstances. Exhibit A, ¶¶ 63-66; Exhibit C, ¶¶ 30, 35.

As long recognized in the Fifth Circuit, courts are not in "a position to monitor day-by-day changes that affect rehabilitation programs." *Morales v. Turman*, 562 F.2d at 996. Intervention on this issue is "a significant federal intrusion into a state's affairs," where "[s]tate governments have wide discretion." *Id.* at 996. This consideration is especially critical during a rapidly evolving, unprecedent health pandemic.

For these reasons, Plaintiff's claims regarding a constitutional deprivation of educational and rehabilitative services are not substantially likely to succeed on the merits. Because Plaintiffs cannot establish the first element of injunctive relief, the Court should deny Plaintiffs' Motion.

II. There is no substantial threat of irreparable injury to Plaintiffs if the injunction is denied.

"One seeking injunctive relief must demonstrate a real and immediate threat that he will be subject to the behavior which he seeks to enjoin. It is not sufficient for the plaintiff to *speculate* that he will be subject to injurious conduct if the practice is continued …." *Gladden v. Roach*, 864 F.2d 1196, 1198 (5th Cir. 1989) (citing *City of L.A. v. Lyons*, 461 U.S. 95 (1983)) (emphasis added). An injunction is not appropriate where the movant presents only the "mere fact that irreparable harm *may possibly* ensue if restraint is not imposed." *Standard Brands, Inc. v. Zumpe*, 264 F. Supp. 254, 267 (E.D. La. 1967) (emphasis added) (citations omitted). Indeed, "[i]njunctions will not be issued merely to allay the fears and apprehensions or to soothe the anxieties of the parties." *Id.* at 267-68.[25] Instead, and particularly concerning injunctions against the government,

[25] *See also Simon v. Southwest La. Elec. Membership Corp.*, 267 So.2d 757, 760 (La. App. 1972) ("[T]he applicant for injunction must show a reasonable probability that the acts sought to be enjoined will occur. It is not sufficient for plaintiff to simply state that he fears they will occur.").

"courts should not intervene [by granting injunctions] unless the need for equitable relief is clear, not remote or speculative." *Machete Prod., L.L.C. v. Page*, 809 F.3d 281, 288 (5th Cir. 2015).

Another district court within the Fifth Circuit recently addressed the "irreparable injury" element in the context of a COVID-19 case filed by an incarcerated individual. *See Sacal-Micha v. Longoria*, --- F.3d ----, 2020 WL 1518861, at *5-6 (S.D. Tex. March 27, 2020). In that case, the plaintiff argued the irreparable injury element was met because the risk of death was significant; he argued there is a "high likelihood" that "many detainees … will contract COVID-19," and those with underlying medical conditions (like plaintiff) are even more "prone to the more serious aspects of the virus." *Id.* But the court found plaintiff "offers no evidence to support these propositions other than conclusions extrapolated from general information." *Id.* Further, accepting the plaintiff's argument "would logically require the release of all individuals currently detained" who were vulnerable to COVID-19. *Id.* As such, the court rightly rejected plaintiff's logic. *Id.* In denying plaintiff's motion for TRO, the court recognized the "extraordinary and unique public-health risk to society" presented by COVID-19, and admitted that despite the facility's best efforts, the "particularly vulnerable" plaintiff may be exposed to and even contract the virus. *Id.* Still, "the fact that [the defendant facility] may be unable to implement the measures that would be required to fully guarantee [plaintiff's] safety does not amount to a violation of his constitutional rights and does not warrant" the injunctive relief plaintiff seeks (including but not limited to release). *Id.*

Here, Plaintiffs' argument is akin to the *Sacal* plaintiff. Plaintiffs dedicate six pages of their Brief to present general information about the risks of COVID-19. *See* Pls.' TRO Br. (Doc. No. 7-1) at 3-9. While Plaintiffs' Brief goes on to allege claims more specific to Defendants' response, those claims are based on hearsay and speculation and are largely discredited by Defendants' sworn testimony. *See generally* Exhibits A–D. Plaintiffs here invite this Court to follow the same

logic offered in *Sacal*: if Defendants cannot prevent Plaintiffs from being exposed to COVID-19, then Plaintiffs' constitutional rights are violated and an injunction is warranted. The *Sacal* court rejected this reasoning. On the same grounds, this Court should do the same.

As Louisiana courts have held, "speculative injury" is not sufficient to establish irreparable harm for purposes of injunctive relief; the movant must present "more than an unfounded fear" of injury. *Dixie Brewing Co., Inc. v. U.S. Dep't of Vet. Affairs*, 952 F. Supp.2d 809, 813 (E.D. La. 2013) (citations and brackets omitted). An injunction requires that an irreparable injury "be both certain and great," "actual and not theoretical." *Id.* (citations, quotations, and brackets omitted). Here, Plaintiffs have shown no more than—at best—an unfounded fear or speculation of potential risk of contracting an illness from which the vast majority fully recover. Plaintiffs have failed to demonstrate a substantial threat of irreparable injury as required for injunctive relief.

III. The certain and immediate harm to Defendants if the injunction is granted outweighs Plaintiffs' speculation of potential injury if the injunction is denied.

While Plaintiff fails to establish more than a mere speculation of potential injury if the injunction is denied, Defendants will suffer irreparable injury as a matter of law if the injunction is granted. *See Valentine*, 956 F.3d at 803. ("[A]ny time a State is enjoined by a court from effectuating statutes enacted by representatives of its people, it suffers a form of irreparable injury.") (quoting *Maryland v. King*, 567 U.S. 1301, (2012) (Roberts, C.J., in chambers)).

Here, as in *Valentine*, the State of Louisiana has "assigned the prerogatives" of juvenile detention policy to Defendants, and the Court's injunction would "prevent the State from effectuating the Legislature's choice and hence imposes irreparable injury." *Id.* Like the *Valentine* court explained, the Supreme Court "has repeatedly warned that it is difficult to imagine an activity in which a State has a stronger interest, or one that is more intricately bound up with state laws, regulations, and procedures, than the administration of its prisons." *Id.* (quotations omitted). As

such, like the *Valentine* defendants, Defendants will be irreparably harmed if the injunction is granted. *Id.*

As recognized in *Valentine*, in the midst of the COVID-19 pandemic, the harm to Defendants is "particularly acute" because an injunction would interfere with OJJ's "system-wide approach" to respond to the crisis. *Id.* Issuing an injunction here will threaten Defendants' "ability to continue to adjust its policies" by "lock[ing] in place a set of policies for a crisis that defies fixed approaches." *Id.* If Defendants are not free to respond to COVID-19 "without a permission slip from the district court, … [t]hat constitutes irreparable harm." *Id.*

Following the Fifth Circuit's well-reasoned analysis in *Valentine*, Plaintiffs' Motion for injunction should be denied.

IV. The public interest is served if the Motion is denied.

While Plaintiffs' Motion asserts it is "always" in the public interest to prevent the violation of constitutional rights, there are limits to this sweeping statement. *See* Pls.' TRO Br. (Doc. No. 7-1) at 23-24, § III.[26] Indeed, "when a state statute vests state officials with broad discretionary authority concerning [prison operations], the Constitution affords the prisoners no constitutionally protected interests that might outweigh defendants' or the public interests in prison administration." *Patterson v. Daniels*, No. 12-1674, 2010 WL 2100546, at *21 (E.D. La. March 22, 2013) (referencing *Olim v. Wakinekona*, 461 U.S. 238, 249–50 (1983) and *Merit v. Lynn*, 848 F.Supp. 1266, 1267–68 (W.D. La. 1994)).

Louisiana courts have held it is "against the public interest to issue an injunction based solely on plaintiff's disagreement with the health care being provided" by "corrections officials who are presently charged with that obligation." *Hawkins v. Hawkins*, No. 3:11–cv–1325, 2012

[26] If there were no limits on this position, then the fourth factor would be a moot point, as it would always weigh in favor of a movant claiming deprivation of constitutional rights.

WL 601426, at *9 (W.D. La. Jan. 2, 2012) (where plaintiff inmate complained of denial of prompt and appropriate medical care and requested injunctive relief for same). Again, the Supreme Court "has continuously cautioned federal courts from assuming a greater role in decisions affecting prison administration." *Id.* (collecting cases); *see also Zantiz v. Seal*, No. 12-1580, 2013 WL 357069, at *4 (E.D. La. Jan. 29, 2013) ("To issue an injunction against this facility would limit those best equipped to make decisions about the proper procedures to maintain safety, and would therefore disserve the public interest in maintaining the safety of the prisoners and officers at the facility.") (where plaintiff inmate complained of, *inter alia*, inadequate medical care).

Therefore, Plaintiffs have failed to establish that the public interest will be served if the injunction is granted. The Court should deny the Motion for injunctive relief.

CONCLUSION

As demonstrated here, Plaintiffs' Motion for Emergency Temporary Restraining Order is unwarranted and should be denied.

- Plaintiffs fail to establish a substantial likelihood of success on the merits for multiple reasons: (1) Plaintiffs failed to exhaust administrative remedies, (2) Plaintiffs cannot rely on a relaxed "objectively unreasonable" liability standard, (3) Plaintiffs do not—and cannot—establish Defendants were objectively or subjectively deliberately indifferent, and (4) Plaintiffs improperly assert a claim based on the Louisiana Constitution that is neither legally or factually actionable.

- Plaintiffs fail to establish they will suffer an irreparable injury if the injunction is not granted; their speculative fear of COVID-19 exposure does not amount to a violation of their constitutional rights.

- Plaintiffs ignore the certain and immediate harm to Defendants if an injunction is granted, as this would interrupt OJJ's ability to continue appropriately responding to this evolving health crisis.

- Plaintiffs' request for injunctive relief is inconsistent with the public interest, based on OJJ's duty under Louisiana law to oversee and administer juvenile justice.

For all of these reasons, the Court should deny Plaintiffs' Motion.

Dated: May 26, 2020

Respectfully submitted,

Defendants The Louisiana Office of Juvenile Justice, Edward Dustin Bickham, James Woods, Shannon Matthews, Shawn Herbert, and Rodney Ward

By: *S/Allena McCain*

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Defendants' Attorneys

CERTIFICATE OF SERVICE

I, Allena W. McCain, hereby certify that I have today served the foregoing Response to Plaintiffs' Motion for Emergency Temporary Restraining Order via the Court's electronic filing system, which provided notice to the following counsel of record:

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Dated: May 26, 2020

S/Allena McCain
ALLENA W. McCAIN

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AFFIDAVIT OF DENISE DANDRIDGE

BEFORE ME, the undersigned Notary Public qualified in the aforesaid state and parish, personally came and appeared:

DENISE DANDRIDGE

who, after being duly sworn by me, did depose and state:

1. I have been employed by the State of Louisiana Office of Juvenile Justice ("OJJ") as the Director of Health Services since 2014.
2. My duties are broad and all-encompassing regarding health care in the OJJ system, including directing the activating of OJJ health care staff in day to day operations, conferring with administrative staff and facility directors to formulate agency policy and health care programs, and coordinating treatment and services to ensure high quality care.
3. I received my Bachelor of Science in Rehabilitation Services and Masters in Rehabilitation Counseling from Southern University in December 1990 and July 1992, respectively. I further received a Bachelor of Science in Nursing from Southern University in December 1997. I completed my Master's Degree in Nursing from Louisiana State University School of Nursing in December 2011. I am currently completing coursework to receive my Doctorate of Nursing Practice with a Specialty in Organizational Systems Leadership from Northwestern State University of Louisiana with an expected graduation date of August of 2020.
4. I am a licensed registered nurse through the Louisiana Board of Nursing, an AIDS Certified Registered Nurse through the HIV/AIDS Nursing Certification Board, and am Basic Cardiac Life Support certified.
5. I am a member of the American Correctional Association, in which I served as a member of the Healthcare Committee from 2017 through 2019. I am involved in the Association of Nurses in AIDS Care, in which I have served as a Chapters Committee Chair and an Awards Committee Care. I was the founding president of the Baton Rouge Assocaition of Nurses in AIDS Care in 2002, and have since served as President (2016-2017), Vice President (2015-2016), and Treasurer (2019). In May 2020, I was inducted into Sigma Theta Tau International Honor Society of Nursing.

EXHIBIT A

6. OJJ maintains four secure facilities across the state: Acadiana Center for Youth, Bridge City Center for Youth, Swanson Center for Youth at Monroe, and Swanson Center for Youth at Columbia.

7. During the COVID-19 pandemic, I have been actively involved in the planning and execution of OJJ's response regarding testing, monitoring, medical isolation, quarantine, recovery and reintegration, continuity of services, and other aspects of OJJ's response to the coronavirus pandemic.[1]

8. Throughout the coronavirus pandemic, I have kept abreast of best practices, CDC guidelines, and Louisiana Department of Health ("LDH") recommendations and procedures for evaluation, testing, medical isolation, quarantine, hygiene, cleaning, and other precautionary and reactionary measures to address COVID-19. I have monitored the CDC guidelines specific correctional and detention facilities, and have taken all measures necessary and possible to implement those guidelines across OJJ facilities.

9. In the last week of February 2020, I participated in a meeting of the Unified Command Group ("UCG") led by Governor Edwards with participants from leadership from all state agencies. On the call, Governor Edwards called upon state agencies to be proactive in creating and implementing plans for prevention and mitigation of the risks associated with the COVID-19 pandemic.

10. Following this initial UCG call, OJJ had its first agency-wide meeting to discuss prevention and preparedness for the coronavirus on March 2, 2020.[2] At this meeting, I encouraged all facilities to prepare for potentially major disruptions due to the coronavirus, and asks that all departments and facilities review their Continuity of Operations ("COOP") plans and conduct an inventory their supplies of cleaning supplies, hygiene supplies, and personal protective equipment ("PPE").

11. Louisiana's first presumptive positive case of coronavirus was announced on March 9, 2020.[3]

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[1] Throughout this affidavit, the terms "COVID-19," "coronavirus," "novel coronavirus," and "virus," among other variations, may be used interchangeably to refer to the current global pandemic surrounding the SARS-CoV-2 virus and the COVID-19 disease which results.

[2] Meeting Invitation and Agenda, Attached as Exhibit A-1. I certify that the attached is a true and accurate copy of the March 2, 2020 OJJ meeting virtual invitation and agenda.

[3] *Gov. Edwards Confirms Louisiana's First Presumptive Positive Case of COVID-19*, https://gov.louisiana.gov/index.cfm/newsroom/detail/2392 (last visited May 25, 2020).

12. On March 11, 2020, Governor John Bel Edwards (hereafter, "Governor Edwards") declared COVID-19 a Public Health Emergency, which remains in effect as of the date of this declaration.[4]

13. Also on or about March 11, 2020, the OJJ Deputy Secretary began to participate in daily UCG meetings held by the Governor. In the following weeks, I attended several of these UCG meetings with the Deputy Secretary.

14. I led another internal agency-wide OJJ meeting on March 12, 2020, to discuss coronavirus prevention and preparedness, as well as existing and updated policies.[5] At this meeting, each facility reported on their steps in preparation for the coronavirus, including a report regarding their inventories of supplies. I was advised that all facilities had at least a two-month supply of food, cleaning supplies, hygiene supplies, and PPE.

15. In addition to holding these department-wide meetings, I began working closely with OJJ's contracted provider of health care services, Wellpath, to ensure they had contingency plans in place consistent with CDC guidance in order to provide uninterrupted services to OJJ secure facilities throughout the pandemic. After each internal OJJ meeting, I reported and conferred with Wellpath regarding developments and plans for OJJ's coronavirus response.

16. When speaking to facility directors and medical staff in these early meetings, I encouraged them to consult and follow the CDC and Louisiana Department of Health ("LDH") guidance that was publicly available.[6]

17. On March 13, 2020, the head nurse at each OJJ secure care facility were asked to review upcoming appointments and reschedule all non-essential appointments.[7]

18. Throughout the coronavirus pandemic, as is the case at all times in OJJ secure facilities, all youth have access to medical care 24 hours a day and are instructed and educated on how to access that care.[8]

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[4] Proclamation No. JBE-2020-25 (March 11, 2020)

[5] Meeting Invitation and Agenda, Attached as Exhibit A-2. I certify that the attached is a true and accurate copy of the March 12, 2020 OJJ meeting virtual invitation and agenda.

[6] At this early stage, business specific guidance such as CDC guidance for correctional and detention facilities were not yet available. Instead, early guidance consisted of general advise such as encouraging good hand hygiene, covering your cough, and social distancing.

[7] Email from March 13, 2020 re: Non-essential medical appointments, attached as Exhibit A-3. I certify that the attached is a true and accurate copy of the March 13, 2020 email I sent to the head nurses at OJJ secure care facilities.

[8] Medical Policies C-5 and C-6, attached *in globo* as Exhibit A-4. I certify that the attached are true and accurate copies of OJJ Medical Policies C-5 and C-6 relating to youth access to medical care, which have been in effect in the attached iteration through the entirety of the COVID-19 pandemic

19. Throughout the coronavirus pandemic and OJJ's response, I have served as a point of contact and a resource for individuals across OJJ regarding questions, concerns, protocols, and education related to safety, precaution, mitigation, and procedures for the coronavirus.

Testing and Monitoring of Youth in OJJ Custody

20. In preparation for OJJ response, I corresponded with Wellpath providers to ensure that appropriate preventative measures were in place, contingency plans were being developed, and youth were being educated about the coronavirus.

21. In further preparations, OJJ requested and received from GOHSEP 15 coronavirus test kits in March, and later submitted a supplemental request 150 additional test kits, which were received in May. The initial 15 kits were used to test symptomatic youth upon the onset of symptoms. The second 150 kits will be used to determine youth and staff members have reached recovery and can return to gen. pop or back to work, respectively. In addition, Wellpath has been able to source regular supplies of test kits through LabCorp, which met the testing needs of each facility from March through May.

22. On March 12, 2020, an advisory email was distributed across OJJ regarding updated guidelines being implemented to maintain the safety and wellbeing of the staff and youth served by OJJ. These guidelines superseded and circumvented standard OJJ policies to account for the risks surrounding coronavirus. The updated guidelines were scheduled to go into effect on March 16, 2020.[9]

23. The updated guidelines implemented on March 16, 2020 included a required screening for all persons entering secure facilities,[10] suspension of youth visitation, postponement of all furloughs while increasing telephone contact with family, and postponement of all off-campus group activities. In addition, only OJJ staff and emergency visitors would be allowed on campus, and attorney visits would be held by phone call. Only contractors working on repairs essential to the safety of the facilities, as determined on a case-by-case basis, would be allowed to enter campus, and only after screening. Finally, to the

[9] Email from March 12, 2020 re: Covid-19, attached as Exhibit A-6. I certify that the attached is a true and accurate copy of the March 12, 2020 email I received regarding updated guidelines, including my forwarded message to each facility's head nurse and the Wellpath coordinator.

[10] On March 13, 2020, I coordinated with Wellpath to deploy their standard COVID 19 screening form for implementation at all OJJ secure care facilities for all visitors and staff.

extent possible, deliveries to facilities would be intercepted at the front gate to minimize the need for outside individuals to interact with staff and residents at the facility.[11]

24. On or about March 14, 2020, a regular volunteer at Bridge City Center for Youth reported to OJJ that he had tested positive for COVID-19, resulting in the potential exposure of seven (7) youth participating in a program to COVID-19 after a volunteer tested positive for the virus. Following this event, a monitoring protocol was implemented, consisting of temperature checks twice daily for fourteen (14) days. The LDH did not advise active quarantine of these individuals.[12]

25. The first COVID-19 test of a youth in an OJJ secure care facility was performed on March 20, 2020. This youth was housed at the Bridge City Center for Youth facility, and the test was performed at Ochsner Hospital returning a negative result.[13]

26. On March 21, 2020, OJJ was supplied with the initial fifteen (15) swabs from the UCG and GOHSEP for on-site COVID-19 testing.[14]

27. The first positive COVID-19 youth within OJJ was at Acadiana Center for Youth, who tested positive on March 22, 2020. [15]

28. On March 20, 2020, OJJ began dorm-wide quarantine of exposed youth, requiring all youth to remain on their dorm for all activities and programming. During this time, OJJ continued temperature testing all youth who were quarantined due to exposure or suspected exposure to COVID-19 twice daily.

29. On March 31, 2020, I received a list of locations within each facility to be used as medical isolation and quarantine; I forwarded this list to the Wellpath staff for their implementation.[16]

30. Beginning April 3, 2020, at the request of Governor Edwards, OJJ began producing daily reports to the UCG with updates on testing, protocols, and other notable issues across OJJ. These daily reports are ongoing and are still actively being reported to the UCG. I

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[11] *Id.*

[12] Email from March 14, 2020 re: BCCY Possible Covid - 19 Exposure, attached as Exhibit A-7. I certify that the attached is a true and accurate copy of the March 14, 2020 email I received regarding LDH's guidance on this exopsure, including my forwarded message to BCCY's head nurse and the Wellpath coordinator.

[13] Chart of COVID-19 Tests and Symptoms, attached as Exhibit A-8. I certify that the attached spreadsheet is a comprehensive, true, and accurate list of all youth in OJJ secure care facilities who were tested for COVID-19, including the test results and medical isolation or quarantine locations.

[14] Email from March 21, 2020 re: COVID 19 Testing, attached as Exhibit A-9. I certify that the attached is a true and accurate copy of the March 14, 2020 email I received regarding receipt of COVID 19 test kits.

[15] Exhibit A-8. This youth was tested at Bunkie General Hospital, as the COVID-19 test kits received by OJJ had not yet been distributed to ACY by the time the youth was tested.

[16] Email from March 31, 2020 re: updated isolation instructions, attached as Exhibit A-10. I certify that the attached is a true and accurate copy of the March 31, 2020 email I received regarding locations for medical isolation and quarantine, including my forwarded message to the Wellpath staff.

reported daily medical updates to Deputy Secretary Bickham, who then compiled this information with other OJJ updates for the written reports. These daily reports are ongoing and are still actively being reported to the UCG.

31. In the following weeks, OJJ facilities had twenty-eight positive patients with COVID-19. There has not been a new case identified since April 12, 2020.[17]

32. CDC Guidance for Management of COVID-19 in Correctional and Detention Facilities outlines two strategies for determining whether an individual has recovered from COVID-19. The first strategy suggested that a patient was deemed to have recovered, and could thus be discharged from medical isolation and return to general population, after he was fever-free for 72 hours without the use of fever-reducing medications, exhibited no other symptoms, and was at least seven (7) days past the onset of symptoms or the positive test. An individual who tested positive without symptoms was deemed recovered after seven (7) days had passed since a positive test, when the individual failed to develop further symptoms (a "non-testing strategy").[18]

33. Out of an abundance of caution, OJJ took additional steps prior to discharging COVID-19 positive individuals from medical isolation. All COVID-19 positive youth in OJJ secure facilities were placed in medical isolation for fourteen (14) days after the onset of symptoms, and were not discharged from medical isolation until they were symptom- and fever-free for over 72 hours.[19]

34. The CDC Guidelines also outline a method for measuring an individual's recovery from COVID-19 using additional testing of that individual for COVID-19 after the resolution of his symptoms (a "testing strategy")[20]

35. Early in the coronavirus pandemic, due to a relative scarcity of COVID-19 test kits, most agencies and organizations chose to utilize the CDC's non-testing strategy for measuring presumptive recovery from COVID-19.

36. On April 23, 2020, OJJ received guidance from the LDH regarding implementation of the testing strategy of COVID-19 positive youth throughout medical isolation. LDH advised

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[17] *Id.*

[18] CDC Guidance for Management of COVID-19 in Correctional and Detention Facilities, attached as Exhibit A-11, at p. 17. I certify that the attached CDC Guidance is a true and accurate copy of the guidelines discussed herein, as they were consulted by me and made publicly available on the CDC Website during the coronavirus pandemic. P 48 of topical compilation; also attach guidance (old version, if we can find it).

[19] Email from April 14, 2020 re. COVID REPORT, attached as Exhibit A-12. I certify that the attached is a true and accurate copy of a March 14, 2020 email I sent regarding criteria for discharge from medical isolation. *See also* Exhibit A-8, p.2.

[20] Exhibit A-11 at p. 17.

OJJ that the use of this non-testing strategy for measuring recovery had resulted in some individuals testing positive for the virus even after they met the criteria for discharge from medical isolation under this non-testing strategy. According to LDH guidance, OJJ implemented a testing strategy for determining youth recovery from the virus, whereby youth should be tested 7 days after the onset of symptoms if they are symptom- and fever-free. If this test is positive, the test would be performed again three (3) days later. Upon receiving a negative test result, another test would be performed 24 hours later. When a youth receives a second consecutive negative test, he may be discharged from medical isolation and returned to general population.[21]

37. Prior to April 23, 2020, utilizing the non-testing strategy, 25 of the 28 COVID-19 positive youth had been discharged from medical isolation and returned to their dorms. The morning of April 23, 2020, prior to receiving the updated guidance from LDH, two additional youth were discharged from medical isolation pursuant to the non-testing strategy. The remaining youth underwent four additional COVID-19 tests prior to discharge from medical isolation (the first two were positive, followed by two negatives).[22]

38. Notably, there were no subsequent outbreaks of symptomatic youth detected in dorms to which youth were discharged using the non-testing strategy. In fact, the last positive COVID-19 test of a newly-symptomatic youth was on April 12, 2020—the same youth who was subsequently retested before discharge from medical isolation.[23]

39. On May 7, 2020, I circulated to OJJ leadership and secure care facility directors a testing strategy for staff returning to work after leave due to COVID-19 exposure or contraction. This process requires staff to have two negative COVID-19 tests, conducted at least 24 hours apart, before being considered "recovered." Furthermore, staff must have no symptoms of COVID-19, be fever-free without the use of fever-reducing medication, and present written clearance from a physician indicating that the testing and symptom criteria have been met.[24]

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[21] Email from April 23, 2020 re: Implementing Testing of Youth before Discharge, attached as Exhibit A-13. I certify that the attached is a true and accurate copy of the April 23, 2020 email I sent to facility staff regarding implementation of this revised strategy for discharge of COVID-19-positive youth from medical isolation.
[22] *See* Exhibit A-8.
[23] *Id.*
[24] Email from May 7, 2020 re: Return to Work Testing Strategy, attached as Exhibit A-14. I certify that the attached is a true and accurate copy of the May 7, 2020 email I sent to facility directors and OJJ leadership regarding implementation of this Return to Work testing strategy.

40. The next day, on May 8, 2020, I met with all OJJ Regional Directors and Facility Directors to discuss this return to work strategy and measures to be taken to ensure the safety of all youth and staff at OJJ secure facilities to prevent another wave of coronavirus in the facilities.

41. All youth who contracted COVID-19 in OJJ secure facilities exhibited only mild symptoms. Most youth had only a fever for a few days. Some had mild respiratory symptoms similar to a seasonal cold. No youth who tested positive for coronavirus required hospitalization.[25]

42. COVID-19-positive youth in OJJ secure care facilities were treated with standard over-the-counter medication such as fever-reducers (acetaminophen or ibuprofen), cough medications, and salt-water gargles for sore throats.

43. There are currently no Youth within the OJJ secure care facilities with a confirmed case of COVID-19, and there currently are no Youth within the OJJ secure care facilities complaining of symptoms associated with COVID-19.

44. . OJJ continues to maintain the same testing protocol that it implemented throughout the COVID-19 response. OJJ is not performing universal testing on all youth within its care. The protocol is to test youth who are exhibiting symptoms consistent with COVID-19.

45. As of May 22, 2020, OJJ has received no direction or instruction from LDH or Governor Edwards requiring OJJ to undertake universal testing of all youth and staff at OJJ secure facilities. Instead, OJJ plans to continue following CDC and LDH guidelines and recommendations by testing symptomatic individuals and following the medical isolation and quarantine procedures currently in place and detailed above.

Medical Isolation and Quarantine of Youth Exposed to COVID-19 or Exhibiting Symptoms

46. Medical isolation and quarantine instructions were originally drafted and distributed to secure facilities on March 23, 2020.[26]

47. Each facility designated specific dorms and locations for housing youth under medical isolation and quarantine.

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[25] *See* Exhibit A-8. Early in the coronavirus response, some youth were transported to the emergency room to obtain COVID-19 tests. None of these youth had symptoms severe enough to merit admission to the hospital.

[26] Email from March 23, 2020 re: Quarantine and Isolation, attached as Exhibit A-5. I certify that the attached is a true and accurate copy of the April 23, 2020 email (and my forwarded message to Wellpath staff) I received from then-Deputy Secretary Bueche regarding instructions for quarantine and medical isolation which I helped develop.

48. Even prior to exposure to COVID, appearance of symptoms, or a positive test result, all dorms in OJJ secure facilities were "reverse isolated," meaning that each dorm was self-contained and did not interact with youth from other dorms. This reverse isolation prevented cross-contamination between dorms and ensured that any occurrence of coronavirus could be contained within a single dorm. Reverse isolation also served to prevent the need for "contact tracing" across dorms to determine additional youth who may have been exposed to a youth who became symptomatic or tested positive for coronavirus. This reverse isolation strategy is compliant with LDH guidance as discussed on UCG calls with the Governor and LDH officials.[27]

49. In addition to reverse isolation, all asymptomatic youth with exposure or suspected exposure to COVID-19 were placed on quarantine and temperature tested twice daily. At times, this included twice daily temperature testing for the entire population of certain facilities, when each dorm had a known case or a known exposure to COVID-19.

50. When a youth exhibits any symptoms of COVID-19—including fever of 100.4 or greater, dry cough, shortness of breath, tiredness or malaise, aches or pains, nasal congestion, runny nose, sore throat, and/or diarrhea—that individual is brought to the infirmary.[28]

51. Symptomatic youth are administered both strep and flu tests in the infirmary. Both of these tests yield results in a matter of minutes. If both of these tests are negative, the youth is administered a COVID-19 test and placed in medical isolation—separate from confirmed COVID-19 positive youth—pending the results.

52. Youth are "quarantined" when they have been exposed to the virus, but have not developed symptoms.[29] Youth who left the facility and returned, either for furlough or emergency trips, were also placed in quarantine. No COVID-19 test is administered to asymptomatic youth.

53. Youth who are quarantined must remain on the dorm at all times, have their temperatures checked twice daily, and may only recreate outside when all other dorms are inside.[30]

54. All youth—whether in quarantine, medical isolation, or in reverse isolation dorms—are encouraged to practice good hand hygiene, cough etiquette, and cleaning practices.[31]

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[27] Exhibit A-11.
[28] Exhibit A-5.
[29] *Id.*
[30] *Id.*
[31] *Id.*

55. All staff, including those providing security for youth in quarantine and medical isolation, undergo a symptom screening each time they leave campus and return to the facility. Staff providing security for quarantined youth continue to be screened upon arrival for each shift and are encouraged to practice good hand hygiene, cough etiquette, and cleaning practices.[32]

56. According to CDC guidelines, a youth may return to his usual dorm after he is quarantined for fourteen (14) days without developing symptoms of COVID-19.[33]

57. All facilities have been instructed to quarantine all youth entering or returning to OJJ secure care facilities.

58. Medically isolated youth were initially housed in the infirmary and treated for their symptoms.[34] As the pandemic evolved and began to spread through OJJ secure facilities, additional locations were identified in each facility to better house COVID-19 positive patients without overwhelming the infirmary capacity. The criteria for housing in each secured facility's medical isolation and quarantine areas were promulgated on March 30, 2020.[35]

59. Youth are placed in "medical isolation" when they have exhibited symptoms of COVID-19, have tested negative for the flu, and a COVID-19 test is pending or has yielded a positive result.[36] After the youth is brought to the infirmary for testing, he is placed in one of two medical isolation rooms: (1) exhibiting symptoms and awaiting COVID-19 test results; or (2) tested positive for COVID-19.

60. A youth who exhibited COVID-19 symptoms but tested negative for the virus remains in medical isolation until he is symptom free, when he is returned to his dorm.

61. Staff providing security for medically isolated youth are provided full PPE, including gowns or coveralls, gloves, and eyewear. These staff members continue to be screened upon arrival for each shift and are encouraged to practice good hand hygiene, cough etiquette, and cleaning practices.[37]

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[32] *Id.* Exhibit A-6.
[33] Exhibit A-5; Exhibit A-11.
[34] Exhibit A-5.
[35] Exhibit A-10.
[36] Exhibit A-5.
[37] *Id.*

62. On April 27, 2020, an employee at Bridge City Center for Youth tested positive for the coronavirus. The affected dormitory was placed on quarantine. To date, none of the youth in this dormitory have exhibited symptoms or tested positive for the coronavirus.

Mental Health Services and Counseling

63. In addition to direct medical care, Wellpath provides mental healthcare to youth in OJJ secure care facilities with severe mental illness.

64. In some facilities, Wellpath provides certain mental health services in group settings, particularly in facilities with higher concentrations of youth needing those programs.

65. During the coronavirus pandemic, all mental health services throughout OJJ continued. Mental health group counseling that usually takes place in a dorm setting, such as in the Mental Health Treatment Unit at Swanson Center for Youth at Monroe, those services continued in the dorm setting because the service could be effectively rendered while practicing social distancing. Otherwise, treatment groups were limited to groups of three. Furthermore, where treatment groups consisted of youth from multiple dorms, that treatment continued through individual sessions during the coronavirus pandemic.

66. Throughout the coronavirus pandemic, no youth have been denied their usual mental health services.

PPE, Cleaning, and Hygiene Supplies

67. Throughout the coronavirus pandemic, I have been closely monitoring OJJ's inventory of personal protective equipment ("PPE"), hygiene supplies such as soap and hand sanitizer, and cleaning and disinfecting supplies which were received by OJJ headquarters. I also directed the distribution of these supplies among OJJ facilities and tracked what supplies were being deployed to which facilities.

68. Facility directors (or their designees) contacted me when they needed certain supplies. If those supplies were readily available at headquarters, I immediately sent them to the facility; if the supplies weren't on hand, I ensured that the facilities received supplies as soon as they were received by headquarters. Furthermore, each facility was authorized

and encouraged to use their own procurement channels to obtain additional supplies to be delivered directly to the facility.

69. At the department-wide meeting on March 12, 2020, all secure care facilities reported having a two month supply of necessary items on hand.

70. I have reported regular updates on the receipt, inventory, and distribution of PPE to Deputy Secretary Bickham throughout the coronavirus pandemic.

71. The above and foregoing is true to the best of my knowledge, information, and belief.

Denise Dandridge
Denise Dandridge

SWORN TO AND SUBSCRIBED before me, Notary, on the 26th day of May, 2020.

Notary Public

53110694.v1

Jennifer S. Van Metre
Notary Public
Bar Roll #30,744
Notary #84,194

Denise Dandridge (OYD)

Subject:	CORONAVIRUS
Location:	`OJJ Toll Free 1-888-808-6929 code 2193206 / `OJJ Toll Free 1-888-808-6929 code 2193206 / OJJ LIBRARY ROOM 1432
Start:	Mon 3/2/2020 10:00 AM
End:	Mon 3/2/2020 10:30 AM
Recurrence:	(none)
Meeting Status:	Accepted
Organizer:	James Bueche
Required Attendees:	Denise Dandridge (OYD); Angela Bridgewater; Beth Broussard; Orlando Davis; Shawn Herbert (OJJ); Courtney Holderman; Zelma Jones; Angela Arabie; Angelic Keller; Stefanie Krygowski; Kim Mims; Elizabeth Touchet-Morgan; Ellyn Toney; Cassandra Washington (OYD); Gearry Williams (OYD); Tennia Williams (OYD); Shannon Matthews; Rodney Ward; Jabari Ransome; Clay Dupuy; Kasey Wall (OYD); Lynnette Broussard; Melissa Cross; Jennifer Bible; Monique Lacour; Lakeasha Cooley; Steve Martino; Ruth Stephens; Angela Koenig; `OJJ Toll Free 1-888-808-6929 code 2193206; Wanda Murray
Optional Attendees:	IRWIN McCALL; Arion Nickson; Kevin Jackson (OYD); Karen Connolly (OYD)
Importance:	High

EXHIBIT
A-1

AGENDA
3/2/2020

1. Coronavirus
    a. Spread
    b. Incubation Period
    c. Cases
    d. Travel Notices

2. Preparedness
    a. Cold and Flu precautions
        i. Handwashing
        ii. Sneeze and Cough protocols
        iii. Staying at home when ill
    b. Review Influenza Policy A1.13
        i. • Engineering controls;
        ii. • Administrative controls;
        iii. • Work practices; and
        iv. • Personal Protective equipment (PPE).
    c. Continuity of Operations Plan A.1.8 (c)

3. Facility
    a. Infirmary staff Trained
    b. Screening
    c. Testing

4. State Task Force
    a. General Public Number for Questions: 1-888-523-2652
    b. Epidemiology Line: 1-800-256-2148

Denise Dandridge (OYD)

From: Denise Dandridge (OYD)
Sent: Wednesday, March 11, 2020 5:47 PM
To: James Bueche; Gearry Williams (OYD); Courtney Holderman; Cassandra Washington (OYD); Elizabeth Touchet-Morgan; Ellyn Toney; Angela Arabie; Tennia Williams (OYD); Zelma Jones; Angela Bridgewater; Orlando Davis; Beth Broussard; Stefanie Krygowski; Karli Pullard; Angelic Keller; Lakeasha Cooley; Angela Koenig; Ruth Stephens; Monique Lacour; Kim Mims; Shannon Matthews; Rodney Ward; Jabari Ransome; Clay Dupuy; Kasey Wall (OYD); Lynnette Broussard; Melissa Cross; Jennifer Bible; Steve Martino; Wanda Murray; Shawn Herbert (OJJ)
Subject: RE: CORONAVIRUS
Attachments: CORONAVIRUS AGENDA 3-12-20.docx

Good evening,
Please find attached a copy of the agenda for the meeting on 3/12/2020 at 8:30am.

-----Original Appointment-----
From: Wanda Murray **On Behalf Of** James Bueche
Sent: Tuesday, March 10, 2020 11:18 AM
To: Gearry Williams (OYD); Courtney Holderman; Denise Dandridge (OYD); Cassandra Washington (OYD); Elizabeth Touchet-Morgan; Ellyn Toney; Angela Arabie; Tennia Williams (OYD); Zelma Jones; Angela Bridgewater; Orlando Davis; Beth Broussard; Stefanie Krygowski; Karli Pullard; Angelic Keller; Lakeasha Cooley; Angela Koenig; Ruth Stephens; Monique Lacour; Kim Mims; Shannon Matthews; Rodney Ward; Jabari Ransome; Clay Dupuy; Kasey Wall (OYD); Lynnette Broussard; Melissa Cross; Jennifer Bible; Steve Martino; Wanda Murray; Shawn Herbert (OJJ)
Subject: CORONAVIRUS
When: Thursday, March 12, 2020 8:30 AM-9:30 AM (UTC-06:00) Central Time (US & Canada).
Where: `OJJ Executive Room 1215; `OJJ Toll Free 1-888-808-6929 code 2193206; `OJJ Toll Free 1-888-808-6929 code 2193206
Importance: High

EXHIBIT
A-2

AGENDA
3/12/2020

1. Coronavirus Update
    - Cases

2. Prevention
    - Education
        a. Facility Staff
        b. Group Homes
        c. OJJ Entire
            Staying at home when ill
            Handwashing Hygiene
            Cough and Sneeze Etiquette

3. Preparedness
    - Sanitizers and Germicidal Wipes
    - Visitations
    - Operations
        a. Facility
        b. Probation and Parole
        c. Contract Providers (Discussion)

5. Review Influenza Policy A1.13
    - Continuity of Operations Plan A.1.8 (c)

6. Travel Notices
7. Questions and Comments

AGENDA

1. Coronavirus Update
    - Cases
        a. 9 presumable positive cases as of yesterday.

2. Prevention
    - Education
        a. Facility Staff
        b. Group Homes
        c. OJJ Entire
            Staying at home when ill
            Handwashing Hygiene
            Cough and Sneeze Etiquette

    Dr. Bueche will be emailing everyone a flyer that educates on simple actions to help prevent the spread of this virus.
    When you receive it – have multiple copies printed to give to your staff and copies to post in various places and at your front gate.
3. Preparedness
    - Sanitizers and Germicidal Wipes
        a. Sanitizers are out of stock with all of our vendors
        b. We have a call to the managers in the Northern Regional officers that if they could check the local stores and purchase as many bottles as possible – this would be help in distributing sanitizer to the impacted areas and well as your region.
        c. We have also make the state EOC aware and hoping that if they are able to locate vendors – they will inform us.
        d. Germicidal Wipes, a vendor was found and hopefully we will get the order placed and the shipping in a timely matter to distribute to the facilities and regionally offices.
    - Visitations
        a. OJJ has decided to stop all the visits, such as from volunteers, tour groups and attorneys
        b. Parental visits and Furloughs have not been stopped as of this morning but may happen in the near future
    - Operations
        a. Facility –
            - BCCY - The Wellpath staff will train the front gate persons on a process for checking the temperatures of everyone that approach the gate. If someone has a temp of 100.4 or greater, the nursing staff will be called to complete a full screening on the individual. This will need to be done for all persons entering the facility: staff and visitors.

- All other facilities continue normal operations but understand that this could become your normal as we see a spread in this virus.

b. Probation and Parole – in the
   - NO area, phone calls will account for face to face visits
   - All other regional offices continue normal operations until further notice.

c. Contract Providers (Discussion)

Dr. Bueche will also email a letter to everyone reiterating the operations that are being discussed here.

4. Review Influenza Policy A1.13

   a. Continuity of Operations Plan A.1.8 (c)
      i. Contingency plans for 30-40% employee absences.
      ii. Identification of critical essential job functions and plans to cover those functions in case of prolonged absenteeism.
      iii. Identification of areas within a facility that could be used to create additional acute care beds for expanded healthcare capacity; consideration of bed space availability with local and regional planning groups.

5. Travel Notices

   - To slow the spread of coronavirus disease 2019 (COVID-19) into the United States, CDC is working with state and local public health partners to implement after-travel health precautions.
   - All international travel for state business has been restricted.
   - Non business travel:
     - Employees are being asked to notified their supervisors and HR Director of their upcoming travel plans.
     - Depending on your travel history, you will be asked to stay home for a period of 14 days from the time you left an area with widespread or ongoing community spread (Level 3 Travel Health Notice).

   Countries that have a Level 3 Travel Health Notice (widespread, ongoing transmission):
   - China (Level 3 Travel Health Notice)
   - Iran (Level 3 Travel Health Notice)
   - Italy (Level 3 Travel Health Notice)
   - South Korea (Level 3 Travel Health Notice)

   The only country with a Level 2 Travel Health Notice is Japan.

RECOMMENDATIONS FOR AN INFECTIOUS DISEASE OUTBREAK RESPONSE PLAN:

- Identify possible work-related exposure and health risks to your employees.

- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws.

- Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies.

    - For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.

- Identify essential business functions, essential jobs or roles, and critical elements within your supply chain required to maintain business operations.

    - Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.

- Set up authorities, triggers and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas) and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.

- Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.

- Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors and misinformation, and plan communications accordingly.

- In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.

- Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.

STOP the SPREAD

Take these simple actions every day to help prevent the spread of respiratory viruses.

Wash your hands often with soap and water for at least 20 seconds – especially after using the bathroom or blowing your nose, and before eating.

In addition to soap and water, or if soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.

Cover your cough or sneeze into your elbow or a tissue.

Don't touch your eyes, nose or mouth with unwashed hands.

Stay away from people who are sick.

Stay home when you are sick.

Clean and disinfect objects and surfaces regularly.

If you think you are sick, call your doctor and ask what you should do.

LOUISIANA DEPARTMENT OF HEALTH

Denise Dandridge (OYD)

From: Denise Dandridge (OYD)
Sent: Friday, March 13, 2020 2:23 PM
To: Deborah Ray; 'Amisha Robillard'; Mark Gaines
Cc: Pamela Renee Poole
Subject: Non-essential medical appointments

Everyone,
Please review your upcoming appointments for the youth and see which appointments are essential and reschedule those that are not essential. Please discuss the essential appointments with your facility directors ASAP. Movement will be very limited.

EXHIBIT
A-3

wellpath	Bridge City/ Swanson/ Columbia/Acadiana Centers for Youth	**POLICY:** Access to Care	
		No. C-5	**Date of Origin:** 9/1/10 **Revised and Effective:** 3/1/2020

ACA: 4-JCF-4C-05M

REFERENCE: 3-JTS-4C-07

PURPOSE

Identifies a system by which youth are advised of health care services available and the means to access these services on a 24-hour basis. Such a system includes, but is not limited to:

- Identification of the healthcare services.
- Compliance with state and federal laws in the provision of and access to health care services.
- Documentation that juveniles are informed about how to access health-care services.

POLICY:

Wellpath makes provisions for youth to access a 24-hour system to assure youth's access to health care without delay, interference, or punitive measures. Upon arrival at the facility, all juveniles are informed about how to access health care services. This information is communicated orally and in writing, in a language that is easily understood by each youth. When a literacy or language problem prevents a juvenile from understanding oral and written information, OJJ is responsible for providing a staff person or other translator to assist the youth. Wellpath utilizes Language Line – which provided 24/7 translator services.

PROCEDURE:

1. The nurse completing the Receiving Screening informs all juveniles of available health care verbally, at the time of intake. This will include information on accessing regular sick call as well as declaring a medical emergency.
2. Bilingual signs are posted in the receiving area and in the housing units that explain how to access emergency and routine medical care.
3. The facility director will be notified when a translator may be required to assist in

EXHIBIT
A-4

information exchange between juvenile offenders and medical personnel.

4. Youth will acknowledge receipt of information relating to access to healthcare by reading and signing the “How to Obtain Medical Services” form.

wellpath	Bridge City/ Swanson/ Columbia/Acadiana Centers for Youth	**POLICY:** **Health Call**
	No. C-6	**Date of Origin:** 9/1/10 **Revised and Effective:** 3/1/2020

ACA: 4-JCF-4C-06

REFERENCE: 3-JTS-4C-08, 3-JTS-4C-09, 3-JTS-4C-10, 3-JTS-4C-30

PURPOSE

Identifies a system by which youth are advised of health care services available and the means to access these services on a 24-hour basis. Such a system includes, but is not limited to:

- Identification of the healthcare services.
- Defining process for triage and referrals for youth.
- Compliance with state and federal laws in the provision of and access to health care services.

POLICY

Wellpath makes provisions for youth to access a 24-hour system to assure youth's access to health care without delay, interference, or punitive measures. There is a process in place for all juveniles to initiate requests for health services on a daily basis. All health care requests are triaged by a qualified health care professional or health-trained personnel. A priority system is used to schedule health care services and shall address routine, urgent, and emergent juvenile health care requests and conditions.

Health care services are available to juveniles in a clinical setting at least five (5) days a week and provided by a qualified health care professional. A health care practitioner is available at least once a week to respond to juvenile health concerns.

Health care services are provided by qualified health care professionals currently licensed and/or registered in compliance with relevant state and federal laws and regulations of secure juvenile facilities. Job descriptions detailing duties and responsibilities of health care personnel are approved by facility's Health Services Administrator. Verification of current licensure/registration and job descriptions are on file in the medical administration office at the facility.

No member of the custody or security staff shall impede the juvenile's requests for access to health care services. All juvenile offenders have access to the Health Call Slips on a daily basis. The Health call slip/forms can be obtained from the nurse at med pass and are located with the Health Call boxes.

Bilingual signs are posted in the receiving area and in the housing units that explain how

to access emergency and routine medical care. The facility director will be notified when a translator may be required to assist in information exchange between juvenile offenders and medical personnel. Wellpath utilizes Language Line – which provided 24/7 translator services.

PROCEDURE

I. Youth will receive information and education as to how to obtain health care (orally and in writing) when they arrive in the facility. This will include information on accessing regular sick call as well as declaring a medical emergency. OJJ staff cannot approve or disapprove juveniles' requests for health services. Request for health services will be reviewed by appropriate Wellpath medical staff.

II. Youth will have access to sick call visits for urgent health conditions, as scheduled by medical staff. Youth in crisis intervention units or protective custody will also have regular visits by health care staff. Medication administration is held at least two times per day. There will be physician and nurse practitioner (NP) clinics offered during weekdays. A youth can request to be seen at any time by declaring a medical emergency (see *Twenty-Four Hour Emergency Care –B.6.1 J/HC-MC 09-02*).

III. Separate chronic illness clinics will be held at regular intervals. Youth determined to need physician or NP services during nurse sick call will be scheduled for care by appropriate medical staff. Youth who require immediate or urgent care from a physician/NP are referred Monday through Friday directly to these providers or if after hours, referred to the appropriate off-site emergency care facility.

IV. There shall be a priority system established for scheduling non-emergency medical, dental, and psychiatric clinics in situations in which all youth requesting/referred for such services cannot be seen at the next scheduled clinic.

V. Physician or designee will notify parents or guardians of youth regarding pertinent medical concerns or findings. Documentation of contact shall be maintained at each facility, and in youth's healthcare record.

VI. In the case of youth refusal of treatment, medical staff will attempt to determine reason for youth refusal of treatment and document findings in youth's medical chart, and contact guardian, as appropriate.

Responsibility	Action
Youth	The youth requesting routine, non-emergent health care will fill out the Sick Call Slip, date and sign it, and return to health personnel during med pass or drop the request in the locked boxes located in the housing units, medical unit, dining hall and school.
	Will complete a Health Service Request (Sick Call) form and place it in the box marked “Sick Call” in the designated areas (dining hall, dorm, mental health unit, etc.).
Nurse	The nurse will pick up Sick Call forms every morning and evening.
	The nurse will review and triage sick calls; and call youth in accordingly.
	The nurse will access youth, complete and document a full set of vital signs; document in SOAP format.
	The nurse will determine youth’s medical/mental health needs and referred youth to appropriate health care practitioner/mental health professional.
HCP/MHP	The HCP/MHP will evaluate and treat youth requiring immediate or urgent care during normal business hours Monday through Friday.
	The HCP/MHP will refer youth to appropriate off-site emergency care facility if after hours.
HCP/Designee	The HCP/designee will notify the youth’s parents or guardians of any pertinent medical concerns or findings. Documentation of notification must be placed in the youth’s health record and maintained at the housing facility

Denise Dandridge (OYD)

From: Denise Dandridge (OYD)
Sent: Monday, March 23, 2020 1:16 PM
To: 'Amisha Robillard'; Mark Gaines; Deborah Ray
Cc: Pamela Renee Poole; Lisa Smith (OYD)
Subject: FW: Quarantine and Isolation
Attachments: Coronavirus Quarantine and Isolation Instructions.docx

From: James Bueche
Sent: Monday, March 23, 2020 1:10 PM
To: Courtney Holderman <Courtney.Holderman@LA.GOV>; Orlando Davis <Orlando.Davis@LA.GOV>; Beth Broussard <Beth.Broussard@LA.GOV>; Stefanie Krygowski <stefanie.krygowski@LA.GOV>
Cc: Denise Dandridge (OYD) <Denise.L.Dandridge@la.gov>
Subject: Quarantine and Isolation

Please use the attached as a guide moving forward. Please let me know if you have any questions or concerns.

Thanks.

James Bueche, PhD, LCSW
Deputy Secretary
Office of Juvenile Justice
7919 Independence Blvd.
Baton Rouge, La. 70806
225-287-7944

EXHIBIT
A-5

Everyone,
During this difficult time of dealing with a virus that we are learning more and more about every day, leadership thought it was best to provide some guidance that will help everyone continue to provide the most efficient and effective services to our youth and staff.

COVID-19

- People can catch COVID-19 from others who have the virus.
- The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales.
- These droplets land on objects and surfaces around the person.
- Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.
- People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

Signs and Symptoms:

- Any youth exhibiting signs of the following should be brought to the infirmary immediately:
  - **fever greater than 100.4 or increase in their normal temp**
  - dry cough
  - shortness of breath
  - tiredness or malaise
  - some youth may also exhibit aches and pains, nasal congestion, runny nose, sore throat and/or diarrhea.

Quarantine Youth:
Quarantine means separating a person or group of people who have been exposed to a contagious disease but have not developed illness (symptoms) from others who have not been exposed, in order to prevent the possible spread of that disease.

The following task will be performed:

- Youth will remain on the dorm at all times
- Youth temperatures will be checked twice per day by Wellpath staff
- All services will be performed on the dorm, such as medication administration, feeding and schooling, etc.
- Youth will be allowed recreation time outside – when all other dorms are inside (no co-mingling of dorms)
- Youth are encouraged to continue good handwashing, cough etiquette and cleaning of all surfaces

Staff providing security for the Quarantine Youth:

- Will continue to have temperatures checked at the front gate as a part of the surveillance monitoring
- Encouraged to continue good handwashing, cough etiquette and cleaning of all surfaces

Isolation Youth:
These are youth who have exhibited signs of fever greater than 100.4 or other symptoms, tested negative for the flu, other medical conditions have been ruled out by the medical providers, and a COVID-19 test is pending or resulted positive.

The following task will be performed:

- Youth will be housed in the infirmary on isolation precautions
- Youth will be treated for symptoms exhibited

Staff providing security for the Isolation Youth:

- Will be provided full PPE to include gown or coverall, gloves, eyewear (face shields, googles or safety glasses. The safety glasses can be cleaned and reused. All other PPE is disposable and cannot be reused.
- Will continue to have temperatures checked at the front gate as a part of the surveillance monitoring
- Encouraged to continue good handwashing, cough etiquette and cleaning of all surfaces

Transport Officers:

- Anytime a potential isolation youth is being transported, the Transport Officer will need to be provided gloves and a mask. If gowns and/or coveralls are available this PPE item can be provided as well.
- The Transport Officer will also need to have the ability to clean the surface of the car upon discontinuation of the transport.
- The Transport Officer will continue to have temperatures checked at the front gate as a part of the surveillance monitoring.
- The Transport Officer will be encouraged to continue good handwashing and cough etiquette.

Allergies:
Also this is Allergy Season which range from late March to late August can cause the following signs and symptoms:

- nasal congestion,
- itchy and watery eyes,
- sneezing,
- stuffy or runny nose,
- scratchy or sore throat,
- throat clearing,
- cough from postnasal drip.

Unfortunately, some of these signs are also symptoms of COVID-19. Therefore, any youth exhibiting symptoms of an upper respiratory or allergy illness need to be seen by Wellpath staff for assessment.

If you have any questions or concerns, please feel free to contact Denise Dandridge, Director of Health Services at 225-337-9354

Denise Dandridge (OYD)

From: Denise Dandridge (OYD)
Sent: Thursday, March 12, 2020 6:17 PM
To: Lisa Smith (OYD); 'Amisha Robillard'; Deborah Ray; Mark Gaines
Cc: Pamela Renee Poole
Subject: FW: Covid-19

FYI – See below

From: James Bueche
Sent: Thursday, March 12, 2020 1:25 PM
To: Beth Broussard <Beth.Broussard@LA.GOV>; Stefanie Krygowski <stefanie.krygowski@LA.GOV>; Orlando Davis <Orlando.Davis@LA.GOV>; Denise Dandridge (OYD) <Denise.L.Dandridge@la.gov>; Angelic Keller <Angelic.Keller@LA.GOV>; Ellyn Toney <Ellyn.Toney@LA.GOV>; Angela Arabie <Angela.Arabie@LA.GOV>; Gearry Williams (OYD) <Gearry.Williams@LA.GOV>; Elizabeth Touchet-Morgan <Elizabeth.Touchet-Morgan@LA.GOV>
Cc: Courtney Holderman <Courtney.Holderman@LA.GOV>; Karli Pullard <karli.pullard@LA.GOV>
Subject: Covid-19

OJJ Administrative Staff,

Due to the current issues with the COVID-19 virus it is imperative that we take steps necessary to ensure the safety and wellbeing of the staff and youth we serve. Please be advised that we will be working toward implementation of the below requirements with an effective implementation date of March 16, 2020, until further notice.

Secure Facilities

- Everyone (no exceptions) will be screened prior to coming into the facility. If a person has fever, they will be immediately referred to the medical staff for further screening. Staff with a fever will only be allowed to enter the facility when cleared by medical.
- Anyone refusing to have their temperature accessed will not be allowed to enter the facility.
- Youth visitation will not be held.
- All furloughs will be postponed. Staff will be encouraged to allow youth to use the telephones more frequently to contact family.
- All off campus group activities will also be postponed.
- Only OJJ staff and emergency visitors will be allowed on campus. Attorney visits will be held by phone call.
- Contractors working on repairs that are vital to the safety of the facility will be allowed on campus after screening. These will be determined on a case by case basis. Undersecretary Williams must be notified of any contractor denied access to the facility so that the Office of State Procurement can be notified.
- Immediate notification to the Assistant Secretary and Deputy Secretary if any staff or youth test positive for the virus.
- We will try to facilitate deliveries at the front gate to eliminate the need for individuals to come onto campus.
- Staff will continue to educate youth on proper techniques to prevent the spread of the virus and also why OJJ are taking these measures to keep them safe.

Probation and Parole

- Face to Face contacts can now be made by phone or in the office if possible.
- Contact with collateral sources can also be made by phone. (schools, providers, etc...)

EXHIBIT A-6

- Staff will attend Court only when necessary.
- Face to Face contacts will still be made with youth in residential facilities.

Residential Facilities

- Screening of staff and visitors needs to occur for every person coming onto the campus.
- Only essential staff/visitors will be allowed on campus
- Home passes will be postponed. Staff should allow the youth to use phones to keep in touch with family members.
- Visitation will not be held.
- Group outings will be canceled unless youth are required to attend community schools.
- Immediate notification to the Assistant Secretary and Deputy Secretary if any staff or youth test positive for the virus.
- Staff will continue to educate youth on proper techniques to prevent the spread of the virus.
- Immediate notification to Assistant Secretary and Deputy Secretary should a staff person or youth test positive for the virus.

In home Contract Programs

- Program specialists will reach out to each program to request a copy of their contingency plan to provide services in a safe and effective manner.
- The plans will be approved on a case by case basis and shared with regional staff.

I am asking that you share this information with all OJJ staff so expectations related to agency operations are clear. Also, these two websites provide excellent information related to COVID-19. Http://www.ldh.la.gov/coronavirus and www.cdc.gov/covid19

Thanks.

James Bueche, PhD, LCSW
Deputy Secretary
Office of Juvenile Justice
7919 Independence Blvd.
Baton Rouge, La. 70806
225-287-7944

Denise Dandridge (OYD)

From: Denise Dandridge (OYD)
Sent: Saturday, March 14, 2020 9:58 PM
To: ARobillard@wellpath.us; ppoole@wellpath.us
Cc: Shannon Matthews; Beth Broussard; Courtney Holderman; James Bueche
Subject: Fwd: BCCY Possible Covid - 19 Exposure

Good evening
Per this email and my conversation with Dr. Bueche, only the 7 youth who participated in the program will have their temperatures taken two per day.
Those youth will be brought to the infirmary twice a day. The youth will only think they are being chosen to have their temps taken as a random precautionary measure. Just as we are doing with all staff.
Wellpath will monitor those 7 youth for 14 days, I, along with this leadership team, will be notified immediately if any youth you begins to show signs of illness. If this happens the ill youth will be quarantine.

Please if you have any questions contact me or Dr. Bueche.

Thank you
Denise Dandridge
Sent from my iPhone

Begin forwarded message:

> **From:** James Bueche <James.Bueche@LA.GOV>
> **Date:** March 14, 2020 at 9:30:12 PM CDT
> **To:** Shannon Matthews <Shannon.Matthews2@la.gov>
> **Cc:** Courtney Holderman <Courtney.Holderman@LA.GOV>, Beth Broussard <Beth.Broussard@LA.GOV>, "Denise Dandridge (OYD)" <Denise.L.Dandridge@la.gov>
> **Subject: BCCY Possible Covid - 19 Exposure**
>
> Please be advised I have spoken to Mrs. Theresa Sokol with Office of Public Health related to the incident at BCCY. The recommendations moving forward is to begin an active surveillance program (temperature checks two times a day) with the kids that were in the program. They did not consider the exposure in the conference room for the time period serious enough to require active quarantine. Also, based on the age of the youth we serve, the possibility of one one the youth contracting the virus minimal. This virus effects the elderly and people with chronic conditions. She indicated if one of the youth starts to show any signs of the virus then they should be quarantined at that time.
>
> I also specifically asked about the manner in which the active surveillance shall be performed and she did not recommend staff be equipped with protective equipment unless we have a kid exhibiting symptoms. It is at that time the equipment will be necessary to treat the youth now being quarantined.
>
> Relative to staff possibly exposed, they need to be notified. She also recommended that they also continue an active surveillance program and not go into a quarantine situation. However, if these staff wish to self quarantine at home we will approve leave for them to stay home for the

EXHIBIT A-7

recommended 14 day period. It will be up to the staff but it is not a mandatory requirement.

I hope this clears up any concerns related to this possible exposure. I appreciate the staff working together to keep everyone safe and healthy.

Thanks.

Sent from my iPad

wellpath
To hope and healing

COVID-19

Friday, May 8, 2020

Louisiana OJJ

Acadiana Center for Youth

Youth Name	JETS	Date of Birth	Dorm	Date Tested	Results								Disposition: In House / Isolated	Temperature	Medication(s)	Other Symptoms	Anticipated Discharge Date
A.T.	[redacted]	[redacted]															

Bridge City Center for Youth

Youth Name	JETS	Date of Birth	Dorm	Date Tested	Results								Disposition: In House / Isolated	Temperature	Medication(s)	Other Symptoms	Anticipated Discharge Date
D.L.	[redacted]	[redacted]															
M.A.	[redacted]	[redacted]															
D.W.	[redacted]	[redacted]															
K.C.	[redacted]	[redacted]															
I.R.	[redacted]	[redacted]															
J.L.	[redacted]	[redacted]															
B.P.	[redacted]	[redacted]															
M.P.	[redacted]	[redacted]															
T.F.	[redacted]	[redacted]															
M.P.	[redacted]	[redacted]															
K.C.	[redacted]	[redacted]															
K.C.	[redacted]	[redacted]															

Swanson Center for Youth

Youth Name	JETS	Date of Birth	Dorm	Initial Date Tested	Initial Results	Day 11 Test Date	Day 11 Test Results	Day 15 Test Date	Day 15 Test Results	Day 20 Test Date	Day 20 Test Results	Release after full Sing Date	Release Results	Disposition: In House / Isolated	Temperature	Medication(s)	Other Symptoms	Anticipated Discharge Date
J.M.	[redacted]	[redacted]																
I.R.	[redacted]	[redacted]																
G.H.	[redacted]	[redacted]																
W.C.	[redacted]	[redacted]																
J.S.	[redacted]	[redacted]																

Swanson Center for Youth @ Columbia

Youth Name	JETS	Date of Birth	Dorm	Date Tested	Results								Disposition: In House / Isolated	Temperature	Medication(s)	Other Symptoms	Anticipated Discharge Date
C.H.	[redacted]	[redacted]															
G.H.	[redacted]	[redacted]															
J.I.	[redacted]	[redacted]															
D.W.	[redacted]	[redacted]															
C.C.	[redacted]	[redacted]															
D.T.	[redacted]	[redacted]															
M.B.	[redacted]	[redacted]															
I.G.	[redacted]	[redacted]															

EXHIBIT
A-8

wellpath
To hope and healing.

COVID-19

Friday, May 8, 2020

K.D.	[redacted]	[redacted]	Atlantis	4/6/2020	Positive									Isolated- Holly A	98.3			4/20/2020
L.M.	[redacted]	[redacted]	Endeavor	4/6/2020	Positive									Isolated- Holly D	97.6			4/20/2020
J.D.	[redacted]	[redacted]	Endeavor	4/6/2020	Positive									Isolated- Holly D	97.9			4/20/2020
J.G.	[redacted]	[redacted]	Endeavor	4/9/2020	Positive									Isolated- Holly D	98		Fever, Body Aches, Nasal Congestion, Mild Sore throat	4/23/2020

NOTE: Anticipated Discharge Date is dependent upon the youth being fever free for 72 hours without the use of fever-reducing medications, exhibiting no other symptoms and 14 days have passed since the youth exhibited the first symptoms or was tested per *CDC Guidance for Management of COVID-19 in Correctional and Detention Facilities.*

From: INACTIVE - James Bueche
Sent: Saturday, March 21, 2020 12:50 PM
To: Denise Dandridge (OYD); Courtney Holderman; Angela Arabie
Subject: Re: COVID 19 Testing
Attachments: IDEPi_ScreeningForm_v7 (2).pdf; ATT00001.htm; LAB96_templateCOVID.pdf; ATT00002.htm; Labform96_2020.pdf; ATT00003.htm

Follow Up Flag: Follow up
Flag Status: Flagged

FYI

We are getting 15 swabs today. This is the forms that have to be completed with submission.

Thanks.

Sent from my iPad

On Mar 20, 2020, at 6:11 PM, Denise Dandridge (OYD) wrote:

From: Venetra Holiday
Sent: Friday, March 20, 2020 5:46 PM
To: Denise Dandridge (OYD)
Subject: FW: COVID 19 Testing

To: Denise,

This is a message from the Louisiana Department of Health Emergency Operation Center (LDH EOC). This is a message for the Louisiana Health Alert Network (LA HAN). Please read the message below regarding the **Updated Guidance for COVID-19 Testing at the State Laboratory and an attachment with the Patient Under Investigation (PUI) form.** Please share and distribute this alert concerning the outbreak of COVID-19 with relevant stakeholders and partners through your own distribution channels.

UPDATE: 03/20/2020:

Only call the Louisiana Infectious Disease Epidemiology Hotline at 1-(800) 256-2748 to report COVID-19 in a high-risk setting or in a high-risk individual, or to report any other infectious disease outbreak and other urgent infectious disease cases.

It is no longer necessary to get prior approval to send COVID-19 specimens to the State Laboratory. If you have a patient that is appropriate for testing at the state lab given the criteria below, follow the collection, packaging, and shipping instructions below. However, please only use the strict criteria below to send specimens to the State Laboratory.

Please fill in all information on the LAB96 to avoid delays and attach the COVID-19 Screening form:

- Include a PUI 2020 number that you (the provider) will create and provide for your own internal tracking.
- The format is LA2020 followed by the patient's medical record number.
- **Please send both the LAB96 and the COVID-19 Screening form which is attached to this Health Alert.**

Do not call the State lab or the Infectious Disease Epidemiology Section (IDEpi) for test results. Test results will be directed to the provider who is provided on the LIMS Submitter form as soon as the test is complete. The State lab and IDEpi are unable to give test results over the phone.

- It is no longer recommended that a practitioner get an influenza negative test before submitting a COVID-19 test unless influenza is suspected.

Testing at Commercial Laboratories

If you have an ambulatory patient that does not fit the COVID-19 testing criteria for the State Laboratory, please follow all testing and shipping guidance from the commercial laboratory, including specimen collection, specimen container, and submission criteria.

Testing at the State Laboratory

Only the following patients are appropriate for COVID-19 testing at the State Laboratory at this time:

- Hospitalized patients with a severe respiratory illness with no other known cause.
- Suspect outbreak of COVID-19 among associated individuals with recent onset of similar fever and lower respiratory symptoms.
- Recent fever and lower respiratory symptoms in a healthcare worker with direct contact to a laboratory-confirmed COVID-19 case.
- Suspect COVID-19 in a patient associated with a high-risk setting such as a long-term care facility or a correctional facility.
- Suspect COVID-19 in a deceased patient.
- Suspect COVID-19 in a homeless patient.

Updated Guidance for COVID-19 Testing at the State Laboratory

Specimen Container(s):

- **Viral Transport Media**
  - All commercially prepared Viral Transport Media is acceptable as long as you are using an acceptable swab.
  - You may NOT use cotton tipped swabs, calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.

- **In-House Prepared Viral Transport Media**
  - In-House prepared Viral Transport Media (VTM) prepared and validated to meet CLIA requirements is an acceptable alternative.
  - You may NOT use cotton tipped swabs, calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.

We understand the availability for transport media is an immediate concern. Our Laboratory is continuing to evaluate other options for specimen collection supplies, and we will update this guidance accordingly as this information becomes available. At this time, alternatives such Amies-based transport media and saline are **NOT** acceptable until the use of this media can be validated and acceptable by all appropriate regulatory authorities. Specimen collection requirements are a critical factor to ensure our Laboratory is reporting accurate and reliable results.

Specimen Collection

- Nasopharynx (NP) swabs are acceptable. Only 1 swab is required.
- Specimens must be labeled two identifiers. You may use PUI#, medical record # and the patient name. Date of birth is not acceptable as a second identifier.
- Complete a LAB requisition form (LAB96) to accompany the sample.
- For prioritization, please indicate patient acuity in the top left corner of the Lab requisition form (Ex: ICU, inpatient, discharged from ED, healthcare worker working with vulnerable patients, etc.)

- **OPH Lab Requisition form** http://www.ldh.la.gov/assets/oph/Center-PHCH/Center-CH/lab/LabForms/Labform96072019.pdf.

Submitter Set-Up

Please complete this form as soon as possible . This form will allow the laboratory to update the main contact for your facility. It is a best practice to have a central Fax # for results and, if approved by the organization, a single, default Ordering Physician. Clinicians can be noted on the report without creating new entries in the LIMS system. Please encourage employees at your facility to direct questions to your central contact. The Submitter Update- Secure Fax Form can be found at: https://ldh-oph.qualtrax.cloud.com/ShowDocument.aspx?ID=6435.

Specimen Transport

- Transport specimens at 2-8°C and ship for receipt within 72 hours of collection. Transport specimen to laboratory as soon as possible after collection. *Any specimens received outside of required temperatures will be rejected.* Adequate amounts of coolant (e.g. ice packs, gel packs, etc.) need to be added during transport of the specimen to ensure arrival at 2-8°C.
- Alternately, if shipping is delayed, specimens should be frozen at -70°C or lower and shipped overnight on dry ice.

Courier Transport

You can request a specimen pickup by emailing the courier directly at COVIDpickup@stat-courier.com. If you are in an area identified as a cluster of cases, then prescheduled, dedicated routes that have been implemented mean that you do not need to contact the courier.

Released Patient Reports

Results can be expected within 48-72 hours **upon specimen receipt at the OPH Laboratory** . Please allow ample time for analysis hours before contacting the laboratory to track a sample's progress. Providers will be contacted with patient positive results using the contact information provided on the Submitter Fax Form (above). Lab cannot give patient results.

Communications

- For specimen related transport and analysis inquiries except results
- Provider Help Phone Line: 225-219-5265 (M-F 8am-4:30pm)
- or email COVIDLAB@LA.GOV (7a-Midnight daily)

Denise Dandridge (OYD)

From: Denise Dandridge (OYD)
Sent: Tuesday, March 31, 2020 11:48 AM
To: Pamela Renee Poole; 'Amisha Robillard'; Deborah Ray
Subject: FW: updated Isolation instructions
Attachments: IsolationAreasSecureFacilities.docx

Ladies,
Please print and read the attached plan for housing youth and make sure your staff is aware of this housing plan.

Thanks
Denise

From: Courtney Holderman
Sent: Tuesday, March 31, 2020 10:58 AM
To: Jabari Ransome <Jabari.Ransome@LA.GOV>; Orlando Davis <Orlando.Davis@LA.GOV>; Shannon Matthews <Shannon.Matthews2@la.gov>; Rodney Ward <RODNEY.WARD@LA.GOV>; Shawn Herbert (OJJ) <Shawn.Herbert@LA.GOV>; Beth Broussard <Beth.Broussard@LA.GOV>; Stefanie Krygowski <stefanie.krygowski@LA.GOV>
Cc: Denise Dandridge (OYD) <Denise.L.Dandridge@la.gov>; Ellyn Toney <Ellyn.Toney@LA.GOV>; Dusty Bickham (OJJ) <Dusty.Bickham@la.gov>; Courtney Holderman <Courtney.Holderman@LA.GOV>
Subject: updated Isolation instructions

Attached are updated Isolation instructions we have been discussing. Please go over with staff and Wellpath today to ensure everyone is on the same page. Call me with any issues. Thanks

EXHIBIT
A-10

Every secure facility will use the infirmary for kids with symptoms who receive a test. If there is an issue with this meaning that there are other youth that need to be in the infirmary because of other medical problems, then please reach out to the Assistant Secretary and we will discuss with Medical Director Dandridge on using another specified isolation area for those youth. Any youth who exits campus and returns for any reason or enters from another facility will have to be in isolation and that will be in one area with beds spread as far as possible not to be within 10 feet of each other.

BCY- Bridge City currently has 73 youth with one on furlough for quarantine because of COVID symptoms. In an effort to isolate the positive youth in an area that does not share duct work with other dorms or offices Isolation area 1 will be Harmony dorm which is a standalone cottage. If another area is needed Isolation 2 will be the Chapel and as a last resort Isolation 3 will be the Gym.

1. Harmony Dorm (stand alone cottage)	12 capacity	Positive test for COVID	Showers/bathroom	Fully functional dorm
2. Chapel	40 capacity	Quarantined for 14 days / no symptoms but has left the campus and returned	Showers on the same floor in the hallway	Could be sectioned into 3
3. Gym	35 to 40 capacity		Showers/Bathroom	
4. BI	3	Tested negative for Covid / 7 days if symptom free		
5. Infirmary	3 (suicide room as available)	Symptoms and awaiting test results		

Updated 3/30/20

SCY - Monroe campus has identified 5 isolation areas besides the infirmary. Columbia campus has no extra room to house youth on the campus in isolation. The Holly units all have separate duct work and are located directly across from the infirmary so they make an ideal place for isolation. Isolation 1, 2, and 3 are Holly A, C, and D respectively. Mimosa is a standalone dorm and is Isolation 4. The last resort is the Gym as Isolation 5. However, it does not have showers.

1.	Infirmary in neg. pressure room		Symptoms/ awaiting test results		
2.	Holly A, C, D	12 beds per unit (36)	Holly A – negative / Holly C – awaiting testing results / Holly D Positive	Showers/bathroom	Fully functional dorms
3.	Mimosa	24 capacity		Showers/Bathroom	Fully functional dorm. Need to use cots for beds (we do have)
4.	Gym	35-40 capacity		Just toilet	Last resort, no showers in gym area

ACY – Has 3 buildings that house 2 dorms each. We are currently occupying 3 dorms with 20 youth on campus.

1.	Cajuns	12 capacity	Positive for Covid	Showers/bathroom	Fully functional dorm
2.	Bulldogs	12 capacity		Showers/Bathroom	Fully functional dorm
3.	Cowboys	12 capacity	From off campus no symptoms	Showers/bathroom	Fully functional dorm
4.	Infirmary		Symptoms awaiting test results		
5.	Intake		If needed for anyone with Negative test that needs continued isloation		

Updated 3/30/20

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

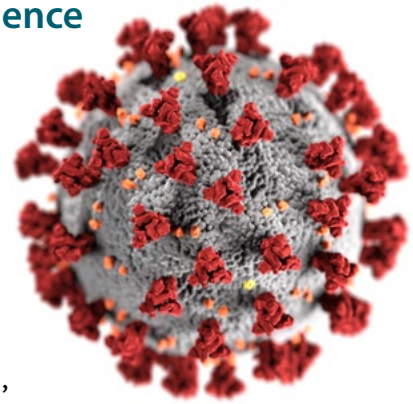
This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of **March 23, 2020**.

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

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

In this guidance

Who is the intended audience for this guidance?



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

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

EXHIBIT
A-11

CS 316182-A 03/27/2020

Why is this guidance being issued?

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

- Incarcerated/detained persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced.
- In most cases, incarcerated/detained persons are not permitted to leave the facility.
- There are many opportunities for COVID-19 to be introduced into a correctional or detention facility, including daily staff ingress and egress; transfer of incarcerated/detained persons between facilities and systems, to court appearances, and to outside medical visits; and visits from family, legal representatives, and other community members. Some settings, particularly jails and detention centers, have high turnover, admitting new entrants daily who may have been exposed to COVID-19 in the surrounding community or other regions.
- Persons incarcerated/detained in a particular facility often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.
- Options for medical isolation of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.
- Adequate levels of custody and healthcare staffing must be maintained to ensure safe operation of the facility, and options to practice social distancing through work alternatives such as working from home or reduced/alternate schedules are limited for many staff roles.
- Correctional and detention facilities can be complex, multi-employer settings that include government and private employers. Each is organizationally distinct and responsible for its own operational, personnel, and occupational health protocols and may be prohibited from issuing guidance or providing services to other employers or their staff within the same setting. Similarly, correctional and detention facilities may house individuals from multiple law enforcement agencies or jurisdictions subject to different policies and procedures.
- Incarcerated/detained persons and staff may have medical conditions that increase their risk of severe disease from COVID-19.
- Because limited outside information is available to many incarcerated/detained persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.
- The ability of incarcerated/detained persons to exercise disease prevention measures (e.g., frequent handwashing) may be limited and is determined by the supplies provided in the facility and by security considerations. Many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants.
- Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to co-pay requirements and fear of isolation.

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

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

What topics does this guidance include?

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

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

Definitions of Commonly Used Terms

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

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

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

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

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

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

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

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

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

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

Facilities with Limited Onsite Healthcare Services

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

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

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

COVID-19 Guidance for Correctional Facilities

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

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

Operational Preparedness

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

Communication & Coordination

√ **Develop information-sharing systems with partners.**

- Identify points of contact in relevant state, local, tribal, and/or territorial public health departments before cases develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19 in a particular correctional or detention facility.
- Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.

- Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
- Where possible, put plans in place with other jurisdictions to prevent confirmed and suspected COVID-19 cases and their close contacts from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.
- Stay informed about updates to CDC guidance via the CDC COVID-19 website as more information becomes known.

√ **Review existing pandemic flu, all-hazards, and disaster plans, and revise for COVID-19.**

- Ensure that physical locations (dedicated housing areas and bathrooms) have been identified to isolate confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and to quarantine known close contacts of cases. (Medical isolation and quarantine locations should be separate). The plan should include contingencies for multiple locations if numerous cases and/or contacts are identified and require medical isolation or quarantine simultaneously. See Medical Isolation and Quarantine sections below for details regarding individual medical isolation and quarantine locations (preferred) vs. cohorting.
- Facilities without onsite healthcare capacity should make a plan for how they will ensure that suspected COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary medical care.
- Make a list of possible social distancing strategies that could be implemented as needed at different stages of transmission intensity.
- Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the epidemiologic context changes.

√ **Coordinate with local law enforcement and court officials.**

- Identify lawful alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of COVID-19 transmission.
- Explore strategies to prevent over-crowding of correctional and detention facilities during a community outbreak.

√ **Post signage throughout the facility communicating the following:**

- **For all:** symptoms of COVID-19 and hand hygiene instructions
- **For incarcerated/detained persons:** report symptoms to staff
- **For staff:** stay at home when sick; if symptoms develop while on duty, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home, contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and tested, and contacting their supervisor.
- Ensure that signage is understandable for non-English speaking persons and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.

Personnel Practices

√ **Review the sick leave policies of each employer that operates in the facility.**

- Review policies to ensure that they actively encourage staff to stay home when sick.
- If these policies do not encourage staff to stay home when sick, discuss with the contract company.
- Determine which officials will have the authority to send symptomatic staff home.

- √ **Identify staff whose duties would allow them to work from home. Where possible, allowing staff to work from home can be an effective social distancing strategy to reduce the risk of COVID-19 transmission.**
  - o Discuss work from home options with these staff and determine whether they have the supplies and technological equipment required to do so.
  - o Put systems in place to implement work from home programs (e.g., time tracking, etc.).
- √ **Plan for staff absences.** Staff should stay home when they are sick, or they may need to stay home to care for a sick household member or care for children in the event of school and childcare dismissals.
  - o Allow staff to work from home when possible, within the scope of their duties.
  - o Identify critical job functions and plan for alternative coverage by cross-training staff where possible.
  - o Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.
  - o Consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.
- √ **Consider offering revised duties to staff who are at** higher risk of severe illness with COVID-19**.** Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue.
  - o Facility administrators should consult with their occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to COVID-19.
- √ **Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season.** Symptoms of COVID-19 are similar to those of influenza. Preventing influenza cases in a facility can speed the detection of COVID-19 cases and reduce pressure on healthcare resources.
- √ **Reference the Occupational Safety and Health Administration website for recommendations regarding worker health.**
- √ **Review** CDC's guidance for businesses and employers to identify any additional strategies the facility can use within its role as an employer.

Operations & Supplies

- √ **Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.**
  - o Standard medical supplies for daily clinic needs
  - o Tissues
  - o Liquid soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.
  - o Hand drying supplies
  - o Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
  - o Cleaning supplies, including EPA-registered disinfectants effective against the virus that causes COVID-19

- Recommended PPE (facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls). See PPE section and Table 1 for more detailed information, including recommendations for extending the life of all PPE categories in the event of shortages, and when face masks are acceptable alternatives to N95s.
- Sterile viral transport media and sterile swabs to collect nasopharyngeal specimens if COVID-19 testing is indicated

√ **Make contingency plans for the probable event of PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers.**

- See CDC guidance optimizing PPE supplies.

√ **Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting where security concerns allow.** If soap and water are not available, CDC recommends cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty.

√ **Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing.** (See Hygiene section below for additional detail regarding recommended frequency and protocol for hand washing.)

- Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.

√ **If not already in place, employers operating within the facility should establish a respiratory protection program as appropriate, to ensure that staff and incarcerated/detained persons are fit tested for any respiratory protection they will need within the scope of their responsibilities.**

√ **Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.** See Table 1 for recommended PPE for incarcerated/detained persons and staff with varying levels of contact with COVID-19 cases or their close contacts.

Prevention

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

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

Operations

√ **Stay in communication with partners about your facility's current situation.**

- State, local, territorial, and/or tribal health departments
- Other correctional facilities

√ **Communicate with the public about any changes to facility operations, including visitation programs.**

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

Cleaning and Disinfecting Practices

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

Hygiene

√ **Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).**

√ **Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signage throughout the facility, and communicate this information verbally on a regular basis.** Sample signage and other communications materials **are available on the CDC website.** Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.

- **Practice good cough etiquette:** Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
- **Practice good** hand hygiene**:** Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.
- **Avoid touching your eyes, nose, or mouth without cleaning your hands first.**
- **Avoid sharing eating utensils, dishes, and cups.**
- **Avoid non-essential physical contact.**

√ **Provide incarcerated/detained persons and staff no-cost access to:**

- **Soap—**Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing.
- **Running water, and hand drying machines or disposable paper towels for hand washing**
- **Tissues** and no-touch trash receptacles for disposal

√ **Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.** Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.

√ **Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals.**

Prevention Practices for Incarcerated/Detained Persons

√ **Perform pre-intake screening and temperature checks for all new entrants. Screening should take place in the sallyport, before beginning the intake process,** in order to identify and immediately place individuals with symptoms under medical isolation. See Screening section below for the wording of screening questions and a recommended procedure to safely perform a temperature check. Staff performing temperature checks should wear recommended PPE (see PPE section below).

- **If an individual has symptoms of COVID-19** (fever, cough, shortness of breath):
  - Require the individual to wear a face mask.
  - Ensure that staff who have direct contact with the symptomatic individual wear recommended PPE.
  - Place the individual under medical isolation (ideally in a room near the screening location, rather than transporting the ill individual through the facility), and refer to healthcare staff for further evaluation. (See Infection Control and Clinical Care sections below.)
  - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care.

- **If an individual is a close contact of a known COVID-19 case (but has no COVID-19 symptoms):**
  - Quarantine the individual and monitor for symptoms two times per day for 14 days. (See Quarantine section below.)
  - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care.

√ **Implement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of the presence of symptoms).** Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:

- **Common areas:**
  - Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area)
- **Recreation:**
  - Choose recreation spaces where individuals can spread out
  - Stagger time in recreation spaces
  - Restrict recreation space usage to a single housing unit per space (where feasible)
- **Meals:**
  - Stagger meals
  - Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table)
  - Provide meals inside housing units or cells
- **Group activities:**
  - Limit the size of group activities
  - Increase space between individuals during group activities
  - Suspend group programs where participants are likely to be in closer contact than they are in their housing environment
  - Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out
- **Housing:**
  - If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.)
  - Arrange bunks so that individuals sleep head to foot to increase the distance between them
  - Rearrange scheduled movements to minimize mixing of individuals from different housing areas
- **Medical:**
  - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call.
  - Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact, before they move to other parts of the facility.

- √ **Communicate clearly and frequently with incarcerated/detained persons about changes to their daily routine and how they can contribute to risk reduction.**
- √ **Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.**
- √ **Consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.**
- √ **Provide** up-to-date information about COVID-19 **to incarcerated/detained persons on a regular basis, including:**
  - o Symptoms of COVID-19 and its health risks
  - o Reminders to report COVID-19 symptoms to staff at the first sign of illness
- √ **Consider having healthcare staff perform rounds on a regular basis to answer questions about COVID-19.**

Prevention Practices for Staff

- √ **Remind staff to stay at home if they are sick.** Ensure that staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.
- √ **Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all staff daily on entry.** See Screening section below for wording of screening questions and a recommended procedure to safely perform temperature checks.
  - o In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).
  - o Send staff home who do not clear the screening process, and advise them to follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.
- √ **Provide staff with up-to-date information about COVID-19 and about facility policies on a regular basis, including:**
  - o Symptoms of COVID-19 and its health risks
  - o Employers' sick leave policy
  - o **If staff develop a fever, cough, or shortness of breath while at work:** immediately put on a face mask, inform supervisor, leave the facility, and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.
  - o **If staff test positive for COVID-19:** inform workplace and personal contacts immediately, and do not return to work until a decision to discontinue home medical isolation precautions is made. Monitor CDC guidance on discontinuing home isolation regularly as circumstances evolve rapidly.
  - o **If a staff member is identified as a close contact of a COVID-19 case (either within the facility or in the community):** self-quarantine at home for 14 days and return to work if symptoms do not develop. If symptoms do develop, follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.
- √ **If a staff member has a confirmed COVID-19 infection, the relevant employers should inform other staff about their possible exposure to COVID-19 in the workplace, but should maintain confidentiality as required by the Americans with Disabilities Act.**
  - o Employees who are close contacts of the case should then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).

- √ **When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.**
- √ **Ask staff to keep interactions with individuals with respiratory symptoms as brief as possible.**

Prevention Practices for Visitors

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

NOTE: Suspending visitation would be done in the interest of incarcerated/detained persons' physical health and the health of the general public. However, visitation is important to maintain mental health.

If visitation is suspended, facilities should explore alternative ways for incarcerated/detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them. See above suggestions for promoting non-contact visits.

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

Management

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

Operations

√ **Implement alternate work arrangements deemed feasible in the** Operational Preparedness **section.**

√ **Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release where relevant), unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.**

- o If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the Screening section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case—including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to appropriately isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see Table 1) and that the transport vehicle is cleaned thoroughly after transport.

√ **If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case).** Subsequently in this document, this practice is referred to as **routine intake quarantine**.

√ **When possible, arrange lawful alternatives to in-person court appearances.**

√ **Incorporate screening for COVID-19 symptoms and a temperature check into release planning.**

- o Screen all releasing individuals for COVID-19 symptoms and perform a temperature check. (See Screening section below.)
  - If an individual does not clear the screening process, follow the protocol for a suspected COVID-19 case—including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing.
  - If the individual is released before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct linkages to community resources to ensure proper medical isolation and access to medical care.
  - Before releasing an incarcerated/detained individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation, or contact local public health to explore alternate housing options.

√ **Coordinate with state, local, tribal, and/or territorial health departments.**

- When a COVID-19 case is suspected, work with public health to determine action. See Medical Isolation section below.
- When a COVID-19 case is suspected or confirmed, work with public health to identify close contacts who should be placed under quarantine. See Quarantine section below.
- Facilities with limited onsite medical isolation, quarantine, and/or healthcare services should coordinate closely with state, local, tribal, and/or territorial health departments when they encounter a confirmed or suspected case, in order to ensure effective medical isolation or quarantine, necessary medical evaluation and care, and medical transfer if needed. See Facilities with Limited Onsite Healthcare Services section.

Hygiene

√ **Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.** (See above.)

√ **Continue to emphasize practicing good hand hygiene and cough etiquette.** (See above.)

Cleaning and Disinfecting Practices

√ **Continue adhering to recommended cleaning and disinfection procedures for the facility at large.** (See above.)

√ **Reference specific cleaning and disinfection procedures for areas where a COVID-19 case has spent time (below).**

Medical Isolation of Confirmed or Suspected COVID-19 Cases

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

√ **As soon as an individual develops symptoms of COVID-19, they should wear a face mask (if it does not restrict breathing) and should be immediately placed under medical isolation in a separate environment from other individuals.**

√ **Keep the individual's movement outside the medical isolation space to an absolute minimum.**

- Provide medical care to cases inside the medical isolation space. See Infection Control and Clinical Care sections for additional details.
- Serve meals to cases inside the medical isolation space.
- Exclude the individual from all group activities.
- Assign the isolated individual a dedicated bathroom when possible.

√ **Ensure that the individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters.** Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet.

√ **Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation individually. Each isolated individual should be assigned their own housing space and bathroom where possible.** Cohorting should only be practiced if there are no other available options.

- If cohorting is necessary:
  - **Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.**
  - Unless no other options exist, do not house COVID-19 cases with individuals who have an undiagnosed respiratory infection.
  - Ensure that cohorted cases wear face masks at all times.

√ **In order of preference, individuals under medical isolation should be housed:**

- Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
- Separately, in single cells with solid walls but without solid doors
- As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ social distancing strategies related to housing in the Prevention section above.
- As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ social distancing strategies related to housing in the Prevention section above.
- As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
- As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section above.
- Safely transfer individual(s) to another facility with available medical isolation capacity in one of the above arrangements
  (NOTE—Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

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

√ **If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19.** Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.)

- Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue.
- Note that incarcerated/detained populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages.

√ **Custody staff should be designated to monitor these individuals exclusively where possible.** These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation (see PPE section below) and should limit their own movement between different parts of the facility to the extent possible.

√ **Minimize transfer of COVID-19 cases between spaces within the healthcare unit.**

√ **Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle.** Instruct them to:

- o **Cover** their mouth and nose with a tissue when they cough or sneeze
- o **Dispose** of used tissues immediately in the lined trash receptacle
- o **Wash hands** immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that hand washing supplies are continually restocked.

√ **Maintain medical isolation until all the following criteria have been met. Monitor the CDC website for updates to these criteria.**

For individuals who will be tested to determine if they are still contagious:

- The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
- The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
- The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart

For individuals who will NOT be tested to determine if they are still contagious:

- The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
- The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
- At least 7 days have passed since the first symptoms appeared

For individuals who had a confirmed positive COVID-19 test but never showed symptoms:

- o At least 7 days have passed since the date of the individual's first positive COVID-19 test **AND**
- o The individual has had no subsequent illness

√ **Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.**

- o If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.

Cleaning Spaces where COVID-19 Cases Spent Time

Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time. Note—these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection in the event that the suspected case does, in fact, have COVID-19. Refer to the Definitions section for the distinction between confirmed and suspected cases.

- o Close off areas used by the infected individual. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions (consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions), before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
- o Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see list above in Prevention section).

√ **Hard (non-porous) surface cleaning and disinfection**

- o If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- o For disinfection, most common EPA-registered household disinfectants should be effective. Choose cleaning products based on security requirements within the facility.
  - Consult a list of products that are EPA-approved for use against the virus that causes COVID-19. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
  - Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation, and check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
    - 5 tablespoons (1/3rd cup) bleach per gallon of water or
    - 4 teaspoons bleach per quart of water

√ **Soft (porous) surface cleaning and disinfection**

- o For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
  - Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and are suitable for porous surfaces.

√ **Electronics cleaning and disinfection**

- o For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
  - Follow the manufacturer's instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Additional information on cleaning and disinfection of communal facilities such can be found on CDC's website.

√ **Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE.** (See PPE section below.)

√ **Food service items.** Cases under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.

√ Laundry from a COVID-19 cases **can be washed with other individuals' laundry.**

- o Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after.
- o Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- o Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.

- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

√ **Consult** cleaning recommendations above **to ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.**

Quarantining Close Contacts of COVID-19 Cases

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

√ **Incarcerated/detained persons who are close contacts of a** confirmed or suspected COVID-19 case **(whether the case is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days (see CDC guidelines).**

- If an individual is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result, the quarantined individual should be released from quarantine restrictions.

√ **In the context of COVID-19, an individual (incarcerated/detained person or staff) is considered a close contact if they:**

- Have been within approximately 6 feet of a COVID-19 case for a prolonged period of time OR
- Have had direct contact with infectious secretions of a COVID-19 case (e.g., have been coughed on)

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

√ **Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.**

- Provide medical evaluation and care inside or near the quarantine space when possible.
- Serve meals inside the quarantine space.
- Exclude the quarantined individual from all group activities.
- Assign the quarantined individual a dedicated bathroom when possible.

√ **Facilities should make every possible effort to quarantine close contacts of COVID-19 cases individually.** Cohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.

- If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 should be placed under medical isolation immediately.
- If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.
- Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to a COVID-19 case). Under this scenario, avoid mixing individuals quarantined due to exposure to a COVID-19 case with individuals undergoing routine intake quarantine.

- If at all possible, do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.

√ **If the number of quarantined individuals exceeds the number of individual quarantine spaces available in the facility, be especially mindful of those who are at higher risk of severe illness from COVID-19.** Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk individuals. (For example, intensify social distancing strategies for higher-risk individuals.)

√ **In order of preference, multiple quarantined individuals should be housed:**

- Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
- Separately, in single cells with solid walls but without solid doors
- As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions
- As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door
- As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
- As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section to maintain at least 6 feet of space between individuals housed in the same cell.
- As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). Employ social distancing strategies related to housing in the Prevention section above to maintain at least 6 feet of space between individuals.
- Safely transfer to another facility with capacity to quarantine in one of the above arrangements

(NOTE—Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

√ **Quarantined individuals should wear face masks if feasible based on local supply, as source control, under the following circumstances** (see PPE section and Table 1):

- If cohorted, quarantined individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals).
- If quarantined separately, individuals should wear face masks whenever a non-quarantined individual enters the quarantine space.
- All quarantined individuals should wear a face mask if they must leave the quarantine space for any reason.
- Asymptomatic individuals under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear face masks.

√ **Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties** (see PPE section and Table 1).

- Staff supervising asymptomatic incarcerated/detained persons under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear PPE.

- √ **Quarantined individuals should be monitored for COVID-19 symptoms twice per day, including temperature checks.**
  - o If an individual develops symptoms, they should be moved to medical isolation immediately and further evaluated. (See Medical Isolation section above.)
  - o See Screening section for a procedure to perform temperature checks safely on asymptomatic close contacts of COVID-19 cases.
- √ **If an individual who is part of a quarantined cohort becomes symptomatic:**
  - o **If the individual is tested for COVID-19 and tests positive:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
  - o **If the individual is tested for COVID-19 and tests negative:** the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period.
  - o **If the individual is not tested for COVID-19:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
- √ **Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.**
- √ **Quarantined individuals can be released from quarantine restrictions if they have not developed symptoms during the 14-day quarantine period.**
- √ **Meals should be provided to quarantined individuals in their quarantine spaces.** Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.
- √ **Laundry from quarantined individuals can be washed with other individuals' laundry.**
  - o Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use, and clean their hands after.
  - o Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
  - o Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
  - o Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

Management of Incarcerated/Detained Persons with COVID-19 Symptoms

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

- √ **If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.**
- √ **Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing. See Medical Isolation section above.**

√ **Medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated.** Refer to CDC guidelines for information on evaluation and testing. See Infection Control and Clinical Care sections below as well.

√ **If testing is indicated (or if medical staff need clarification on when testing is indicated), contact the state, local, tribal, and/or territorial health department. Work with public health or private labs as available to access testing supplies or services.**

- o If the COVID-19 test is positive, continue medical isolation. (See Medical Isolation section above.)
- o If the COVID-19 test is negative, return the individual to their prior housing assignment unless they require further medical assessment or care.

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

√ **Provide clear information to incarcerated/detained persons about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions.**

- o Consider having healthcare staff perform regular rounds to answer questions about COVID-19.
- o Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.

√ **Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms.** See Screening section for a procedure to safely perform a temperature check.

√ **Consider additional options to intensify** social distancing within the facility.

Management Strategies for Staff

√ **Provide clear information to staff about the presence of COVID-19 cases within the facility, and the need to enforce social distancing and encourage hygiene precautions.**

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

√ **Staff identified as close contacts of a COVID-19 case should self-quarantine at home for 14 days and may return to work if symptoms do not develop.**

- o See above for definition of a close contact.
- o Refer to CDC guidelines for further recommendations regarding home quarantine for staff.

Infection Control

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

√ **All individuals who have the potential for direct or indirect exposure to COVID-19 cases or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Monitor these guidelines regularly for updates.**

- Implement the above guidance as fully as possible within the correctional/detention context. Some of the specific language may not apply directly to healthcare settings within correctional facilities and detention centers, or to facilities without onsite healthcare capacity, and may need to be adapted to reflect facility operations and custody needs.
- Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).

√ **Staff should exercise caution when in contact with individuals showing symptoms of a respiratory infection.** Contact should be minimized to the extent possible until the infected individual is wearing a face mask. If COVID-19 is suspected, staff should wear recommended PPE (see PPE section).

√ **Refer to PPE section to determine recommended PPE for individuals persons in contact with confirmed COVID-19 cases, contacts, and potentially contaminated items.**

Clinical Care of COVID-19 Cases

√ **Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.**

- If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another facility or local hospital.
- The initial medical evaluation should determine whether a symptomatic individual is at higher risk for severe illness from COVID-19. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue.

√ **Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow the CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) and monitor the guidance website regularly for updates to these recommendations.**

√ **Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing recommended PPE and ensuring that the suspected case is wearing a face mask.**

- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.

√ **Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).**

√ **The facility should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.**

√ **When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible.**

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

√ **Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases.**

- Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95s) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's respiratory protection program.
- For PPE training materials and posters, please visit the CDC website on Protecting Healthcare Personnel.

√ **Ensure that all staff are trained to perform hand hygiene after removing PPE.**

√ **If administrators anticipate that incarcerated/detained persons will request unnecessary PPE, consider providing training on the different types of PPE that are needed for differing degrees of contact with COVID-19 cases and contacts, and the reasons for those differences (**see Table 1). **Monitor linked CDC guidelines in Table 1 for updates to recommended PPE.**

√ **Keep recommended PPE near the spaces in the facility where it could be needed, to facilitate quick access in an emergency.**

√ **Recommended PPE for incarcerated/detained individuals and staff in a correctional facility** will vary based on the type of contact they have with COVID-19 cases and their contacts (see Table 1). Each type of recommended PPE is defined below. **As above, note that PPE shortages are anticipated in every category during the COVID-19 response.**

- **N95 respirator**

See below for guidance on when face masks are acceptable alternatives for N95s. N95 respirators should be prioritized when staff anticipate contact with infectious aerosols from a COVID-19 case.

- **Face mask**
- **Eye protection—**goggles or disposable face shield that fully covers the front and sides of the face
- **A single pair of disposable patient examination gloves**

Gloves should be changed if they become torn or heavily contaminated.

- **Disposable medical isolation gown or single-use/disposable coveralls, when feasible**
  - If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
  - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.

√ **Note that shortages of all PPE categories are anticipated during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category can be found on CDC's website:**

- **Guidance in the event of a shortage of N95 respirators**
  - Based on local and regional situational analysis of PPE supplies, **face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand.** During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.
- **Guidance in the event of a shortage of face masks**
- **Guidance in the event of a shortage of eye protection**
- **Guidance in the event of a shortage of gowns/coveralls**

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

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

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

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

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

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

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

Denise Dandridge (OYD)

From: Denise Dandridge (OYD)
Sent: Tuesday, April 14, 2020 1:04 PM
To: Courtney Holderman
Subject: RE: COVID REPORT

Courtney,
The medical staff is following the guidance of the CDC on Management of Coronavirus Disease 2019 in Correctional and Detention Facilities indicate this:

Maintain medical isolation until all the following criteria have been met.

For individuals who will NOT be tested to determine if they are still contagious:

- The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
- The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
- At least 7 days have passed since the first symptoms appeared

For individuals who had a confirmed positive COVID-19 test but never showed symptoms:

- At least 7 days have passed since the date of the individual's first positive COVID-19 test

AND

- The individual has had no subsequent illness

However, as you can see we have actually applied more time than the guidance recommends to be more cautious. Every youth has been on isolation precautions for 14 days since the start of the initial symptoms. In addition, the youth that have been discharged has not exhibited fever or any other symptoms for greater than 72 hours.

Thank you

Denise Dandridge, MN, MA, RN
Director of Health Services
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Denise.L.Dandridge@la.gov

EXHIBIT
A-12

Denise Dandridge (OYD)

From: Denise Dandridge (OYD)
Sent: Thursday, April 23, 2020 3:32 PM
To: 'Amisha Robillard'; Mark Gaines; Deborah Ray; Todd R. Hilton; Monica Langan; Stephanie Simmons; Christopher Lee; Joseph Walters; Michael Day
Cc: Pamela Renee Poole
Subject: Implementing Testing of Youth before Discharge

Good afternoon,
Dr. Alexander Billioux, Head of the LA Office has contacted Sec. Bickham and asked for Juveniles in the secure care setting start receiving COVID Test prior to discharge from medical isolation.
Youth are to be tested immediately upon exhibiting symptoms of COVID and placed in medical isolation.
However, the change that will need to be implemented is the testing:

1. Youth will need to be tested on Day 7 (if fever –free and exhibiting no symptoms)
2. Please inform me of the results of this test and I will inform Dr. Billioux and Sec. Bickham
   - If those results are Negative – per CDC protocol a 2nd test would be performed 24 hours later
   - If those results are Negative – the youth will be able to return to General Population
   - If the results are Positive from the Test on Day 7, continue medical isolation and retest in 3 days

Upon, speaking with Ms. Poole, she informed me that Wellpath was given a new protocol today and it sounded like the same or very similiar guidelines.

Therefore, moving forth, please implement these guidelines into your practice at each facility.

Thank you

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EXHIBIT
A-13

[redacted]

From: Denise Dandridge (OYD)
Sent: Thursday, May 7, 2020 5:46 PM
To: Shawn Herbert (OJJ) <Shawn.Herbert@LA.GOV>; Cassandra Washington (OYD) <CASSANDRA.WASHINGTON@LA.GOV>; James Woods <JAMES.WOODS@LA.GOV>
Cc: Orlando Davis <Orlando.Davis@LA.GOV>; Beth Broussard <Beth.Broussard@LA.GOV>; Kristi Nelson <Kristi.Nelson@la.gov>; Courtney Holderman <Courtney.Holderman@LA.GOV>; Dusty Bickham (OJJ) <Dusty.Bickham@la.gov>
Subject: Return to Work Testing Strategy

Good evening Directors,
Per our conversation, I am providing you the information discussed in writing below.

For employees who desire to return to work after being diagnosed with COVID-19, please make sure the following criteria has been met per CDC guidance:

- Resolution of fever, without use of fever-reducing medication (e.g. Tylenol®, ibuprofen); **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
- **Negative results from at least two consecutive nasopharyngeal swab specimens collected at least 24 hours apart (total of two negative specimens); and**
- Written clearance from their physician or provider indicating the above.

Thank you,

Denise Dandridge, MN, MA, RN
Director of Health Services
La. Office of Juvenile Justice

EXHIBIT
A-14

AFFIDAVIT OF EDWARD DUSTIN BICKHAM

BEFORE ME, the undersigned Notary Public qualified in the aforesaid state and parish, personally came and appeared:

EDWARD DUSTIN BICKHAM

who, after being duly sworn by me, did depose and state:

1. I have been employed by the State of Louisiana Office of Juvenile Justice ("OJJ") since being appointed Interim Deputy Secretary on March 26, 2020. Prior to that time, I served as Deputy Warden at Dixon Correctional Institute ("DCI") since December 2015. In total, I have seventeen (17) years' experience with the Louisiana Department of Corrections ("DOC"), including service as a cadet, sergeant, lieutenant, Quality Assurance Coordinator and Assistant Warden. As Deputy Warden, among numerous other duties, I oversaw the Department of Corrections' Youthful Offender Program, which housed juvenile offenders that were adjudicated as adults and were serving their sentence in an adult facility.
2. I obtained a Bachelor's Degree in Political Science with a minor in Sociology from Louisiana State University in 2003. I received my Juris Doctor and Bachelor's in Civil Law from Louisiana State University Law Center in 2006.
3. I'm a member of the American Correctional Association, which sets national standards and oversees accreditations for correctional facilities. I am also a member of the Louisiana State Bar Association. I am a previous recipient of the Louisiana DOC Distinguished Service Award.
4. OJJ maintains four secure care facilities across the state: Acadiana Center for Youth, Bridge City Center for Youth, Swanson Center for Youth at Monroe, and Swanson Center for Youth at Columbia.
5. During the COVID-19 pandemic, I have been actively involved in the planning and execution of OJJ's comprehensive response to the coronavirus pandemic, including plans for testing, monitoring, isolation, quarantine, recovery and reintegration, continuity of services, and other aspects of OJJ's response to the coronavirus pandemic.[1]

[1] Throughout this affidavit, the terms "COVID-19," "coronavirus," "novel coronavirus," and "virus," among other variations, may be used interchangeably to refer to the current global pandemic surrounding the SARS-CoV-2 virus and the COVID-19 disease which results.

EXHIBIT B

6. Louisiana's first presumptive positive case of coronavirus was announced on March 9, 2020.[2]

7. On March 11, 2020, Governor John Bel Edwards (hereafter, "Governor Edwards") declared COVID-19 a Public Health Emergency, which remains in effect as of the date of this declaration.[3]

8. Upon my arrival at OJJ, I learned that significant amounts of planning, precautionary measures, and procedures had already been implemented across OJJ's facilities. OJJ had already made preparations to ensure contingency plans for all secure care facilities, including implementation of medical isolation and quarantine procedures; procurement and inventory of cleaning supplies, hygiene supplies, and personal protective equipment; discussions with vendors, contractors, and providers regarding their own contingency plans to ensure continuity of services throughout the pandemic; and preparing for worst-case scenarios in the event of widespread outbreaks within OJJ secure care facilities.

9. To the best of my knowledge, information, and belief, all plans implemented by OJJ were developed by consulting current and evolving CDC guidelines as well as coordination with the Governor's Office of Homeland Security and Emergency Preparedness ("GOHSEP") and the Louisiana Department of Health ("LDH"). I am confident that since my arrival at OJJ, all coronavirus response efforts have been consistent with recommendations and guidelines promulgated by the CDC and LDH to the extent applicable, possible, and practicable.

10. When I joined OJJ on March 26, 2020, many significant steps in preparing plans and protocols for COVID-19 had already taken place within the department.

11. Upon arriving at OJJ, I immediately began participating in daily calls with the Unified Command Group ("UCG") led by Governor Edwards and consisting of leadership from all state agencies. These calls allow state agencies to report all relevant information surrounding the coronavirus response and developments to the governor. These calls also allow various state agencies to share ideas and best practices.[4]

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[2] *Gov. Edwards Confirms Louisiana's First Presumptive Positive Case of COVID-19*, https://gov.louisiana.gov/index.cfm/newsroom/detail/2392 (last visited May 25, 2020).
[3] Proclamation No. JBE-2020-25 (March 11, 2020).
[4] UCG calls occurred daily for several weeks. Recently, these calls have been reduced to three time per week.

12. I also began meeting almost daily with Denise Dandridge, OJJ Director of Health Services, to discuss developments in the coronavirus response and the need for updated directives, policies, procedures, and education surrounding coronavirus within OJJ.

13. Throughout the coronavirus pandemic, I have spoken with all facility directors regularly to discuss developments and to understand the needs of each facility.

14. Prior to her resignation, I worked closely with the former Assistant Secretary, Courtney Holderman, regarding all developments in OJJ's response to the coronavirus. We were in close communication regarding all updates, and I approved or directed most of her instructions and communications regarding coronavirus updates throughout my tenure.

15. On March 26, 2020, I requested and received preliminary plans identifying locations within each of OJJ's secure care facilities for medical isolation and quarantine for youth who either (1) displayed COVID-19-like symptoms, (2) may have been exposed to COVID-19, or (3) had received a positive COVID-19 test. I also began receiving daily updates on the status of youth and employees who fall within those three categories.

16. During this time, I also received regular updates regarding inventory and distribution personal protective equipment ("PPE"), cleaning supplies, and hygiene supplies. At no time was I aware of any issues or concerns regarding critical shortages of supplies.

17. In addition to regularly monitoring supply inventories, I proactively directed OJJ procurement personnel to contact vendors to secure additional supplies for OJJ secure care facilities. Furthermore, I worked closely with DOC, who sent OJJ several boxes of PPE and supplies within a few days of my arrival to OJJ.

18. Beginning April 3, 2020, at the request of Governor Edwards, OJJ began producing daily reports to the Unified Command Group ("UCG") with updates on testing, protocols, and other notable issues across OJJ. These daily reports are ongoing and are still actively being reported to the UCG. These daily reports are reflective of the information that was already being shared on the daily UCG calls; this information was simply placed in written format for Governor Edwards' reference and review.[5]

19. One of my initial concerns upon arrival at OJJ was to identify and evaluate any youth in OJJ custody with chronic medical conditions that may place them at an increased risk of complications with COVID-19.

[5] The daily written reports to the Governor were supplemental to the daily UCG calls, which continued even after OJJ began submitting these written reports. Although UCG calls have recently been reduced to three times per week, OJJ still submits written updates daily.

20. I requested and received a list of these youth from Denise Dandridge in order to individually evaluate each youth's medical status in light of his case file and behavior record to determine if these youth were eligible for furlough and/or early release.

21. Due to eligibility requirements, only a few of these youth were eligible for status changes. Furthermore, we determined the precautionary actions in place at OJJ secure care facilities were effective and sufficient to keep the youth safe.

22. At my direction following a meeting on March 31, 2020, Assistant Secretary Courtney Holderman reviewed the chronic care list to identify all youth eligible for status changes using eligibility criteria based upon their case file and public safety concerns. We next utilized appropriate medical criteria to identify those individuals with underlying medical conditions at increased risk of contracting COVID-19. Several youth were identified for potential status change applying both eligibility and medical criteria. However, some identified Youth were disqualified due to subsequent disciplinary incidents. Of the remaining eligible Youth, individual circumstances were considered to recommend status changes.

23. We next created a three-phased depopulation plan ("Depopulation Plan") as a contingency plan for catastrophic outbreaks of coronavirus in OJJ secure care facilities.[6] The Depopulation Plan was intended as a last resort and not as an immediate action plan for proactive depopulation of OJJ secure care facilities.

24. Phase 1 of the Depopulation Plan required identification of all youth with medical conditions requiring chronic care and evaluation of each of these youth's eligibility for extended furlough or early release. As of April 2, nine (9) youth in OJJ secure care facilities were identified for Phase 1 consideration and evaluation of further criteria.

25. While OJJ never deployed or actively implemented the Depopulation Plan, Phase 1 of this plan was essentially implemented through the process outlined above, not for purposes of depopulation, but instead to ensure safety and proper care for particularly vulnerable youth. However, as mentioned above, very few youth met the criteria for this process. Regardless, at the time the Depopulation Plan was drafted, we were confident that procedures and protocols currently in place were effective and sufficient to protect the health and safety of even the more vulnerable youth in OJJ custody.

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[6] Attached as Exhibit B-1. I certify that the attached Depopulation Plan is a true and accurate copy of the plan discussed herein.

26. Phase 2 of the Depopulation Plan required identification of all youth with non-violent, non-sex offenses that may be eligible for extended furlough or early release. As of April 2, eleven (11) youth in OJJ secure care facilities were identified for Phase 2 consideration.

27. Phase 3 of the Depopulation Plan required identification of all youth with violent, non-sex offenses that meet eligibility for furlough or early release. As of April 2, 2020, approximately thirty (30) youth were identified for Phase 3 consideration.

28. While this Depopulation Plan was intended only as a catastrophic and worst-case scenario, it should noted that any furlough or early release of youth in OJJ secure care facilities requires court approval. This Plan, if implemented, would require procedural and administrative steps be taken prior to any depopulation of OJJ facilities.

29. OJJ has not needed to implement the Depopulation Plan, as the infection rate, staffing availability, and space for medical isolation and quarantine have remained under control within OJJ secure care facilities throughout the coronavirus pandemic.

30. In addition to OJJ considerations for furlough and early release, youth also have the right to petition the Juvenile Courts for modification of their sentence. OJJ is aware of 24 youth who have filed motions for modification with the courts. Of those, four motions were granted, seven motions were denied, and the remaining 13 are pending. Notably, named Plaintiff I.B. was one of the youth who moved to have his sentence modified. The Juvenile Court denied the motion, I.B. appealed the denial to the Court of Appeals for the Fourth Circuit. The Court of Appeals affirmed the Juvenile Court's denial.

31. Though participation in UCG meetings, OJJ was advised that the widely-adopted (and CDC-approved) criteria for measuring recovery from COVID-19 (based upon resolution of symptoms and passing of time) had resulted in some people being deemed recovered when they were still tested positive for COVID-19. LDH recommended that OJJ implement an alternative method for determining recovery by performing multiple subsequent tests to determine recovery. I spoke with Dr. Alex Billioux of LDH Office of Public Health about implementing new testing protocol moving forward to determine the recovery status of youth.

32. Out of concern for the safety of youth in OJJ secure care facilities, I determined it was necessary to revise OJJ guidelines for staff returning to work and reentering the secure

care facilities after being on leave for COVID-19, particularly considering the risk of infecting large portions of the youth population if a staff member returned to work prematurely.

33. On April 24, 2020, I emailed the Department of Corrections, requesting their guidelines and policies for staff's return to work following coronavirus-related leave. I coordinated with DOC officials as well as OJJ leadership, including Medical Director Dandridge, regarding development and implementation of guidelines and policies for allowing coronavirus-affected staff to return to work at OJJ facilities.

34. Pursuant to the CDC guidelines and procedures recommended by Dr. Billioux, staff are required to have two negative COVID-19 tests, conducted at least 24 hours apart, before being considered "recovered." Furthermore, staff must have no symptoms of COVID-19, be fever-free without the use of fever-reducing medication, and present written clearance from a physician indicating that the testing and symptom criteria have been met.[7] All OJJ staff have been instructed of these protocols and are advised that they must meet these criteria before returning to work following a coronavirus-related leave.

35. Implementation of these policies mitigates the risk that coronavirus will be re-introduced to youth in OJJ facilities after spread of the virus has been controlled and no new cases have been identified for several weeks.

36. On March 17, 2020, the then-Deputy Secretary James Bueche, Ph.D., issued a memo authorizing probation and parole officers covering posts within the secure care facilities to carry chemical pepper spray. [8]

37. On April 27, 2020, I rescinded the March 17th memo, instructing that probation and parole staff would not be permitted to bring in chemical spray to any OJJ secure care facilities while covering posts.[9]

38. The above and foregoing is true to the best of my knowledge, information, and belief.

---

[7] Email from May 25, 2020 re: Return to Work Testing Strategy, attached as Exhibit B-2. I certify that the attached email is a true and accurate copy of the email I, along with several received on May 25, 2020 from Denise Dandridge regarding the Return to Work Testing Strategy.

[8] Attached as Exhibit B-3. I certify that the attached is a true and accurate copy of the memo discussed herein.

[9] Attached as Exhibit B-4. I certify that the attached is a true and accurate copy of the memo discussed herein.

Edward Dustin Bickham

SWORN TO AND SUBSCRIBED before me, Notary, on the 26th day of May, 2020.

Notary Public

53110711.v1

Jennifer S. Van Metre
Notary Public
Bar Roll #30,744
Notary #84,194

Covid-19 Custody Depopulation Plan (Proposed, Pending Approval)

April 2, 2020

Secure Care Custody

Census 4/02/2020 - 213 males in 4 secure care facilities

Phase 1. Identify youth with medical issues that require chronic care for extended furlough or early release

- At this time, 9 youth have been identified as potential candidates
- Furloughs and early releases must have court approval

Phase 2. Identify youth with non-violent, non-sex offenses that meet eligibility for extended furlough or early release

- At this time, 11 youth have been identified as eligible candidates due to behavior and/or full term in the next 90 days
- Furloughs and early releases must have court approval

Phase 3. Identify youth with violent, non-sex offenses that meet eligibility for furlough or early release

- At this time, approximately 30 youth have been identified as eligible candidates due to behavior and/or full term in the next 90 days
- Furloughs and early releases must have court approval

Non Secure Custody (Group Homes)

Census 4/02/2020 - 298 males and females in 16 contracted facilities

Phase 1. As positives are reported, evaluate the youth in that facility for extended home pass or early release based on eligibility and pending court approval

EXHIBIT
B-1

[redacted]

From: Denise Dandridge (OYD)
Sent: Thursday, May 7, 2020 5:46 PM
To: Shawn Herbert (OJJ) <Shawn.Herbert@LA.GOV>; Cassandra Washington (OYD) <CASSANDRA.WASHINGTON@LA.GOV>; James Woods <JAMES.WOODS@LA.GOV>
Cc: Orlando Davis <Orlando.Davis@LA.GOV>; Beth Broussard <Beth.Broussard@LA.GOV>; Kristi Nelson <Kristi.Nelson@la.gov>; Courtney Holderman <Courtney.Holderman@LA.GOV>; Dusty Bickham (OJJ) <Dusty.Bickham@la.gov>
Subject: Return to Work Testing Strategy

Good evening Directors,
Per our conversation, I am providing you the information discussed in writing below.

For employees who desire to return to work after being diagnosed with COVID-19, please make sure the following criteria has been met per CDC guidance:

- Resolution of fever, without use of fever-reducing medication (e.g. Tylenol®, ibuprofen); **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
- **Negative results from at least two consecutive nasopharyngeal swab specimens collected at least 24 hours apart (total of two negative specimens); and**
- Written clearance from their physician or provider indicating the above.

Thank you,

Denise Dandridge, MN, MA, RN
Director of Health Services
La. Office of Juvenile Justice

EXHIBIT
B-2

JOHN BEL EDWARDS, Governor
JAMES BUECHE, PH.D, Deputy Secretary

Office of Juvenile Justice

March 17, 2020

COVID19 – Facility Coverage by P&P Staff

TO: OJJ Staff

FROM: Courtney Holderman
Assistant Secretary

Effective today, March 17, 2020, the Deputy Secretary has authorized Probation and Parole staff, who are tasked to cover posts in any of our four secure facilities, during the COVID19 Crisis to carry their chemical spray and handcuffs on their person in approved carrying cases attached to their belts. These officers have been trained and certified in Threat Pattern Recognition Use of Force System and in Chemical Weapons.

Reasonable efforts shall be made to control the situation prior to the use of physical intervention. To determine the best course of action officers shall comply with the Levels of Control continuum including assessing the variables that may affect the force continuum. Chemical spray should only be used as a last resort to gain control of a situation that was unable to be controlled through lesser actions.

Chemical spray can be considered a dangerous weapon under Louisiana Revised Statute 14:402 and therefore contraband unless authorized by the warden of the institution. The facility directors have been given authorization for this approval for this event only.

YS Policy C.2.22 addresses contraband in OJJ's secure facilities and by approval of this memo Chemical spray possessed by a trained Probation and Parole Officer that is employed by the Office of Juvenile Justice will not be considered contraband while in that particular person's possession.

PLEASE POST AT FRONT GATE.

Approved _____ 03/17/20
Deputy Secretary Date

Approved _____
Facility Director Date

EXHIBIT B-3

JOHN BEL EDWARDS, Governor

E. DUSTIN BICKHAM, JD, Interim Deputy Secretary

Office of Juvenile Justice

April 27, 2020

TO: OJJ Staff

FROM: E. Dustin Bickham, J.D.
Interim Deputy Secretary

RE: Use of Chemical Agent in Secure Facilities
Memorandum dated March 17, 2020 (COVID-19)

Effective today, Probation and Parole staff will not be permitted to bring in chemical spray to any OJJ secure facilities when covering posts. The memorandum dated March 17, 2020, authorizing this practice is hereby rescinded. Probation and Parole staff will continue to be allowed to carry handcuffs on their person and will continue to follow the Threat Pattern Recognition Use of Force continuum as it pertains to the use of physical intervention and mechanical restraints.

In accordance with policy, Probation and Parole staff should continue to secure equipment that is not authorized for facility use in their locked vehicle so that it may be accessible. However, unless given specific directives from the Regional Director for a specific incident, chemical spray will not be permitted inside the secure facilities.

PLEASE POST AT THE FRONT GATE.

EXHIBIT
B-4

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PO Box 66458 • Baton Rouge, LA 70896 • p: 225-287-7900
www.ojj.louisiana.gov • An Equal Opportunity Employer

28 U.S.C. 1746 DECLARATION

Pursuant to 28 U.S.C. 1746, I hereby declare as follows:

1. My name is Shawn Herbert. I am over 21 years of age and have never been convicted of a felony or of a crime involving dishonesty or false statement. The facts stated herein are within my personal knowledge or review of certain documents available to me, and are true and correct.
2. I have been employed by the State of Louisiana Office of Juvenile Justice ("OJJ") since September 2000. My current title is Program Manager 4, which I have held since January 2018. I am also currently serving as Acting Director at Swanson Center for Youth at Monroe ("Swanson Monroe"), in which I have served since April 20, 2020. Earlier in 2020, I served as Acting Director of the Acadiana Center for Youth. Prior to 2018, I have served as a probation and parole officer and supervisor, and have served special appointments as safety officer, training officer, and State SAVRY (Structure Assessment Violence Risk – Youth) coordinator.
3. I also serve as the Emergency Planning Coordinator for OJJ, which involves establishing hazard emergency operations plans, implementing emergency procedures, and coordinating with various state agencies, including the Governor's Office of Homeland Security and Emergency Preparedness ("GOHSEP"). I am responsible for coordinating Continuity of Operations ("COOP") Plans in compliance with US Department of Homeland Security recommendations.
4. I obtained a Bachelor's Degree in Criminal Justice from Loyola University of New Orleans in 2002. I have also completed the majority of coursework required to obtain a Master's Degree in Criminal Justice. I hold certifications in Emergency Preparedness and Management from the National Institute Management System, and I obtained Peace

EXHIBIT C

Officer Standards and Training ("POST") certification in 2001 following a thirteen-week academy.

5. My duties in my current employment at OJJ include overseeing the daily activities at Swanson Monroe, coordinating with OJJ leadership to implement policies and procedures, and ensuring the safety and security of all youth and staff at the facility. Other duties related to my Program Manager position include supervision of bed management, youth admissions, facility assignments, specialized programming and social services, supervision of the Louisiana Model for Secure Care ("LAMOD") program, and transfers between programs and facilities.

6. OJJ maintains four secure care facilities across the state: Acadiana Center for Youth ("ACY"), Bridge City Center for Youth ("BCCY"), Swanson Center for Youth at Monroe ("Swanson"), and Swanson Center for Youth at Columbia ("Columbia").

7. During the COVID-19 pandemic, I have been actively involved in the planning and execution of OJJ's response regarding testing, monitoring, isolation, quarantine, recovery and reintegration, continuity of services, and other aspects of OJJ's response to the coronavirus pandemic.[1] I have been involved in the implementation of coronavirus response procedures at both ACY and SCY-M.[2] I have also been involved in some of the response efforts from OJJ headquarters in my role as Program Manager.

8. Louisiana's first presumptive positive case of coronavirus was announced on March 9, 2020.[3]

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[1] Throughout this affidavit, the terms "COVID-19," "coronavirus," "novel coronavirus," and "virus," among other variations, may be used interchangeably to refer to the current global pandemic surrounding the SARS-CoV-2 virus and the COVID-19 disease which results.

[2] I was assigned to ACY from February 19, 2020 through April 2, 2020. I have been assigned to SCY-M since April 20, 2020.

[3] *Gov. Edwards Confirms Louisiana's First Presumptive Positive Case of COVID-19*, https://gov.louisiana.gov/index.cfm/newsroom/detail/2392 (last visited May 25, 2020).

9. On March 11, 2020, Governor John Bel Edwards (hereafter, "Governor Edwards") declared COVID-19 a Public Health Emergency, which remains in effect as of the date of this declaration.[4]

10. Throughout the coronavirus emergency, particularly as Louisiana has seen rapid spread and community transmission of coronavirus, it has been essential for OJJ to limit the amount of interactions between OJJ secure care facilities and the community at large.

11. Because OJJ secure care facilities include congregate housing and many common living spaces, the facilities are particularly susceptible to rapid spread of coronavirus if the virus enters the facility. As such, many proactive and precautionary measures were implemented to minimize the risk of the virus entering OJJ secure care facilities.

12. On March 16, 2020, all youth visitation was suspended.[5]

13. At the time visitation was suspended, I was stationed at ACY, where treatment director contacted families of youth at the facility to inform them that visitation was temporarily suspended.[6] Group leaders assigned to each dorm were instructed to discuss the updated visitation policies with the youth and to schedule extra phone calls to compensate for missed visitation.

14. Following the suspension of visitation, facility personnel met to discuss scheduling additional activities for youth to occur during normal visitation hours.

15. Video visitation was deployed in all secure care facilities beginning April 16, 2020. At this time, I was working out of OJJ headquarters and oversaw the distribution of two

[4] Proclamation No. JBE-2020-25, (March 11, 2020).
[5] See Emails from March 12 re: Covid-19, attached as Exhibit _-1. I certify that the attached Email chain is a true and accurate copy of the correspondence distributed to OJJ personnel on March 12, 2020 regarding updated procedures related to COVID-19.
[6] *Id.*

computers to each OJJ secure care facility. One computer was dedicated for electronic court appearances, and the other was for visitation purposes. Each facility reported directly to me that video visitation had been implemented at the secure care facilities. While there were initially concerns regarding technology glitches and family access to video visitation, I have not received any complaints from any youth or family member that they have been unable to participate in visitation.

16. As part of its programming, OJJ, in coordination with the Juvenile Courts, maintains a furlough program. The program is implemented through a robust set of protocols. Under the furlough program, Youth who meet certain predetermined criteria will be deemed eligible for furlough recommendation. When a Youth meets the eligibility requirements, the OJJ will submit a recommendation to the Juvenile Court. The district attorney and the Court have the opportunity to review and object to the recommendation. If either the district attorney or the Court object to the furlough recommendation, the furlough is not granted, and a hearing is conducted regarding the recommendation. It is then within the Juvenile Court's discretion to approve or reject the recommendation. The OJJ does not have the statutory authority to release any Youth on furlough without first giving the district attorney and court notice and 14 days to object.[7]

17. Furloughs typically range in length from 8 hours to 14 days. In exceptional circumstances an extended furlough can be recommended.

18. Considerations for determining a youth's eligibility for furlough include the youth's SAVRY rating indicating his risk of reoffending, the stage of progression through the LAMOD program, treatment progress and compliance with treatment plans, educational

[7] Furlough Policy, attached as Exhibit _-2. I certify that the attached Email chain is a true and accurate copy of the current Furlough Policy in place at OJJ.

progress and behavior in school. Several factors can also disqualify a youth from eligibility for furlough.

19. Beginning March 16, 2020, all off-site programming was suspended, and furloughs were postponed.[8] This measure was taken in efforts to minimize the amount of contact the youth and staff had with members of the community who may have been carriers of the coronavirus, which would then be introduced and spread throughout the facilities. As the number of cases in the community grew, it became even more important to minimize non-essential contact with the outside world where the virus could be encountered.

20. For example, at ACY, one youth had an escorted absence to a restaurant in Baton Rouge to have a meal with his family on March 5. That same youth then attended court in New Orleans on March 10. A few days later, OJJ learned that a member of the youth's family had tested positive for COVID-19. This youth later tested positive for COVID-19.

21. Furloughs are generally limited in time to only a few days. Allowing youth to return home for a few days, become exposed to the community at large and potentially the coronavirus, then be reintroduced to OJJ secure care facilities would create substantial risk to the health and safety of all youth and staff at OJJ secure care facilities. Furthermore, according to CDC guidelines, youth returning from furlough would need to quarantine for fourteen (14) days prior to reentering the general population at his facility after each furlough.

22. Furloughs are considered transfers of physical custody, as the youth is transferred from OJJ custody to the custody of his family. As such, furloughs were included in the non-essential transfers which were discontinued according to CDC guidance for coronavirus precautions and mitigation for correctional and detention facilities.

[8] Exhibit _-1.

23. Further, furloughs involve transport of youth from the facility to their home. Transports are also to be avoided under the CDC guidance for coronavirus precautions and mitigation for correctional and detention facilities.

24. OJJ determined early in the coronavirus response, according to CDC guidance, that furloughs were nonessential and could be temporarily suspended during the coronavirus emergency.[9]

25. Furloughs from OJJ secure care facilities also require multilevel approvals consisting of OJJ, juvenile courts, and district attorneys, which imposes an administrative and procedural hurdle on the potential for furloughs during the coronavirus emergency, particularly after courts were closed due to the coronavirus. In fact, after court hearings were restricted or ceased, some youth who were already in the process of seeking furlough approval had their cases halted.

26. Even before OJJ had any confirmed cases of coronavirus in its youth or staff, OJJ took steps to prevent an outbreak within its facilities.

27. The regular operations of OJJ secure care facilities, even absent a pandemic requiring limited social interactions, are conducive to mitigating spread of disease. Each dorm operates as a unit, with minimal interactions with other dorms. Most rehabilitative services and groups take place inside the dorm, and social services staff and group leaders are generally assigned to oversee a single dorm.

28. During the early stages of coronavirus response, school schedules were revised to minimize movement between classrooms and keep contact between youth in different even more scarce than usual.

[9] Exhibit _-2.

29. When a youth began exhibiting symptoms of coronavirus, that youth was placed in medical isolation for monitoring of symptoms and minimizing the spread of the virus to other youth. Youth in the same dorm as a symptomatic youth were also quarantined together in a dorm for fourteen (14) days while being monitored and evaluated for symptoms of the virus. The symptomatic youth, or a youth who tested positive for coronavirus, would be medically isolated with other youth of the same status, while asymptomatic youth who had been exposed were quarantined in their respective dorms.

30. Youth who were medically isolated or quarantined at SCY-M were still provided schoolwork and writing materials while being monitored or treated for the coronavirus.

31. Sometimes, a group of youth under quarantine or medical isolation would be nearing the end of their observation period and within a few days of returning to general population. In this scenario, if a new youth required medical isolation or quarantine, OJJ would not place this new youth into medical isolation or quarantine with the youth nearing the end of observation, which would extend the period of observation for all youth involved. Instead, a newly-exposed or newly-symptomatic youth would be placed in a separate dorm for medical isolation or quarantine.

32. This same procedure was implemented for symptomatic youth awaiting test results. Due to the risk of a COVID-19-negative youth being medically isolated with other COVID-19-positive youth while both were awaiting test results, these youth were housed separately in the infirmary until their test results were received, and the youth could be assigned to an appropriate medical isolation or quarantine dorm.

33. When youth needed to be medically isolated individually while awaiting test results at SCY-M, they were placed into the infirmary, which has individual rooms for youth

undergoing medical observation. Throughout the coronavirus response, there were times when all infirmary rooms were filled with youth awaiting test results. If there was no room in the infirmary, youth were placed into individual rooms previously used as behavioral intervention rooms, which are very similar to the medical isolation rooms in the infirmary.

34. The use of these behavioral intervention rooms was limited in duration only until space became available in a medical isolation or quarantine dorm or receipt of the youth's test results allowing him to move into a medical isolation or quarantine dorm. Of seventeen (17) youth who were placed in behavioral intervention rooms for medical isolation, the longest stay was six (6) days, but most youth stayed only a few days. Named plaintiff I.B. was housed in a behavioral intervention room for medical isolation for three (3) days.

35. When a behavioral intervention room was used for medical isolation or quarantine, the youth were provided schoolwork and writing materials, and given the opportunity to make phone calls. Furthermore, any youth placed in the behavioral intervention room were informed of the non-punitive nature of this placement and that he would be transferred to a dorm as soon as space was available.

36. At ACY, during the time when youth were largely confined to their dorms, schedules were revised to include specific time for schoolwork, during which all other programming, entertainment, and recreation would cease. Upon assignment to SCY-M, I ensured that this same scheduling was implemented such that the youth were able to complete their schoolwork free from distractions.

37. As new cases of coronavirus has slowed and the spread of infection appear to be under control at each facility, OJJ has begun to loosen the movement restrictions and reopen various areas. Though youth are still only interacting within their dorm, youth have

returned to eating in the dining hall, and the gym has been available for recreation time for one dorm at a time.

38. All youth participate in LAMOD. LAMOD is an integral part of the juvenile justice reform movement. With assistance from the Missouri Youth Services Institute ("MYSI"), OJJ and the Casey Strategic Consulting Group ("CSCG") designed LAMOD, an approach tailored to Louisiana's unique environment, dynamics, and needs. LAMOD provides a therapeutic environment that focuses on youth and staff interacting in small groups, involving family, and fostering positive peer culture. LAMOD prepares youth for re-entry into the community as productive citizens.

39. In addition to LAMOD, youth may participate in programs based upon their individual needs and assessments. A selection of these programs include: Thinking for a Change, Anger Management, Victim Awareness Program, Substance Abuse Treatment, Pre-Release Preparation, Parenting, Healthy Masculinity, Behavior Management Unit, Juvenile Understanding and Managing Problematic Behavior Program ("JUMP," which operates as a Sexual Treatment Program), FAST Track, Mental Health Treatment Unit, and Transitional Mental Health Unit.

40. During the coronavirus pandemic, non-mental health treatment programs and groups have been largely unaffected. Even in normal times, these programs and groups typically occur within the dorm setting, led by a social services counselor or a group leader. Each dorm has a social services coordinator and group leader specifically and solely assigned to that dorm. Social services counselors conduct two groups per week within the dorm, in addition to groups led by the group leader.

41. Because youth were largely confined to their dorm throughout the coronavirus pandemic, and the staff leading treatment programs do not interact with multiple dorms, there were minimal risks involved with continuing treatment programs within the dorms.

42. Social services counselors and group leaders were given the option to take the youth outdoors and socially distance for their programming. Alternatively, staff were encouraged to implement social distancing within the dorm during group. Personal protective equipment ("PPE") has been made available to all staff and youth throughout the coronavirus pandemic, including during treatment programs and groups.

43. Treatment programs and groups generally operate on an incentive system for the youth, such that participating youth can earn off-campus outings, furloughs, and other rewards. While the off-campus outings and furloughs have been temporarily suspended during the coronavirus pandemic, the ability to earn other rewards have continued. Upon resumption of normal activities, outings, and furloughs, these youth will be rewarded for incentives earned during the coronavirus interruptions.

44. To the best of my knowledge, information, and belief, I am confident that all of OJJ's efforts to respond to the coronavirus pandemic were consistent with recommendations from the CDC and LDH to the extent they were applicable, possible, and practicable under the circumstances.

45. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Dated: May 26, 2020

Shawn Herbert

53123750.v1

[redacted]

From: Shawn Herbert (OJJ)
Sent: Friday, March 13, 2020 8:42 AM
To: Chanda Wilson <Chanda.Wilson@LA.GOV>; Billye Miller <Billye.Miller@LA.GOV>; Edward Boyd <Edward.Boyd@LA.GOV>; Marsha Fountain <MARSHA.FOUNTAIN@LA.GOV>
Subject: Covid-19
Importance: High

Good morning. Before leaving for the day, please meet with your staff to inform them of the procedures outlined below and let them know why these steps are necessary. Please also ensure

Ms. Wilson, please also have social services start calling parents and be prepared to let parents know this weekend about visitation moving forward. Please have group leaders and social services work together to talk to the youth about the visitation and have extra phone calls set up to take the place of visitation. Mr. Miller, please forward the incentive calendar out to everyone today. Monday, I would like us to discuss planning an event for the kids over the weekend since we will not be having visitation.

Thank you,

From: James Bueche
Sent: Thursday, March 12, 2020 1:25 PM
To: Beth Broussard <Beth.Broussard@LA.GOV>; Stefanie Krygowski <stefanie.krygowski@LA.GOV>; Orlando Davis <Orlando.Davis@LA.GOV>; Denise Dandridge (OYD) <Denise.L.Dandridge@la.gov>; Angelic Keller <Angelic.Keller@LA.GOV>; Ellyn Toney <Ellyn.Toney@LA.GOV>; Angela Arabie <Angela.Arabie@LA.GOV>; Gearry Williams (OYD) <Gearry.Williams@LA.GOV>; Elizabeth Touchet-Morgan <Elizabeth.Touchet-Morgan@LA.GOV>
Cc: Courtney Holderman <Courtney.Holderman@LA.GOV>; Karli Pullard <karli.pullard@LA.GOV>
Subject: Covid-19

OJJ Administrative Staff,

EXHIBIT C-1

Due to the current issues with the COVID-19 virus it is imperative that we take steps necessary to ensure the safety and wellbeing of the staff and youth we serve. Please be advised that we will be working toward implementation of the below requirements with an effective implementation date of March 16, 2020, until further notice.

Secure Facilities

- Everyone (no exceptions) will be screened prior to coming into the facility. If a person has fever, they will be immediately referred to the medical staff for further screening. Staff with a fever will only be allowed to enter the facility when cleared by medical.
- Anyone refusing to have their temperature accessed will not be allowed to enter the facility.
- Youth visitation will not be held.
- All furloughs will be postponed. Staff will be encouraged to allow youth to use the telephones more frequently to contact family.
- All off campus group activities will also be postponed.
- Only OJJ staff and emergency visitors will be allowed on campus. Attorney visits will be held by phone call.
- Contractors working on repairs that are vital to the safety of the facility will be allowed on campus after screening. These will be determined on a case by case basis. Undersecretary Williams must be notified of any contractor denied access to the facility so that the Office of State Procurement can be notified.
- Immediate notification to the Assistant Secretary and Deputy Secretary if any staff or youth test positive for the virus.
- We will try to facilitate deliveries at the front gate to eliminate the need for individuals to come onto campus.
- Staff will continue to educate youth on proper techniques to prevent the spread of the virus and also why OJJ are taking these measures to keep them safe.

Probation and Parole

- Face to Face contacts can now be made by phone or in the office if possible.
- Contact with collateral sources can also be made by phone. (schools, providers, etc…)
- Staff will attend Court only when necessary.
- Face to Face contacts will still be made with youth in residential facilities.

Residential Facilities

- Screening of staff and visitors needs to occur for every person coming onto the campus.
- Only essential staff/visitors will be allowed on campus
- Home passes will be postponed. Staff should allow the youth to use phones to keep in touch with family members.
- Visitation will not be held.
- Group outings will be canceled unless youth are required to attend community schools.
- Immediate notification to the Assistant Secretary and Deputy Secretary if any staff or youth test positive for the virus.
- Staff will continue to educate youth on proper techniques to prevent the spread of the virus.
- Immediate notification to Assistant Secretary and Deputy Secretary should a staff person or youth test positive for the virus.

In home Contract Programs

- Program specialists will reach out to each program to request a copy of their contingency plan to provide services in a safe and effective manner.
- The plans will be approved on a case by case basis and shared with regional staff.

I am asking that you share this information with all OJJ staff so expectations related to agency operations are clear. Also, these two websites provide excellent information related to COVID-19. Http://www.ldh.la.gov/coronavirus and www.cdc.gov/covid19

Thanks.

James Bueche, PhD, LCSW
Deputy Secretary
Office of Juvenile Justice
7919 Independence Blvd.
Baton Rouge, La. 70806
225-287-7944

[redacted]

[redacted]

[redacted]

From: Shawn Herbert (OJJ)
Sent: Friday, March 13, 2020 8:45 AM
To: Chanda Wilson <Chanda.Wilson@LA.GOV>; Billye Miller <Billye.Miller@LA.GOV>; Edward Boyd <Edward.Boyd@LA.GOV>; Marsha Fountain <MARSHA.FOUNTAIN@LA.GOV>
Subject: RE: Covid-19

I apologize. I intended to include the attached memo. Please ensure all staff are provided with a copy of the attachment which has also been posted in the front lobby. Thank you,

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From: Shawn Herbert (OJJ)
Sent: Friday, March 13, 2020 8:42 AM
To: Chanda Wilson <Chanda.Wilson@LA.GOV>; Billye Miller <Billye.Miller@LA.GOV>; Edward Boyd <Edward.Boyd@LA.GOV>; Marsha Fountain <MARSHA.FOUNTAIN@LA.GOV>
Subject: Covid-19
Importance: High

Good morning. Before leaving for the day, please meet with your staff to inform them of the procedures outlined below and let them know why these steps are necessary. Please also ensure

Ms. Wilson, please also have social services start calling parents and be prepared to let parents know this weekend about visitation moving forward. Please have group leaders and social services work together to talk to the youth about the visitation and have extra phone calls set up to take the place of visitation. Mr. Miller, please forward the incentive calendar out to everyone today. Monday, I would like us to discuss planning an event for the kids over the weekend since we will not be having visitation.

Thank you,

From: James Bueche
Sent: Thursday, March 12, 2020 1:25 PM
To: Beth Broussard <Beth.Broussard@LA.GOV>; Stefanie Krygowski <stefanie.krygowski@LA.GOV>; Orlando Davis <Orlando.Davis@LA.GOV>; Denise Dandridge (OYD) <Denise.L.Dandridge@la.gov>; Angelic Keller

<Angelic.Keller@LA.GOV>; Ellyn Toney <Ellyn.Toney@LA.GOV>; Angela Arabie <Angela.Arabie@LA.GOV>; Gearry Williams (OYD) <Gearry.Williams@LA.GOV>; Elizabeth Touchet-Morgan <Elizabeth.Touchet-Morgan@LA.GOV>
Cc: Courtney Holderman <Courtney.Holderman@LA.GOV>; Karli Pullard <karli.pullard@LA.GOV>
Subject: Covid-19

OJJ Administrative Staff,

Due to the current issues with the COVID-19 virus it is imperative that we take steps necessary to ensure the safety and wellbeing of the staff and youth we serve. Please be advised that we will be working toward implementation of the below requirements with an effective implementation date of March 16, 2020, until further notice.

Secure Facilities

- Everyone (no exceptions) will be screened prior to coming into the facility. If a person has fever, they will be immediately referred to the medical staff for further screening. Staff with a fever will only be allowed to enter the facility when cleared by medical.
- Anyone refusing to have their temperature accessed will not be allowed to enter the facility.
- Youth visitation will not be held.
- All furloughs will be postponed. Staff will be encouraged to allow youth to use the telephones more frequently to contact family.
- All off campus group activities will also be postponed.
- Only OJJ staff and emergency visitors will be allowed on campus. Attorney visits will be held by phone call.
- Contractors working on repairs that are vital to the safety of the facility will be allowed on campus after screening. These will be determined on a case by case basis. Undersecretary Williams must be notified of any contractor denied access to the facility so that the Office of State Procurement can be notified.
- Immediate notification to the Assistant Secretary and Deputy Secretary if any staff or youth test positive for the virus.
- We will try to facilitate deliveries at the front gate to eliminate the need for individuals to come onto campus.
- Staff will continue to educate youth on proper techniques to prevent the spread of the virus and also why OJJ are taking these measures to keep them safe.

Probation and Parole

- Face to Face contacts can now be made by phone or in the office if possible.
- Contact with collateral sources can also be made by phone. (schools, providers, etc…)
- Staff will attend Court only when necessary.
- Face to Face contacts will still be made with youth in residential facilities.

Residential Facilities

- Screening of staff and visitors needs to occur for every person coming onto the campus.
- Only essential staff/visitors will be allowed on campus
- Home passes will be postponed. Staff should allow the youth to use phones to keep in touch with family members.
- Visitation will not be held.
- Group outings will be canceled unless youth are required to attend community schools.
- Immediate notification to the Assistant Secretary and Deputy Secretary if any staff or youth test positive for the virus.
- Staff will continue to educate youth on proper techniques to prevent the spread of the virus.
- Immediate notification to Assistant Secretary and Deputy Secretary should a staff person or youth test positive for the virus.

In home Contract Programs

- Program specialists will reach out to each program to request a copy of their contingency plan to provide services in a safe and effective manner.
- The plans will be approved on a case by case basis and shared with regional staff.

I am asking that you share this information with all OJJ staff so expectations related to agency operations are clear. Also, these two websites provide excellent information related to COVID-19. Http://www.ldh.la.gov/coronavirus and www.cdc.gov/covid19

Thanks.

James Bueche, PhD, LCSW
Deputy Secretary
Office of Juvenile Justice
7919 Independence Blvd.
Baton Rouge, La. 70806
225-287-7944

JOHN BEL EDWARDS, Governor
JAMES BUECHE, PH.D, Deputy Secretary

Office of Juvenile Justice

To: All ACY Staff

From: Director Herbert

Date: March 13, 2020

Re: COVID-19 Precautions

Due to the current issues with the COVID-19 virus it is imperative that we take steps necessary to ensure the safety and wellbeing of the staff and youth we serve. Please be advised that we will be working toward implementation of the below requirements with an effective implementation date of March 16, 2020, until further notice.

- Everyone (no exceptions) will be screened prior to coming into the facility. If a person has fever, they will be immediately referred to the medical staff for further screening. Staff with a fever will only be allowed to enter the facility when cleared by medical.
- Anyone refusing to have their temperature accessed will not be allowed to enter the facility.
- Youth visitation will not be held.
- All furloughs will be postponed. Staff will be encouraged to allow youth to use the telephones more frequently to contact family.
- All off campus group activities will also be postponed.
- Only OJJ staff and emergency visitors will be allowed on campus. Attorney visits will be held by phone call.
- Contractors working on repairs that are vital to the safety of the facility will be allowed on campus after screening. These will be determined on a case by case basis. Undersecretary Williams must be notified of any contractor denied access to the facility so that the Office of State Procurement can be notified.
- Immediate notification to the Assistant Secretary and Deputy Secretary if any staff or youth test positive for the virus.
- We will try to facilitate deliveries at the front gate to eliminate the need for individuals to come onto campus.
- Staff will continue to educate youth on proper techniques to prevent the spread of the virus and also why OJJ are taking these measures to keep them safe.

YOUTH SERVICES POLICY

Title: Furlough Process	**Type:** C. Field Operations **Sub Type:** 4. Juvenile Institutions **Number:** C.4.1
	Page 1 **of** 20
References: La. R.S. 15:901(D)(1) and 906; La. Children's Code Articles 116 (introductory paragraph)(24.2), 787, 801, 897(B), 897.1, (901 (A - F), 901(E), and 910(C); and La. R.S. 15:906(B) and 908(A); ACA Standards 2-7116, 2-7117, 2-7119, 2-7120, 2-7172, 7-179, 2-7193, 2-7194, 2-7195, 2-7196 and 2-7197 (Juvenile Probation and Aftercare Services); 4-JCF-3A-26, 4-JCF-5I-01, 4-JCF-5I-03, 4-JCF-5I-04, 4-JCF-5I-05 (Performance-Based Standards for Juvenile Correctional Facilities) YS Policy Nos. A.1.14 "Unusual Occurrence Reports", B.2.1 "Assignment, Reassignment, Release and Discharge of Youth", B.2.2 "Youth Classification System and Treatment Procedures", B.2.3 "Secure Care Intake", B.2.7 "LAMOD Program and Youth Stage Procedures", B.2.14 "Secure Care SAVRY", B.2.17 "Sex Offender Notification and Registration Requirements", B.2.18 "Reintegration Process", B.3.1 "Secure Care Youth Records; Composition and Maintenance", B.5.1 "Youth Code of Conduct – Secure Care", C.2.1 "Escapes, Runaways, Apprehensions, and Reporting", C.2.7 "Youth Drug/Alcohol Testing", C.2.24 "Electronic Monitoring Program (EMP)"	
STATUS: Approved	
Approved By: *James Bueche, Ph.D., Deputy Secretary*	**Date of Approval:** 07/11/2018

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish the Deputy Secretary's policy regarding temporary release on furlough of adjudicated youth for the purpose of assisting youth in maintaining family and community relations.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Executive Management Advisor, General Counsel, Regional Directors, Facility Directors, Regional Managers, Contracted Health Care Provider (CHP) and Intensive Residential Contract Providers.

Facility Directors are responsible for compliance with the established guidelines outlined in this policy.

EXHIBIT C-2

IV. DEFINITIONS:

Community Based Services (CBS) - Formerly known as the Division of Youth Services, including the field offices located throughout the state.

Escape – When a youth departs from either the grounds of a secure facility, or from the custody and control of staff while off the grounds of the facility, or fails to return to the facility from a furlough.

Furlough - The authorized temporary release of a qualified youth from the grounds of a secure facility or community-based secure detention facility, without the supervision of facility staff, for the purposes of aiding in the youth's rehabilitation, maintaining and/or enhancing family and community relations, and preparing the youth to make a satisfactory transition into society after the youth's release.

Types of Furloughs:

Standard Furlough **-** Applies to all youth except for those committed to YS under Ch. C. Article 897.1, based upon a violation of R.S. 14:30 first degree murder, R.S. 14:30.1 second degree murder, or youth eligible for a Family Emergency Furlough.

Ch. C. Article 897.1(A) Furlough - Applies only to youth committed to YS under La. Children Code Art. 897.1 based upon a violation of R.S. 14:30 first degree murder or R.S. 14:30.1 second degree murder.

Ch.C. Article 897.1(B-C) Furlough – Applies only to youth committed to YS based upon violations of R.S. 14:42 first degree rape, R.S. 14:44 aggravated kidnapping, or R.S. 14:64 armed robbery.

Family Emergency Furlough - The authorized temporary release of a qualified youth due to a crisis prompted by the death or life-threatening illness or injury of a family member or legal custodian, and such furlough is deemed beneficial for the youth in meeting the needs of youth/family.

Individualized Intervention Plan (IIP) – Initial and Formal – A statement of goals, objectives, and the methods used to obtain them that is created for each youth in secure care. The IIP is dynamic and is updated depending on the identified needs and specialized treatment required while in secure care. The IIP also identifies follow-up services needed by the youth on release and is coordinated with Community Based Services to provide the proper level of aftercare.

Juvenile Electronic Tracking System (JETS) - The centralized database used to track all youth in the custody of or under the supervision of YS and to record youth case record activity (refer to YS Policy No. B.3.1).

Juvenile Justice Specialists (JJS) – Provide security of youth and assist in application of clinical treatment in accomplishing the overall goal of evaluation and/or treatment of individuals placed in a YS secure care facility.

LAMOD - The catalyst that drives the therapeutic process in Louisiana's secure care facilities.

Multidisciplinary Team (MDT) - A team consisting of representatives from at least three disciplines, (e.g., treatment, custody, education, mental health or medical) responsible for developing comprehensive case plans for youth and determining furlough eligibility.

Reclassification Staffing **-** A multidisciplinary treatment team meeting which occurs on a quarterly basis (no later than the last day of the third month following the previous classification) between all staff working with or treating a youth for his/her specific needs. The multidisciplinary treatment team meeting shall be comprised of the youth's case manager, a social services supervisor, the dorm group leader, a juvenile justice specialist that supervises the youth, the youth's probation officer (or a representative), a representative from the school (special education teacher if youth is receiving SSD #1 services), the contracted mental health provider (if applicable), a member of the medical staff who is familiar with the youth if he/she is receiving on-going medical treatment, and the youth. The youth's family shall be encouraged to attend as well. Reclassification addresses a youth's IIP and helps monitor the youth's progress, reveal any problem areas that need attention, discuss Code of Conduct violations during the quarter, and discuss interventions that can be utilized to change/alter the youth's behavior; as well as eligibility for escorted absence, furlough or early release and step down to non-secure.

Structured Assessment of Violence Risk in Youth (SAVRY) – An assessment and summary risk rating for violence and delinquency completed by Community Based Services (CBS) upon a youth's admission into secure care.

Unusual Occurrence Report (UOR) **–** A document that must be completed by staff to report incidents or observations of events that may have an impact on any aspect of the agency. UOR forms shall be made available to all employees, working all areas at all times. Employees must complete and submit a UOR prior to the end of their tour of duty on the day the incident was observed or comes to the employee's attention in any way. If a UOR form is not available, the employee must use any paper available to report the pertinent information. UORs may also be submitted by email.

V. POLICY:

It is the policy of the Deputy Secretary to use temporary furloughs within the state as a rehabilitative tool to assist youth assigned to a secure facility in maintaining family and community relations, and to aid in the reintegration process. Further, it is the policy of the Deputy Secretary that all furlough considerations for youth have consistency and fairness applied.

The regional office and secure care facility staff shall work together to effect the furlough program from recommendation through implementation. All furloughs, except Family Emergency Furloughs, must be approved by the Deputy Secretary/designee.

Electronic Monitoring shall be utilized to monitor youth who are on furlough.

VI. FURLOUGH ELIGIBILITY CRITERIA, EXCLUSION CRITERIA AND PROCEDURE:

A. Standard Furlough

1. Criteria for Eligibility

a. Youth with a SAVRY summary risk rating of “Low” or “Moderate”

b. Youth with a SAVRY summary risk rating of “high” may be considered for a furlough. Individual risk items on the SAVRY that are rated “high” shall be discussed and used to determine if a furlough is appropriate. (see the Guide attached to B.2.1)

c. Youth is making progress on identified treatment needs, including taking psychotropic medication and other medications specified by medical staff.

d. Youth's parent/custodian must have participated in a minimum of three (3) family reintegration sessions, which may be conducted via telephone (refer to YS Policy No. B.2.18). The third family reintegration session must have occurred within the last 30 calendar days from the time the “Furlough Referral and Application Form” [refer to Attachment C.4.1 (a)] is submitted.

e. The Case Manager shall review the youth’s record and contact the assigned Probation and Parole Officer/Juvenile (PPO/J) to ensure there are no outstanding detainers or pending charges This shall be documented in the IIP Summary of Staffing.

The Multidisciplinary Team (MDT) shall make the final decision during the staffing to recommend a furlough.

2. Exclusions from Standard Furlough Eligibility

   a. Youth is on suicide watch;
   b. Youth is under investigation for pending charges and/or has a detainer or pending criminal charges; or
   c. There is documented evidence of previous unsuccessful furlough(s) (refer to Section XI of this policy).

3. Screening and Referral for Standard Furlough

   a. Youth who have a "Low" or "Moderate" SAVRY rating should be considered for a Standard Furlough beginning with the first quarter regional staffing.

   b. Youth who have a "High" SAVRY rating may be considered. The individual risk items will need to be discussed in detail. For youth adjudicated for an 897.1 offense, the procedures in Section VI.B below shall be followed.

   c. All decisions to recommend or not recommend a furlough must be indicated on the "IIP Summary of Staffing Form" in JETS.

4. Standard Furlough Staffing

   a. The MDT must staff or review the furlough candidate's application using all information appropriate, and at a minimum include:

      1) Progress Reports;
      2) "Furlough Referral and Application Form";
      3) IIP and IIP Summary of Staffing Form; and
      4) Medical considerations.

   b. The furlough recommendation is then made and page 4 of the "Furlough Referral and Application Form" is completed.

   c. The case manager is to complete all paper work necessary for a furlough and have it submitted within 15 days of the furlough being recommended.

5. Standard Furlough Duration

   a. Standard furloughs may be granted in increments of time between eight (8) hours to 14 consecutive days.

   b. A Standard Furlough may be granted for a cumulative period up to 30 calendar days in a calendar year, with no more than 14 consecutive days being granted/taken at any given time.

      The Facility Director shall forward a request for additional furlough authority greater than 30 days in a calendar year, with justification for the need for additional furlough days, to the Regional Director for review. If the Regional Director approves, the request shall be forwarded to the Deputy Secretary/designee for final approval.

   c. During the quarterly staffing a youth can be recommended for more than one (1) standard furlough at a time. Multiple requests can be made, with no more than three (3) requests at a time within a 90 day period. The specific dates and times must be indicated for each furlough at the time the “Furlough Referral and Application Form” is completed.

      If family dynamics change between furloughs based on information acquired by the facility or regional probation staff, this information must be shared by both parties and an addendum to the home study must be completed and sent to the appropriate facility and Central Office Furlough Coordinator. The addendum shall recommend continuation of subsequent furloughs or to terminate them.

      Once consecutive furloughs have been approved, the youth must maintain the same level of program participation and behavior. If a youth’s behavior deteriorates, the subsequent furloughs shall be suspended. The youth, appropriate Court, District Attorney and Regional Office shall be notified by the Facility Director as soon as the decision is made to suspend the furlough(s).

      Initial furloughs shall not exceed 2 nights.

6. Suspension of Approved Furlough

   If family dynamics change between furloughs based on information acquired by the facility or regional probation staff, this information must be shared by both parties and an addendum to the home study must be completed and sent to the appropriate facility and Central Office Furlough Coordinator.

   If there is a significant change in the youth's behavior or the home becomes unsafe, an MDT staffing is to be held within 48 hours of the case manager becoming aware of the situation. Interventions to correct the youth's issues are to be discussed during the staffing which should include the youth and parent. If those interventions fail an MDT staffing is reconvened to discuss if suspension may be warranted. The Furlough Change of Status Form (attachment C.4.1 (i)) is to be completed with supporting documentation. The Regional Director (DAS) of the region where the facility is located will determine if the suspension shall be approved and supporting documentation forwarded to Central Office for final suspension approval.

   The Furlough Change of Status Form must be received by Central Office no later than 10 working days prior to the scheduled furlough.

   The youth, appropriate Court, District Attorney and Regional Office shall be notified by the Facility Director as soon as the decision is made to suspend the furlough(s).

   Initial furloughs shall not exceed 2 nights.

7. Exceptions for Standard Furlough

   a. If there are youth who do not qualify under these requirements, but the MDT believes that a recommendation for a furlough is appropriate; a cover memorandum should be prepared and addressed to the Facility Director explaining the reasons. The memorandum should accompany the "Furlough Referral and Application Form".

      If the Facility Director approves, this should be indicated on the cover letter before forwarding to the Deputy Secretary/ designee, explaining the reasons for the exception request.

   b. All exceptions must be approved by the Deputy Secretary/ designee.

c. Youth who meet all the requirements for an early release, but the court denies the release from custody, may be granted an extended furlough.

1) The request will be in increments of up to 30 calendar days. The request can include up to 3 consecutive 30 day furloughs.

2) A cover memorandum should be prepared and addressed to the Facility Director explaining the reasons. The memorandum should accompany the "Furlough Referral and Application Form".

If the Facility Director approves, this should be indicated on the cover letter before forwarding to the Deputy Secretary/ designee, explaining the reasons for the request.

B. CH.C. Article 897.1(A) and 897.1(B-C) Furloughs

1. Criteria for Eligibility

a. Youth has served a minimum of 60% of the commitment and has maintained a "Low" or "Moderate SAVRY risk rating for six (6) months prior to furlough referral. [See attachment (a)]

b. Ch.C. Art. 897.1(B-C) youth committed to YS based upon violations of R.S. 14:42 first degree rape, R.S. 14:44 aggravated kidnapping, or R.S. 14:64 armed robbery. The youth must be within 12 months of consideration for modification of his/her disposition.

c. Youth is making progress on identified treatment needs, including taking all medications prescribed by the CHP; and

d. Youth's parent/custodian has participated in a minimum of three (3) family reintegration sessions, which may be conducted via telephone. The most recent session must have occurred within the last 30 days.

2. Exclusions from Ch. C. Art. 897.1(A) and 897.1(B-C) Furlough Eligibility

a. Youth has a "High" SAVRY summary risk rating;
b. Youth is currently on suicide precautions;
c. Youth is under investigation for and/or has a detainer or pending criminal charges; or
d. There is documented evidence of a previous unsuccessful furlough (refer to Section XI).

3. Screening and Referral for Ch. C. Art. 897.1(A) and 897.1(B-C) Furloughs

   Youth must be screened at the quarterly staffing when the youth meets the criteria as outlined in this policy. A decision to recommend or not recommend a furlough must be indicated on the "IIP Summary of Staffing Form".

4. Ch. C. Art. 897.1(A) and 897.1(B-C) Staffing

   a. The MDT must staff the furlough candidate's application using all appropriate information, and include at a minimum:

      1) Progress Reports;
      2) Furlough Application Form;
      3) IIP and IIP Summary of Staffing; and
      4) Medical needs.

   b. The furlough recommendation is made on the "Furlough Referral and Application Form" [Attachment C.4.1 (a) pages 2 and 3].

   c. Youth who have been adjudicated for a hands-on sex offense under Ch. C. Article 897.1, must have a "Safety Plan Contract" [see Attachment C.4.1 (h)] in place prior to a Furlough. The plan must be signed by the youth, parent(s)/guardian(s), and the PPO/J, and be included in the furlough packet submitted to the Central Office Furlough Coordinator. The "Safety Plan Contract" must be updated as needed or when changes in the youth's status have the potential to negatively impact the public and/or the youth's safety.

5. Ch. C. Art. 897.1(A) and 897.1(B-C) Furlough Duration/Conditions

   a. Ch. C. Art. 897.1(A) and 897.1(B-C) furloughs may be granted in increments of time between eight (8) hours to 14 consecutive days. Initial furloughs may be from Friday – Sunday, which may exceed 48 hours in duration, with subsequent furloughs being granted for longer periods of time, unless the circumstances demand otherwise.

   b. Ch. C. Art.897.1(A) and 897.1(B-C) furloughs may be granted for a cumulative period up to 30 days in a calendar year, with no more than 14 consecutive days being granted/taken at any given time.

Additional furlough authority, greater than 30 days in a calendar year, must be approved by the Deputy Secretary/designee and must be submitted with justification for the need for additional furlough days.

c. During the quarterly staffing, Ch. C. Art. 897.1(A) and 897.1(B-C) youth can be recommended for more than one standard furlough at a time. Multiple requests can be made with no more than three (3) requests at a time within a 90 day period. The specific dates and times must be indicated for each furlough at the time the "Furlough Referral and Application Form" is completed.

If family dynamics change between furloughs based on information acquired by the facility or regional probation staff, this information must be shared by both parties and an addendum to the home study must be completed and faxed to the appropriate facility and Central Office Furlough Coordinator. The addendum shall recommend to continue with subsequent furloughs or to terminate them.

Once consecutive furloughs have been approved, the youth must maintain the same level of program participation and behavior. If a youth's behavior deteriorates, the subsequent furloughs shall be suspended. The youth, appropriate Court, District Attorney and Regional Office shall be notified by the Facility Director as soon as the decision is made to suspend.

d. If a furlough is approved, the youth shall be required to wear an electronic monitoring device during the furlough and shall be monitored by the appropriate Regional Office. (Refer to YS Policy No. C.2.24)

6. Exceptions for Ch. C. Art. 897.1(A) and 897.1(B-C) Furloughs

a. If there are youth who do not qualify under these requirements, but the MDT believes that a recommendation for a furlough is appropriate; a cover memorandum should be prepared and addressed to the Facility Director explaining the reasons. The memorandum shall accompany the "Furlough

Referral and Application Form". If the Facility Director approves, this shall be indicated on the cover memorandum before forwarding to the Deputy Secretary/designee.

b. All exceptions must be approved by the Deputy Secretary/designee.

C. Family Emergency Furlough

1. Criteria for Eligibility - A Family Emergency Furlough may be granted under either of the following conditions:

   a. Youth has confirmation/recommendation from the committing court; or

   b. Youth's Case Manager recommends the Family Emergency Furlough on the basis of individual case data/information. The Family Emergency Furlough may be granted only after receiving approval from the Assistant Secretary. The approval by the Assistant Secretary may be granted verbally, with a follow-up email.

   c. Family emergency furloughs for youth adjudicated for Ch. C. 897.1(A) and 897.1(B-C) offenses must be approved by the Deputy Secretary/designee.

   d. Family emergency furloughs for youth adjudicated for Ch. C. 897.1(A) and 897.1(B-C) shall require monitoring by the appropriate Regional Office either face to face or by phone.

2. When a youth adjudicated delinquent for a sex offense which requires him to register is granted a family emergency furlough, the facility shall immediately notify the Central Office Furlough Coordinator. The Coordinator shall notify Legal Services of the planned Family Emergency Furlough in order for Legal staff to verify the youth's requirement to register (refer to YS Policy No. B.2.17), and that a "Safety Plan Contract" has been completed.

   If it is verified that the youth is required to register, the designated Legal Services staff shall enter the youth's furlough information into the Offender Watch System as soon as the furlough information is provided and the need to register is confirmed.

3. Exclusions from consideration of Family Emergency Furlough:

   a. Youth is on suicide watch;

   b. Youth is under investigation for and/or has a detainer or pending legal charges;

c. Youth is deemed to be at high risk for runaway or escape and/or engaging in additional criminal conduct; or

d. There is documented evidence of a previous unsuccessful furlough (refer to Section XI of this policy).

4. Referral for Family Emergency Furlough

a. A staffing shall be held which includes the participation of the youth's PPO/J, the Group Leader, the Case Manager, and the Facility Director/Deputy Director.

b. If the staffing results in a recommendation for the furlough, the Deputy Director or the facility Treatment Director shall transmit the request for approval to the Facility Director along with all documentation verifying the emergency.

c. If the Facility Director approves the furlough, the Facility Director shall also specify the period of time allowed for the furlough.

d. A written notice of furlough, which includes the reason for the furlough, shall be prepared, signed by the Facility Director and faxed to the committing Court, District Attorney, Deputy Secretary/designee and the PPO/J.

e. If no written confirmation is received after faxing the notice of furlough to the Court and District Attorney, the youth shall not be allowed to participate in the Family Emergency Furlough.

If there is no objection, the furlough may proceed.

f. If approved, a youth shall be required to wear an electronic monitoring device and shall be monitored by the appropriate Regional Office.

If the furlough is denied, an “escorted absence” supervised by facility staff may be granted for the youth, and should be documented as an “escorted absence” in JETS. (Refer to YS Policy No. C.4.7)

g. Prior to a youth receiving a Family Emergency Furlough, the Facility Director shall approve the family member(s), guardian(s) or other custodian(s) of the youth who will be overseeing the activities of the youth, providing primary care, and assuming responsibility for the youth throughout the duration of the furlough period.

5. Duration of Family Emergency Furlough

A Family Emergency Furlough may not exceed three (3) calendar days.

VII. FURLOUGH REVIEW AND APPROVAL PROCESS:

A. Review

Youth assigned to a secure care facility will be reviewed to determine the appropriateness of furloughs. Consideration of the youth shall occur at a minimum during each quarterly staffing. It may also occur during the regional staffing or placement review process.

If a youth is determined to be appropriate for a furlough or for consecutive furloughs after screening, the MDT shall then consider and render its decision on the furlough(s). The team is required to consider multiple aspects of the youth's classification profile and treatment plan in determining furlough eligibility.

The MDT shall consist of the following:

1. Group Leader for the applying youth;
2. Mental Health Director/designee (if applicable);
3. PPO/J assigned to the applying youth or the immediate supervisor (in person, via phone conference, or by the prior MDT interview conducted within the quarter); and
4. Youth’s assigned Case Manager or immediate supervisor.

In addition, the MDT may also consist of the following:

5. Deputy Director or a designee named by the Facility Director;
6. School Principal/designee;
7. If the furlough(s) are to occur in a region other than where the youth was adjudicated, a PPO/Supervisor from the region where the furlough(s) are to take place shall participate;
8. Mentor; and

9. A Juvenile Justice Specialist (JJS) from the youth's housing unit; Team members may differ as appropriate to the youth's assignments. If the school representative, mentor or a JJS staff member does not attend, they may provide written documentation.

B. Referrals

Referrals for review of appropriateness of furlough(s) may be made by those participating in the staffing, a PPO/J, the juvenile court or other interested person. Exclusion criteria must be considered prior to making the decision. Page 1 of the "Furlough Referral and Application Form" shall be utilized to transmit information on youth being referred.

C. Furlough Review Process

1. The furlough review process during the staffing shall include a thorough review and assessment of the youth's needs, strengths, and weaknesses. At a minimum, the MDT Team shall consider the following prior to recommending a furlough:

   a. Educational/vocational needs/ progress;
   b. Medical concerns, including whether youth is taking medications;
   c. Mental health concerns;
   d. General treatment needs/progress in the areas of substance abuse, anger management, thinking errors;
   e. Behavioral concerns;
   f. Level of participation in the behavior management program;
   g. Home environment;
   h. SAVRY;
   i. Community risk assessment;
   j. Proposed aftercare/release plans;
   k. Special needs concerns (i.e. SMI/ID/psychotropic medication needs/ self-harm);
   l. Escape risk;
   m. Travel arrangements; and
   n. Family function or CBS function.

2. The PPO/J shall conduct a home study for purposes of the furlough(s) and submit a written report within seven (7) working days of a referral by the MDT Team.

   For those youth committed to OJJ custody for the commission of a violent offense against a person, the home study shall include documentation regarding the victim(s), victim(s) impact statements,

if available, and victim's whereabouts, such as address and proximity to where the youth's furlough will take place.

For those youth committed for a sex offense, the home study shall include information regarding the victim(s) and victim(s'), whereabouts.

During the home study, the PPO/J shall have the proposed custodian complete or assist in the completion of the "Custodian Information Form" [refer to Attachment C.4.1 (b)]. The results of the home study shall be communicated to the MDT Team, and shall be submitted to the Facility Director as part of the "Furlough Referral and Application Form".

If the youth has been granted consecutive furloughs to the same location with the same parent/guardian within a 90 day period of when the last home study was completed, it will not be necessary to complete another home study form, but the PPO/J must conduct a visit to the home prior to each furlough to ensure that the family dynamics remain the same.

If the family dynamics do change, the PPO/J shall complete an addendum to the home study indicating the changes. A copy of the addendum must be faxed to the appropriate facility and the Central Office Furlough Coordinator.

A complete home study shall be done if the prior home study was completed more than 90 days from the request of the furlough(s).

3. If the parent/guardian did not participate in the quarterly staffing when the furlough was discussed, the Case Manager shall make telephone contact and/or send formal written correspondence to the youth's parent/guardian about the proposed furlough(s).

4. After the MDT Team signs the form, a completed "Furlough Referral and Application Form" will be sent to the Facility Director.

For those youth committed for a sex offense, Page 2 of the "Furlough Referral and Application Form" must indicate if the youth is participating in sex offender treatment or has completed treatment at another facility, including a community based program.

Furloughs for youth, who because of such things as the nature of their offense, their behavior, the neighborhood where the furlough will take place, shall require a higher level of approval, to include the following:

a. Facility Director;
b. Regional Manager;
c. Regional Director;
d. Assistant Secretary; and
e. Deputy Secretary.

5. With the exception of a Family Emergency Furlough, once approved by the Facility Director, the furlough application shall be forwarded to the Deputy Secretary/designee for final approval, after completing the "Checklist for Furlough Requests" [Attachment C.4.1 (c)].

D. Furlough Action by the Deputy Secretary

1. Once approved by the Facility Director, the furlough application must be transmitted to the Deputy Secretary/designee for review and final approval. All documentation used to support the Facility Director's approval of the furlough must be transmitted to the Deputy Secretary/designee along with the furlough application.

2. The furlough application with supporting documentation must be transmitted to the Deputy Secretary/designee 21 days prior to the requested date of the furlough.

3. The Deputy Secretary/designee shall notify the Facility Director and the appropriate Regional Office of the decision by returning the "Furlough Referral and Application Form".

   If the furlough is denied, the Case Manager shall promptly counsel with the youth and notify the parent/guardian and CBS.

E. Notice to Court and District Attorney

1. If the furlough is approved by the Deputy Secretary/designee, the Deputy Secretary/designee shall provide written notice of plans to furlough the youth to the Court and District Attorney for "objection" or "no objection", by forwarding the "Notice to Court and District Attorney" [refer to Attachment C.4.1 (d)].

   a. Written notice shall include:

      1) Reference to La. R. S. 15:908 regarding the authority designated to YS to authorize a temporary furlough;
      2) Whether the furlough requested is for a youth sentenced under Ch. C. Art. 897.1;

3) Statement that the furlough shall not be authorized over the objection of the Court or if the District Attorney objects, until the conclusion of a contradictory hearing; and
4) Statement that the furlough program is a continuing rehabilitative process expected to last throughout the youth's commitment.

Written notice shall be furnished to the Court upon approval of the furlough.

F. Sex Offenders Required to Register

1. Upon receipt of the furlough packet, which shall include the "Safety Plan Contract", the Central Office Furlough Coordinator shall review the packet, and if the youth has been adjudicated delinquent for a sex offense, shall notify Legal Services by email.

a. The email shall include the youth's:
1) Name;
2) YS identification number; and
3) Sex offense title and statute number.

2. Legal Services shall determine whether or not the youth was adjudicated delinquent for a register able offense and shall notify the Central Office Furlough Coordinator by email.

3. If the Central Office Furlough Coordinator does not receive the furlough approval at least 48 hours prior to the beginning of the furlough, a second fax shall be forwarded as soon as possible but **BEFORE** the youth is granted the furlough.

4. All paperwork pertaining to the furlough and produced pursuant to this section shall be placed in the youth's furlough packet.

VIII. CONDITIONS OF FURLOUGH:

A. Custody Receipt - Pursuant to La. R. S. 15:908(B), the adult assuming custody of the child for the furlough must sign a "Custody Receipt" [refer to Attachment C.4.1 (e)]. In most cases, the person assuming custody will be the parent or guardian.

If the parent or guardian is unable to travel to the facility to assume custody of the youth, an approved responsible adult family member, age 21 or over, may accept custody of the youth. This person must be on the youth's approved visitation list, or must be known by the Department of Children and Family Services (DCFS) worker or the assigned PPO/J.

B. Conditions of Furlough - Case Managers are responsible for reviewing the "Conditions of Furlough" [refer to Attachment C.4.1 (f)] and sanctions with the youth and family member or previously approved adult who will take custody of the youth.

The Case Manager shall provide the youth and custodian with a copy of the "Conditions of Furlough" and sanctions. Following review with the youth and custodian, the Case Manager shall have the youth and custodian sign the "Conditions of Furlough" form acknowledging that they understand the conditions and sanctions. The youth shall be required to sign the "Furlough Contract" [refer to Attachment C.4.1 (f-1)].

All furloughs require that the youth be drug screened twice: 1) on the day of the furlough before he leaves the facility; and 2) on the day that he returns from a furlough. If the youth fails the pre-furlough drug screen, the furlough shall be canceled. (Refer to YS Policy No. C.2.7)

The custodian shall also be required to read and sign a "Furlough Custodian Agreement" [refer to Attachment C.4.1 (g)].

C. Transportation - The responsible adult shall physically transport the youth from the facility and return the youth to the facility.

D. On the day of the furlough, **PRIOR TO** the youth leaving the facility, the JETS transfer screen shall be updated indicating that the youth is on furlough. (Refer to YS Policy No. B.3.1)

E. All furloughs shall be monitored by the appropriate Regional Office either face-to-face or by phone.

IX. RETURN OF YOUTH TO FACILITY:

A. Upon return to the facility, the youth shall be transported to the infirmary for a wellness check and to conduct mandatory drug screens.

B. The supervising PPO/J shall submit a report to the facility regarding the success of the furlough by email or written report if the furlough lasted longer than two (2) days.

C. The youth's assigned Case Manager shall interview the youth and assess the success of the visit.

D. A report shall be submitted to the Court indicating if the furlough was successful or unsuccessful.

E. Upon returning to the facility, the JETS transfer screen shall be updated to indicate the return of the youth.

X. YOUTH DID NOT RETURN TO FACILITY:

A. The Regional Director and the Regional Office shall be notified in writing of any youth placed on escape status as a result of a furlough violation. The procedures regarding escapes as outlined in YS Policy No. C.2.1 shall immediately be effected.

B. The Furlough Custodian and youth may be subject to criminal charges as indicated on the "Custody Receipt"

C. Youth may receive a disciplinary infraction for escape. (Refer to YS Policy No. B.5.1)

D. Youth may be suspended for 12 months for any future furlough consideration.

XI. YOUTH ACCOUNTABILITY FOR FURLOUGH VIOLATION:

All youth are issued a LAMOD Youth Manual on day two of the direct intake process pursuant to YS Policy B.2.3. At that time, the treatment philosophy and Youth Stages of Development are explained orally to all youth during the orientation process. The explanation includes discussion of the adverse effects Code of Conduct Violations may have on stage advancement, escorted passes, furlough, and early release consideration. In addition, youth shall not depart from either the grounds of a secure care facility, or from the custody and control staff while off the grounds of the facility, or fail to return to the facility from a furlough.

Consequences for such Code of Conduct violations may include the revoking of pending or upcoming approved furloughs. (Refer to YS Policy Nos. B.2.1, B.2.2, B.2.7 and B.5.1)

A. Types of violations and available sanctions:

1. Escape

a. Code of Conduct Violation for escape;
b. 12 months in YS secure custody prior to any further furlough consideration; and
c. Filing of criminal charges for escape and/or related charges.

2. Positive Drug Screen

    a. Code of Conduct violation for intoxication and/or contraband;
    b. Six (6) months in YS secure custody prior to any further furlough consideration;
    c. Modification of IIP to include a recommendation for referral to substance use services; and
    d. Modification of Needs Assessment to reflect recent usage of illegal/intoxicating substances (completion of Substance Abuse Assessment).

3. Commission of Crime While on Furlough

    a. 12 months prior to any further furlough consideration; and
    b. Recommendation for referral to an appropriate treatment program.

4. Other Violations

    a. Therapeutic interventions appropriate to behavior.

B. Documentation of Violations

1. Documentation of Code of Conduct Violations while on furlough shall be reported on an Unusual Occurrence Report (UOR) and a copy sent to the appropriate Regional Office. (Refer to YS Policy No. A.1.14)

2. Reports shall be written by the Case Manager, Program Manager, Group Leader, JJS or PPO/J or other employee who discovers the furlough violation.

3. A Code of Conduct Violation form shall be completed.

Previous Regulation/Policy Number: C.4.1
Previous Effective Date: 11/30/2017
Attachments/References:
C.4.1 (a) Furlough Referral and Application Form July 2018.doc
C.4.1 (b) Custodian Information Form Nov 2015.doc
C.4.1 (c) Checklist for Furlough Requests July 2018.doc
C.4.1 (d) Notice to Court and District Attorney Form Letter Nov 2017.doc
C.4.1 (e) Custody Receipt Nov 2015.doc
C.4.1 (f) Furlough Contract Nov 2015.doc
C.4.1 (f 1) Conditions of Furlough Nov 2017.doc
C.4.1 (g) Furlough Custodian Agreement Nov 2015.doc
C.4.1 (h) Safety Plan Sample.doc
C.4.1 (i) Furlough Change of Status Form July 2018.doc

Instructions for 897.1 Furlough Calculations:

For Article 897.1 cases, at the first Quarterly Reclassification Staffing, the assigned case manager will calculate what the date will be for 60% of the commitment. This shall be documented in the IIP Summary of Staffing.

To calculate the 60%, convert the youth's time into months and multiply by .60. That will give you the amount of months the youth will have to serve before he is eligible.
Example 1: John Joseph was sentenced to his 18th birthday which is 09/01/19. He was placed in custody on 11/01/17. So from 11/01/17 to 09/01/19 that would equal 22 months.

22 x .60 = 13.2 months

So 60% of John Joseph's sentence would be approximately 12/06/18.

Example 2: Michael Smith was given a 3 year sentence. He entered custody on 06/01/17. So 3 years is 36 months.

36 x .60 = 21.6

So 60% of Michael Smith's sentence would be approximately 03/18/19

C.4.1 (a)

FURLOUGH REFERRAL AND APPLICATION FORM

TYPE OF FURLOUGH REQUESTED (check one)

☐ ***Family Emergency*** ☐ ***Ch.C. Art. 897.1(A)*** ☐ ***Ch.C. Art. 897.1(B-C)*** ☐ ***Standard***

REFERRAL BY STAFFING COMMITTEE

(To be completed at staffing)

Youth: _____ DOB: _____ Client ID # _____

Date of Direct Admission: _____ Facility: _____ Dorm: _____

Date of Transfer to Current Facility: _____

Full-Term Date: _____ Committing Court: _____

Judge(s): _____

Estimated Program Completion Date: _____

Committing Offense(s): _____

Amount of Time at Facility: _____ % of Sentence Served: _____ (897.1 only)

Within 12 months of modification eligibility _____ Yes (Ch.C. Art. 897.1(B-C))

Pending Charges: _____

Detainers: _____

Prior(s) Resulting in Placement/Commitment: _____

Escape History: _____

****

SAVRY Summary Risk Rating History:

Current Rating: _____ Date: _____
Previous Rating: _____ Date: _____

CODE OF CONDUCT REVIEW: (Attach COC/Assault database printout for previous 12 months where appropriate.)

Number violations within most recent 30 days: ____
Most serious (or pending) infraction: _____
Restrictions / Consequences imposed: _____

Number violations within previous 30 days: ____
Most serious (or pending) infraction: _____
Restrictions / Consequences imposed: _____

Number violations within past 6 months: ____
Most serious (or pending) infraction: _____
Restrictions / Consequences imposed: _____

Recommended length of furlough: _____

C.4.1 (a)

UNIT MANAGEMENT TEAM REVIEW

(To be completed by Unit Management Team)

Referral received by (member of Unit Management Team):_____ Date: _____

If youth is currently identified as having a serious mental illness (SMI), are there any concerns that would impact furlough participation? _____
_____

Are there concerns regarding psychotropic medication(s)? _____
_____
_____

If youth currently has a medical condition, are there any concerns that would impact furlough participation? _____
_____

Are there concerns regarding any medications? _____
_____

PROGRAM PARTICIPATION (Provide program information relative only to needs identified in treatment plan):

	Name of Program	*Facilitator's Name*	*Progress*
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Comments: _____
_____
_____

Attach the most recent quarterly/monthly progress reports.

Educational and Vocational Performance/Needs: _____
_____

Furlough Consistent with Aftercare / Release Plan: _____
_____

HOME ENVIRONMENT and SUPPORT

☐ Yes ☐ No Is the environment suitable for the youth to have the support and supervision needed for a furlough?

☐ Yes ☐ No Has the youth received any mail, packages, telephone calls or other correspondence from his/her parent/responsible family member within the past 30 days?

☐ Yes ☐ No Does CBS indicate that the home and home environment are suitable for the youth to return to for a placement upon release from secure custody?

☐ Yes ☐ No If so, does CBS object to the youth being checked out by the legal guardian for an off-campus restricted visit to the facility domicile area?

☐ Yes ☐ No Has the parent/responsible family member participated in three Family Reintegration Sessions with the last most recent being in the last 30 days at the facility?

☐ Yes ☐ No Has the youth received a visit from the parent/responsible family member within the past 90 days? (Please note type and dates below)

_____ Regular Visitation: _____
_____ Family Therapy Visit: _____
_____ On or Off Campus Visit: _____
_____ Special Visit: _____

Can approved parent/responsible family member provide transportation to and from facility? ☐ Yes No If yes, who? _____

If no, what arrangements will be made for transportation of the youth? _____
_____

Will youth be required to wear an Electronic Tracking Device while on furlough?

☐ Yes ☐ No

If yes, what is the name, phone number and office address of the individual who will be tracking the youth? _____

Curfew from: _____ to: _____

(If blank, curfew begins at 6:00 p.m. and ends at 7:00 a.m.)

Furlough to begin on: _____ _____ end on: _____ _____
Date Time Date Time

Activities to be completed while on furlough:

1._____
2._____
3._____
4._____
5._____

Appointments to be kept while on furlough:

1._____ with Whom:_____
2._____ with Whom:_____
3._____ with Whom:_____

C.4.1 (a)

MEMBERS OF UNIT MANAGEMENT TEAM:

Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date

Is FURLOUGH recommended? ☐ **Yes** ☐ **No**

Group Leader's Signature _____ Date _____

FURLOUGH: ☐ **Approved** ☐ **Denied**

Facility Director's Signature _____ Date _____
(Deputy/Assistant Director if Facility Director is absent)

FURLOUGH: ☐ **Approved** ☐ **Denied**

Regional Manager/OJJ (if applicable) _____ Date _____

FURLOUGH: ☐ **Approved** ☐ **Denied**

Regional Director/OJJ (if applicable) _____ Date _____

FURLOUGH: ☐ **Approved** ☐ **Denied**

Deputy Secretary/designee/OJJ _____ Date _____

FURLOUGH: ☐ **Approved** ☐ **Denied**

C.4.1 (b)

CUSTODIAN INFORMATION FORM

(To be completed by CBS Staff)

Youth: _____ DOB: _____ Client ID#: _____

Custodian's Full Name: _____

Date of Birth: _____ Age: _____ SSN#: _____

Telephone Nos.: Home: _____ Work: _____ Cell: _____

Mailing Address: _____

(P.O. Box/Street) (City) (State) (Zip Code)

Home Address (if different): _____

(Physical Location of House)

Relationship to Youth: _____ Length of Relationship: _____

Occupation: _____ Work Address: _____

Other Persons in Same Household:

	Name	Age	Relationship to Youth	Relationship to Custodian
1.				
2.				
3.				
4.				
5.				

(Use back if additional space is needed)

Is transportation available to pick up and return child to facility? ☐ Yes ☐ No

Transportation to be used:

	Vehicle Make	Model	Year	Color	License#
1.					
2.					

Name of authorized adult providing transportation (if not custodian): _____

☐ Yes ☐ No Are you a Furlough Custodian for another youth currently in a facility? If Yes, provide the following:

Youth's Name	Client ID #	Facility

☐ Yes No Have you ever been convicted of a Misdemeanor or Felony? If Yes, please provide the following:

Offense	Date	Disposition (Probation/Prison)

☐ Yes No Are you or anyone in your household currently on Probation or Parole? If Yes, please provide the following:

Name of Individual	Age	Relationship to Youth

Signature: _____ Date: _____

JOHN BEL EDWARDS, Governor
JAMES BUECHE, PH.D, Deputy Secretary

Office of Juvenile Justice

Checklist for Furlough Requests

A checked box indicates "Yes, this has been completed or done".

- ☐ Reviewed to ensure that correct forms are used. (These forms may be printed from the policy database. See YS Policy No. C.4.1. All forms are attached at the end of the policy.)
- ☐ Completed C.4.1 (a) "Furlough Referral and Application Form" at the staffing to determine if the youth is eligible for a furlough. Answered every question.
- ☐ The time the furlough begins AND ends is entered on C.4.1 (a).
- ☐ Youth will be required to wear an EMP device.
- ☐ The youth's family has participated in three (3) or more family sessions. The last session occurred within the last 30 days.
- ☐ A home study that has been completed by CBS staff is attached to the referral packet submitted to Central Office.
- ☐ Attachment C.4.1 (b) "Custody Information Form" that has been completed by CBS staff is attached to the referral packet submitted to Central Office.
- ☐ The last two (2) progress reports are attached to the referral packet which is to be submitted to Central Office.
- ☐ The completed referral packet is being submitted to Central Office at least 21 days prior to the planned beginning date of the furlough.
- ☐ If this furlough falls under the exception for a standard furlough, the cover letter indicating the Facility Director's Approval explaining the reasons why the furlough was requested must be forwarded to the Deputy Secretary of designee.

_____ _____

Facility Director's Signature Date

C.4.1 (d)

NOTICE TO COURT
AND DISTRICT ATTORNEY

Date

The Honorable
Judge
Address

District Attorney
Parish of
Address

RE:
DOB:
DOCKET:
PARISH:

PARENT / RESPONSIBLE PARTY (S):

Dear Judge _____ and District Attorney:

Temporary furloughs serve as a rehabilitative tool to assist our youth in maintaining family and community relations. Eligibility criteria include the youth's committing offense, disciplinary record, educational progress, program participation, family involvement and furlough history.

In accordance with Louisiana Revised Statute 15:908, this letter serves to advise the Court of (youth's name) eligibility for (Type of Furlough). According to LSA R.S. 15:908, a furlough cannot be granted to this youth if Youth Services is notified of an objection by the Court or District Attorney without a contradictory hearing.

(youth's name) meets the criteria established by Youth Services for a (Type of Furlough) Furlough for a period of _____ and has been deemed eligible for such by the Facility Director at (Name of Facility) for Youth and/or the Deputy Secretary of Youth Services. This furlough is scheduled to begin at (Time) on (Date) and end at (Time) on (Date) and will take place in _____, Louisiana.

If (Youth's name) loses his/her eligibility for the above referenced furlough prior to the date the furlough period is to begin, the recommendation for furlough leave will be withdrawn and the furlough will be cancelled.

C.4.1 (d)

The Honorable _____ RE: (Youth's name)
District Attorney

Please indicate below whether there is an objection to furloughing this youth. It is kindly requested that this form be returned by (Date) to the following Fax number: _____.

If additional information is needed, please advise.

Respectfully,

Deputy Secretary

To be completed by the Court with regards to the furlough:

_____ I Object.

_____ I Do Not Object.

Signed: _____ Date: _____

Date Received by the Facility:_____

To be completed by the District Attorney with regards to the furlough:

_____ I Object.

_____ I Do Not Object.

Signed: _____ Date: _____

Date Received by Facility:_____

CUSTODY RECEIPT

(Name of Youth) has been given permission to leave (Name of Facility) whose address is (Address of Facility) to go on furlough. While on furlough he will be located at (Address, City), Louisiana. He/she may leave on (Type of Furlough) at the following date and time:

Furlough is to begin on: (Date) at (Time).

Furlough is end promptly on: (Date) at (Time).

Signed: _____ Date: _____
Facility Director, _____ Center for Youth

FURLOUGH CUSTODIAN RECEIPT

This is to certify that (Name of Youth) was delivered into the care and custody of (Furlough/Transport Custodian), (Relationship to Youth), for the purpose of a (Type of Furlough) to begin on (Date) at (Time) and to end on (Date) at (Time).

In accordance with the rules and policies of Youth Services, I am accepting responsibility for the said youth and assume all responsibility for his/her safety and well being while on furlough, as well as his/her return to the facility on the above designated date and time. I understand that if I do not return the youth to the facility on the above mentioned date and time, I may be subjecting myself and the youth to criminal charges.

Furlough/Transport Custodian: _____ Date: _____
(signature)

Custodian Address: _____

Custodian Phone Number: _____

Emergency Contact: _____

Transportation used to transport youth to and from facility:

_____	_____	_____	_____	_____
Vehicle Make	Model	Year	Color	License #

Witness: _____ Date: _____

FURLOUGH CONTRACT

NAME OF YOUTH: _____ CLIENT ID # _____

FACILITY: □ BCCY □ SCY □ SCYC □ WARE

DATE: _____

It will be necessary for each point of this contract to be reviewed and initialed by the youth going on the furlough ***and*** a case manager of the Office of Juvenile Justice. The initialed copy of this contract is to be faxed to the Deputy Secretary of Youth Services ***prior*** to the furlough date.

The conditions of the furlough (set by the Deputy Secretary of Youth Services and the Court) have been explained to me.

_____ _____
Youth Case Manager

I understand the conditions of the furlough.

_____ _____
Youth Case Manager

I will follow the conditions of the furlough.

_____ _____
Youth Case Manager

I further understand that approval for future furloughs depend on the success of this furlough.

_____ _____
Youth Case Manager

I understand that if I have concerns or questions, I will contact my PPO/J assigned to me at ____-_____ (telephone number).

_____ _____
Youth Case Manager

Attachment: Conditions of Furlough [C.4.1. (f.1)]

CONDITIONS OF FURLOUGH

I. PARTICIPATION IN URINE DRUG SCREENING PROGRAM

A. Youth returning from a furlough will be required to submit to a urine drug screen for detection of substance abuse.

Youth and the furlough custodian are cautioned that the consumption of alcoholic beverages, and/or the use of illegal drugs, or drugs which the youth is not prescribed, while on furlough from a Youth Services secure care facility is a violation of the conditions of furlough and the youth's rehabilitation plan.

B. A positive urine drug screen report may result in the following consequences:

1. Code of Conduct Violation Report.
2. Treatment Plan modified to include substance abuse treatment.
3. Cancellation of furlough privilege for at least six (6) months.
4. Notification of a violation of furlough conditions to Court and Probation Officer.

II. GENERAL TERMS AND CONDITIONS OF FURLOUGH

A. The following are the general conditions of furlough:

1. Youth and furlough custodian must attend the Family Interaction Program prior to going on each furlough.
2. Youth must be involved in family related activities throughout leave period.
3. The furlough custodian is responsible for the youth at all times.
4. Youth must adhere to a 6:00 p.m. to 7:00 a.m. curfew.
5. Youth and furlough custodian must meet with the youth's probation officer a minimum of once during furlough periods of 7 days or less. During furlough periods of more than 7 days, youth and furlough custodian must meet with the probation officer at least every 7 days.
6. Youth is restricted from attending any bars, nightclubs, and/or social clubs where alcoholic beverages are sold.
7. Youth is restricted from being involved with any negative peer influences.
8. Youth must obey all local, state, and federal laws.
9. Youth must abide by any specified restrictions designated by the Courts.
10. Youth must wear an electronic tracking device and must comply with all regulations applying to such.

B. Violations of general furlough conditions may result in the following:

1. Cancellation of pending or upcoming furloughs.
2. Therapeutic interventions appropriate to the behavior.

C. Violations of furlough conditions that include the use of drugs or illegal substances, an absence without leave, attempted escape, or commission of a crime may result in the following:

1. Code of Conduct Violation Report for: Escape, Intoxication and/or Contraband.

2. A minimum of six (6) months in the secure care of Youth Services prior to any further consideration by the Facility Director for furlough. For offenses involving an absence without leave or commission of a crime while on furlough, the consequence may include a minimum of twelve (12) months in the secure care of Youth Services prior to any further consideration for furlough privilege.
3. Filing of criminal charges for escape and/or related charges.

4. Referral for therapeutic intervention.
5. Reduction in custody level at the time of reclassification as a result of violation report.
6. Notification to Courts for engaging in improper conduct during furlough.

III. SPECIAL CONDITIONS

A.
B.
C.

The furlough conditions and possible consequences of a violation of these conditions have been explained to me. I fully understand the furlough conditions and possible consequences and agree to abide by them. If youth violates conditions, custodian will contact ___(name)____, ____(title)___, at ___(phone number)___.

_____ _____
Signature of Youth's Custodian Date

_____ _____
Signature of Youth Date

_____ _____
Signature of Case Manager Date

C: Master Record

A URINE DRUG SCREEN SHALL BE REQUIRED UPON RETURN FROM THE FURLOUGH

I fully understand the furlough conditions, which are for my benefit, and I hereby agree to abide by these requirements.

_____ _____
Signature of Youth Date

_____ _____
Signature of Parent/or Responsible Party Date

c: Master Record

FURLOUGH CUSTODIAN AGREEMENT

As a condition of release of __(name)_____, (CLIENT ID #), on furlough, which I understand is a benefit to me as well as the above-named youth, I hereby acknowledge and agree to the following:

1. That the above named youth shall reside with me during the furlough at the address indicated on the attached "Custodian Information Form" [C.4.1 (b)] and shall not, under any circumstances, leave the parish for reasons other than a medical emergency or to return from furlough and, under no circumstances, leave the State of Louisiana.

2. That I am able to provide housing, meals, and transportation to and from the facility for the above-named youth while on furlough.

3. That I will personally escort the youth from the facility and return with the youth at the conclusion of this furlough.

4. That I have received a copy of this “Furlough Custodian Agreement”, listing the conditions of the furlough and will, to the best of my abilities, ensure that the youth abides by those conditions and restrictions.

5. That I will IMMEDIATELY inform the facility at telephone number _____ of any problems encountered with the youth's conditions of furlough, including any unexplained absence.

6. That this furlough is an extension of the youth's placement in the custody of Youth Services, and that the youth continues to be subject to all applicable rules and regulations of Youth Services.

7. That failure of the above-named youth to return to the facility within the time prescribed on the Furlough Application shall be deemed to be an escape under the law.

8. That intentionally aiding a youth to escape; concealing a youth; or furnishing a youth with articles used for the purpose of escaping (including an automobile); or providing a youth with controlled substances, unauthorized over-the-counter drugs, or alcohol; in violation of Youth Services rules and policies may result in the filing of criminal charges.

9. That knowingly providing false information on this form or the “Furlough Custodian Information” form will result in denial of any future requests by you.

_____ _____

Signature of Furlough Custodian Date

C.4.1 (h)

SAFETY PLAN CONTRACT

Reasons for the Safety Plan

(Name) is being released from secure care to the care of his father, (name). Therefore, for his safety and the safety of others a written plan is warranted to support him in successful reintegration into the home and community.

Rules and Expectations – We agree to the following:

1. (Name) **will be supervised by an adult when he is around younger children under the age of 13 and/or any vulnerable individuals in the home, school and community such as someone who is mentally compromised.**

- **(Name)** will ensure he has an adult supervising him at all times when he is in the company of younger peers or someone who is vulnerable, i.e., mentally compromised in the home, school and community.
- If youth is found alone with a younger child or someone who is vulnerable, i.e., mentally compromised in the home, school and community, his Probation Officer (P.O.) will be notified immediately.

2. (Name) **will avoid settings in the community where younger children frequent i.e. parks, amusement parks, swimming pools, youth ball games, unless supervised by an adult.**

- (Name) will **not** grant requests by the youth to go to these types of places unless an adult has been designated to attend who will supervise the youth at all times.
- If the youth has gone to such settings without permission/supervision by an adult, his P.O. will be notified immediately.

3. (Name) **will refrain from engaging in any activity which may adversely affect his and others' safety i.e. viewing pornography, highly sexualized movies/videos and inappropriate sexual dialogue in the home, school and community**

- (Name) will provide adequate supervision, enable passwords/content blocks, and keep potentially risk-provoking materials away from the youth to insure compliance.
- If the youth engages in this type of activity, his Probation Officer will be notified immediately.

Support System:

Support	Role	When to Contact	Contact Information
Parent/Guardian		Family Reintegration or Support	
Probation/Parole Officer		Immediately if one of these contract rules is violated	
Therapeutic		Questions or concerns about his Sex Offender Treatment (SOTP)	
Community Treatment Provider (SOTP)		Questions about his current sex offender treatment	

Other recommendations:

1. (Name) should not have any contact with his victim(s) unless the victim(s) and (youth) treatment providers agrees that such contact is appropriate.
2. Place alarms on (Name) bedroom door, window, etc.

This safety plan contract has been reviewed and agreed to by:

_____ _____
Youth Date

_____ _____
Parent/Guardian/Caregiver Date

_____ _____
PPO/J Date

FURLOUGH CHANGE OF STATUS FORM

TYPE OF FURLOUGH REQUESTED (check one)

☐ ***Family Emergency*** ☐ ***Ch.C. Art. 897.1(A)*** ☐ ***Ch.C. Art. 897.1(B-C)*** ☐ ***Standard***

REFERRAL BY STAFFING COMMITTEE

(To be completed at staffing)

Youth: _____ DOB: _____ Client ID # _____

Date of Direct Admission: _____ Facility: _____ Dorm: _____

Date of Transfer to Current Facility: _____

Full-Term Date: _____ Committing Court: _____

Judge(s): _____

Estimated Program Completion Date: _____

Committing Offense(s): _____

Amount of Time at Facility: _____ % of Sentence Served: _____ (897.1 only)

Within 12 months of modification eligibility _____ Yes (Ch.C. Art. 897.1(B-C))

Pending Charges: _____

Detainers: _____

Prior(s) Resulting in Placement/Commitment: _____

Escape History: _____

Dates of currently approved furloughs:

1._____ ☐successful ☐unsuccessful ☐requesting status change

2._____ ☐successful ☐unsuccessful ☐requesting status change

3._____ ☐successful ☐unsuccessful ☐requesting status change

Explanation of Unsuccessful Furlough and Interventions put in place:

_____
_____
_____
_____
_____
_____.

CODE OF CONDUCT SINCE APPROVAL OF FURLOUGHS:
(UORs, COC, and or any other supporting documentation must be attached. If the youth is not found guilty then it is not to be listed below)
Total Number of Violations: ____

1. Infraction: _____
   Restrictions / Consequences imposed: _____

2. Infraction: _____
   Restrictions / Consequences imposed: _____

3. Infraction: _____
   Restrictions / Consequences imposed: _____

Supporting Evidence for Status Change:

_____
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MEMBERS OF UNIT MANAGEMENT TEAM:

Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date

Facility Director's Signature (Deputy/Assistant Director if Facility Director is absent) Date

Regional Manager/OJJ (or designee) Date

Regional Director/OJJ **Date**

FURLOUGH: ☐ **Approved Suspension** ☐ **Denied Suspension**

Deputy Secretary/designee/OJJ **Date**

FURLOUGH: ☐ **Approved Suspension** ☐ **Denied Suspension**