

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, et al.,

Petitioners,

v.

JAY INSLEE, et al.,

Respondents.

RESPONDENTS'
SUPPLEMENTAL REPORT
ON THE DEPARTMENT OF
CORRECTIONS' COVID-19
RESPONSE

In its Friday, April 10, 2020 Order, the Court directed Respondents Governor Inslee and Secretary Sinclair to file a report by Noon on Monday, April 13, 2020, describing the steps the state has taken to mitigate the risk of COVID-19 to the incarcerated population. Respondents filed their report as directed, detailing in 44 pages and numerous supporting documents the Department of Corrections' extensive response to the pandemic, which began well before Petitioners brought this action. In its April 10, 2020 Order, the Court further directed Respondents to file an updated report and plan for implementation on or before Friday, April 17, 2020. Respondents submit this supplemental report to update the Court on actions taken since Respondents filed their initial report Monday.

There has been much media attention around the positive COVID-19 cases at the Monroe Correctional Complex. Therefore, this supplemental report begins with an update on the situation there. Next, the report

discusses implementation of the Secretary's mandatory face-covering directive for all staff and incarcerated individuals, and describes the Department's significant work over the last week to decrease density at minimum security camps. Thereafter, the report lists additional actions taken since the April 13, 2020 report, and references updates to Centers for Disease Control (CDC) COVID-19 guidelines regarding high-risk individuals. Last, the report details the Governor's and Secretary's discretionary actions this week to release certain nonviolent individuals who are nearing the end of their confinement terms, including individuals identified as being vulnerable to COVID-19 based on the CDC guidelines.

I. CURRENT STATUS AT MONROE CORRECTIONAL COMPLEX

1. Since the Respondents' April 13, 2020 Report, three additional incarcerated individuals at the Monroe Correctional Complex (MCC) tested positive on Wednesday, April 15, and one more tested positive on Thursday, April 16. These new positive tests bring the total of COVID-19 positive incarcerated individuals to twelve: one individual who tested positive while being treated at a community medical center for another condition, and eleven who tested positive for the virus while at MCC. Three of the four new cases were individuals housed in the Twin Rivers Unit (TRU) at MCC. The incarcerated men who have tested positive

at MCC were all been moved to the TRU's E unit into single cells for 24-hour per day care and close observation. DOC is managing the housing and care of these men in accordance with the DOC COVID-19 Screening, Testing, and Infection Control Guideline (Version 14). They have access to personal clothing, their address books, JPay player, and a hand-held video game player.

2. The eleven individuals who have tested positive at MCC are doing well at this time. Four individuals are receiving care in a community hospital, including the individual who seemingly contracted the virus while receiving care in the hospital for another condition, and who will remain in the hospital for unrelated health reasons. The other three who are receiving hospital care are expected to be discharged today, April 17, 2020, or tomorrow, April 18, 2020, if they continue to improve. As noted above, the eight others are housed at the MCC TRU and are receiving care. None of these individuals has required oxygen. Nursing staff assess the patients regularly, and a medical provider sees them every weekday. There has been no need for drastic measures such as intubation.

3. Other than the four new positive tests at MCC, the Department has not had any additional incarcerated individuals who have tested positive for COVID-19. No incarcerated individuals at eleven of the Department's twelve correctional facilities have tested positive as of the

date of this Report. As noted in Respondent's previous report, DOC posts information about test results, including by location, on its COVID-19 webpage, and updates the information daily. See <https://www.doc.wa.gov/news/covid-19.htm#status>. The Department also continues to facilitate weekly phone calls with the Local Family Councils and the Office of Corrections Ombuds (OCO) to provide updates, answer questions, and address concerns.

4. On April 17, 2020, the OCO issued a Monitoring Report (Attachment 1 hereto) from a site visit to the MSU at MCC on Friday, April 10, 2020, just two days after the disturbance described in Respondents' April 13, 2020 Report. State Representative Roger Goodman and Governor Inslee's Criminal Justice Policy Advisor, Sonja Hallum, joined Corrections Ombuds Joanna Carns for the site visit. The monitoring report includes OCO observations, reports on the condition of symptomatic individuals in isolation (who said they were not in distress and were receiving medical care), and contains photographs of conditions then-existing within the MSU, including of the damage to units caused by incarcerated individuals who participated in the disturbance.

II. MANDATORY FACE COVERINGS FOR ALL STAFF AND INCARCERATED INDIVIDUALS

1. As Respondents explained in their April 13, 2020 Report, Secretary Sinclair on April 10, 2020, required each Department facility to implement plans to ensure that all staff and incarcerated individuals wear face coverings within correctional facilities. Each Department facility has now implemented those plans and face coverings for all individuals (staff and incarcerated individuals) are mandated within all correctional facilities. The Department's Prisons and Health Services Unified Command group at the headquarters EOC has regular check-ins with individual correctional facility Incident Command Posts to assess and promote compliance with the directive. Compliance generally has been good, with facility leadership frequently messaging the importance of face coverings for both staff and incarcerated individuals. The written communications to staff and the incarcerated population have included visual depictions of the proper way to wear face coverings. An example of one such communication is Attachment 2, an April 14, 2020 MCC/MSU Information Bulletin for the incarcerated population.

2. On April 14, 2020, the Department updated its personal protective equipment (PPE) matrix and distributed the matrix to all Department staff. This matrix reflected the new mandatory requirement that

all staff wear face covering, and it also provided guidance to staff about the type of face covering that was required for different situations. Attachment 3, April 14, 2020 Memo to All Staff Regarding Updated DOC COVID-19 PPE Matrix.

3. Also on April 14, 2020, Correctional Industries began producing materials for face coverings for incarcerated individuals. These materials will allow the Department to continue to provide materials for face coverings to all incarcerated individuals free of charge so that all individuals in Department facilities can continue to wear face coverings.

III. DENSITY REDUCTION AT MINIMUM SECURITY CAMPS

1. On Friday, April 10, 2020, the DOC Prisons and Health Services Unified Command, in coordination with the DOC Emergency Operations Advanced Planning Team, began work to immediately reduce density at stand-alone and co-located MI2 facilities (commonly referred to as “camps”) that have dormitory and/or open-bay living quarters. These stand-alone minimum security facilities include Cedar Creek Corrections Center (CCCC), Larch Corrections Center (LCC), Mission Creek Corrections Center for Women (MCCCW), and Olympic Corrections Center (OCC). The co-located units are at the Airway Heights Corrections Center (AHCC), and the Coyote Ridge Corrections Center (CRCC).

2. The goal of this work is to allow, at a minimum, six feet of physical distance between the sleeping areas of incarcerated individuals in these locations. Between Friday, April 10, and Monday, April 13, all six camps and minimum security units identified locations within their facilities to repurpose into living spaces, such as programming areas, visitation rooms, Extended Family Visitation (EFV) trailers, and other areas currently not being used because of the restricted entry into facilities. Minimum security facilities were asked to avoid, if at all possible, impacting their gym or recreation yards in any way.

3. The camps were able to identify additional sleeping areas to considerably reduce density, with CCCC, OCC, AHCC, and CRCC all creating an additional 60 sleeping areas at each facility, and LCC and MCCCW creating an additional 20 sleeping areas at each facility. Additionally, MCCCW had 40 vacant beds, which combined with the 20 above, allowed for the ability to reduce density throughout the facility.

4. These new sleeping areas are fashioned with cots that allow individuals to bring their mattresses with them for comfort, and all beds were provided with linens. All individuals relocated to these areas are allowed to bring their personal property with them, to include commissary orders. Any excess personal property is being properly stored. Camps are able to provide access to television in the majority of these areas, as much

as possible, and provide alternative leisure activities such as hand-held games and books. Camps ensured access to microwaves and bottled water in each of these new sleeping areas. Each camp has enacted schedules for the rotating use of the recreation yards and gyms, showers, phones, CePrisons kiosks, and the ability to update JPay information via the JPay kiosk. Additionally, when able, facilities are working to add additional phones and JPay kiosks. Facility Superintendents have been tasked with continually assessing these areas and making them as comfortable as possible. Those individuals with prison jobs are able to maintain their employment, as well.

5. On Monday, April 13, 2020, DOC distributed memos about this work to all DOC Prisons staff and hand-delivered them to all incarcerated individuals housed at the six camp facilities. The facility Superintendents met with incarcerated Tier Representatives from their respective facilities, and asked for volunteers to move into these new areas. Moves were staggered, with Emergency Response Teams staged offsite to assist if any disturbances arose out of the discussions. The moves occurred at CCCC and OCC on April 13, 2020; at AHCC and CRCC on April 14, 2020; and at MCCCW and LCC on April 15, 2020. As of April 16, 2020, all moves had been completed, with 307 out of 320 total individuals having been moved within these six camps to enhance social distancing, and with

the remaining 13 due to be moved by April 16, 2020. The result of these moves has been to allow for six feet of distance between individuals in the new sleeping areas. These moves will also assist the Department in its efforts to achieve six-foot spacing in the existing sleeping areas.

6. In addition, to assist the stand-alone camps as they implemented these density reduction measures, the Department's Chief Medical Officer and Infectious Disease Control Physician developed a Quality Assurance Checklist. Because of the QA checklist's broader application as a reminder and planning tool for all facilities, the Department distributed it to all superintendents on April 13, 2020. The checklist has since been updated, and the current version is included as Attachment 4, April 16, 2020 Health Services Quality Assurance Checklist (Version 2).

IV. ADDITIONAL ACTIONS SINCE MONDAY'S REPORT

1. On April 13, 2020, Correctional Industries began producing screening station barriers. Staff who screen incoming incarcerated individuals and other for COVID-19 will use these barriers to provide additional protection against transmission.

2. On April 13, 2020, DOC made additional changes to its transportation schedule. These changes further reduced the number of weekly scheduled transports that the Department is conducting.

3. On April 14, 2020, the Department also implemented a specific process for ordering new PPEs. This new process will allow the Department to more efficiently manage the purchase of PPEs and effectively source PPEs in light of the increased nationwide demand for PPEs. This new process requires approval from the facility's Incident Command Post to purchase PPEs.

4. On April 15, 2020, the Department updated its DOC COVID-19 Screening, Testing, and Infection Control Guideline. This updated Guideline provides additional information about treatment of those who are suspected or confirmed COVID-19 cases as well as information about options for COVID-19 tests. Attachment 5, DOC COVID-19 Screening, Testing, and Infection Control Guideline (Version 14).

5. As previously reported, Correctional Industries is now manufacturing alcohol-based hand sanitizer and wall-mounted dispensers. On April 15, 2020, Correctional Industries began distributing hand sanitizer and dispensers to every Department facility, for use by incarcerated individuals and staff. Each Department facility should have this hand sanitizer by Sunday, April 19, 2020. In addition, the Department began distributing a second round of no-cost bars of soap to all facilities for the incarcerated population. Correctional Industries also distributed face shields

to every Department facility so that each facility will have face shields available for use.

6. Recognizing the stress that the current COVID-19 situation places on all individuals, including incarcerated individuals, DOC has facilitated increased access to entertainment and communications with family. The Department has provided individuals on isolation at MCC with radios and handheld video games. On April 13, 2020, the Department decided to lift all commissary and property sanctions imposed on all incarcerated individuals, allowing those individuals to purchase and possess televisions and related accessories to be maintained in their housing units. The Department also worked with JPay to provide additional free and reduced-price opportunities to communicate with family and friends, including two free video visit calls every week, the opportunity to send a reply to any messages sent by family on Wednesdays for free, and two free JPay stamps every week.

V. CDC GUIDANCE ON PEOPLE WHO ARE AT HIGHER RISK

1. The Centers for Disease Control and Prevention published guidance on individuals who are at higher risk for serious illness for health

care professionals on April 6, 2020. The CDC updated its guidance on individuals who are at a higher risk for serious illness on April 15, 2020.¹

2. The CDC has identified the following people who are most at high-risk for severe illnesses for the following groups: people who are 65 years or older; people who live in a nursing home or long-term care facility; and people of all ages who have chronic lung disease; moderate to severe asthma; people who have serious heart conditions; people who are immunocompromised; people with severe obesity (BMI of 40 or higher); people with diabetes; people with chronic kidney disease undergoing dialysis; and people with liver disease.

3. As of the date of this Report, the CDC has not added pregnant people to the list of those individuals who are at higher risk. Instead, the CDC still recognizes that pregnant people seem to have the same risk as adults who are not pregnant.²

4. The CDC cautions that there currently is limited information regarding risk factors and that the CDC guidance is based on currently available information and clinical expertise.

¹ See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

²<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

VI. PRISON POPULATION REDUCTIONS THROUGH THE EXERCISE OF DISCRETIONARY AUTHORITY

1. The Governor and the Department of Corrections have coordinated for weeks to determine whether and how to reduce the prison population to allow increased physical distancing in prisons without jeopardizing public safety or adversely impacting the released individuals' chances for success in the community. To date, this coordination has resulted in the following measures.

2. On April 15, 2020, Governor Inslee issued Emergency Proclamation No. 20-50 – Reducing Prison Population. Using his emergency powers under RWC 43.06.220, Governor Inslee suspended in full or in part sixteen different statutes to facilitate immediate prison population reductions. The Emergency Proclamation also directed the Department of Corrections to continue to explore actions to identify other incarcerated individuals for potential release through Rapid Reentry, furlough, commutation, or emergency medical release. A true and correct copy of Emergency Proclamation No. 20-50 is included as Attachment 6.

3. The same day, April 15, 2020, Governor Inslee signed an Emergency Commutation in Response to COVID-19. This Emergency Commutation was made possible by the actions taken and statutes suspended in Emergency Proclamation No. 20-50. The Emergency

Commutation commuted the remaining confinement portion of the sentences of incarcerated individuals who are in DOC confinement and: 1) do not have any violent, serious violent, or sex offense convictions as defined in RCW 9.94A.030 during their current period of DOC jurisdiction; and 2) have an earned release date from prison on or before June 29, 2020. The Emergency Commutation directs DOC to effectuate these individuals' releases within seven days, or as soon as can reasonably be achieved thereafter, and directs DOC to make reasonable efforts to notify all interested parties, including any victims, at least 48 hours prior to an individual's release. A true and correct copy of the April 15, 2020 Emergency Commutation is included as Attachment 7. A true and correct copy of the list of identified individuals included in Governor Inslee's April 15, 2020 Emergency Commutation is included as Attachment 8. The list includes 461 individuals.

4. On April 16, 2020, the Department issued a press release outlining additional steps Secretary Sinclair will take, based on Governor Inslee's Emergency Proclamation 20-50, to provide more physical distancing within prisons. A true and correct copy of this April 16, 2020 Press Release is included as Attachment 9.

5. The Department has created a Rapid Reentry program in response to the COVID-19 pandemic by way of modifications to the

Graduated Reentry Program, *see* RCW 9.94A.733, made possible by the suspension of several statutes in the Governor's Emergency Proclamation No. 20-50. The Rapid Reentry program allows incarcerated individuals an opportunity to serve an expanded portion of their sentence of confinement in the community on electronic monitoring, for up to six months. Individuals are subject to conditions and, if they violate those conditions, they could be returned to confinement. The Rapid Reentry program includes individuals who meet the CDC guidelines of those at higher risk for health complications from COVID-19. A true and correct copy of the list of individuals identified for inclusion in the Rapid Reentry program is included as Attachment 10. The list includes 665 individuals.

6. The Department has determined that it will provide individuals released through the Rapid Reentry program with additional material assistance. This will include a pre-paid cell phone with 300 minutes that will automatically shut off after 30 days, at a cost of approximately \$23, and a pre-loaded Visa card worth \$100. The assistance provided may also include housing assistance, by way of a 30-day hotel voucher, and a 30-day supply of medications. This is in addition to the regular "gate money" provided to releasing inmates by statute, and is intended to assist these individuals with their accelerated transition into the community.

7. Additionally, over the weekend of April 11-12, 2020, DOC worked with the Department of Social and Health Services (DSHS) to create an expedited process for those releasing from prison on an accelerated schedule to connect to benefits in the community. The expedited process enables individuals releasing from prison to complete and submit their application for benefits prior to release. Upon release, individuals will contact DSHS to complete their interview in order to determine their eligibility for assistance and gain access to benefits, allowing an EBT food card to arrive to the individual's address within two days or be picked up at an identified DSHS Community Service Office. Timely access to vital reentry resources plays a key role in an individual's transition, and furthers the missions of both agencies: to transform lives by reducing poverty in a way that eliminates disparity, and keeping communities safe. *See Attachment 11, April 15, 2020 Memo from DSHS Community Services and DOC Prisons and Reentry Divisions Re: Expedited Access to Public Benefits for Rapid Reentry.*

8. By the statutory furlough authority granted to Secretary Sinclair, he will be granting emergency furloughs to those incarcerated individuals in work release settings, as established through careful review of legal and safety considerations. A furlough is an authorized leave of absence for an eligible individual, without any requirement that the

individual be accompanied by, or be in the custody of, any corrections official while on such leave. Furloughed individuals are subject to their conditions of furlough and, if they violate those conditions, could be returned to confinement. A true and correct copy of the list of individuals in work release identified for emergency furloughs is included as Attachment 12. The list includes 41 individuals.

9. Additionally, in recent months the Governor has signed commutation orders for several individuals who are currently working through an in-custody transition prior to releasing to community supervision. Typically, individuals whose prison sentences are commuted spend twelve to eighteen months transitioning through lower levels of confinement prior to releasing to community supervision. The Governor and DOC are reviewing these cases to determine whether any of these individuals may be appropriate for expedited release. On April 14, 2020, the Governor amended the commutation order of one such individual to allow for his release to community supervision now, roughly 4.5 months earlier than the original commutation order provided.

10. There are approximately a dozen commutation petitions that have received favorable recommendations from the Clemency and Pardons Board and are awaiting the Governor's decision. The Governor and DOC are working to determine whether any of these individuals may be

appropriate for immediate release upon the Governor's approval of the commutation petition, and subject to an approved release plan and the completion of required notifications. At this time, at least one individual has been approved for expedited release, and the Governor signed that commutation order this week. The Governor is expected to sign two additional orders today, April 17, 2020.

11. In the April 13, 2020 Report, Respondents outlined a five-part plan for targeted releases to reduce the prison population. The plan identified the following groups of individuals for release (including to electronic monitoring if feasible): (1) Non-violent individuals (including vulnerable and non-vulnerable) who are due to release within 75 days; (2) Non-violent individuals and vulnerable individuals who are due to release in 2-6 months (through a re-entry planning process); (3) Non-violent individuals and vulnerable individuals who are due to release in 6-8 months, who have an approved release plan; (4) Non-violent individuals who were incarcerated for lower level supervision violations; and (5) Non-violent individuals who are on work release and can be released through the Secretary's furlough authority. Through the commutations, rapid reentry program, and emergency furloughs described above, Governor Inslee and Secretary Sinclair have addressed Groups 1-4, and are doing so in a responsible and safe manner.

12. Additionally, the Department's Community Corrections Division is expediting release of individuals in Group 5 – non-violent individuals incarcerated for low-level violations. On April 13, 2020, the Department reviewed a list of violators located in Department prison facilities. The total number of violators pre- and post-hearing was 124. The Department reviewed the post-hearing cases, which was 59. Out of those 59 cases, 18 were scheduled to be released by the April 15, 2020. The Department reviewed the remaining post hearing sanctions reduced the sanction for and another 30, who also were released on April 15, via DOC transport back to their counties of supervision. The remaining eleven post hearing violators did not meet the approved criteria for a sanction reduction and will serve the entire sanction time as ordered. As to the pre-hearing violators, DOC is expediting hearings, continuing to encourage negotiated sanctions, and exercising discretion to limit confinement sanctions when appropriate. In addition, because the Department's violator population is low given all the steps taken to reduce violator incarceration, staff is able to move through these cases quickly.

13. The Governor and Secretary have exercised their discretion to provide for the early release of individuals with earned early release dates within eight months and who do not have current violent or sex offense convictions. This excludes Petitioner Rhone, with his sentence of life

without parole imposed for his conviction of robbery in the first degree committed with a firearm; Petitioner Berry because of his 2029 release date and sentence for multiple counts of robbery and firearm sentencing enhancements; Petitioner Kill, who committed the serious offenses of second degree robbery and residential burglary while on community custody; and Petitioner Duncan, who was convicted of assault and unlawful possession of a firearm, and has a lengthy criminal history.

14. DOC has been evaluating for rapid release to the Department's Community Parenting Program or CPA (RCW 9.94A.6551) all pregnant individuals and mothers participating in the Residential Parenting Program at the Washington Corrections Center for Women. Of the 26 individuals in this group, ten likely will be transferring shortly to the CPA (including Petitioner Shyanne Colvin), four likely will be furloughed given their approaching release dates, six are serving federal sentences and therefore do not fall within state jurisdiction, one has been approved for the Graduated Reentry program, and five do not qualify for release consideration due to their offense history, release date, or other considerations.

15. Respondents are taking great care to mitigate risk to the community in implementing the population reduction measures described above. However, even with non-violent individuals the risk cannot be

eliminated. This is well illustrated by a standoff that occurred yesterday (April 16, 2020) between Snohomish County law enforcement and an individual who just released Wednesday (April 15, 2020) from a 26-day confinement sanction that had been shortened to 14 days as part of the Department's COVID-19 response. While this individual had not been serving a sentence for a violent crime and had a family home to release to, his family evidently did not expect him and he immediately began threatening to kill his parents and younger siblings and burn down their house. Law enforcement ultimately had to obtain a warrant to enter the home with force and deploy pepper spray to detain this individual. His shortened confinement sanction and release preceded the Governor's proclamation, but he told the arresting deputy he had been released pursuant to the proclamation. This individual currently is in custody at the Snohomish County Jail on charges of Obstruction and Threats to Kill.

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Attachment 13 is a true and correct copy of a chrono entry in DOC's OMNI system describing this incident.

RESPECTFULLY SUBMITTED this 17th day of April 2020.

s/ Tim Lang

TIM LANG, WSBA #21314
Senior Assistant Attorney General

s/ John J. Samson

JOHN J. SAMSON, WSBA #22187
Assistant Attorney General
Attorney General's Office
Corrections Division, OID #91025
P.O. Box 40116
Olympia WA 98504-0116
(360) 586-1445
Timothy.Lang@atg.wa.gov
John.Samson@atg.wa.gov

CERTIFICATE OF SERVICE

I hereby certify that I caused the foregoing RESPONDENTS’ SUPPLEMENTAL REPORT ON THE DEPARTMENT OF CORRECTIONS’ COVID-19 RESPONSE to be electronically filed with the Clerk of the Court, which will send notification of such filing to the following parties and all other attorneys of record not specifically listed below.

Andrea H. Brewer Antoinette M Davis D'Adre Beth Cunningham Caedmon Magboo Cahill Cara Wallace Darren W. Johnson David C. Kimball-Stanley Haley Sebens, Heather Lynn Mckimmie Janet S. Chung Jacquelyn M. Aufderheide Jacqueline McMurtrie Jamie Lisagor Jessica Levin John Randall Tyler John Ballif Midgley	Jose Dino Vasquez Lara Zarowsky Lauren Jeffers Tsuji Matthew J. Segal Melissa R. Lee Michael E. McAleenan, Nancy Lynn Talner Nathaniel Block, Neil Martin Fox Nicholas Brian Allen Nicholas Broten Straley Nikkita Oliver Rachael Elizabeth Seevers Robert S Chang Susanna M. Buergel Teresa Chen
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I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED this 17th day of April 2020, at Olympia, Washington.

s/ Kathy Anderson
Kathy Anderson, Legal Assistant
Attorney General’s Office
Corrections Division, OID #91025

FILED
SUPREME COURT
STATE OF WASHINGTON
4/20/2020 8:00 AM
BY SUSAN L. CARLSON
CLERK

ATTACHMENT 1



STATE OF WASHINGTON

OFFICE OF THE CORRECTIONS OMBUDS

2700 Evergreen Parkway NW • Olympia, Washington 98505 • (360) 664-4749

April 17, 2020

Steve Sinclair, Secretary
Department of Corrections (DOC)

Office of the Corrections Ombuds (OCO) Monitoring Report

Enclosed is the report of the monitoring visit that the Office of the Corrections Ombuds (OCO) conducted to the Monroe Correctional Complex on April 10, 2020. OCO was joined on the visit by State Representative Roger Goodman and Governor Inslee's Criminal Justice Policy Advisor, Sonja Hallum.

I appreciate that since Friday's visit, DOC has made several positive decisions to both release individuals and to improve conditions of confinement for persons in isolation. Regarding the latter, OCO believes even more should be done to improve conditions in isolation units around the state and we would appreciate additional attention to the matter. Thank you for the opportunity to work collaboratively with DOC to identify issues in need of improvement.

Any member of the public who wishes to report a concern to OCO is welcome to contact the office at (360) 664-4749 or at the address above. All concerns are logged into the OCO database and used as part of its overall reporting to policymakers and analysis of issues within DOC.

Sincerely,

Joanna Carns
Director

cc: Governor Inslee

OCO Monitoring Visit to Monroe Correctional Complex

Background

- The Office of the Corrections Ombuds (OCO) received numerous concerns regarding the Department of Corrections' response to COVID-19, including lack of adequate prevention measures and poor conditions of confinement for those on quarantine or isolation status. These concerns particularly centered around Monroe Correctional Complex (MCC), which is the site of 12 positive COVID-19 testing results of both staff and incarcerated individuals, as of April 10, 2020. Further, on the evening of April 8, 2020, over a hundred individuals at MCC in the Minimum Security Unit (MSU) reportedly engaged in a mass disturbance. For the above reasons, on April 10, 2020, OCO Director Joanna Carns, accompanied by Washington State Representative Roger Goodman, Criminal Justice Policy Advisor to Governor Inslee Sonja Hallum, and OCO Early Resolution Ombuds & Racial Equity staff LaQuesha Turner, conducted a monitoring visit to MCC. The purpose of the visit was threefold: (1) conduct a welfare check on any individuals placed in a disciplinary unit due to involvement in the disturbance; (2) inspect the units where it occurred and speak with incarcerated individuals in those units; and (3) observe quarantine and isolation conditions of confinement.

Executive Summary/Key Findings

- The facility is unable to effectively impose social distancing due to facility structure and population size. Both staff and incarcerated individuals asked for a release of individuals to create greater space and smaller cohorts of individuals, which would also reduce stress on staff.
 - Staff may make isolated attempts to impose social distancing in chow halls or other designated areas, but incarcerated individuals physically cannot social distance in the hallways of housing units, around phones, in lines, and other areas. Both incarcerated and staff were observed in congregate groups.
 - Further, the large populations housed together results in larger quarantine populations when a single individual becomes symptomatic, ultimately resulting in a large amount of stress in the population, potentially leading to disturbances.
- Staff are under tremendous stress. Multiple negative interactions were viewed between the staff and the incarcerated, and between staff themselves. DOC administrators shared that staff shortages due to COVID-positive or quarantined staff have resulted in several dozen staff working overtime and serving in relief roles, causing confusion and disruption in the units.

- Incarcerated individuals reported that stress, fear, and frustration with both their situation and with staff resulted in the disturbance.
- Individuals in disciplinary isolation for involvement in the disturbance appeared to not have suffered mistreatment or injuries and were receiving food.
- All units appeared clean. However, incarcerated individuals reported a delay in fresh laundry exchange and were observed not using preferred chemicals for cleaning.
- Symptomatic individuals in isolation did not report medical distress and reported that they were receiving medical care. However, conditions in isolation are grim, with individuals reporting only receiving showers once a week, complete lack of access to communication with loved ones or legal counsel, lack of any personal property including televisions or Jplayers, lack of recreation, and poor cell conditions.

Statutory Authority

- Per RCW 43.06C.050, OCO has “reasonable access” to all state correctional facilities in order to monitor compliance with respect to the rights and safety of incarcerated individuals.

Observations

Disciplinary Unit

- According to the DOC press release following the incident, over a hundred incarcerated persons were involved in a disturbance at the MSU, reportedly due to recent positive tests for COVID-19.¹ Later reports indicated that slightly more than 50 people were “actively” involved. DOC moved 18 people to the disciplinary unit at SOU. The monitor group walked the unit to speak at cellfront with the individuals.
- All individuals reported that they had not suffered any mistreatment and were receiving food. They had not yet received showers or out of cell time, but none appeared upset by that and all appeared to expect that these basic privileges would be afforded. No one reported any medical concerns, or any concerns in general other than the fact that almost all of them reported that they were not involved in the incident and should not be in the IMU, discussed below.
- The monitor group also observed the use of staff PPE while opening cuffs and passing items to and from the incarcerated population. [Photos D and E in the Appendix]

¹ <https://www.doc.wa.gov/news/2020/04082020p.htm>

- Almost all of the individuals appeared to disclaim any participation or liability in the incident.² As there are no cameras in the MSU at MCC, objective evidence is difficult to obtain. DOC administrative staff said that they were relying on statements by both staff and other incarcerated individuals to identify the 18 individuals. Subsequent to the monitoring visit, staff relayed that likely only ten individuals would receive infractions and that the evidence included self-admissions.

Minimum Security Unit (MSU)

- The monitor group then toured both D unit and B unit of the MSU. D unit is where the disturbance happened. Staff reported that mattresses and other items had been used to barricade doors and entryways, and that there was general destruction of the unit. [See Photos G and H in the Appendix.]
- The environment in the units could be described as tense. The monitoring group observed several negative interactions between staff and the incarcerated. At one point, a member of the monitoring group intervened in a discussion because she feared a physical confrontation was about to erupt. Incarcerated individuals relayed that this negative interaction was a primary cause of the disturbance, that there was an “us versus them” attitude rather than both groups working together through the conflict. They reported that incarcerated individuals were frustrated that staff would only enforce social distancing at times “for show” such as at the chow hall, which disrupted programming and recreation, but then they had to crowd together in the housing units anyway. They further reported that staff themselves did not social distance and were concerned they were the ones bringing in the disease.
- Incarcerated individuals relayed that staff sent mixed messages of both promoting social distancing as the best way to stay safe from contracting coronavirus and at the same time attempted to “bribe” them into moving into congregate housing by giving them McDonalds, which they said was disingenuous. DOC staff relayed that the food was not a bribe but a positive gesture in a difficult time.
- Social distancing was not observed by either staff or incarcerated individuals and it was not possible in the MSU space. To use the phones, individuals had to sit close together. The hallways are narrow and individuals had to closely pass each other. Individuals also crowded together at the doorways. [See Photos in the Appendix.]
- The incarcerated individuals relayed that they had not had linen/laundry exchange in two weeks, which included sheets, towels, and even their underwear that they had to wear

² From their reports, there was a fire alarm earlier in the day, causing the doors to open via an emergency system. The individuals exited to the yard. A sergeant came out and told them to return to their cells, which they reportedly complied with. They saw officers “lined up with bean bag guns.” Reports vary as to whether they were all directed back outside or whether staff asked for any individuals *not* involved in the incident to return to the yard; after they returned to the yard, they were directed to sit down on the ground, their hands were zip-tied, and escorted to the IMU.

several days. They shared that there were fresh linens available behind a locked area that they were not allowed by staff to access. Staff stated the incarcerated had been due for a linen exchange on Wednesday, which had been disrupted by the disturbance, and that it would be addressed.

- The general housing unit area appeared clean and the unit smelled of bleach. However, although the smell of bleach may be comforting to persons for whom the smell is synonymous with cleanliness, it is not one of the preferred EPA-approved disinfectants recommended for use and may be an irritant to those with breathing conditions. Containers of appropriate disinfectants were sitting out, but it was unclear where or how they were being used and an incarcerated individual was observed using a bleach solution to wipe down the phone. When asked why, he responded that it was “quicker” since the recommended disinfectants have to sit for a period of time on the surface in order to be effective.
- It was apparent that both the incarcerated and staff had the option to wear masks. Some but not all staff and incarcerated individuals wore masks or other PPE. During the monitoring visit, it was announced that a directive had gone out from Secretary Sinclair that would require staff to wear masks and provide for masks to be given out to all incarcerated.

Isolation Unit for Symptomatic Individuals (E Unit)

- The monitoring group consisting of the OCO Director and staff accompanied by the DOC Chief Medical Officer and infectious disease expert proceeded to the isolation unit for those with symptoms or those who had tested positive for COVID-19.
- A primary issue evident on the unit was once again staff stress. The monitoring team observed negative staff interactions with the incarcerated, with each other, and with the monitoring team. It is quite difficult to imagine the mental and emotional strain of the custody staff coming in each day to work with a population sick with a terrifying pandemic disease and who are kept in stark conditions for which they have legitimate complaints, but the staff do not have the power to change.
- Of the two tiers, the OCO Director went on the one with the diagnosed positive cases and collected letters from both. The individuals on the tier appeared to be in good health; all were asked about their medical care and none had any concerns in that regard, which is very good. However, they did have a number of concerns about conditions of confinement, as outlined below.
- E unit was a previously soft-closed segregation unit that was reopened for this specific purpose. In speaking with an incarcerated worker on the unit who had been held on the unit in isolation and who volunteered to continue working on the unit once he was released, the unit was reportedly freezing cold with cold, brown, undrinkable water. The

room temperature had since improved, as felt by the monitoring team, but the cold, brown water reportedly was still an issue. One individual reported that when he attempts to use the sink, it floods the entire cell. He showed that he was using his linens on the floor around the toilet to soak up the water. Other individuals in neighboring cells reported similar issues.

- The primary concern was the lack of access to telephones to speak with their loved ones, both for their own emotional wellbeing and for their families, who were worried and without any information. They reported that they had paper and pencils, but as they were completely without personal property, they did not have their address books to know where to send the letters. One individual stated that he did not have his reading glasses to be able to write. They also were worried about sending letters to their loved ones, concerned that it might be infectious, indicating they also did not have access to basic information about the disease and contamination.
- The second large concern was the lack of access to showers. Staff relayed that the incarcerated were allowed showers three times a week, but multiple incarcerated individuals stated that they were only allowed one shower every seven days and in between were offered what was colloquially known as a “birdbath.” The birdbath is a basin with hot water and a rag. [Photo R in Appendix.]
 - Note: The decision to limit showers was made by DOC’s Chief Medical Officer and infectious disease expert to reduce the spread of the disease.
- The third primary concern was the lack of access to personal property, including anything with which to occupy their minds. They did not have personal televisions or Jplayers, and it did not appear that they had much if any reading material. They had no access to news or information. They felt frustration at being kept in stark conditions. One individual’s chief request was simply coffee, which he had brought with him to E unit and then was not allowed to have.
- Individuals raised concerns about the lack of recreation, stating that they only were able to leave their cells once a week to get an X-ray. They stated that “guys in IMU are treated better,” which is an accurate statement when it comes to the level of privileges.
 - Note: The decision to limit recreation was also made by DOC’s Chief Medical Officer and infectious disease expert, also to reduce the spread of the virus.
- Individuals on the other tier who passed letters for OCO reported that they were placed in isolation on little to no basis. One wrote, “I was put in here on 3-22-20 with a small rash on my leg and a cough. I was told 14 days in admittance. Then I was told 14 days after no more symptoms. Then I was told I would be released on April 8th, and on April 9th I was told I coughed on March 30th so my 14 days started all over again on April 12th I would

be here three weeks. I'm not sick and I want out of isolation...I can't call my family, no shower in 1 week now. I haven't been outside since March 22nd. This whole operation over here is horrible. I want out! Please get me out of here." Another wrote, "I never said I had symptoms of sickness. I was ripped up and out of bed at midnight on April 5, 2020. I tested negative for COVID for which they said I had symptoms for and was recently moved from the 5 COVID-infected people. But now I am still around the sickness. This is a punishment...I want to go back. I never had any symptoms." [Photos N and P in Appendix.]

- Based on the concerns relayed, it was unclear how decisions were made regarding privileges, what rationale existed to strictly limit privileges and property, and who was responsible for ensuring basic quality of life. For example, the individual's request for coffee clearly has neither a security nor a public health implication and yet it was denied. Facility administrative staff relayed that personal property wasn't allowed in isolation because they had been told they would have to destroy it after the person left; medical staff relayed there was no medical need to do that. DOC administrative staff at Headquarters had clearly engaged in a discussion about the bare *minimum* of privileges to be afforded, but it was unclear whether staff had also held a discussion about the *maximum* privileges that could be given while also maintaining public health standards, or had made attempts to ask the individuals in isolation what would make their situation more tolerable while they were afflicted with a potentially deadly disease through no fault of their own.
 - Officers on the unit were asked who made decisions about unit operations and the answer given was the "Emergency Operations Center."
 - Staff also indicated that barriers existed to effective, efficient decision-making, with all decisions having to be approved by the US Center for Disease Control and the WA Department of Health. In a quickly evolving situation like a pandemic, greater speed may be necessary.

Appendix

Photo A



Caption: Entry officer with screening questions and touchless temperature gun.

Photo B



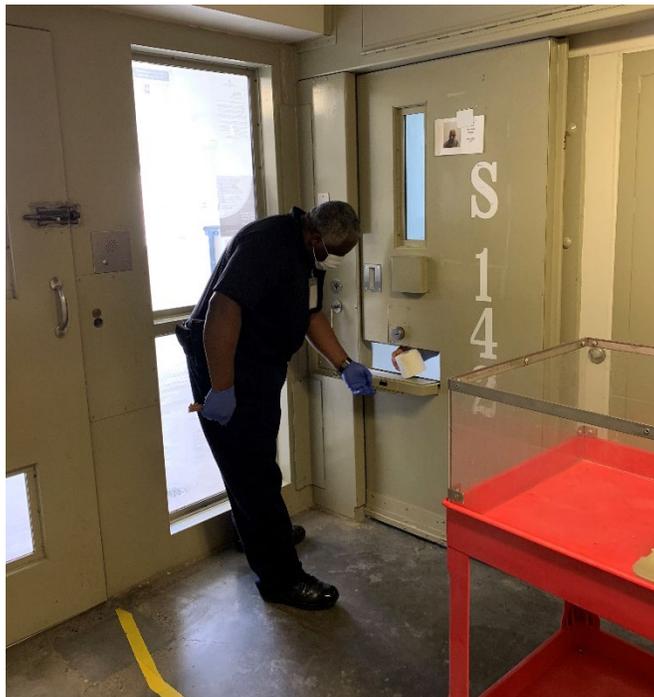
Caption: From left, Superintendent Mike Obenland, Superintendent Jack Warner, Criminal Justice Policy Advisor to Governor Inslee Sonja Hallum, and State Representative Roger Goodman, standing in IMU

Photo C



Caption: OCO Early Resolution Ombuds & Racial Equity staff LaQuesha Turner

Photo D



Caption: Officer wearing PPE distributing toilet paper to incarcerated individuals in IMU

Photo E



Caption: Officer in PPE taking trash from incarcerated individuals in IMU

Photo F



Caption: Cell in IMU for individual charged with involvement in disturbance

Photo G



Caption: Photo of destruction of MSU unit during disturbance

Photo H



Caption: Photo of destruction of MSU during the disturbance.

Photo I



Caption: Housing unit in MSU

Photo J



Caption: Incarcerated individuals crowded at doorway in MSU

Photo K



Caption: Individuals at phones in MSU

Photo L



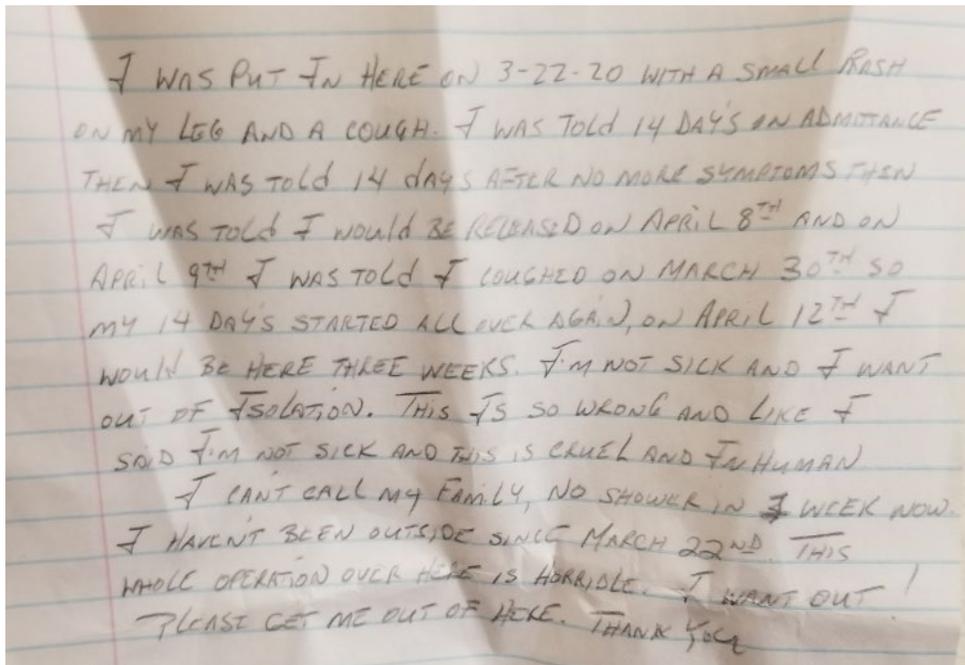
Caption: Representative Goodman talking to an incarcerated individual in MSU hallway

Photo M



Caption: E Unit tier of symptomatic but non-COVID-positive individuals

Photo N



Caption: Letter with concerns from non-positive tier of isolation

Photo O

TELEPHONE ACCESS, WHEN "SARS PANDEMIC" HAPPENED THERE WAS AN 8 POINT THINGS TO DO SO ACCESS TO PHONES WAS AVAILABLE FOR DOC INMATES. THANK YOU

Caption: Letter with concerns from non-positive tier in isolation

Photo P

I NEVER said, stated I had symptoms of sickness. I was ripped up and out of bed at midnight on April 5th 2020. I tested negative for COVID for which they said I had symptoms for and was recently moved from the 5 COVID infected people. But now I am still around the sickness. This is a punishment. They watch me like I've committed a crime. POC/LO I want to go back I never had any symptoms

Caption: Letter with concerns from the non-positive isolation tier

Photo Q



Caption: Outdoor recreation area on E unit, used as staging area

Photo R



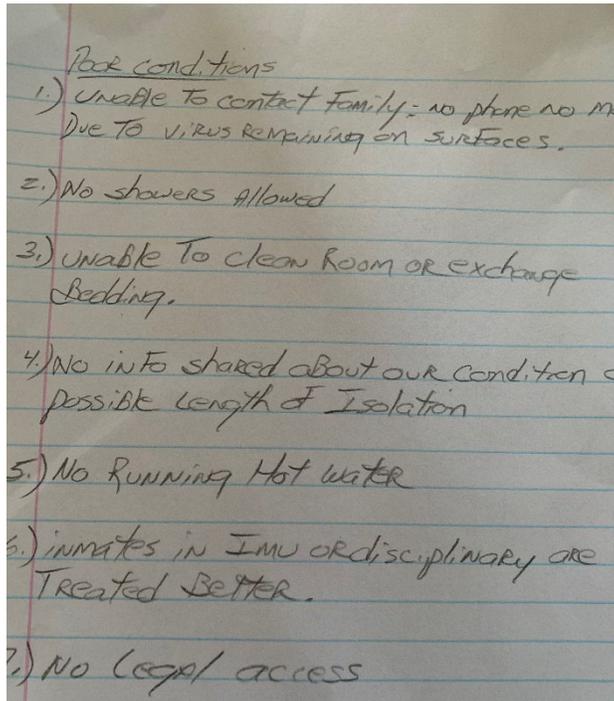
Caption: Basin used as a "birdbath" for self-bathing in E unit

Photo S



Caption: OCO Director on E unit tier with COVID-positive individuals

Photo T



Caption: Letter with concerns from COVID-positive individual on isolation unit

Photo U

They have Refused to:

- give me access to phone for a week.
- allow me to take a shower
- give me proper medical attn.
- wont allow me any property.

Sunk floods house
House full of bugs.
Spiders
Silver Fish.
Lowest living conditions

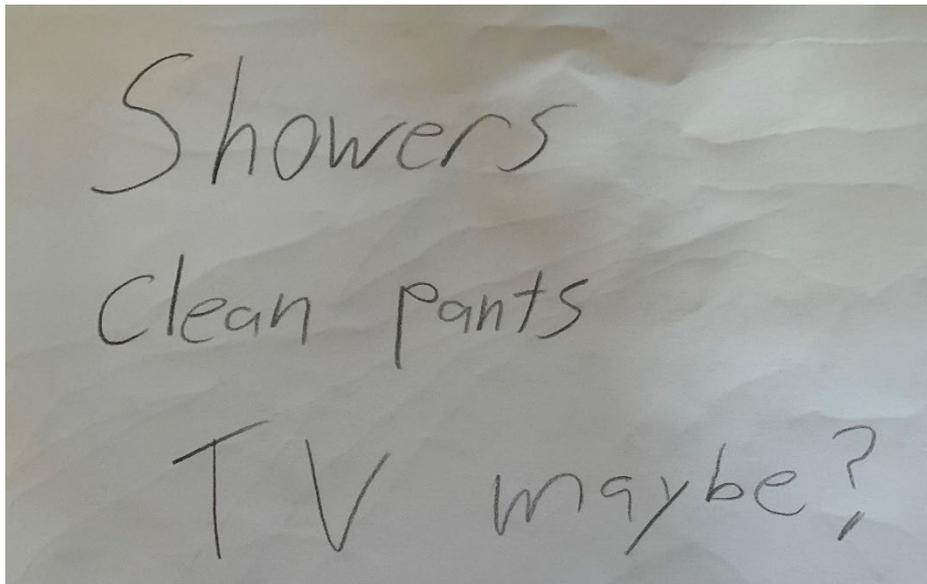
Caption: Letter with concerns from COVID-positive individual on isolation unit

Photo V

No access to phone
no showers
No access to any of our
properties IE! Coffee etc.
we brought coffee with
us & they denied us having
it.

Caption: Letter with concerns from COVID-positive individual on isolation unit

Photo W



Caption: Letter with concerns from COVID-positive individual

ATTACHMENT 2

April 14, 2020

Incarcerated Population

MCC / MSU Information Bulletin

Plan to Increase Recreation at MSU

Staff worked on developing a new schedule designed to increase recreation time for the population at MSU. The schedule changes the morning Formal Count time from 1050 hours to 0630 hours. The hope is that by clearing count earlier in the day, this will free-up more time in the afternoon for recreation.

Use of EFV Trailers to House Incarcerated Individuals at Higher Risk for Disease

A total of 13 incarcerated individuals have been placed in temporary housing, utilizing the EFV trailers. The goal is to protect individuals at higher risk of severe disease from COVID-19 and improve space for social distancing inside the facility.

CI Making Masks for Staff & Incarcerated Individuals

Correctional Industries at the Twin Rivers Unit began production on April 11th, manufacturing face masks for staff and incarcerated individual use. These masks will be distributed as they become available.

Facts About Coronavirus Disease 2019 from the Center for Disease Control and Prevention (CDC)

FACT 1

Diseases can make anyone sick regardless of their race or ethnicity.

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

FACT 2

For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.

Older adults and people of any age who have serious underlying medical conditions may be at higher risk from more serious complications from COVID-19.

FACT 3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

FACT 4

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

FACT 5

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath



Wearing a face mask can help prevent the spread of COVID-19. Not everyone with the disease may show symptoms.

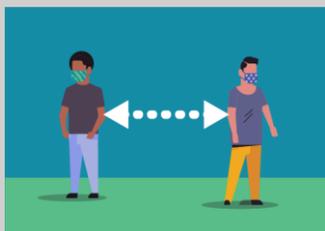
If you experience any of these symptoms, report it to a staff member right away. Medical staff will be notified and you will be provided a face mask, if you do not already have one or are in need of a replacement. Medical staff will determine the appropriate action and necessary care.

Definitions of Commonly Used Terms:

“Isolation” — This term refers to medical isolation; confining a confirmed or suspected COVID-19 case to prevent contact with others and to reduce the risk of transmission. It is NOT a punitive isolation for behavioral infractions.

“Quarantine” — Separating asymptomatic individuals (no symptoms) who have been exposed to a communicable disease from others. Individuals who have had close contact with a COVID-19 case are monitored to determine whether they develop symptoms of the disease.

“Social Distancing” — Increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease.



The Following Information is from the April 13, 2020 DOC Press Release:

The Washington State DOC is planning for the limited transfer of incarcerated individuals back to their counties of conviction, after weeks of planning and preparation. Secretary of Corrections, Stephen Sinclair, will be granting emergency furloughs to certain incarcerated individuals in minimum custody settings, who meet the criteria as established through careful legal advisement and statutory reviews.

Since the beginning of March, the Department has developed and implemented new protocols and directives specifically to combat the COVID-19 pandemic. To date, the Department has followed Centers for Disease Control recommendations through the implementation of screening protocols, issuance of guidelines for special population units, implementation of special procedures for transportation of the incarcerated, implementation of physical distancing protocols, ensured free soap and handwashing facilities and direction about cleaning and sanitizing.

JPAY Taking Steps to Improve Their System

In order to handle the increased volume of video visits nationwide due to the COVID-19 JPAY has informed DOC of the following steps they have taken:

1. JPAY added 2 new servers to distribute load and augment capacity.
2. JPAY states that they has taken numerous tuning steps to improve the throughput and performance.
3. Added additional engineers with expertise in real time communication protocols to the team.
4. Targeted daily monitoring by a team of engineers to determine platform performance – ongoing.
5. Currently in the process of code changes to further stabilize the platform to handle the peak load and optimize the bandwidth utilization.



GTL has agreed to extend the two free 5-minute calls for every incarcerated individual through April 30, 2020.

Governor Jay Inslee Extends ‘Stay Home – Stay Healthy’ Order through May 4th

The temporary order prohibiting all people in Washington State from leaving their homes or participating in social, spiritual and recreational gatherings of any kind regardless of the number of participants, and all non-essential businesses from conducting business, has been extended through May, 4, 2020.



Question: Are PortionPac Germicidal Cleaner and CorrectPac Germicidal CleanerQ effective against Coronavirus Disease (COVID-19)?

Answer: PortionPac Chemical Corporation’s disinfectants meet the EPA criteria for use against SARS-CoV-2, the cause of COVID-19.

Wash Your Hands



ATTACHMENT 3



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
P.O. Box 41101 • Olympia, Washington 98504-1101

April 14, 2020

TO: All DOC Staff

FROM: Stephen Sinclair, Secretary

SUBJECT: Updated DOC COVID-19 PPE Matrix

The COVID-19 situation continues to evolve. It is critical to ensure procedures are in place to provide services as appropriate to individuals, while maintaining safe and secure environments. To assist all staff, an [updated matrix](#) is attached to appropriately identify personal protective equipment (PPE) for specific job types. These attachment, which became effective on April 10, 2020, immediately supersedes all previous PPE guidance, and outlines the activity, type of work and appropriate identified PPE. **The matrix will be continually updated as the situation evolves.** Staff have been trained on universal precautions and are reminded to follow established protocols.

Protocols are intended to assist custody staff in maintaining alignment with the most up-to-date version of DOC COVID-19 Screening, Testing, and Infection Control Guideline.

If equipment is not readily available in your work location, to request equipment:

- Prison staff will work with their Incident Command Post;
- Work release staff will work with work release supervisors; and
- Community corrections staff will work with field administrators.

Thank you for your continued diligence during these challenging times. Please take care of yourselves, stay positive, stay home if you are sick or have symptoms and remember to wash your hands.

SS:eocjic

Attachments:

COVID-19 PPE Matrix

cc: DOC COVID-19

This document is effective immediately 4/10/2020 and supersedes all previous PPE guidance

WA State DOC COVID-19 PPE Matrix	N95 Mask	Surgical Mask	Eye Protection	Gloves	Gown
Active Screening					
For staff and Incarcerated individuals		X	X	X	X
Contact with ISOLATED individuals (symptomatic) regardless of cell type					
<ul style="list-style-type: none"> • ANY CLOSE CONTACT with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic (cough or sneezing). • While performing diagnostic nasopharyngeal swab sample collection. 	X		X	X	X
<ul style="list-style-type: none"> • When speaking with a symptomatic patient from outside of an isolation cell (open door) • Any contact with a patient who has tested negative for COVID-19 but remains on isolation • Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing. 		X	X	X	X
<ul style="list-style-type: none"> • Passing items through cuff port without face to face contact 				X	
<ul style="list-style-type: none"> • When speaking with a symptomatic patient from outside of an isolation cell (closed door) 	No additional PPE Required, continue to wear DOC approved face covering				
<ul style="list-style-type: none"> • Handling laundry and Food Service Items (no patient contact) 				X	X
Contact with QUARANTINED individuals (asymptomatic)					
Open Bay Unit —Close Contact (e.g. temp checks)		X		X	X
Open Bay Unit — without Close Contact (e.g. walking through unit)				X	
Closed door cells with cuff port —Passing items through cuff port and without face to face contact				X	
Closed door cells with cuff port — without contact at all (e.g. talking through door)	No additional PPE Required, continue to wear DOC approved face covering				
*** All staff working in DOC locations MUST wear an approved face covering while on duty***					

This document is effective immediately 4/10/2020 and supersedes all previous PPE guidance

WA State DOC COVID-19 PPE Matrix	N95 Mask	Surgical Mask	Eye Protection	Gloves	Gown
Contact with QUARANTINED individuals (asymptomatic)					
Closed door cells with cuff port—Close Contact (e.g. temp check)		X	X	X	
Bar Cells—Close Contact (e.g. temp checks)		X	X	X	X
Bar Cells—without Contact (e.g. talking through door)	No additional PPE Required, continue to wear DOC approved face covering				
Dayroom/other close quarters—Close Contact (within 6 feet of individual)		X		X	X
Dayroom/other close quarters—without Close Contact (walking through unit)				X	
Pat Searches (New PPE used for each person pat searched)		X		X	X
Handling laundry and Food Service Items (no patient contact)				X	X
Dental					
Evaluations—intakes or sick call		X	X	X	X
Procedures—New PPE used for each patient	X		X	X	X
Transportation/Community Corrections--via Car/Van/Bus					
Movement of SYMPTOMATIC individuals	X		X	X	
Movement of ASYMPTOMATIC individuals				X	
Community Hospital Watch					
If remaining outside the individual's room	No additional PPE Required, continue to wear DOC approved face covering				
If inside of the individual's room-- <ul style="list-style-type: none"> Minimize the direct contact with the patient. Remain at least 6 feet away from the patient when possible. 	Follow hospital PPE guidance. If the hospital is unable to provide necessary PPE, supply will be provided by DOC facility standing hospital watch.				

***** All staff working in DOC locations MUST wear an approved face covering while on duty*****

ATTACHMENT 4

Quality Assurance Checklist (Version 2)

SUPPLIES

- Paper towels in the bathrooms – ICP logistics should take care of this
- Another round of free soap – commitment was made to make sure all incarcerated individuals are provided free soap throughout this pandemic period
- Full PPE available for porters as per protocol – local ICPs
- New linens (they skipped a round of laundry) – direction not to skip laundry
- Liquid soap in the bathrooms – is this standard or change and do we need dispensers?
- More availability of rags – local ICPs
- Minimize or stop use of bleach and use regular cleaners - ICPs to review and provide more appropriate cleaners, bleach can be hard on those with underlying health issues
- Signage about the dangers of mixing bleach with other disinfectants – our EOC safety team can develop and send to ICPs, WR, etc, to post at locations
- Greater access to hand sanitizer for staff and population (sanitizer needs to be at least 60% alcohol), in units with cases staff can be spraying/squirting into hands of guys as they do tier checks or as they return from yard, etc – asked ICPs to send EOC logistics their needs so that we can get the new dispensers to facilities, they will need to purchase locks and mounting hardware

COHORTING By tier – where at all possible this should be done at all camps

- Separate movement of the units and within units cohort the tiers to maintain smaller groups of residents and associated staff – this should be done for all facilities and units
- Staff should also be unit/tier specific to the degree possible and not mix
- Move one tier at a time to access things like phones, otherwise difficult to socially distance
- Yard can be by unit or a couple of tiers within a unit with 6 feet of separation since it is a larger space
- Consider use of phones, microwave, etc, is timed to separate tiers, and/or rolling phones/microwaves are used on the open units to help minimize mixing of tiers
- Move storage of linens for each unit on the unit it will go to (e.g. take A unit linens out of B unit)
- Ideally the porter for each unit is from that unit
- People should not enter other units for ice or other reasons

SOCIAL (PHYSICAL) DISTANCING

- Put tape on ground by hall phones, microwaves, ice machines, etc, 6 ft apart to help folks distance while in line – great idea, can be purchased by local ICPs
- Clear out all open units to extent possible to allow physical distancing and/or split open units into smaller cohorts that don't mix – all camps have a plan developed as of 4/12 and are ready to implement starting 4/13 when direction is given by Prisons/HS ICP

Quality Assurance Checklist (Version 2)

- Staff to model social distances when possible at all times (between themselves and with residents) – emphasize by local ICPs for all staff who work in a prison

EDUCATION

- Create memo to population about quarantine, isolation, and cohorting and what they mean and expectations – doctors to develop
- Ensure ALL staff are wearing masks or face coverings and to wear all day with hand washing before and after removing.
- Maintain physical distancing between staff, not just with population
- Education about PPE for staff – medical staff will be making a new video on Monday 4/13 at MCC that will be more experiential
- Hepastat should sit for 10 minutes prior to wiping off – have given this direction many times, but will continue to emphasize
- Staff working in quarantined units should not enter or walk through areas of other units – all ICPs need to emphasize this
- Put educational signage in every unit that has been emailed out about COVID-19 – let's determine, what posters and how to keep them simple and refreshed
- Testing procedures – doctors to provide
- Having COVID-19 safety spotters to help both staff and residents maintain appropriate distancing and hand washing after touching face/mask/covering, etc - this would be a good thing to do in collaboration with custody and tier reps.

ISOLATION – we will share with all local ICPs, and a separate note to our HS staff

- Availability of sweats
- Allowance to take personal property with you to isolation including tablets, photos, address books, JPay even if not WiFi, religious items, food, meds, etc
- No reason to disinfect feet or wear booties
- No need for hats or bonnets
- No Tyvek suits or reuse of PPE without specific direction
- Set up of red garbage, gloves and sanitizer inside tiers to appropriately doff PPE as per video – need to take an inventory at each facility – prisons/HS ICP to conduct 4/13

OTHER

- When medical kites are returned to the unit, they are considered confidential and should be in a locked or secure space until returned to the individuals, but should not be left out on desks – HSMs communication on 4/13
- Ensure kiosks, JPay, phones are disinfected between use – local ICPs

ATTACHMENT 5

WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline

Version 14

The purpose of this guidance document is to allow the Washington State Department of Corrections (DOC) to better respond to the emerging COVID-19 outbreak. This document covers screening, assessment, testing and infection control of patients housed in Washington DOC facilities.

Table of Contents:

- 1) [Screening](#)
- 2) [Health Services Evaluation](#)
- 3) [Testing Procedure](#)
- 4) [Patients at High Risk for Severe COVID-19](#)
- 5) [Clinical Care of Patients with Suspected or Confirmed COVID-19](#)
- 6) [Infection Control and Prevention:](#)
 - a. [Medical isolation and PPE for Health Services Staff](#)
 - b. [Quarantine and PPE for Health Services Staff](#)
 - c. [PPE for Prisons and Work Release Staff](#)
 - d. [Environmental Cleaning](#)
- 7) [Release of Patients into the Community](#)
- 8) [Transportation of Patients with Suspected or Confirmed COVID-19 Disease](#)
- 9) [Contact Tracking and Case Reporting](#)
- 10) [Guideline Update Log](#)

Screening:

- 1) **Patients presenting with symptoms prior to Health Services contact:** Direct the patient to immediately don a surgical mask and place them in an isolated area and contact Health Services.
- 2) **Intersystem intakes (Patient arriving from other than a DOC facility):** All intersystem intakes coming into DOC facilities will have a temperature taken and will be asked the two screening questions listed below as a. and b. If any of the three screening items are positive the patient should immediately don a surgical mask and be placed in an isolated area.
 - A) Intersystem intakes originating from the community, such as patients from community custody field offices, work release, or community custody violators in jails will be screened prior to transport. If the patient screens positive they should be transported by staff in PPE including an N95 mask per the **Transportation of patients with suspected or confirmed COVID-19 disease** section below.
- 3) **Patients presenting with symptoms in Health Services:** Patients with symptoms concerning for COVID-19 should immediately don a surgical mask and be placed in an isolated area.

- 4) **Intrasystem intakes (Patients transferring to another DOC facility):** All intrasystem intakes should have a temperature taken prior to boarding and upon exiting the transport bus. If the patient has temperature greater than 100.4F immediately direct the patient to don a surgical mask, place them in an isolated area, and contact health services.
- 5) **Active screening of staff:** All staff entering DOC facilities will be screened for signs and symptoms of COVID-19 with questions and a temperature check. Staff screening positive will not be allowed entry to the facility and will have follow up through the secondary staff screening process.
- 6) **Active screening of patients prior to entering Health Services:** All patients entering Health Services areas for scheduled or unscheduled care will be screened for signs and symptoms of COVID-19 with questions and a temperature check. Patients screening positive will immediately don a surgical mask and be placed in an isolated area for evaluation according to the Health Services Evaluation section below.

Health Services Evaluation:

- 1) Any health care provider making contact with patients referred from the screening section above should don personal protective equipment listed below *before* the evaluation:
 1. Fit-tested N95 mask
 2. Gloves
 3. Eye protection defined as goggles or face shield
 4. Gown
 5. If not fit tested use PAPR instead of N95
- 2) For instructions on proper donning and doffing of PPE see the following [video](#) and/or [document](#).
- 3) Nurse performs a clinical assessment, including temperature check, and asks the following 2 screening questions:
 - A) Do you have a fever **OR** any new cough, shortness of breath, or pharyngitis?
 - B) Did you have contact with someone with possible COVID-19 in the previous 14 days?
- 4) If the answer to **either** screening questions is yes, or temperature is greater than 100.4F, notify a healthcare practitioner for further assessment:
 - A. If a practitioner is available onsite they will assess the patient clinically and decide whether symptoms are compatible with COVID-19 disease. If yes proceed to step C.
 - B. If no practitioner is onsite the nurse will discuss the patient's case with the practitioner.
 - C. The practitioner will determine the following:
 1. Level of care based on acuity
 - a. To emergency department for severely ill patients
 - b. To a negative pressure room for any non-severely ill patient if one is available and the patient requires IPU level care, under airborne medical isolation precautions. Facilities may establish alternative isolation units with 24 hour nursing coverage which are an acceptable alternatives for patients requiring this level of medical care.
 - c. Living unit medical isolation with contact and droplet precautions for patients with mild illness.
 - Patients isolated in a living unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every shift
 2. Patients remaining in the facility will have the following diagnostic workup:

- a. Perform rapid influenza test:
 - i. If the rapid influenza test is negative send a viral respiratory panel (Interpath #2470) NP swab and COVID-19 test according to the testing procedure below, and isolate the patient.
 - ii. If the rapid influenza test is positive and illness is mild a COVID-19 test is not needed and the patient can be isolated according to the influenza protocol
 - iii. If the rapid influenza test is positive and illness is moderate or severe send a COVID-19 test according to testing procedure below
 - b. Consider other diagnostic testing as clinically appropriate, i.e. chest x ray for community acquired pneumonia
3. In the event that the patient is unable to be tested but for whom clinical suspicion remains, the patient should be isolated for presumptive COVID-19 disease.
4. Record and file rapid influenza test on the [In-House Lab Results Form 13-415](#)

Testing procedure:

- 1) There are currently two options for COVID-19 testing:
 - i. Washington State DOH/public health laboratory:
 1. Refer to [Washington DOH COVID-19 Specimen Collection and Submission Instructions](#) for guidance on collecting, submitting, and shipping of test samples.
 2. When the decision is made to test patients for COVID-19 use the following lab testing equipment:
 - a. Nasopharyngeal swab in viral transport media testing tube is the preferred testing sample in all patients. Use only synthetic sterile swabs.
 - b. Test sputum **if easily available** using a sterile specimen cup. Do not induce sputum in patients who are not producing sputum.
 3. Please review the following nasopharyngeal swab sample collection guidance:
 - i. [NP swab guidance document](#)
 - ii. [NP swab demonstration video](#)
 4. Use the [Washington State DOH Sample Submission Form](#) to submit test samples to the state DOH lab.
 5. Write the provided PUI# on the submitter section of the submission form.
 6. Send samples via Federal Express pickup using supplied packaging that complies with the IATA/DOT regulations for shipping category B biological substances. Laboratory personnel can review the following [guidance](#) for more shipping information about shipping samples through Federal Express. Shipping labels will be provided for both testing laboratories.
 - ii. Interpath Laboratory:
 1. Testing through Interpath can be accomplished according to the instructions below. Testing through Interpath does not require specialized supplies for packaging and shipping as samples are picked up through the established Interpath lab courier.
 - a. Order COVID-19 PCR testing as an unlisted test
 - b. Preferred specimen: Nasopharyngeal Swab in Viral Transport Media

- c. Alternate specimen: Nasopharyngeal Swab in Sterile Tube w/Saline
- d. Preferred submission: Nasopharyngeal Swab in Viral Transport Media Submitted frozen.
- e. Alternate submission: 1 mL Nasopharyngeal Swab in Sterile Tube w/Saline. Submitted frozen.
- f. Handling: State Patient Address.
- g. Rejection criteria: Calcium alginate swabs or swabs with wooden shafts.
- h. Stability: Ambient: Unacceptable
Refrigerated: 3 Day(s)
Frozen: 2 Month(s)
Incubated: Unacceptable

iii. University of Washington Virology Lab:

1. Use the following [testing instructions](#) and the linked [UW Virology COVID-19 test requisition](#).
2. Send samples via Federal Express pickup using supplied packaging that complies with the IATA/DOT regulations for shipping category B biological substances. Laboratory personnel can review the following [guidance](#) for more shipping information about shipping samples through Federal Express. Shipping labels will be provided for both testing laboratories.

2) Always perform nasopharyngeal swab sampling of both sides of the nasopharynx.

1. If two swabs are available in the testing kit sample the nasopharynx through each nare with a separate swab.
2. If only one swab is available sample each side of the nasopharynx with the same swab.
3. If two swabs are used they can be sent together in the same VTM or saline tube.

3) Notify facility Infection Prevent Nurse, Facility Medical Director, and Health Services Manager

Patients at High Risk for Severe COVID-19:

1) Patients with underlying conditions and those with advanced age are at higher risk for severe disease and complications if they acquire COVID-19. Patients with the following conditions should be considered at high risk:

- A) Aged 50 years** or older
- B) COPD or moderate to severe asthma
- C) Cardiovascular disease
- D) Patients who are immunosuppressed based on diagnosis or due to medication
- E) Cancer
- F) Morbid obesity (BMI >40)
- G) Diabetes, particularly if poorly controlled
- H) Chronic kidney disease including those with ESRD on dialysis
- I) Hepatic cirrhosis
- J) Pregnancy or the immediate post-partum period

**National Institute of Corrections recognizes that incarcerated population ages 50 and above are considered elderly

- 2) The following recommendations should be made for patients identified as high risk :
 - A) Encourage self-quarantine in cell
 - B) Wear a surgical mask if leaving cell
 - C) Perform frequent hand hygiene
 - D) Perform frequent cleaning of cell throughout the day
 - highly discourage the use of bleach as this can exacerbate conditions for those patients with underlying lung disease
 - E) Avoid contact of high-touch surfaces
 - F) Limit movement in the facility
 - G) Social distancing (stay at least 6 feet from others) should be maintained during Day Room, Yard, Gym, Dining Halls, Religious Services, Pill Line, and other areas where the incarcerated population congregates.

- 3) For those patients identified as “very high risk” for severe disease, the Facility Medical Director may choose to write an HSR for medication and meal delivery to the patient’s cell front on a case by case basis.

Clinical Care of Patients with Suspected or Confirmed COVID-19:

- 1) **Triage for appropriate care setting of suspected or confirmed COVID-19 patients:**
 - a. COVID-19 can display a very wide range of disease severity, from asymptomatic and mild upper respiratory symptoms to severe lower respiratory tract disease with ARDS and multiple organ failure. Therefore triage to the appropriate care setting and subsequent monitoring are important aspects of clinical care for patients with COVID-19.
 - b. Risk factors for severe disease and mortality include the following:
 - i. Lung disease including COPD and asthma
 - ii. Cardiovascular disease including hypertension and cardiomyopathy
 - iii. Diabetes
 - iv. Immunosuppression due to diagnosis or medication
 1. History of Transplant
 2. HIV with CD4 <200 or detectable viral load
 3. Immune modulators or immunosuppressive medications including corticosteroid treatment at the equivalent of 20 mg of oral prednisone or more daily
 - v. Cancer
 - vi. Chronic kidney disease
 - vii. Cirrhosis
 - viii. Age 50 years old or greater
 - c. Patients with one or more of the risk factors above should be considered at high risk for clinical deterioration and should be monitored closely regardless of initial care setting.
 - d. Patients with confirmed or suspected COVID-19 disease can be triaged into the following groups based on the clinical evaluation:
 - i. Mild disease: Patients with mild disease may have fever, cough, upper respiratory tract symptoms, myalgias, and fatigue without significant dyspnea or hypoxia (oxygen saturation 96% or greater).

- ii. Moderate to severe disease: Patients with significant dyspnea, hypoxia (oxygen saturation less than 96%) or other clinical evidence for severe disease should be triaged to a higher level of care.
 - 1. If hypoxia is mild (92-95% on room air) and the patient is otherwise clinically stable admission to an inpatient unit or other unit with 24 hour nursing coverage, with on-site diagnostic evaluation may be considered:
 - a. In addition to the diagnostic testing described in the Health Services Evaluation section above, at a minimum perform a chest x ray and the following lab studies:
 - i. CBC with differential
 - ii. CMP
 - iii. CRP
 - iv. LDH (Interpath #1018)
 - v. INR
 - vi. D-dimer (Interpath #2657)
 - vii. Creatine kinase (CK) (Interpath #1015) and troponin (Interpath #2688)
 - viii. lactic acid (Interpath #2092)
 - b. Patients in this group with risk factors for severe disease are at high risk for rapid clinical deterioration. Consider emergency department evaluation as indicated based on clinical judgement.
 - 2. If hypoxia is severe (<92% on room air) or there is other clinical evidence of severe disease, including sepsis, cardiac complications, or coagulopathy, the patient should be transferred to the emergency department for further diagnostic evaluation and treatment.

2) Treatment and monitoring of outpatients with suspected or confirmed COVID-19 and mild disease as defined above:

- a. Treatment for patients with mild disease is supportive:
 - i. Patients with mild disease will be isolated in a living unit and will have nursing assessments every shift. Signs of clinical deterioration that should provoke transfer to a higher level of care or further diagnostic assessment include:
 - 1. Hypoxia with oxygen saturation less than 96% on room air
 - 2. Development of significant dyspnea
 - 3. Inability to tolerate oral intake
 - 4. Clinical evidence for sepsis, cardiac complications, or coagulopathy.
 - ii. Supportive care can include oral hydration, anti-emetics if indicated, and analgesics/antipyretics:
 - 1. Prefer acetaminophen for fever and myalgias
 - 2. Anecdotal reports initially suggested NSAIDs may have been associated with worsening COVID-19 disease in some patients. Currently there is no evidence to support either harm or safety for use of NSAIDs in patients with confirmed or suspected COVID-19. In the face of this uncertainty acetaminophen should be used preferentially for pain and fever in this patient group, however NSAIDs can be used intermittently based on clinical judgement on a case by case basis if no contraindications are present.
 - 3. Nebulized treatments should not be used as they may aerosolize virus. If bronchodilator treatment is needed metered dose inhalers can be used.

- iii. For patients in the mild disease category be aware that early experience with COVID-19 cases suggests the potential for clinical deterioration **five to ten days after illness onset**, including the onset of respiratory failure, sepsis, and cardiac complications.
- iv. There are no data to suggest a link between ACE inhibitors and ARBs with worse COVID-19 outcomes. These medications should be continued unless the clinical picture warrants holding them (ex. hypotension).

3) Treatment and monitoring of the COVID-19 patient admitted to an inpatient unit setting:

- a. Patients initially triaged to an inpatient unit care setting or another unit with 24 hour nursing coverage, or admitted to one after return from an emergency department evaluation or hospitalization for COVID-19:
 - i. Admit to negative pressure room with airborne medical isolation precautions if available
 - ii. Until further evidence for benefit and safety is available anti-viral agents are not recommended.
 - iii. Supportive care ordered as described above for patients with mild illness
 - iv. Supplemental oxygen by nasal cannula if patient is dyspneic or O2 saturation is less than 96% on room air.
 - v. Close monitoring for clinical deterioration including worsening hypoxia, with awareness of the potential for severe disease to develop 5-10 days after illness onset.
 - vi. Clinical factors that should provoke consideration for transfer to a higher level of care:
 - 1. Need for greater than 2L supplemental oxygen to maintain saturation above 92%
 - 2. Bilateral infiltrates on chest x ray suggesting moderate to severe pneumonia
 - 3. Elevated D Dimer > 1000 ng/ml
 - 4. Elevated CRP > 100
 - 5. LDH >245
 - 6. CPK > 2x ULN
 - 7. Abnormal/elevated troponin
 - 8. Elevated AST and ALT
 - 9. Significant lymphopenia or neutrophilia:
 - a. Calculate absolute neutrophil to absolute lymphocyte ratio: if 3.0 or greater the patient should be considered at high risk for clinical deterioration

OR

 - b. Absolute lymphocyte count <0.8
 - 10. Lactate > 4
 - 11. New creatinine elevation
 - 12. Other clinical findings based on clinical judgement of medical team
- vii. Consider monitoring diagnostic studies recommended above through the course of illness until clear clinical improvement is seen.
- viii. Patient may transfer back to living unit medical isolation for the remainder of the medical isolation period after clinical improvement is seen and the risk for deterioration has passed.

4) For questions or consultation regarding management of patients with suspected or confirmed COVID-19 call the DOC COVID medical duty officer phone: 564-999-1845

Infection Control and Prevention:

A) Definitions:

1. Medical isolation: Separating a symptomatic patient with a concern for a communicable disease from other patients.
2. Quarantine: Separating asymptomatic patients who have been exposed to a communicable disease from other patients.
3. Cohort: Grouping patients infected with or exposed to the same agent together. Isolated and quarantined patients should NOT be cohorted together.

B) Patients suspected of COVID-19 and their cellmates are immediately isolated and quarantined respectively until they can be evaluated by a medical provider.

C) Medical isolation of symptomatic confirmed or suspected COVID-19 cases:

1. As soon as staff become aware that a symptomatic patient is suspected or confirmed as a COVID-19 case, staff should direct the patient to put on a surgical mask until the patient can be isolated.
 - a. Each housing unit and Shift Commander's office will maintain a supply of surgical masks
 - b. Surgical masks will be made available in clinic waiting rooms
 - c. Staff will work to isolate the patient and notify medical if they are identified outside the clinic
2. If the patient is off the living unit at the time COVID-19 symptoms are noted, staff working with the patient will notify the applicable housing unit that they are sending the patient back for single cell confinement until the patient can be assessed by medical
 - a. If a single room is not immediately available, confine the patient at least 6 feet away from others until they have been evaluated by medical
3. If the patient is already in the living unit, isolate the patient in their cell and notify medical
4. Droplet Precautions will be initiated
 - a. Droplet Precaution Medical isolation signs will be hung outside the room at cell front
 - b. Proper PPE will be available outside the medical isolation cell or somewhere easily accessible
 - c. All staff must wash hands with soap and water or with alcohol sanitizer prior to entering a patient's cell and removing gloves.
 - d. In the following situations PPE will be comprised of an **N95 mask, eye protection, gown, and gloves:**
 - i. Patients with suspected or lab confirmed COVID-19 while symptomatic with cough or sneezing.

- ii. While performing diagnostic nasopharyngeal swab sample collection or any other potentially aerosol generating procedures
 - e. In the following situations PPE will be comprised of a **surgical mask, eye protection, gown, and gloves**:
 - i. When speaking with a symptomatic patient from outside of a medical isolation cell with an open door. Speaking to a patient from outside a medical isolation cell with the door closed does not require PPE other than general use face covering.
 - ii. Any patient who has tested negative for COVID-19 but remains in medical isolation and continues to be symptomatic
 - iii. Patients with suspected or lab confirmed COVID-19 without cough or sneezing.
 - f. All staff must wash hands with soap and water or with alcohol sanitizer after leaving a patient's cell and removing gloves.
 - g. A trash bin and bag, hand sanitizer, and gloves should be available immediately outside the cell or unit to assist staff in proper doffing of PPE.
 - h. If possible avoid isolating patients with suspected or confirmed COVID-19 in cells with open bars.
5. Medical isolation of patients with suspected or confirmed COVID-19
- a. Custody will work with medical staff to determine the best location to house patients on medical isolation status.
 - b. If single cell not available, it is acceptable to cohort patients with COVID-19 together if they both/all have lab confirmed disease and are not thought to have other communicable diseases concurrently (i.e. influenza or another viral respiratory disease).
 - c. Symptomatic isolated patients must be housed separately from asymptomatic exposed patients (quarantined).
6. As a general rule, isolated patients will not be allowed out of the cell unless security or medical needs require it
- a. If an isolated patient needs to be out of their cell, they will don a surgical mask during the necessary movement
 - b. Staff will ensure that the patient goes where directed by communication between the sending and receiving area staff
7. Any pill line medications will be delivered by medical staff unless medical staff determines the need for a different protocol

8. Patients isolated in a living unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every shift, with referral to a practitioner as clinically indicated.
9. Medical practitioners should document an assessment on patients in medical isolation for confirmed or suspected COVID-19 each business day until they are asymptomatic for 24 hours.
10. Patients with laboratory confirmed COVID-19, or who were not tested but are suspicious for COVID-19, will remain in medical isolation until they have been asymptomatic for 14 days.
11. Patients who tested negative for COVID-19 will remain in medical isolation until they have been asymptomatic for 14 days, unless they have a documented or confirmed alternative diagnosis that explains their symptoms, such as in the following examples:
 - a. Mild respiratory illness with a positive influenza test
 - b. Fever explained by infection at another site, such as UTI or cellulitis
12. Close contacts of patients who test negative for COVID-19 will remain in quarantine 14 days after the last exposure to the patient unless there is a documented or confirmed alternative diagnosis that explains their symptoms.
13. Close contacts of patients who test positive for COVID-19 will remain in quarantine 14 days after the last exposure to the patient.
14. Patients isolated for suspected or confirmed COVID-19 disease who become asymptomatic:
 - a. After an isolated patient is asymptomatic for 24 hours the intensity of monitoring can be decreased to once daily temperature and symptom checks at cell front. Patients with recurrence of symptoms should be evaluated by a medical practitioner.
 - b. Recommended PPE for these asymptomatic medical isolation nursing checks will include **surgical mask, gown, and gloves**.
15. Unless transfer to a setting for a higher level of medical care is required, all medical care should be delivered in the patient's medical isolation cell.

D) Quarantine of exposed patients

1. Patients who are asymptomatic but have been in close contact with confirmed or suspected COVID-19 patients should be quarantined. Quarantined patients can be housed alone or cohorted with other quarantined patients from the same exposure.
 - a. If a quarantined patient develops symptoms of the COVID-19, they will be immediately removed from quarantine if they were housed with other asymptomatic patients, and placed into medical isolation. If cohorted with other asymptomatic patients the quarantine period for those patients will be reset to day 0 of 14.

- b. If the symptomatic patient lived in dormitory-style housing, consider quarantining an entire dorm or wing of a housing unit, especially if multiple cases
 - 1) Staff performing tier checks in open dorm style housing units should remain 6 feet away and have patients sit on their beds. PPE worn during these tier checks includes **gloves**.
 - 2) Staff performing nursing or medical assessments in open dorm style housing units on quarantined patients should don the following PPE: **surgical mask, gown, and gloves**.
 - c. Staff performing nursing or medical assessments in units with barred cells
2. Staff performing nursing assessments of patients in quarantine should do so by discussing development of symptoms and perform temperature check at the cell front after donning the following PPE: **surgical mask, gown, and gloves**. Disposable thermometers should be used by patients if available. If multi-use thermometers must be used they should be disinfected in between patients. Staff performing a temperature check through a closed cell door with an open cuff port should don the following PPE: **surgical mask, eye protection, and gloves**.
 3. If the patient develops symptoms or fever a full assessment should be done by entering the cell in PPE appropriate for symptomatic patients including full PPE with N95 mask.
 4. Exposed patients will remain in quarantine for COVID-19 for 14 days from the date of last contact with the symptomatic patient, or until symptoms develop.
 5. Patients in quarantine will be assessed twice daily by nursing staff. The assessment will include a temperature check and development of any respiratory symptoms. If the patient develops symptoms while in quarantine they will be assessed by a medical practitioner per Health Services Evaluation section step #3.
 - a. For stand-alone camps Health Services staff will determine scheduling to accommodate assessment of quarantined patients 7 days per week.
 6. Any pill line medications will be delivered to the quarantined patient by medical staff unless medical staff determines the need for different protocol.
 7. A trash bin and bag, hand sanitizer, and gloves should be available immediately outside the cell or unit to assist staff in proper doffing of PPE.
 8. Unless transfer to a setting for a higher level of medical care is required, all medical care should be delivered in the patient's quarantine cell.

E) Facility management of isolated/quarantined patients:

1. If possible, cluster cases in medical isolation within in a single location/wing within the facility to help streamline ongoing assessments and delivery of services to the affected population
2. If patients need to be isolated/quarantined in a living unit, allowances will be made to accommodate patients in this location

- a. Television, playing cards and/or other recreational activities will be provided
- b. There will be no cost to the patient for the duration of their stay
- 3. All patients placed in medical isolation/quarantine will be issued hygiene kits and new clothing as needed
- 4. Provision of health care
 - a. Routine health care will be provided at cell front.
 - b. Medications will be given at cell front
 - c. Insulin and other diabetic services will be given at cell front
 - d. Routine mental health services will be provided at cell front
 - e. Emergency medical needs will be assessed immediately by medical personnel, as required. Patient will be transported as deemed necessary if a higher level of medical care than can be delivered in the unit is required. There is not a medical indication for restraints during transport. Patient will don a surgical mask if it is not contraindicated.
- 5. Meals will be provided by Food Services and delivered to the cell.
 - a. The Unit staff will notify Food Services at the beginning of each shift the number of meals that are needed
 - b. **Gloves** will be worn when picking up used trays
- 6. Education Programs will be suspended

F) PPE Requirements for Prisons and Work Release Staff:

- 1. Contact with asymptomatic individuals who are not on medical isolation or quarantine:
 - a. **Gloves** (follow normal practice)
- 2. Contact with individuals on medical isolation (symptomatic):
 - a. In the following situations **N95 mask, eye protection, gown, and gloves** should be worn:
 - i. Contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic (cough or sneezing).
 - b. In the following situations **surgical mask, eye protection, gown, and gloves** should be worn:
 - i. When speaking with a symptomatic patient from outside of an medical isolation cell
 - ii. Any contact with a patient who has tested negative for COVID-19 but remains on medical isolation

- iii. Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing.
 - c. In the following situations PPE will be comprised of **gloves**:
 - i. Passing items through a closed door cuff port and NO face to face contact
 - ii. If possible, avoid medical isolation in cells with open bars
- 3. Contact with quarantined (asymptomatic) individuals:
 - i. Open bay units:
 - 1. Close contact (ex. Temp check): **surgical mask, gown, gloves**
 - 2. No close contact (example walking through unit): **gloves**
 - ii. Dayroom/or other close quarters:
 - 1. Close contact (within 6 feet): **surgical mask, gown, gloves**
 - 2. No close contact (example walking through unit): **gloves**
 - iii. Pat searches:
 - 1. **Surgical mask, gown, gloves** (for every person pat searched)
 - iv. Closed door cells with *cuff port*:
 - 1. Passing items through cuff port and NO face to face contact: **gloves** only
 - 2. No contact at all (talking through the door): **No PPE required**
 - 3. Close contact: **surgical mask, gloves, eye protection**
 - v. Bar cells:
 - 1. Close contact (ex. temp check): **surgical mask, gown, gloves, and eye protection**
- 4. Staff active screening of patients or staff at entry into facilities, health services, or other :
 - i. **Surgical mask, gown, gloves and eye protection**
 - ii. **When an active screener should change PPE:** If a facility active screener comes within 6 feet of a staff member or patient that screens positive PPE should be removed and discarded, hand hygiene should be performed, and new PPE should be donned prior to resumption of screening.

G) Environmental Cleaning

- 1. Enhanced frequency of cleaning and disinfection procedures of high touch surfaces is recommended for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- 2. Disinfectant must be:

- a. EPA-approved as a hospital/healthcare or broad spectrum disinfectant
- b. Contain quaternary ammonium
3. Management of laundry:
 - a. Laundry from medical isolation or quarantine patients and cells will be placed in yellow bags and transported in rice bags. Contents should be washed/treated as infectious laundry.
4. Food service management:
 - a. Meals for isolated and quarantined patients should be served in disposable clamshells. If trays are used staff should wear gloves and wash hands before and after handling.
5. Medical waste from medical isolation and quarantined cells can be discarded using the regular waste disposal process.
6. Any individuals involved in cleaning rooms occupied by isolated suspected or confirmed COVID-19 cases, including DOC staff and employed incarcerated individuals, should wear the following PPE: **surgical mask, gown, eye protection and gloves.**
7. Any individuals involved in handling laundry and food services items of patients in medical isolation or quarantine, without entering the cell, should wear the following PPE:
Gown and gloves
8. Rooms occupied by quarantined patients who are moved prior to the complete 14 day period, should be similarly cleaned only by individuals wearing PPE listed above in #6.

H) Recommended personal protective equipment for both Health Services and Prisons/Work Release staff is summarized in the linked [PPE matrix](#).

Release of patients into the community

- 1) Patients in medical isolation: For any patient with suspected or confirmed COVID-19 disease in medical isolation who is releasing from a DOC facility, the Health Services Manager, Infection Prevention Nurse and Facility Medical Director will have a conference call with the COVID-19 medical duty officer (564-999-1845) prior to release for discussion of release planning.
- 2) Patients in quarantine: Upon release from DOC custody while on quarantine status, patients will be provided a surgical mask and will be directed to self-quarantine in their place of residence until the remainder of their 14 day quarantine period. Direction should be given that they should immediately report to their CCO via phone to arrange future reporting requirements.

Transportation of patients with suspected or confirmed COVID-19 disease:

- 1) This section refers to transportation of patients under Washington DOC jurisdiction to or between DOC facilities who are confirmed or suspected (by a licensed medical provider) to have COVID-19 disease. This includes community custody violators, work release/GRE returns, and patients currently housed in DOC facilities.
- 2) No patient with confirmed COVID-19 disease will be transported into or between DOC facilities without approval of the CMO in consultation with the COVID-19 EOC.
- 3) For any patients with confirmed or suspected (by a licensed medical provider) COVID-19 disease being transported into or between DOC facilities custody officers, community custody officers, or

- other DOC staff in close contact with the patient, will don the following personal protective equipment:
- i. A pair of disposable examination gloves
 - ii. Disposable medical isolation gown or single-use/disposable coveralls
 - iii. Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator)
 - iv. Eye protection
 - v. If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.
- 4) The transport vehicle will be cleaned and disinfected after use.
 - 5) For any patients on quarantine for contact with a suspected or confirmed COVID-19 case DOC staff will don the following PPE:
 - i. A pair of disposable examination gloves
 - ii. Disposable medical isolation gown or single-use/disposable coveralls
 - iii. Surgical mask

Contact Tracking and Case Reporting:

1. Cases of suspected and confirmed COVID-19 will be thoroughly investigated by the Infection Prevention Nurse (IPN):
 - a. Review the patient's cell and living unit location, job, classes, etc. to determine who could have been exposed and needs to be quarantined
 - b. The decision to classify a contact as close or high risk and requiring quarantine will be a clinical decision by the IPN taking into consideration the guidance described here. IPNs should strongly consider consultation with a DOC Infectious Disease physician or local/state public health departments if any uncertainty exists regarding how to classify a contact with a suspected or confirmed COVID-19 case.
 - c. A close, or high risk, contact with potential COVID-19 cases will be defined as follows for the purpose of this guideline:
 - i. Being within approximately 6 feet of a person with confirmed or suspected COVID-19 for a prolonged period of time, defined as at least several minutes. Examples include caring for or visiting the patient or sitting within 6 feet of the patient in a healthcare waiting room.
 - ii. Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
 - d. Contact not considered close or high risk include briefly entering the patient room without having direct contact with the patient or their secretions/excretions, brief conversation with a patient who was not wearing a facemask.
 - e. Mitigating and exacerbating factors should be considered in determination of contact risk. For example a suspected or confirmed COVID-19 case will be more likely to transmit disease if they are actively coughing during the contact, and less likely if they are wearing a facemask.

- f. Report the need to isolate a patient and the need to quarantine other patient/s as indicated to the Health Care Manager or designee who will then notify the Superintendent at the facility, Facility Medical Director, and headquarters EOC.
 - g. Enter the information about the case of suspected/confirmed COVID-19 and the information about the exposed patients on the [Influenza like illness log](#).
 - h. The results of contact investigations will be communicated to the Facility Medical Director, HSM, facility Human Resources and infectious disease consultant who will help ensure that people who have been exposed are identified, notified, and all appropriate infection control measures are put in place to reduce transmission (masking, quarantine, cohorting etc.)
2. All COVID-19 test results for DOC patients should be reported via phone to the CMO, FMD, and IPN immediately upon receipt from the testing lab.
- a. The CMO will report test results to the COVID-19 EOC, who will forward to Human Resources for updating of any staff who were identified as potentially exposed through the contact investigation.
 - b. The IPN will update the contact investigation and review medical isolation/quarantine status of the tested and exposed patients after receipt of test results.

Guideline Update Log:

- 1) 3/6/20: Under Health Services Evaluation, section 3.iii, added subsection 3 to include criteria for isolating patients who are suspected COVID-19 who cannot be tested.
- 2) 3/6/20: Under Infection control and Prevention section C.5, d. "COVID-19 patients will not be isolated in an IPU, unless they require IPU level of medical care." was deleted.
- 3) 3/6/20: Under Infection control and Prevention section C.9 added.
- 4) 3/6/20: Section Transportation of patients with suspected or confirmed COVID-19 disease added.
- 5) 3/9/20: Section Contact Tracking and Case Reporting added
- 6) 3/9/20: Section Health Services Evaluation 3.3.2 changed to reflect updated DOH and CDC testing guidance
- 7) 3/11/20: Section Health Services Evaluation part 2 added instruction for donning and doffing PPE.
- 8) 3/11/20: Section Contact Tracking and Case Reporting added guidance and definitions for determining risk of contact with suspected or confirmed COVID 19 cases.
- 9) 3/11/20: Section Contact Tracking and Case Reporting changed COVID-19 log to Influenza-like illness log.
- 10) 3/12/20: Section Health Services Evaluation part 5 Testing Procedure updated
- 11) 3/13/20: Section Testing Procedure information regarding testing through Interpath labs
- 12) 3/17/20: Section Screening Intrasystem Intakes changed to require temperature screening at both boarding and exiting the transport bus.
- 13) 3/17/20: Section Health Services Evaluation 3A (screening question #1) changed from AND to OR
- 14) 3/17/20: Section Infection Control and Prevention changed to reflect updated PPE requirements for staff evaluating quarantined patients
- 15) 3/18/20: Section Infection Control and Prevention changed the duration of medical isolation recommended
- 16) 3/18/20: Section Testing Procedure, deleted #3 regarding Interpath Labs, as they are no longer performing COVID testing
- 17) 3/18/20: Section Health Services Evaluation added information regarding when to order COVID testing in the context of influenza test results

- 18) 3/19/20: Section Infection Control and Prevention, changed criteria for use of N95 mask when in contact with isolated patients.
- 19) 3/20/20: Section Infection Control and Prevention, changed monitoring of isolated patients after they become asymptomatic to once daily at cell front
- 20) 3/25/20: Section Patients at High Risk for Severe COVID-19 added
- 21) 3/25/20: Section Infection Control and Prevention added statement regarding release from quarantine requirements
- 22) 3/25/20: Section Health Services Evaluation added pharyngitis to screening questions
- 23) 3/25/20: Section Infection Control and Prevention, added PPE Requirements for Prisons and Work Release Staff
- 24) 3/27/20: Section Testing Procedure- deleted reference to need for PUI number and approval prior to sending COVID tests to the Washington DOH public health lab
- 25) 3/27/20: Section Release of Patients into the Community added direction for patients on quarantine status at the time of release
- 26) 4/3/20: Section Testing Procedure added NP swab demonstration video
- 27) 4/3/20: Section Infection Control and Prevention added eye protection to PPE needed for evaluation of quarantined patients
- 28) 4/3/20: Section Infection Control and Prevention, PPE for Work Release and Prisons Staff, added criteria for changing PPE for screeners
- 29) 4/7/20: Section Clinical Care of Patients with Suspected or Confirmed COVID-19 added
- 30) 4/7/20: Section Screening added statements about active screening of staff and patients
- 31) 4/7/20: Section Infection Control and Prevention changed waste disposal from biohazard red bag/bin to regular trash bins.
- 32) 4/15/20: All sections changed 'isolation' to 'medical isolation'
- 33) 4/15/20: Section Clinical Care of Patients with Suspected or Confirmed COVID-19 added recommendation to use metered dose inhalers instead of nebulizers for administration of bronchodilators.
- 34) 4/15/20: Section Infection Control and Prevention added link to recommended [PPE matrix](#).
- 35) 4/15/20: Section Release of Patients in the Community changed notification for patients releasing who are on medical isolation
- 36) 4/15/20: Section Clinical Care of Patients with Suspected or Confirmed COVID-19 changed criteria for starting supplemental oxygen to less than 96% on room air
- 37) 4/15/20: Section Testing Procedure added back Interpath Laboratory as they have resumed COVID-19 testing
- 38) 4/15/20: Section Testing Procedure added statement to perform NP swabs of both sides of the nasopharynx

ATTACHMENT 6



**PROCLAMATION BY THE GOVERNOR
AMENDING PROCLAMATION 20-05**

**20-50
Reducing Prison Population**

WHEREAS, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout Washington State as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations, I have subsequently issued amendatory Proclamations 20-06 through 20-49, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations; and

WHEREAS, the COVID-19 disease, caused by a virus that spreads easily from person to person which may result in serious illness or death and has been classified by the World Health Organization as a worldwide pandemic, has broadly spread throughout Washington State, significantly increasing the threat of serious associated health risks statewide; and

WHEREAS, the COVID-19 pandemic has resulted in the requirement to practice safe distancing as described by the Centers for Disease Control and Prevention and the Washington State Department of Health to avoid contracting the virus; and

WHEREAS, although the Department of Corrections has taken aggressive action to mitigate the risk of COVID-19, current statutory barriers limit the Department's ability to respond swiftly to the COVID-19 emergency, including the ability to achieve safe distancing for individuals incarcerated in correctional facilities, by quickly reducing, where possible, the current population of incarcerated individuals at Washington State correctional facilities, a barrier that has become more challenging because there are currently correctional facility staff and incarcerated individuals who have become infected with COVID-19; and

WHEREAS, on March 30, 2020, to reduce the incarcerated population in Washington, I issued Emergency Proclamation 20-35, which removes a requirement to arrest and incarcerate certain individuals who have violated the terms of their community supervision. The Department of Corrections is also now using its administrative authority to release individuals incarcerated on past violations.

WHEREAS, the Centers for Disease Control and Prevention reports that groups at higher risk of severe illness or death from COVID-19 are those over 65 years of age, and people of any age who have certain chronic underlying health conditions; and

WHEREAS, the worldwide COVID-19 pandemic and its progression in Washington State continue to threaten the life and health of our people as well as the economy of Washington State, and remain a public disaster affecting life, health, property or the public peace; and

WHEREAS, the Washington State Department of Health continues to maintain a Public Health Incident Management Team in coordination with the State Emergency Operations Center and other supporting state agencies to manage the public health aspects of the incident; and

WHEREAS, the Washington State Military Department Emergency Management Division, through the State Emergency Operations Center, continues coordinating resources across state government to support the Department of Health and local health officials in alleviating the impacts to people, property, and infrastructure, and continues coordinating with the Department of Health in assessing the impacts and long-term effects of the incident on Washington State and its people.

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, as a result of the above-noted situation, and under Chapters 38.08, 38.52 and 43.06 RCW, do hereby proclaim that a State of Emergency continues to exist in all counties of Washington State, that Proclamation 20-05 and all amendments thereto remain in effect, and that Proclamation 20-05 is amended to waive or suspend specified statutes that prevent, hinder or delay necessary action in coping with the unprecedented demands being placed on our health care system by the COVID-19 pandemic and to prohibit certain activities to assist in relieving these demands on our health care system, and to help preserve and maintain life, health, property or the public peace by granting the governor greater authority to more broadly and efficiently wield his clemency authority to reduce the prison population.

I again direct that the plans and procedures of the *Washington State Comprehensive Emergency Management Plan* be implemented throughout state government. State agencies and departments are directed to continue utilizing state resources and doing everything reasonably possible to support implementation of the *Washington State Comprehensive Emergency Management Plan* and to assist affected political subdivisions in an effort to respond to and recover from the COVID-19 pandemic.

I continue to order into active state service the organized militia of Washington State to include the National Guard and the State Guard, or such part thereof as may be necessary in the opinion of The Adjutant General to address the circumstances described above, to perform such duties as directed by competent authority of the Washington State Military Department in addressing the outbreak. Additionally, I continue to direct the Department of Health, the Washington State Military Department Emergency Management Division, and other agencies to identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.

FURTHERMORE, based on the above situation and under the provisions of RCW 43.06.220(2)(g), I also find that strict compliance with the following statutory and regulatory obligations or limitations will risk reducing the availability of essential services and prevent, hinder, or delay the response to the COVID-19 pandemic State of Emergency under Proclamation 20-05, and that the portion or language of each statutory and regulatory provision specified below is hereby waived and suspended, except as otherwise provided herein, until 11:59 PM on May 15, 2020:

1. RCW 10.01.120 – only the following: “, upon the petition of the person convicted,”
2. RCW 9.94A.565(1) – only the following: “on an individual case-by-case basis”
3. RCW 9.94A.728(1)(d) – only the following: “, upon recommendation from the clemency and pardons board,”
4. RCW 72.09.710(1)
5. RCW 72.09.712(1), (2)
6. RCW 9.94A.729(5)(b) – only the following: “that includes an approved residence and living arrangement. All offenders with community custody terms eligible for release to community custody in lieu of earned release shall provide an approved residence and living arrangement prior to release to the community”
7. RCW 9.94A.729(5)(c) – only the following: “, including proposed residence location”
8. RCW 9.94A.733(1) – the following only: “No more than the final six months of” and “However, an offender may not participate in the graduated reentry program under this section unless he or she has served at least twelve months in total confinement in a state correctional facility.”
9. RCW 9.94A.733(2) – the following only: “and must assist the offender's transition from confinement to the community.”
10. RCW 9.94A.734(4)(a)
11. RCW 9.94A.736(2)(c) – the following only: “through in-person contact”
12. RCW 9.94A.728(1)(c)(iii)
13. RCW 9.94A.728(1)(e) – the following only: “No more than the final twelve months of”
14. RCW 9.94A.728(1)(f) – the following only: “No more than the final six months of”
15. RCW 72.66.036
16. RCW 72.09.270(8)(a), (b), (c)

ATTACHMENT 7

**EMERGENCY COMMUTATION
IN RESPONSE TO COVID-19**

To All to Whom These Presents Shall Come, Greetings:

WHEREAS, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout Washington State as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations, I have subsequently issued amendatory Proclamations 20-06 through 20-50, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations; and

WHEREAS, the COVID-19 disease, caused by a virus that spreads easily from person-to-person which may result in serious illness or death and has been classified by the World Health Organization as a worldwide pandemic, has broadly spread throughout Washington State, significantly increasing the threat of serious associated health risks statewide; and

WHEREAS, the COVID-19 pandemic has resulted in the requirement to practice safe distancing as described by the Centers for Disease Control and the Washington State Department of Health to avoid contracting the virus; and

WHEREAS, the Centers for Disease Control and Prevention reports that groups at higher risk of severe illness or death from COVID-19 include those over 65 years of age, and people of any age who have certain chronic underlying health conditions; and

WHEREAS, although the Department of Corrections has taken significant action to address the threat of COVID-19 to the incarcerated population, it is difficult to accomplish the required distancing for individuals incarcerated in jails and correctional institutions, making it desirable to release certain individuals who are at particularly high-risk of serious health risks due to COVID-19; and

WHEREAS, the worldwide COVID-19 pandemic and its progression in Washington State continue to threaten the life and health of our people as well as the economy of Washington State, and remain a public disaster affecting life, health, property or the public peace; and

WHEREAS, on April 15, 2020, based on the above situation and under the provisions of RCW 43.06.220(2)(g), I found that strict compliance with certain statutes will prevent, hinder or delay necessary action in addressing the unprecedented demands of the COVID-19 pandemic by limiting my ability to release certain populations, including individuals who are vulnerable to complications, from state prisons, and accordingly, I waived and suspended those statutes until 11:59 PM on May 15, 2020.

WHEREAS, I have reviewed all pertinent facts and circumstances surrounding this matter, the circumstances of the involved crimes, and, in light of the foregoing, I have determined that the best interests of justice will be served by this action.

NOW, THEREFORE, I, Jay Inslee, by virtue of the power vested in me as Governor of the state of Washington, hereby COMMUTE the remaining confinement portion of sentences of incarcerated individuals who meet the following criteria and authorize their release from confinement within seven days of this order, or as soon as can reasonably be achieved thereafter:

- Those in DOC confinement: (1) who, during their current period of DOC jurisdiction, do not have a conviction for a violent offense, serious violent offense, or sex offense, as those terms are defined under RCW 9.94A.030; and (2) who have an earned release date before or on June 29, 2020.

PROVIDED, though my recent emergency proclamation waived certain statutory notification requirement provisions, for individual whose release otherwise would have required DOC to provide community or victim/witness notifications, DOC must still make reasonable efforts to provide notification to the relevant parties at least 48 hours in advance of the individual's release from custody under this EMERGENCY COMMUTATION.

FURTHERMORE, the Department of Corrections must keep a record of all individuals whose sentences are commuted under this EMERGENCY COMMUTATION and provide me a final report with that information.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the state of Washington to be affixed at Olympia on this 15th day of April, A.D., two thousand and twenty.

/s/
Governor of Washington

BY THE GOVERNOR

/s/
Secretary of State

ATTACHMENT 8

COVID-19 Incarcerated Population Reduction Efforts | Commutations

On April 15, 2020, Governor Inslee issued an emergency commutation to allow for the release of incarcerated individuals. The commutation is specific to those in custody whose judgment and sentences include only non-violent offenses or drug or alcohol offenses and whose projected release date (PRD) is prior to or on June 29, 2020. It authorizes their transfer from confinement within seven days of the order, or as soon as can be reasonably achieved thereafter.

[Governor's Emergency Commutation in Response to COVID-19](#)

Released

DOC Number	Name	Date Released to Community
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Pending

DOC Number	Name
312933	WESTMAN, Kenneth John
332864	Barron, Miguel Angel
344428	Greger, Scott Howard
355032	Bryant, Randall G
357024	Walkup, Delson Rex
357932	Mallonee, Nicholas J
337787	Roldan-Barrera, Juan Carlos
373877	Dix, James Aaron
366562	Cordero, Thomas Michael II
389522	ODOM, Dennis Ray Jr.
394809	HAUSKNECHT, Matthew Steven
408946	Burgess, Galen
412717	Whitten, Joe Douglass
803837	HUGHES, Robert W
835248	Taylor, William Joe
948318	Vriezema, David Michael
880002	WALTARI, Jamie L
935639	KEYS, Alvin Lee
898207	King, James Alfred

COVID-19 Incarcerated Population Reduction Efforts | Commutations

901802	Davis, Johnathan Marsh
947099	Blackburn, Theroux Dennard
948028	THOMPSON, Vernon Lee
321593	Trevino, Ignacio III
330688	Seiersen, Matthew
382272	Barnes, Rasheed Derrick
397527	Roberson, Kyle Scott
409965	Passmore, Nickolas S
631837	Bjornstad, Jeffrey Allen
750348	Dickerson, Casey Francis
393297	Long, Nathaniel Austin
331297	DESMOND, Joshua Andrew
399592	Hentges, Fletcher Anthony
420319	Marquez, Jorge Antonio
880299	Goings, Sean Paul
382039	Mills, Jonathan Matthew
395816	Shade, Rickey Javone
401411	Hillman, Junior Lee II
401857	Boston, Corbin Dhain
421226	Salcedo, Alexis Yovani
744638	Laico, Anthony Harris
850785	BALLWEBER, Darryl Eric
300377	ALMS, Alan J
833893	Juarez, Giovanni Jermane
354882	Ross, Shawn Myron
421240	Epley, Jeffry Allen
403311	Graham, D'sean Leon
409365	Brooks, Amy J
304679	Balsley, Elliott Dillon
897919	WAKEFIELD, Morgan Nicole
413156	Wagner, Latrel Curry
329593	DEAN, Brandon Joshua
998978	LUCERO, Jessie
300410	IAGER, Kristopher Lee

COVID-19 Incarcerated Population Reduction Efforts | Commutations

730439	EYTCHISON, Scott Edward
323025	MORAN, Shawn Christopher
398789	Frickey, Adam Jerome
335631	Hersi, Mowlid Abdi
375812	Bell, Brandy Ann
360978	Hanning, Clifford Earl
350717	Daniels, Billy Dee
320989	Nash, Jerry Alan
354045	Winkler, Devin Richard Martin
392810	Ellis, Randy Wade
366344	Martinez, Jose Antonio
342210	Mason, Nathan C
366716	Hall, Brandon Kennon
367858	MICHAEL-MURRY, Derrick James
369231	Penselin, Daniel Charles
386711	James, Jeremey Jacob
384386	ANDREWS, Jeremy William
365817	Lake, Logan Matthew
332847	Shenkle, Corey Davis
392044	Perry, Joshua David
392553	Richardson, Jordyn Michael
357168	Aguilar, Fernando Jr.
409271	Deatherage, Joshua Luke
867647	CHEROMIAH, Richard Wayne
312836	TURNBOUGH, Jessica Ann
416169	Serrano, Daniel Ramiro
417205	Ortiz, Teodoro Teran
957620	Mccune, Milo Twin Mitchell
417301	Mclaurine, Kyle Robert
384928	Monge, Alfredo
419369	Proeschel, Cole James
724769	HOLMES, Carl Carr
742604	Williams, Rashaun Montez
761961	ESPINOZA, Marchell Ralph

COVID-19 Incarcerated Population Reduction Efforts | Commutations

897173	Hartzell, Ashley Marie
304882	GONZALEZ, Marty Lee
367650	Hughes, Stephanie Marie
888479	SMITH, Andrew Charlesw
886261	CRULL, Jason Jay
901134	Chilcote, William Frazier
900239	FEIST, Timothy Allen
917664	Switzer, Randy Alan
340083	Joya, Marc Anthony
963416	MILLER, Robert Lee
320058	Repp, Timothy Wayne
400201	Bean, Jeffrey B III
322081	Castilla-Whitehawk, Jimmy Dela
802834	BARTLETT, Bradley Aaron
376724	James, Willie Joseph Jr.
373037	Leon-Guerrero, Michaels M
395795	Pich, Run
404116	Stefoglo, Vitaliy Uriy
826735	PATRICK, Micheal Duane
413728	Koenig, Laine Alexander
420028	Villalpando, Jose Angel
768758	WILMOTH, Ronald Lawrence
846997	Belvoir, Christopher R
884669	HAMILTON, Nathaniel Marcus
410155	Marshall, Justin David
936325	Allen, Jeffrey Raymond
990891	SANDERS, David Michael
313685	Thrall, Brandon Armus
412138	Blanco, Navet
351366	Christensen, Jamie Lynn
872120	ALEXANDER, Success Israel
370301	Scott, Ryan Anderson
409304	Castillo, Ruben Mauricio
777977	WAMSLEY, James Daniel Kenneth

COVID-19 Incarcerated Population Reduction Efforts | Commutations

416600	Handlen, Dennis James
417199	CARDER, Baily Douglas
420867	Damitz, Christopher Robert
421160	Pereira, Joseph William
738943	Nickell, Jimmy L Jr.
311445	Mejia, Roberto Ramon
785792	MADOCHE, Matthew James
816398	BOWERS, Robert Nolan
255641	Thorne, Milo Shawn
372491	Wambolt, Heather Ann
333282	Alvarado, Daniel Jay
892301	LARKIN, Kenneth Wayne
394774	Wilkins, Kimonti Lee
389143	Snaza, Dayne Tyler
421095	Cortez, Alexis
876066	BRISTER, Duane Lyle
328628	FREDERICKSON, BENJAMIN DOUGLAS
389197	Weaver, Steven Ray
358334	Ryan, Joshua Anthony
756274	TOBIN, Jody Lee
833362	Hickson, Benjamin Charles
367156	Xhurape, William Luquin
408828	Clague, Jensen Roger
814578	EWELL, Jason Gerard
894900	Carden, Matthew Russell
324847	JOYNER, SHAWN MICHAEL
353278	Mitchell, Adrian J
377922	Wolfe, Kristina Ann
298582	BROWN, Patrick Timothy
336973	Mcclain, Joshua Lee
784933	Varner, Edward James
416347	Hogback, Stephanie A M
415264	Lopez, Sergio Manuel Jr.
420382	Duarte-Sanchez, David Fidel

COVID-19 Incarcerated Population Reduction Efforts | Commutations

822167	MICKELS, Richard David
865328	Bercier, Chico Lee
765081	BOTTS, Cory Lee
380035	Tufts, Zachary Ryan
311913	BERNIER, Daniel Paul
779544	Pullar, Roderick A
385894	Barouh, David
387872	Mccrory, John Marcus
869853	JENSEN, Randy Lee
369050	Lewis, Dakota D
838441	BRADLEY, Wendell C
417814	Jennings, Rex Tilford
420475	New, Jason Wyatt
421055	Norvell, Michael Eugene
707874	Grossman, Mary Christina
713024	DUGGER, Richard Lamont Jr.
726526	FRANKLIN, Hubert Errol Jr.
758736	Priestman, Noel Daniel
782376	Woodhull, Jayson Henry
360086	Kennedy, Anthony Jon
950250	HUGG, Richard L
360223	Riggs, Adam B
766287	KAUSSHEN, Nicholas Cory
349962	Mathis, Alisha Gabrielle
419246	Stewart, Tanner Denis
405117	Bierig, Adam Dwain
393716	Harmon, Arielle Anne
395969	Stein, Kathleen Candice
414443	Crawford, Jensen Lauren
626255	Vilhauer, James Lee
412305	Delaney, Delihla Dahlia
368341	Campos, Marco Antonio
416023	Evans, Jessie Marie
359176	Hamilton, Patrick Connor

COVID-19 Incarcerated Population Reduction Efforts | Commutations

419076	Felix, Nicholas Andrew
420738	Chacon, Barbara Helena
375139	Hoekstra, Derrick Anthony
393863	Hunter, Deionte De'zaun
872458	Barton, Janet Lynn
361603	Kringle, Tyler David Craig
388956	Scroggins, Corey Michael
321747	Burdick, Matthew Arlington
393337	Martin, Melissa Ann
789851	Pounds, Lee Broom
851907	Renouf, Cheryl Lynn
876947	Berkey, Cody Lee
887780	HICKS, Nathaniel II
361163	Magnus, David Earl
399373	Sewell, Wayne Daniel
315251	LINDQUIST, Patrick Jenner Jr.
402998	Uli, Ethan Solomona
399323	Ray, Lisa Marie
809258	LANE, Shannon Lee
310963	MELENDREZ, Nicolas Jr.
391421	Dorr, Harvey Arnold Jr.
366603	Krout, Daylon Dennisralph
318712	Ramos, Paul Anthony
380080	Holt, Tawnee Marie
399414	Nelson, Skyeler Ivan
344407	SEVILLA-LOPEZ, Jose Victor
401251	Apgood, Jason Dudley
399230	Worden, Tylor James
418360	Bristow, Daniel Paul
406274	Lemon, Phillip Lawrence
365170	Garcia, Louisa Gabrielle
419729	Yusuf, Abdiqadar Dahir
361213	Basaliza, Flaviano Dahilig
420524	Kebzbek, Shane Michael

COVID-19 Incarcerated Population Reduction Efforts | Commutations

713471	CORTEZ, David
389648	Linden, Ryan Wayne
893184	FLORY, Kirk Anthony
943336	HILLS, Derrick
352571	Peterson, Nathan Paul
801140	BECKHAM, Rashad J
864344	REVETRIA, Giovanni Lorenzo
328374	MORRISON, Benjamin Ray
330382	FUNDERBURK, James Royal
333497	TAYLOR, John Michael
333768	Chahal, Balwinder Singh
344035	Cisco, Vinnie Anthony Pj
358794	Burpee, Jason Lee
361281	Svege, Daniel Lee
361560	Lopez-Mendoza, Luis Alfredo
364000	Charpentier, Shawn L
364021	Jackson, Brandon Allan
384942	Blank, Christopher L
385598	Day, Shane Douglas
387665	Autry, Tyler James
897912	Ervin, Michael Tremaine
395197	Kasselder, Nathan Alan
395879	Martinez-Garcia, Candelario
400800	Myers, Mitchell David
897168	SAMUELS, Cory Meutrice
408006	Juarez, Catarino
792511	Hubbard, Larue Jerome
829156	DOBBINS, Jamar Antwan
417860	Boardman, Charles Francis
420864	Nesmith, Richard Thomas
421738	Montes, Alejandro
421893	Cervantes, Lorenzo Montar
422312	Ceron-Guevara, Eugenio
422788	Renteria-Soto, Joel Sisko

COVID-19 Incarcerated Population Reduction Efforts | Commutations

422914	Galvez-Mora, Emilio
422940	Testerman, Steven J
633473	PALMER, Harold Norman
747608	Klees, Kevin Lamont
763353	TAYLOR, Justin David
786990	BARTON, Kenneth Brian
797428	TOOTOO, Jerry Olita
802225	ESPINOZA, Stephen Anthony
820428	LAINE, Johnathon M
820824	Dowd, David James
830853	KENNEY, Christopher James
836120	Mase, Larry Reinhold Jr.
836688	Partin, Vincent J
839330	Austin, Jason Ramon
845290	PAGE, Joseph Lamar
848295	May, Gregory
858910	Hunt, Sean E
793004	ROSIE, Brent James
877133	MANCE, Terrance L
889414	MCKENZIE, JEREMIAH S
893557	NORRIS, Matthew Paul
297714	DAVIS, Brian Arvid
411441	Brown, Makayla Ann
381377	Smith, Riley D
332538	SNYDER, Cody Christopher
304935	WASHINGTON, Anthony Tyrone
316656	BARAJAS, Adam Gerardo
324773	VENEGAS, Oscar
326325	Wright, Cougan John
331771	Gunn, Jace William
338762	Dobbs, Timothy John
342861	SAGE, Jake Randall
349093	Hoston, Michael Duane Jr.
354894	Goeringer, Franklin Lee

COVID-19 Incarcerated Population Reduction Efforts | Commutations

355557	Boneclub, Damien Bob
368677	Duggins, Robert Paul
377843	Schmidt-Shin, Niko Dayne
382355	Swan, Travis Eugene
405226	LINEHAN, William
385652	Kocourek, Joseph Rudolph
386710	Estep, David Allen
392166	White, John Christopher
340510	Baker, Sarah N
400874	Baggett, Christopher Lawrence
415636	Hudson, Dashawn Marquis
833163	Taylor, Henry Lee Jr.
380205	PATRI-WILLIAMS, Michael Douglas
412425	Weaver, Ryan Edward
418345	Reeves, Keith Zakeen
419380	Petersen, Zachary Bjarne
419491	Lara-Velazquez, Julio A
419571	Church, Christopher Shane
419939	Barrientes, Fernando
421054	Castilla Grados, George G
422485	Voss, Donald Keith Jr.
768394	Mccloud, Siloyant Lashmere
397929	Hedrick-Guy, Terrence M
755594	Hicks, Ronald Douglas
835657	SMITH, Mark Charles Sr.
314211	Muffett, Galaxy Ray
845297	GLICA, David Raymond
845479	MCCLAIN, Tony Allen
383880	Morales, Ricardo
888473	STEVENS, Daniel Anthony II
894451	Lira, Jerod Jesse
931340	Cole, Kenneth Eugene
987256	Mack, Alvin Marcellus
358274	MABRY, Michael Timothy Fair

COVID-19 Incarcerated Population Reduction Efforts | Commutations

412893	Nichols, Tamaree Darlene
911352	Alex, Scott Lee
365589	Lewis, Erin Nicole
372963	Gonyea, Bobbie L
320124	BOND, Dianna Marie
376304	Brooks, Michelle Lee
384744	Rodrigues, Amanda Lauri
395675	Orr, Brittnie Nichole
419959	Glenn, Shanderrica Demondshae
399625	Julius, Rebecca Naomi
404382	Harris, Lucille Ann
411184	Masterson, Bethany Joanna
804287	Olsen, Kody Dean
415480	GONZALEZ, Tomie Rene
416143	Luna, Aerial Rose
419702	Hellsund, Emily Elisabeth
420172	Herrera, Jacy Fonceca
407720	Cisneros, Isaac James
793033	Lippincott, Lisa Marie
829140	Monzon, Yolanda Rosa
845952	DELOE, Rochelle Lavon
944043	Alexandress, Christina Marie
304784	KLATUSH, Connie Joy
408452	Punsiri, Mallery Kay
304179	DEPAZ, Marcos Antonio
355241	Curtis, Kelsey Jo
363767	Hamilton, Jillian Renee
948421	Palmer, Patricia Ann
311026	Griffin, Keunte Adaryll
272270	FIELDS, Quentin Leonard
990753	HORSMANN, Steven Patrick
419106	Stephens, Jordan Gunter
896644	Kyllonen, Aaron E
898984	LEBAR, Allin Fredrick

COVID-19 Incarcerated Population Reduction Efforts | Commutations

366089	Johnson, Jeffrey Jihad
403547	Spencer, Mary Darlene
322034	TAUFETEE, Randall
406834	Maez, Madison Jade
407488	Lynch, Erica Lee
311239	Villa, Marco Antonio
413446	Miller, Sally
415849	FULTON, Derri Sue
415936	Ives, Briana Dawson
416376	Delay, Kimberly Robin
417024	GONZALEZ, Susan Marie
419421	Wilder, Kristen N
720840	BIGGART, Tammy Lynn
743576	WINDERS, Holly June
774634	THOMAS, Brenda Lee
331487	MORNINGSTAR SOLIS, Andres M
853680	GEORGE, Amanda Lynn
857127	TREPANIER, Sandra Susie
417831	Ortega-Misacango, Oscar Alfredo
402412	Lucca, Andre James Jr.
370771	Temperio, Ryland James
994224	Dean, Daniece Shabri
361162	CELIS, Jeffrey Indalecio
404042	Rogers, Taylor Marie
834538	Kennedy, January Marjorie
409643	Johnson, Paul Henry
850356	Wick, Shaun Bradley
419631	Yarrington, Zakery Wade
380608	Sally, Brandon Kyle
420795	Troxler, Derek A
801853	Grantham, Jonathan Wayne
421096	Romero, Matthew Lloyd
343451	Cole, Dustyn James
878082	Gambill, Jason Everett

COVID-19 Incarcerated Population Reduction Efforts | Commutations

348543	Bennett, Cameran Michael
355590	Woodward, Dominic Nathaniel
366058	Miles, Taylor Christopher
632302	BYRUM, Jerry Lynn
371226	Heaps, Curtis Jason
376617	Rojas, Orlando
387521	Morales, Kennedy
390960	Boal, Geoffrey Daniel
398548	Burton, Alex James
844397	MANY, Siphone
407799	Shaw, Kyler Dakota
395558	Kudla, Jordan Christopher
414473	Duncan, Douglas Daryl
405988	Rold, Annmarie A
418034	Porter, David W
405691	Hamilton, Joseph Michael John
817026	Bailey, Dustin Lee
819359	REGAN, Eric Patrick
840334	THORNTON, Nathan Leroy
889367	Bethea, Altravis Champagne
418817	Padilla, Francis Charles
390221	Mcghee, Eric Raymond
373577	Delarosa, David Dean Jr.
414332	Proulx, Ryan James
362454	Weaver, Jeffrey Thomas
369856	AIELLO, Anthony Donald
371952	Manlove, David Emory
372371	Espinoza, Michael R
894548	BURDICK, Christopher A
392064	Snyder, Mathew Allan
416597	Vanorden, Alex Eugene
793049	NANTHAVONGSA, Hatsada
828273	OLSSON, Michael James
419242	Ruiz-Camacho, Miguel Angel

COVID-19 Incarcerated Population Reduction Efforts | Commutations

402650	Smith, Depree Ramone
299476	KENFIELD, Gordon Lee
304887	Fuaau, Tupo Jimmy
337930	Turner, Zackary Johnathan
354077	Weller, Peter Marcus
864909	Storm, Robert J
308699	SAFFORD, Sonda Lynn
385219	Henneman, Jeramie Lee
385387	Conn, Jeffrey Alan
387116	Nguyen, Cuong-James Dang
403732	Fitzgerald, Demont Jerome Jr.
410343	Taylor, Charles Earl
412630	Inman, Austin William
393126	Erlewine, Amanda L
286739	FIELD, Norman Jay
401641	LEE, Terence James Summers
419306	Grothe, Steven Vincent
420131	Davidson, Mitchell Reed
420311	Winter, Raleigh Eugene
421665	Pendleton, Jamie C
419805	Enyeart, Michael Aaron
892531	SHAW, Nathan Allen
366340	Cartier, Scott James
398603	Petrovskiy, Maksim Konstantin
863497	PIKE, Tammy Lynn
830662	Stone, Jesse Abrahm
352073	Davis, Joshua Earl
841732	REBUelta, Carlos
843335	Andrews, Cory Dean
876647	HAYES, Nathan J
886650	MCGRIFF, Herman Laran Jr.
928230	Ybarra, Harry Eugene
931222	Williams, Anthony L
422555	Mccombs, Nikkia Ella V P

ATTACHMENT 9

PRESS RELEASE: Corrections Announces Upcoming Transfer of Individuals Back to the Community

Released April 16, 2020

Contact [Corrections' Joint Information Center](#) ☒ (425) 754-4939
Department of Corrections

TUMWATER – The Washington State Department of Corrections is planning for the transfer of incarcerated individuals back to their communities. The goal in transferring a limited number of individuals to the community is to provide more physical distancing within the state’s correctional facilities.

The Department is implementing strategies to reduce the population in state correctional facilities, while also considering public safety. The strategies focus on individuals who are not currently incarcerated for violent or sex offenses and nearing the end of their incarceration.

It will be confirmed by correctional staff that individuals transferring to the community will have an established address and a current Washington State identification, and that the current sentence being served is for non-violent or drug/alcohol related offenses.

On April 15, 2020, Governor Inslee issued an [emergency commutation](#) ☒ to allow for the release of incarcerated individuals. The [commutation](#) ☒ is specific to those in custody whose judgment and sentences include only non-violent offenses or drug or alcohol offenses and whose projected release date (PRD) is prior to or on June 29, 2020. It authorizes their transfer from confinement within seven days of the order, or as soon as can be reasonably achieved thereafter.

In addition to the Governor’s commutation, based on [Governor’s Proclamation 20-50 Reducing Prison Population](#) ☒, Secretary Sinclair will take additional measures to provide more physical distancing. The [Rapid Reentry program](#) ☒ allows incarcerated individuals an opportunity to serve an expanded portion of their sentence of confinement in the community on electronic monitoring (up to six months). Individuals are subject to their conditions of supervision and, if they violate those conditions, could be returned to confinement. Individuals are included who meet the [Centers for Disease Control guidelines](#) of those at higher risk for health complications related to [COVID-19](#).

By the statutory furlough authority granted to Secretary Sinclair, he will be granting [emergency furloughs](#) ☒ to those incarcerated individuals in work release settings, as established through careful legal advisement and statutory reviews. Furlough means an authorized leave of absence for an eligible individual, without any requirement that the

individual be accompanied by, or be in the custody of, any corrections official while on such leave. Furloughed individuals are subject to their conditions of furlough and, if they violate those conditions, could be returned to confinement.

The steps being taken this week represent the latest work in the agency's diligent efforts to preserve the health of institutions and all people – staff and incarcerated individuals.

63
Shares

ATTACHMENT 10

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

Rapid Reentry is a response to the COVID-19 pandemic within the incarcerated population. RCW 9.94A allows partial confinement options as a method to reentry. The Department of Corrections utilized a modified version, by proclamation and policy decision, of graduated reentry. Individuals will be transferred to an established residence and placed on electronic monitoring to complete their sentence of confinement. These individuals will be monitored by correctional specialists in the community. Individuals are subject to their conditions of supervision and, if they violate those conditions, could be returned to confinement. The list of individuals is subject to change based on an ongoing review.

Transferred

DOC Number	Name	Date transferred to the community
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Pending

DOC Number	Name
315561	QUANTRILLE, Dale Allen
327920	MCGILL, JACOB K
338502	Hill, Benjamin J
343602	Zwiefelhofer, Richard Starkey
343776	Spencer, Adam L
363406	Bravo, Ryan Alexander
370863	Mosley, Marcus Tyler
374175	DURON, Lazaro
380590	Forsyth, Jason David
382632	Cory, Matthew Allen
395744	Greenen, Sterling Kyler
407885	Barber, John Neal
411720	Gerber, Dylen C
414607	Rodriguez, Leo A
416529	Severson, Ryan David
419524	Rice, Andrew P
740804	CUEVAS, Samuel D
752792	Roybal, Kristopher K

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

757134	Tschabold, Timmy Bill
796943	TUCKER, Michael Jerod
798061	Mckibben, David W
895392	Mora-Lopez, Martin Oscar
300760	MAXWELL, Aaron A
321810	Spears, Dustin Andrew
341149	Bryan, Brandon Timothy
345863	Antoine, Isaiah J
349633	Robles, Edgar
367907	Seymour, Justin Leon
368387	Hightower, Travis Anthony
371999	Henry, Christopher T
373175	Kolle, Danny T
376825	Floyd, Michael W
378179	Hubbs, Michael Gene
379185	Arehart, Christian Lee
388492	Shaffer, Jason Paul
394316	Porter, Jerry Dean Sr.
400263	Clark, William Lee
404295	Rainford, Jack Torres-Lee Jr.
404529	Barnes, Dallas Lee
407018	Buxton, Christifer Scott
411380	Testerman, Michael J
414430	Martinez, Luis Antonio
415156	Ramirez, Alberto Adelaido
421497	Tudor, Daniel John
717195	Savage, Scott Edward
735562	Saucier, Joseph Robert IV
752568	JONES, James Edward
752874	Watkins, Marcus Trunsae
758123	COLEMAN, Michael Lewis
773234	O'hair, Allen Ray Jr.
782369	MURPHY, Thomas Joseph
835446	LOW, Stephen Glen

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

842685	Keith, Rian Floyd
843137	NICHOLS, Kevin W
850166	DYKEMAN, Martin Eugene
883541	PAJAS, Daniel Joseph
888038	HOWDESHELL, Tristan Lee
898512	SOUTHER, Benjamin Joseph
917763	TATE, Travis Clay
990432	Idlett, Darryl E
991868	JONES, Tracy Eugene
312818	Wysgoll, Reinhard Georg
323290	Mickens, Arthur W
326034	ROSI, Daniel Ray
340096	Hooper, Christopher E
347213	Satterwhite, Aliajuan Lee
354663	Jaramillo, Clovy J
366730	Macias, Gilberto
372075	Garcia, Carlito Angelino
410536	Colson, Justin Brade
415091	Ziegelman, Kyle Lee Jr.
871768	ROE, Jeremy Arthur Michael
888518	BURKE, Sean Michael
899594	Gallardo, Adrian Sebastian
321528	POWELL, Larry Lamont Jr.
322224	Henry, Claude Andrew
344841	Smith, Thomas Gregory Leonard
350864	MORENO, Eduardo Gonzalez
360972	Bazan, Jesse Santos
376579	Crockett, Anthony Marshall
389662	Beasley, Kevin Ray
397359	Foster, Carlos Antonio Jr.
406523	Devore, Corey W
983691	Eckstrom, Emil T
266990	Mcneal, Ronald William
319404	Roy, Mercer Homer

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

331143	STRICKLIN, Brian Darold
347242	Mayo, Laurence Jamal
377394	Cunningham, Christopher Willia
384802	Knutz, Ryan Lewis
388288	BROWN, David Michael III
398447	Wolfe, Michael Christopher
403225	Corkum, Bernie Ernest
406296	Tuttle, Robert Allen
409036	LUNDQUIST, Cory Aaron
414457	Wood, Gary Michael
418712	Cade, Evan Reid
420274	Ramirez, Juan Antonio Jr.
420943	Wilmarth, Eric Richard
421376	Brookshier, Shad Ryan
421572	Moe, Jon Russell
422137	Trout, Steven Michael
422257	Zimin, Veniamin Inokentevich
811216	LASATER, Dustin Martin
819741	VERES, Steven Lee
825310	PATE, Shane Forrest
829553	NEWMAN, Willis Cornell
886047	Usher, Will W
890620	ANDERSON, Jacob Arthur
948864	Coleman, Corey Blaine
949088	Speegle, Steven Anthony
992086	BASS, Steven
287011	RICKARD, David Robert
303224	MCCARTY, Dean Jesse
326297	SOLIS, Jose Pedro
336495	Anderson, Jeremy Ceylon
344891	Porter, Troy Scott
345192	Ashlock, Dustin Alan
350912	Bacon, John Harley
360381	Baker, John Michael

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

362784	Cissney, Jason Allen
366783	Warfel, Travis James
370967	James, Richard Alan
371030	Budnick, Deadreon Demmeco
375698	Miller, Joshua Blake
376121	Faletogo, Ieti Jr.
382808	Donohue, Jeremy Nathan
384166	Anderson, Peter Ramon-Allen
384519	Della, Sean Vince
387632	Wright, Joseph Scott
390062	ROWLEY, William Daniel Morris
392125	Chandler, Jason Raymond
392749	Taylor, Ryan James
394733	Bacon, Loran Thomas
404010	WOODRUFF, Cory Michael Leroy
406280	Goodlake, James Edward
406808	Harris, Ronald Amir
408100	Fitzgerald, Brandon J
409786	Mulkey, Samuel Wesley
411889	Holland, Chance Michael
412095	BARRIGA MORENO, Enrique
414288	Bennett, Dwayne A
415783	Montano-Armenta, Roberto E
417889	Wallace, Blake W
418494	Wilson, Robert Ernest
419934	Thompson, Bobby Savion
420378	Kinkel, Samuel James
421602	Sital, Brendan
421619	Woodward, Joseph P
421656	Beaver, Keonte L
711076	Elmer, David Wayne
719671	Kupfer, Raymond Lee
730835	Knittle, Steven Scott
745607	Grant, Jerome A

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

755434	MORRIS, Jackson Harold
779674	POLLEY, Edward Kai
795631	BOYD, Michael J
810591	Ellingsworth, Kenny Throne
818476	Gayden, Seth Owen
818972	Filitaula, Fagalulu Feau
829463	NICHOLSON, Terrence Russell
868631	LINCE, Cody John
879801	Mayhall, Jonathan Davis
885032	OTTOSEN, Bart Jason
927311	Hulsey, Jerry Allen
933572	Barbour, Scott Graham
935238	DAVIS, Gary Loyd
953924	Rouse, Daniel Lee
973376	SIOLO, Faapalemata
302443	DAVIS, Christian K
336899	Russell, Victor Daniel
339555	Miller, Aaron A
340670	Kitchen, Joseph Rex
366436	Stith, Curtis James
377033	Okoro, Allen Maurice
381321	Perez, Jorge
383964	Orton, Gatlin B
385057	Cyr, Johnny Ray
395854	Lucero, Damien Louis
395894	Chavez, Michael Lee
400818	Garza, Andres Ivan
410904	Randall, Ross Lee
418180	Foote, Tony Robert
421637	Guzman, Michael Angel
759638	RIGGS, Stewart Michael
773951	Tangen, Leighton Alvis
789555	Jackson, Nicholas Wesley
803613	DALE, Theodore Spencer Jr.

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

809856	Schauman, Eric J
816809	MORRIS, Stepney Dylan
838875	RIGELL, Kenneth Jerome
864176	Ehrhardt, Joseph Oryan
867139	ADAMS, Derik Lee
880784	FOSTER, Russell Shane
893270	BAILEY, Michael Carl
997597	HEARD, Demario
308648	GONSETH, Jeremiah Lee
343148	Mcauley, Casey Lee
365638	Hunt, Paul R
373613	Estrada-Simon, Tyler
374276	Moore, Antonio G
374471	Thompson, Nicholas Dean
376202	Taylor, Cole Emerson
377197	Peterson, Dillon Joseph
380782	Huggins, Joshua L
396206	Blair, Preston Pyers
399640	Drew, Brandon Scott
411829	Tuupo, Ueese Sue
413306	Hudson, Robert Lee
415295	Kremel, Kael Cody
415846	Cooper, Dylan D
416799	Walker, Patrick Alan
420577	Mueller, Diamond Duane
735208	Grant, Travis Vernon
758656	Dougal, Daniel John Walter
798197	Ash, David Charles Jr.
805188	CODY, Thomas Jacob
823696	Perez, Santiago Jesus
827745	WEBB, Timothy James
832223	Paung, Bunareth Hong
837441	STRODE, Kyle Kenneth
844974	MCARTHUR, Cory Raymond

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

845749	Langevin, Aaron Todd
852465	STONE, Ryan Clark
853730	LARSON, Brice Michael
873512	EVERETT, Samuel Thomas
885094	MOWRY, Jason Robert
890034	Lester, Bryan Mathew
892075	FRANCIS, Dennis Duaine Jr.
307131	PULIDO, Adrian Salgado
342518	Wilson, Ryan Jeffrey
364913	King, Christopher James
382723	Jacoby, Jordan Allen
388416	Mercado-Angulo, Ricardo
406167	Roberts, Aikeem Lloyd
700280	Steele, Jerome Kenneth Jr.
309561	CLARKSON, Martin Joshua
388423	Prince, Isaiah Alanzo
422563	Clarke, Rashad
761793	BENSON, Cornell Jr.
825941	Dunkle, Jerome Mojeca
857264	MCMULLEN, Richard Stanley
906286	LARSON, Bud Alec
316713	Marin, Patrick Alexandros
344602	Alvarez, Isaac Garcia
700910	SOROS, Paul Thomas
837239	Morales, Oscar Angelo Jr.
846383	Vanwinkle, Jason
312312	SHARP, Stetzon Wayne
315973	Reid, Richard Ellis Jr.
319525	RENFROE, Christopher Adam
346167	Denham, Jesse Franklin
363906	Woods, Tyreese Rishawn
392218	Pinckney, Cecil Rene
409063	Norton, Matthew Eilert
415707	Seyferth, Daniel H

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

416981	Tipler, Tegan A
420310	Nagori, Fraaz Nahbub
761512	CAMPOLI, Vincent Rudolph
771718	SARCIA, Mecollins Jesus
812996	EDWARDS, Garrett James
888753	WILSON, Chester Woodrow
895050	SENG, Davith
974314	CLOUSE, Michael Kenneth
276616	EBE, Kurt Joseph
315247	WILGUS, Adam Scott
317844	JACKSON, Paul James
324483	Wageman, Joshua Lewis
328555	CREWS, Brandon Rishawn
331209	WEST, Brian Leon
366206	Olson, Colton Joseph R
370918	Walker, Nickalis C
372405	JACKSON, Dajuan Wayne
389437	Taylor, Larry K
389710	Skyta, Jason Leigh
391292	Watts, Justin Theodore
405403	Hackworth, Patrick Carl
407248	Reynolds, Kevin Lee
410680	Aguada, Zosimo Jumanan
413377	Mitchell, Barry Gene
414286	Schrock, Michael Alan
417346	Melena, Juan Jose
421074	Cozzutto, Nathaniel Paul
421182	Boyles, Charles Henry III
421587	PILAR-GUZMAN, Ismael
713861	RUELOS, Justin Wayne
722329	REISDORPH, Wayne Robert
734806	COOPER, Charles Alfred Jr.
784850	Chavez, Roberto Angel
844451	Viena, Mark J

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

856570	FRIO, Jason Lee
876175	Ercanbrack, Thomas Michael
923891	HOUSE, Robert Maurice
957513	Nelson, Jay Allen
346030	Bradford, Camela Lavett
348032	Martin, Jami P
366838	Handley, Ashley Nichole
368577	Walker, Bria Beatrice
370522	Farley, Melissa J
371963	Rawley, Rachel Cinda
372534	Courser, Morisa Annemichele
372783	Hernandez, Rose Alexandra
376074	Stafford, Darlene Joyce
379170	Willard, Samantha R
384509	Hinesley, Amber Lynn
394525	Linville, Michelle Lee
397683	MERCADO, Lisamonique Ann
406994	Bailey, Britney Nichole
411789	Bolanos, Denise Monique
413598	Wilsey, Amy Elizabeth
415911	Johnson, Janice Kimberly
418306	Tisler, Nicole Realynn
420290	Avery-Dickerson, Ashley Nicole
420708	Barron, Gricelda
421039	Zaragoza, Chrlynn
421944	Stewart, Kymberlee
422055	Stone, Taira Lee
422322	Boak, Cierra Shalyn
775578	Clark, Michell Rae
787267	WOMACK, Susan
796033	Dillon, Destiny D
803764	FRARY, Jean Renee
827554	ALVARADO, Nicole Marie
848289	MATHIS, Angel Marie

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

878389	ANDERS, Danna Nicole
889614	MILLER, Nadine
292587	SIMPSON, Keith Gerald
303654	Dibble, Michael Allen Edward
312553	THORNTON, Scott Allan
329763	STEVENS, James Walter
337447	BUIE, Ryan Dieter
363466	Yazdani, Jahangir Robert
372038	Spadoni, Jay Robert
377993	Wheeler, Zachary Bryant
382856	Bigsby, Brandon Michael
384087	YANEZ, David Francisco
388657	Ly, Liem V
391346	Hatfield, Paul Gallaron
394079	Knapton, Christopher Dean
415260	Rader, Andrew Thomas
418269	Patterson, Paul Parker
714131	Tirey, Andrew Jacob
760057	Rhodes, Jeffrey Stephen
830866	SEAMAN, Theodore Alan
885042	Budde, Johnathan Russell
943761	MCGONAGLE, Scott James
965613	Cook, Douglas Harold
299125	EDWARDS, Allen Dale
317498	JONES, Jarrod Lee
350114	Ward, William Elliot Maceo
350565	COHEN-DOYLE, Jonathan Michael
359091	Ward, Ryan Daniel
368177	Ricardez, David William
381448	Woodfill-McNutt, Daniel Jesse
407216	Montano, Jesus Davalos
409458	Gutierrez, Francisco Espinoza
410038	Lopez, Hipolito Gonzalez
411539	Salinas, Jaypee C

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

418768	CHRUN, Virith
419894	Chavez, Fernando Gutierrez
420187	Hernandez-Ramirez, Juan Rudolfo
420273	Martinez, Obed Eduardo Guerena
421526	Hatcher, Micah Seth
421534	Hu, Jiewei
421791	Corrales, Gerardo Cota
776184	Winkler, Robert Martin
865187	TIBBS, Kenneth Ray
896610	HENRY, Tujuan Arness
948823	SIMON, Gregory Mark
955252	Torrez, Joaquin Garcga
386136	Hall, Nico Louis
391892	Lambert, John William
896062	VASQUEZ, Francisco
352536	Solis, Victor Leon
419381	HOKAMA, Derek John
421964	Roark, Trenton Dwayne
800096	GONZALES, Jaime Salvador Silva
871605	ALVEAR, Evaristo Manuel
246580	HALL, Adrian Lee
280126	WILLNER, Thomas Paul
285103	James, Terrell
290053	EDISON, Thad Randall
292432	SMITH, Terry William
303626	Perszyk, Todd Michael
307355	Cook, Christopher Paul
307456	BUNTON, Jack Arthur
313234	ARNOLD, Brian Joseph
324034	Newsham, Travis L
328220	MILLER, William Russell III
331799	ETUE, Michael D
339929	Crawford, Charles Dean
341258	Weaver, Adam Ryan

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

343545	Tolbert, Dwayne J
353099	Youngbrandt, John Sundance
353679	WILLIAMS, Collins Sylvester Jr.
354056	SUMNER, Harley Michael
355919	Larios, Eduardo
361183	Schneider, James Allen Jr.
362052	DELGADO, Johnny Jr.
362110	Phelps, Randle Kyle
363754	Gunter, Clarence George Calvin
366153	Gutierrez-Cervantes, Antonio
366231	Jones, Bradley Thomas
368554	Tapia, Gustavo Junior
370537	Morgan, Bud Eugene Jr.
374553	Ley, Augustine Ruben
374734	Packer, Andrew Marvin
375464	Black, Lorenza Antar
379044	Jules, Benjamin Jerome
386340	Milner, James Glenn
392104	Pruitt, Jared Walter
392697	Alvarez, Miguel Angel
393647	Rhodes, Kevin Christopher
396053	Dinel, Brian James
396250	Taylor, Christopher Alan
396935	Kean, Anthony Michael
397695	Krume, Joshua R
398112	Pete, Ira Charles
398262	Scamolla, Jayme L
400203	Collette, Kaden Theodore M
402179	Willis, Brian Alan
404466	Armstrong, Loren Jonathan
404579	Langston, Calvin J
405626	Sullivan, Jeremiah John
405837	Howard, Stephen D
405864	Smith, Kolten Andrew Dean

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

405941	Hernandez De La Cruz, Magdiel
408117	Urps, Wyatt Dwayne
408427	Thompson, Riley Patrick
409274	Glass, Joshua G
409826	Donelan, Edward Jerome IV
410267	ROJAS, Rigoberto Lopez
410363	Wolf, Brandon Lee
410502	Bodak, Travis R
410933	Cunningham, Jacob Gopal
411984	Bickle, Jason Michael
413134	Arnett, Brandon Eugene
415211	Foo, Bevan Yeow Bee
416611	Smith, Jory
417203	Reyes, Luis Natael
417274	Powless, Brian Alexander
418164	Mcfarland Galey, Jordon M
419796	Patterson, Tyler Zachary Knapp
419804	Enriquez-Hernandez, Octavio
420659	Tucker, Christopher James
420682	Ortiz, Ruben William
421968	Rasaphangthong, Sisavath Vot
422035	Anderson, Jerod Lee
422066	Brimeyer, Edward Nicholas
422310	Lopez, Jose Luis
422385	LOPEZ, Jose Adrian Flores
422428	RUIZ-PINEDO, Ricardo
422492	Morrisette, Jordan Christopher
422781	Ray, Joseph
422827	Robinson, Kenneth
422901	Best, Jordan Lee
422905	Guinn, Patrick Vaughn
422960	Turner, Adam Lee
423025	Johnson, Jordan Andrew
705408	JOHNSON, Steven Mark

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

710550	HILLS, Chuckie Varnado
717305	Olson, Jermey Antone
717915	Pedrioli, James D
720349	ECK, Daniel Joseph
725897	Langston, Charles Christopher
744442	Desmarais, John Michael
747890	BEAMAN, Kenneth Eugene
749955	ZAMMITO, Gary Howard Jr.
753103	Mccuaig, Roy Pongu
754203	Vandermeer, Daniel Mark
770682	YALLUP, Sean Kelly
775602	PAPPAS, Peter Gregory IV
776308	BROWN, Marlon Andre
779548	STUART, Timothy Lee
784458	PRAIN, Michael Craig
792166	TRICE, Danny
794965	DIAZ, Abraham G II
797326	CAIETTI, Joseph Richard
799772	BOYLAN, Joseph Ole
800404	DICKEY, Kevin Patrick
825576	Sabala, Tino
837070	HARRIS, Michael Anthony
840881	CAVAZOS, Armando Zenon
842988	Dreyer, Robert Russell
844354	Martin, Clayton Tyrone
853787	MOSES, Andrew Duane
864739	Mckinney, William Alfred Jr.
878982	Meikle, Joshua Christian
879651	NGUYEN, Phat Thanh
885389	LEONARD, Dustin Shane
885754	COOPER, Daniel Craig
891354	Arturo, Flores
908257	Berra, Leroy K
919117	DENO, Daniel Paul

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

941817	JONES, Barry Okeefe
946499	BLEVINS, Roy Johnny
954182	Golden, Carl Adam
964155	Anello, David Peter
978732	MAKI, David Michael
980760	Metherd, David Alan
347314	Brink, Zachary Elizah
361127	Fuller, Bryan Scott
362289	JENSEN, Jason Michael Eamon
367367	ROCKWELL, Kevin Richard
372852	Morse, Shawn Patrick
401597	Skinner, Daniel Isaiah
402560	Parlette, Peter L
414508	Williams, Quinzy Ezekiel
422254	Mcintyre, Tyler Christopher
793688	Nguyen, Thanh Ngoc
810624	VALDEZ, Fernando
824387	Poeschl, Shane Stakeen
874222	DYER, Michael Joshua
933613	Watkins, Mylon Granville
300325	PENNY, Brandy Lee
300768	Carter, Shanna Ann
331405	Barton, Danille Marie
349298	Vance, Ariel Arlene
351026	BLONDEN, Kasey Lynn
360422	Hammer, Jamiee Nicole
371636	Glover, Kaela Mae
379963	Steele, Jessica Jayne
383228	Marchand, Tammy
388855	LOMBARDO, Nicole L
396375	MAISONET, Angelina Kristina
416413	Phillips, Keianna Leashea
418050	Funk, Tara Marcella
730877	Lynch, Jennifer Anne

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

820973	WENTLAND, Danielle Erica
848629	Whetsell, Jacquelyn Rae
875470	Ellington, Kyra Chambreya
880674	HUSTED, Angela Marie
924270	EMERSON, Tina Marie
971355	Lombardi-Moores, Barbara Jean
309863	Moriarty, Jamie Lynn
317888	BATES, Tomika N
331546	DELAVERGNE, Sophea Melisa
344145	Dean, Heather Dawn
366254	Bond, Miranda Elizabeth
367498	Gorden, Rachel Auvin
369135	Strong, Kasia Trish
369170	Paden, Echo Kaylee
369543	Bramlett, Lindsey Erin
380301	Armstrong, Traniece Lashe
390686	Lamere, Dawn Marie
393112	Hall, Lauren Elizabeth
409835	Coleman, Kylee A
417046	Christensen, Heather Lynn
417581	Groat, Raven Brianne
418950	Newsom, Breanna Marie
419977	ALAMO-ANGEL, Mayra Esperanza
421157	Pedersen, Amanda Marie
757324	Evans, Crystal June
848267	MCFERON, Deborah Louise
870446	PLUMLEY, Tammy Lynne
872756	Mello, Kandis Lynn
894113	HICKS, Heather Marie
899186	KELTNER, Devenee Jean
936863	HOUGH, Kathleen Ann
956287	SANCHEZ, Darcee Elizabeth
396458	Thompson, Sierra Leanne
413908	Demam, Megan Taylor

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

419696	Espinoza, Emily J
821021	THOMPSON, Leeann E
368018	MCCRAY, Je'vante' Taymar
395809	Hester, Sebastian Earl
396796	Donald, Jenoa Devon
408341	Heaverlo, Robert Brewer
413268	Murray, Christopher Michael
415003	Mendez, Robert Jr.
419473	Ravenel, Darrin Joshua
731192	OSBORNE, Charles Eldon
838835	HOVEY, Lucas James
907927	RAMEY, Donnie
311575	DAVADI, Hugo Enrique
313180	GARCIA, Daniel
331420	RUNYON, Kyle Dean
340278	HYDE, Gerald Alan
346506	Lee, Christopher Ray
349839	Terwisscha, Brandon Lain
351714	PUGADELAROSA, Rigoberto
358197	Loshbaugh, Tyler J
362740	Casillas, Alonso Jesus
364342	WHITEAKER, John J
372324	Hiett, Taylor John
374375	SLOANE, Randy E
377185	Salazar, Enrique Omar
382108	STEENECK, Bricen Jacob
387509	Bennett, Brandon Ray
390204	Robertson, Cedric Maurice
399546	Miller, Christopher William
403903	Berg, Takoda James
410905	Hawkins, Brandon Rae
419214	Moore, Raynee Dakota
420483	Kessel, Mark Dean
421239	Martin, Travis Joe

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

702846	TOLF, Sean Christopher
757803	Smith, Jim Steven
809288	GILSTRAP, Casey Lee
819239	DAVICK, Zeb Thomas
839745	HALTOM, Christopher Lee
851316	Rosales-Carrillo, David S
895432	MCMULLEN, William Roy
960875	Baldwin, Robert Dean Sr.
316118	Gorham, Kyle Jeffrey
340211	Ross, Jacob Lawrence
351048	Rushing, Thomas Brian Jr.
357886	Marsh, Duncann Thomas
364732	Thurman, Erin Ray
379650	Carlson, Cameron Dean
390832	Bates, Samuel Benjamin
415220	Brooks, Gregory Stephen
421669	Kelley, Jeremy James
752993	Williams, Jeremiah M
755733	Jones, Ryan Matthew
795071	HALL, Shannon Thomas
834063	Cook, Allen Daniel
844340	Niemi, Andrew James
887283	Chesney, Taraille Dajuan
984353	CASE, William Allen
292556	Morrison, Robert Milton
306379	Brame, Zachary Allen
323892	Henneford, Matthew Ryan
338642	Edison, Javurae Taevon
349110	Jerome, Chiman Walks Far
357207	Craig, Cory Lee
361723	DAL SANTO, Joseph Leo
364698	Aultman, Jory John
372949	Demmick, Jordan Tyler Michael
375273	Ford, Seth Geronimo

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

384501	RUSSELL, Larry Eugene
384521	Kellems, William Bartholemew
394084	HARP, Andrew Sylvester
398538	Williams, William H
406844	Cuffe, Timothy Michael
410224	White, Stefan S
411519	Cali, Christopher Ray
413903	Winkler, Keith Edward
418727	Main, Joshua David
419125	Embry, Helmut Friederich
421098	Bradley, Branden Lee
421243	Kane, Aaron Michael
421496	Crazybull, Mitchell I
628964	GOOCH, Kenneth Dale
630386	Begg, Allen Lockie
705978	HAWKINS, Derrel Devon
745776	Saeturn, Sarn Vang
749606	WILSON, Jason Alan
753416	EARLY, Richard L
764312	Gatlin, Jeremy Randall
767765	WILLIAMS, Daniel Lewis
777576	Cobb, Ec Edward
791908	Hartman, Ronald Anthony Jr.
807346	Knudson, John A
813606	CRISWELL, Jesse Lee
828274	CAPSHAW, Michael Anthony
841905	SCHMID, Frank Joseph
855517	BUSSELL, Joshua Joseph
855980	GONZALEZ SANTIAGO, Carlos
878151	LAWRENCE, Christopher Charles
879615	JOHNSON, Joshua Allen
884330	MCKINNEY, Ontario Tyrell
892333	WILSON, Daniel James
894363	LE NORMAND, Donald Lawrence Pat

COVID-19 Incarcerated Population Reduction Efforts | Rapid Reentry

895647

BENNETT, Jason Scott

ATTACHMENT 11



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
1115 Washington Street SE, Olympia, Washington 98504-5010

April 15, 2020

TO: DSHS Community Services Division
DOC Prisons Division
DOC Reentry Division

FROM: Babs Roberts, Director
DSHS Community Services Division

A blue ink signature of Babs Roberts, Director of DSHS Community Services Division.

Robert Herzog, Assistant Secretary
DOC Prisons Division

A blue ink signature of Robert Herzog, Assistant Secretary of DOC Prisons Division.

Danielle Armbruster, Assistant Secretary
DOC Reentry Division

A blue ink signature of Danielle Armbruster, Assistant Secretary of DOC Reentry Division.

SUBJECT: Expedited Access to Public Benefits for Rapid Reentry

As part of our statewide response to the COVID-19 crisis, the Department of Corrections (DOC) will begin to implement rapid reentry transfers to a portion of the prison population that meet a specified criteria. Over the coming weeks, a number of incarcerated individuals will be transferred into our communities.

To ease and aid in that transition, the DSHS Community Services Division has entered into a temporary agreement with the DOC to expedite the application for public benefits programs for this group of individuals. Below is a high-level overview of the process that will be put into place immediately, enabling individuals transferring from prison to complete and submit their application for benefits prior to transfer. Upon transfer, they will need to contact DSHS to complete their interview in order to determine their eligibility for assistance and gain access to benefits. Timely access to vital reentry resources plays a key role in an individual's transition, and furthers the missions of both agencies; to transform lives by reducing poverty in a way that eliminates disparity, and keeping communities safe.

Expedited Access to Public Benefits for Incarcerated Individuals

The following outlines the process to access public benefits for the population identified for rapid reentry.

1. DOC will provide an application for cash and food assistance to the incarcerated individual. Identified staff may be asked to assist an individual with the process of filling out the application based on the individual's ability to complete on his/her own accord.
2. Upon completion, the application will be given a designated facility Point of Contact (POC).
3. POC will scan/email application to DSHS HIU Applications Unit. Once received, DSHS HIU will enter application information into the ACES benefit system. (Email address will be active week of 04/13/2020 – Faxed applications will be accepted if email box is not operational)
4. Incarcerated individual will call DSHS/CSD Customer Service Contact Center no sooner than their day of release to complete the interview portion of the application. Unless there are outstanding circumstances that need to be verified, an approval or denial of benefits will occur immediately upon completion of the interview. If an individual has access to a telephone post-release, they should be instructed to call the DSHS/CSD Customer Service Contract Center as soon as possible to complete the interview. If the individual does not have access to a telephone post release, the facility will need to make accommodations to facilitate the telephone call on the day of release.
5. After benefits are approved, an EBT card will arrive at the address provided by the applicant within 2 days. Individuals that have general delivery as an address will need to make arrangements to pick up their EBT card at an identified DSHS Community Service Office.

DSHS Call Center Interview Phone Number: 1-877-501-2233

DSHS Fax Number in lieu of email address: 1-888-338-7410

Thank you for your continued efforts during this time of crisis. It is truly amazing to see the power of our organizations work together to protect and provide for our most vulnerable.

ATTACHMENT 12

COVID-19 Incarcerated Population Reduction Efforts | Work Release Furlough

Furlough means an authorized leave of absence for an eligible individual, without any requirement that the individual be accompanied by, or be in the custody of, any corrections official while on such leave. Furloughed individuals are subject to their conditions of furlough and, if they violate those conditions, could be returned to confinement.

Transferred

DOC Number	Name	Date Transferred to Community
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Pending

DOC Number	Name
341421	Michel, John Henry IV
353876	GONZALEZ, Jose Luis
400920	Darnell, Patrick Lee
404644	Rubio, Armando Arturo Jr.
408309	Feduska, Marcus Alen
417105	Powell, Giovanni Alexander
405346	WRIGHT, Donte Orlando-David
881391	Walker, Benjamin Michael
312393	Owen, Christopher Allen
391826	Snyder, Michael Shane II
304484	Thorson, Kyle Lee Jr.
305848	LARUE, Jessie Lee
316695	SIMMONS, William Joe Mccloud
375491	Smalley, Jarrin Allen Michael
385910	Smith, Christopher William
416501	Carter, Clayton Sean
417286	DERRICK, Jenifer Irene
712126	NORMAND, Darryl Wayne
764821	ROBINSON, Kevin Shawn
335694	Standley, Clayton Dewayne
354628	Carlson, Joshua Michael

COVID-19 Incarcerated Population Reduction Efforts | Work Release Furlough

373775	Singleton, Chadrick Cory
404421	Rivero, Kiri Danielle
417903	Roy, Shane Robert
419460	Macomber, Grant Zenas
737212	PONDELICK, Raymond Miller Jr.
340379	Rogers, James Kim
400605	Jorgenson, Patrick Edward
413179	Mcelroy, Amanda Anne
956797	HOLLIDAY, Brian Keith
985896	Bonner, Jeffrey Lynn
315658	Martin, Lindsay M
409512	Crape, Kaily Grace
419203	Jenkins, Brianne Louise
303680	FOJT, John Thomas
353336	HARRIS, Jamall Othello
832852	HOUMANN, Michael Edward
868533	Ngo, Tuan Anh
374179	Thomas, Colton Magee
712999	Salazar, Jesus
809422	Miller, Redeagle Pete

ATTACHMENT 13

Field Offender: GAD, Fady Yousry (409793)

Gender: Male	DOB: 03/19/1989	Age: 31	Body Status: Active Field
RLC: LOW	Wrap-Around: No	Comm. Concern: No	Location: Lynnwood CCO
SED: 04/26/2023			CC/CCO: Vang, Yeehang (BV90)
	County SO Lvl:	ESR SO Lvl:	SRD: 04/27/2020

Details

Date & Time Created: 04/16/2020 02:10 PM
 Offender Location At Occurrence: Not Unique
 Date & Time Of Occurrence: 04/16/2020 02:00 PM
 DOC No.: 409793
 Offender Name: GAD, Fady Yousry
 Author Name: Vang, Yeehang
 Events: Arrest (AR) ,
 Law Enforcement Contact (CT)

Text

Per IMRS from CCS Holmes, On 04/16/20, CCO Yeehang Vang received notification that offender Fady GAD #409793 was being released from confinement on 04/15/20 at the Monroe Correctional Complex (MCC) after his violation confinement sanction had been modified. GAD was subsequently released 04/15/20 and transported directly from MCC to the Lynnwood Field Office. He was given instructions to report again in person 05/11/20 and to re-engage in mental health treatment. On 04/16/20, DOC received notification that GAD had been arrested on new charges. According to Brier Police Department incident report #2020-00001035, Brier police were dispatched to a call of a report of threats at approximately 1824. The reporting party said she had received a number of messages from GAD via Facebook at about 1700 where he called her uncle a "faggot" and to "tell your dad his days are numbered." The reporting party said she was not "friends" with GAD on Facebook, but viewed his public profile after she received the messages and noted he had posted public comments that he was going to "kill everyone." As Brier PD was investigating the threats, they became aware that Snohomish County Sheriff's Deputies were in a standoff with GAD at his listed residence. The Brier PD officer then pulled up GAD's public Facebook profile and noted GAD had posted the following: "I am ready to die for this shit that the difference between me and y'all," "Still waiting on that warrant pussies," "Call Jay Inslee see if he will get you that warrant," and "Please stay home if you don't want to get caught in the crossfire." According to SCSO Incident #2020-00056442, Deputies were initially called by a high school acquaintance of GAD's due to threats. The reporting party said that GAD had shown up at his residence and threatened to kill the reporting party, their family (including father, mother, and 3 younger brothers), and to burn down the house. The reporting party was concerned for their welfare, and felt that GAD could carry out his threats. Deputies went to GAD's residence and observed a vehicle associated with him at the house. They located several family members of GAD's in the garage. The family members said they had not been expecting GAD to release and when he arrived at the residence, he had nearly assaulted his father when the family did not want to give him keys to his car. After he had become aggressive with his father, they gave up the keys and he left. It is suspected that is when he drove to the high school acquaintance's house and made threats. The family said they had called for a mental health evaluation and were waiting for police escort for the evaluation. The family members indicated GAD was upstairs in the residence. Officers spoke to GAD through an open screen and told him to come outside. He responded by yelling, "Get the fuck out of here!" GAD was advised he was under arrest for threats and warned that if he did not exit the house, Deputies would get a warrant to enter the residence to arrest him. He responded, "Fuck you nigga try and get a warrant" as

well as repeated profanities directed at the officers. Several more deputies arrived and surround the house to provide containment. A warrant was granted by Judge Kurtz via email at approximately 2033. Deputies deployed a pepper balls through a window and simultaneously breached the main door of the house through the garage using a sledgehammer. Once inside, they observed GAD without his shirt and with his hands in the air. He complied with verbal directives to get on the ground, was restrained, and removed from the residence. While the arresting deputy was transporting GAD to the Snohomish County Jail, GAD said, "Jay Inslee is my homie." When asked to explain that statement, he said he had been released from the Monroe Correctional Facility the same day of the incident per the Governor's orders to release prisoners due to COVID-19. GAD is currently being held in the Snohomish County Jail for Obstruction (\$1,000 bond) and Threats to Kill (\$10,000 bond).

CORRECTIONS DIVISION ATTORNEY GENERAL'S OFFICE

April 17, 2020 - 4:54 PM

Transmittal Information

Filed with Court: Supreme Court
Appellate Court Case Number: 98317-8
Appellate Court Case Title: Shyanne Colvin et al. v. Jay Inslee et al.

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- janet.chung@columbialegal.org
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- jmidgley@aclu-wa.org
- jstarr@perkinscoie.com
- kcpaciv@co.kitsap.wa.us
- leeme@seattleu.edu
- ltsuji@perkinscoie.com
- matthew.segal@pacificallawgroup.com
- mmc@smithalling.com
- nblock@co.skagit.wa.us
- nf@neilfoxlaw.com
- nick.allen@columbialegal.org
- nick.straley@columbialegal.org
- nikkita.oliver@gmail.com

- pamloginsky@waprosecutors.org
- pleadings@aclu-wa.org
- rachael@dr-wa.org
- riddhi@svlawcenter.org
- rtyler@perkinscoie.com
- sbuergel@paulweiss.com
- talner@aclu-wa.org
- tdavis@aclu-wa.org
- teresa.chen@piercecountywa.gov

Comments:

Sender Name: Kathy Anderson - Email: kathy.anderson@atg.wa.gov

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Address:

Corrections Division

PO Box 40116

Olympia, WA, 98104-0116

Phone: (360) 586-1445

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