IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLORADO

Civil Action No. 20-cv-00977-PAB-SKC

THOMAS CARRANZA; JESUS MARTINEZ; RICHARD BARNUM; THOMAS LEWIS; MICHAEL WARD; COLBY PROPES; and CHAD HUNTER,

Defendant.

Plaintiffs, on their own and on behalf of a class of similarly situated persons,

٧.

STEVEN REAMS, Sheriff of Weld County, Colorado, in his official capacity,

DEFENDANT'S NOTICE OF COMPLETE COMPLIANCE WITH THIS COURT'S PRELIMINARY INJUNCTION ORDER [ECF 55]

Defendant Sheriff Steven Reams ("Sheriff"), by and through his counsel, Matthew J. Hegarty, Esq., Andrew D. Ringel, Esq., and John F. Peters, Esq., of Hall & Evans, L.L.C., hereby respectfully submits this Notice of Complete Compliance with this Court's Preliminary Injunction Order [ECF 55], as follows:

I. INTRODUCTION

On May 11, 2020, this Court issued its Order granting in part and denying in part Plaintiffs' Motion for Preliminary Injunction. [ECF 55]. This Court granted Plaintiffs "a limited preliminary injunction" focused on this Court's definition of "medically vulnerable" inmates constituting some of the Plaintiffs. In its Order, this Court directed the Sheriff to

implement six policies at the WCJ by May 18, 2020, and May 21, 2020. This submission provides this Court with the Sheriff's complete compliance with this Court's Order.¹

II. COMPLETE COMPLIANCE WITH ORDER OF MAY 11, 2020

A. Identification of "Medically Vulnerable" Inmates by Inmate Number:

Initially, this Court "ORDERED that, on or before May 18, 2020, at 5:00 p.m., defendant shall certify to the Court that he has compiled a list of those persons ("medically vulnerable inmates") currently held at the Weld County Jail who have one or more of the following conditions: are 65 years and older, have chronic lung disease or moderate to severe asthma, have serious heart conditions, are immunocompromised, have severe obesity, have diabetes, have chronic kidney disease and undergoing dialysis, or have liver disease. Defendant shall provide to the Court and plaintiffs a list of medically vulnerable inmates by inmate number, identifying for each what risk categories the inmate has and explaining what process he used to identify medically vulnerable inmates." [See ECF 55, at 37-38].

As outlined in the attached Second Supplemental Declaration of Captain Matthew Turner and Declaration of Undersheriff Donald Patch, the Weld County Sheriff's Office ("WCSO") and the Weld County Jail ("WCJ") in consultation with WCJ contracted medical provider Turn Key Health Clinics, Inc. ("TKHC") engaged in a comprehensive effort to identify those "medically vulnerable" inmates in the WCJ pursuant to the criteria provided by this Court. [See Second Supplemental Decl. of Captain Matthew Turner ("Turner 2d")

¹ The Sheriff's Submission should not be construed as his agreement with this Court's Order or a waiver of his right to appeal the Order under 28 U.S.C. § 1292(a)(1).

Supp. Decl."), ¶¶ 8-24, Exh. F; Decl. of Undersheriff Donald Patch ("Patch Decl."), ¶¶ 8-24, Exh. G]. All inmates housed within the WCJ on May 13, 2020, were interviewed by TKHC medical staff. Initially, the questioning of all inmates began with the following verbal statement: "Hi, we are conducting a screening of all patients in the facility to determine if you are considered medically vulnerable to COVID-19." Next, all inmates were asked if they are 65 years of age or older. Finally, all inmates were asked if they had any of the following chronic health conditions: chronic lung disease or moderate to severe asthma; serious heart conditions; immunocompromised; severe obesity; diabetes; chronic kidney disease and undergoing dialysis; or liver disease. [See Turner 2d Supp. Decl., Exh. F, ¶ 19; Patch Decl., Exh. G, ¶ 17]. And any inmate arriving at the WCJ following the completion of this screening through 8:00 AM on May 18, 2020 (the latest time the report could be run in time to meet this Court's deadline of 5:00 PM today) was also asked the same questions with the same introduction of the question being related to being "medically vulnerable" to COVID-19 as defined by the Court. [See Turner 2d Supp. Decl., Exh. F, ¶ 22; Patch Decl., Exh. G, ¶ 20]. The responses were compiled and then provided to this Court along with this submission. The data reveals a total of 89 inmates presently in the WCJ who are "medically vulnerable inmates" based on the definition adopted by this Court. These inmates represent less than 20% of the WCJ's total inmate population current as of 8:00 AM May 18, 2020.2

² For purposes of comparison, the TKHC medical staff also asked every current and incoming inmate through 8:00 AM on May 18, 2020, screening questions to determine whether they qualified as a "medically vulnerable inmate" based on the definition advocated by the Plaintiffs in this litigation. [See Turner 2d Supp. Decl., Exh. F, ¶ 18; Patch Decl., Exh. G, ¶ 16]. Plaintiffs' definition of "medically vulnerable" inmates

All "medically vulnerable" inmates as defined by this Court will continue to be tracked by the WCSO in the WCJ jail management system. [See Turner 2d Supp. Decl., **Exh. F**, ¶¶ 11-12; Patch Decl., **Exh. G**, ¶¶ 10-11]. All new arrivals at the WCJ will be screened during the book-in process under the same protocol to ascertain whether they are "medically vulnerable" inmates. [See Turner 2d Supp. Decl., **Exh. F**, ¶¶ 11-12; Patch Decl., **Exh. G**, ¶¶ 10-11].

B. Social Distancing of "Medically Vulnerable" Inmates:

Next, this Court "Ordered that, on or before by May 21, 2020, at 5:00 p.m., defendant is ordered to institute the following policies or procedures in the Weld County Jail: (1) A policy ensuring that, to the maximum extent possible considering the Jail's physical layout, population level, and classification needs, medically vulnerable inmates are 'socially distanced' from other inmates housed in the Jail. If social distancing is

was considerably broader than the definition adopted by this Court and included all inmates 55 years of age or older and also included many more chronic health conditions. [See Turner 2d Supp. Decl., Exh. F, ¶¶ 18, 20; Patch Decl., Exh. G, ¶¶ 16, 18]. The responses were compiled and have been provided to this Court along with this submission. The data reveals a total of 390 of 450 inmates presently in the WCJ who are "medically vulnerable" inmates based on the expansive definition advocated by Plaintiffs and rejected by this Court. [See Turner 2d Supp. Decl., Exh. F. ¶ X]. Plaintiffs' "medically vulnerable" inmate definition represents approximately 87% of the total current inmate population at the WCJ, approximately 4.25 times greater than the "medically vulnerable" inmate definition adopted by this Court. [See Turner 2d Supp. Decl., Exh. F, ¶¶ 20, 24, 25; Patch Decl., Exh. G, ¶ 18]. These findings are consistent with the WCJ's prior analysis of the issue and conclusion that almost everyone then in custody of the WCJ fit Plaintiffs' broad definition of "medically vulnerable" inmates. [See Turner 2d Supp. Decl., Exh. F, ¶ 20, 24, 25; Patch Decl., Exh. G, ¶ 18]. As articulated during the April 30, 2020, hearing before this Court, the Sheriff's, the WCSO's, and the WCJ's efforts to address COVID-19 at the WCJ therefore necessarily focused on all the inmates rather than a subset of "medically vulnerable" inmates, particularly given the fluctuation of the number of "medically vulnerable" inmates based on entries and exits from the WCJ daily.

effectively impossible for some or all of the medically vulnerable inmates in the Jail, such policy may be supplemented by housing medically vulnerable inmates together in one or more pods." [ECF 55, at 38].

The WCSO analyzed and assessed the issue of socially distancing "medically vulnerable inmates" and arrived at the following policy:

In light of the importance the Court assigned to social distancing of "medically vulnerable" inmates as defined by the Court (the definition used in this paragraph and all subsequent paragraphs) from all inmates who did not qualify as such, and considering the WCJ's physical layout, population level, and classification needs: the "medically vulnerable" inmates will remain in their current cohorted "family units" to the extent they are cohorted only with other "medically vulnerable" inmates in those cells; the WCJ will treat "medically vulnerable" inmates as a Special Management population with in the WCJ; all housing units presently containing "medical vulnerable" inmates will go on modified lockdown protocol; the WCJ will stagger period release of "medically vulnerable" inmates and cohorts for their "hour out" under this modified lockdown protocol, so "medically vulnerable" inmates are not out at the same time as inmates who are not "medically vulnerable" inmates, and only in groups of no more than 10 total persons (exclusive of jail staff, e.g., up to 9 inmates and 9 Detentions Division Deputy); and to the limited extent inmates who are not "medically vulnerable" currently are in a cell with those who are "medically vulnerable," the WCJ will move the inmates who are not "medically vulnerable" out of those cells and will reassign them as appropriate throughout the WCJ and in consideration of both Covid-19 and non-Covid 19 factors which affect where inmates can be housed in the WCJ to the maximum extent possible.

[See Supplemental Decl. of Sheriff Steven Reams ("Sheriff Supp. Decl."), ¶ 15, Exh. H].

As outlined in detail in the Supplemental Declaration of Sheriff Steven Reams, in arriving at this policy, the WCSO took into account all applicable factors with regard to how the WCJ must make individual inmate housing decisions. Those factors include the COVID-19-related factors as well as all non-COVID-19-related classification factors. [See Sheriff Supp. Decl., Exh. H, ¶ 16]. Specifically, regardless of the COVID-19 pandemic,

the WCJ is required to make classification decisions for purposes of housing all inmates based on all of the many individualized factors relevant and appropriate to such decisions. [See Sheriff Supp. Decl., Exh. H, ¶ 16]. General classification issues are required to be considered related to this issue. [See Sheriff Supp. Decl., Exh. H, ¶ 16]. Moreover, considerations of the physical space available to the WCJ to house "medically vulnerable" inmates provided a significant constraint on the ability to single-cell such inmates. [See Sheriff Supp. Decl., Exh. H, ¶ 16]. Finally, the WCSO had significant concerns about moving "medically vulnerable" inmates from current living arrangements because of the potential for spreading COVID-19 based on the movement of inmates alone. The Sheriff describes the decision-making of the WCSO in this regard, as follows:

- e. Presently 89 WCJ inmates are "medically vulnerable," but unfortunately they are completely spread out amongst almost every custody level in the WCJ, in both male and female populations, with a variety of criminal charges, and both convicted individuals and pretrial detainees.
- f. Even in the event the WCJ inmate population reaches a low enough number to allow the WCJ to realign its inmate housing situation such that even half of the "medically vulnerable" inmates could be single-celled, several points of consideration create grave concerns and counsel strongly against doing so:
 - i. Single-celling all "medically vulnerable" inmates will negatively impact non-"medically vulnerable" inmates exponentially as an increased number of non-"medically vulnerable" inmates would have to be celled together, necessitating the "mixing" of inmates and the creation of new "family units" which of course potentially increases the risk of transmission of COVID-19.
 - ii. Although the Court made allowance that, if social distancing is effectively impossible for some or all "medically vulnerable" inmates in the WCJ, such policy may be supplemented by housing "medically vulnerable" inmates together in one or more pods, we are concerned this will not be workable either. Our concern is because of what I will call the "nursing home effect". That is, should a "medically

vulnerable" inmate contract COVID-19 in such a situation, that inmate would be in close proximity to **all** "medically vulnerable" inmates in the WCJ, thus undoing what the Court presumably was trying to accomplish by means of this allowance, and the risk of spreading COVID-19 to other "medically vulnerable" inmates would be much too great. I read news reports indicating that, in April 2020, in a residential, non-hospital care nursing home facility in Greeley, 14 residents died due to an outbreak, and similar outbreaks were seen in facilities like these across Colorado and throughout the United States.

iii. Moreover, mass movement, reallocation, and dispersal of inmates from their current locations within the WCJ to new locations within the WCJ would be extremely disruptive to the safety and security of the WCJ, its inmates, and my Detentions Division staff. This is true both because of the potential increased spread of COVID-19 from such movement and intermingling of prior "family units," but also because of the general safety and security considerations involved in wholesale movement of inmates in a jail setting.

[See Sheriff Supp. Decl., Exh. H, ¶ 16].

The new WCSO social distancing policy for "medically vulnerable" inmates is the most efficacious policy tailored to the physical layout, population level, and classification needs of the WCJ and an appropriate response to specific COVID-19 concerns of moving inmates to different cohorts and "family units" yet keeping social distancing for everyone as much as possible given such factors. [See Sheriff Supp. Decl., Exh. H, ¶¶ 16-17].

C. Intake of "Medically Vulnerable" Inmates:

In addition, this Court "Ordered that, on or before by May 21, 2020, at 5:00 p.m., defendant is ordered to institute the following policies or procedures in the Weld County Jail: ... "(2) A procedure, as part of the intake of new inmates into the Jail, for medically vulnerable inmates to be singled-celled or otherwise socially distanced, to the maximum

extent possible considering the Jail's physical layout and classification needs, while housed in the transition unit." [ECF 55, at 38].

The WCSO analyzed the issue of addressing "medically vulnerable" inmates arriving in booking and intake at the WCJ and determined the following policy was appropriate considering all relevant factors:

To the maximum extent possible considering the WCJ's physical layout, population level, and classification needs, "medically vulnerable" inmates as defined by the Court who are admitted to WCJ's intake/transition units must be housed in a cell within such unit alone and away from other inmates. If it is not possible to house a "medically vulnerable" inmate alone in a cell within an intake/transition unit due to the WCJ's physical layout, population level, and classification needs, that inmate must be housed in a cell within an intake/transition unit with no more than one other inmate, which inmate must also be "medically vulnerable," in accordance with cohorting practices the CDC specifically outlines and endorses. If, despite this allowance, it still is not possible to house a "medically vulnerable" inmate either alone or with only one other "medically vulnerable" inmate in a cell within an intake/transition unit due to the WCJ's physical layout, population level, and classification needs, and no other option is apparent, Detentions Division Deputies must contact a Shift Sergeant for guidance immediately.

[See Sheriff Supp. Decl., **Exh. H**, ¶ 19]. The Sheriff explained the process by which the WCSO arrived at this policy in his Supplemental Declaration. [See Sheriff Supp. Decl., **Exh. H**, ¶¶ 20-21].

D. Enhanced Sanitation Procedures for "Medically Vulnerable" Inmates:

Further, this Court "Ordered that, on or before by May 21, 2020, at 5:00 p.m., defendant is ordered to institute the following policies or procedures in the Weld County Jail: ... "(3) A policy of enhanced sanitation procedures in areas where medically vulnerable inmates are housed. This may include expanded use of professional cleaning services of the Jail and/or increasing the frequency with which trustees clean common

areas in non-trustee pods. Such policy should be compliant with CDC guidelines for cleaning and disinfecting practices." [ECF 55, at 38].

Following an assessment and analysis of all relevant factors, the WCSO determined the following policy was necessary and appropriate:

Detentions Division staff, and not existing professional cleaning staff or inmate Trustees, will conduct enhanced sanitation of housing units housing "medically vulnerable" inmates as defined by the Court. Prior to "medically vulnerable" inmates entering any common area, Detentions Division staff will spray HALT disinfectant spray on all surfaces in the common area open for use by "medically vulnerable" inmates allowing 10 minutes of contact time for complete disinfection to occur before "medically vulnerable" inmates enter. Common areas will be limited in size for "medically vulnerable" inmates (to half the typical common area) to ensure complete cleaning of phones, tables, handrails, bathroom facilities, sinks, toilets, and other similar common-area equipment inmates use regularly. "Medically vulnerable" inmates will be encouraged to practice social distancing continuously, to disinfect any commonly used equipment on their way out and their way in, and to increase their own cleaning practices to include frequent hand washing and personal sanitation. "Medically vulnerable" inmates who willfully refuse to adhere to recommended practices to prevent the spread of COVID-19 despite such encouragements will be noted in the WCJ records management system. Whenever possible, "medically vulnerable" inmates will be housed in cells giving them immediate access to bathroom facilities (wet cell) within limits of the WCJ's physical layout, population level, and objective classification requirements. Personal hygiene supplies and HALT disinfectant spray bottles will continue to remain available to all inmates, inclusive of "medically vulnerable" inmates, without cost. In the event the WCJ inmate population reaches a low enough threshold that "medically vulnerable" inmates can be further distanced from non-"medically vulnerable" inmates, when considering the WCJ's physical layout, population level, and objective classification requirements, then every effort will be taken to do so while maintaining such objective classification. If it becomes possible or appropriate to do so, despite the concerns outlined above, units housing only "medically vulnerable" inmates will be attempted, with particular emphasis on ensuring that movement to this type of housing authorization can be done on more than just a "short term" basis. Limiting movement from one housing unit to another to ensure prevention of cross-contamination from one population to another population is consistent with the WCJ's strong desire to ensure the health and safety of all involved. Increased supplies of HALT disinfectant spray have been obtained and increased mask orders have been placed, yet increased professional cleaning services may be required to augment what Detentions Division staff will be doing if this COVID-19 pandemic continues past the next 90 days.

[See Sheriff Supp. Decl., **Exh. H**, ¶ 23]. The Sheriff explained in detail why Detentions Division Deputies will need to be utilized for this cleaning protocol because of the lack of the availability of resources of either inmate Trustees or professional cleaning staff for this purpose. [See Sheriff Supp. Decl., **Exh. H**, ¶¶ 24-25].

E. Obtaining Additional Inmate Masks:

Moreover, this Court "Ordered that, on or before by May 21, 2020, at 5:00 p.m., defendant is ordered to institute the following policies or procedures in the Weld County Jail: ... (4) A plan to obtain a sufficient number or type of masks so that inmates do not need to wear them for more than their intended duration or so that inmates may be able to clean them. ... Defendant shall explain in such report what steps the Jail has taken to acquire an adequate mask supply for inmates housed in the Jail." [ECF 55, at 39].

The WCSO has already implemented the following plan for obtaining additional surgical and cloth masks for all inmates in the WCJ:

SURGICAL MASKS: On April 24, 2020, my Office placed an order via the Weld County Office of Emergency Management ("OEM") for 1,000 surgical/procedure masks specifically for inmate use. Then, on April 28, 2020, my Office received 750 surgical/procedure masks of the 1,000 it ordered. On May 5, 2020, my Office placed a second order via OEM for an additional 1,000 surgical/procedure masks, again specifically for inmate use. Then, on May 8, 2020, my Office received all 1,000 of these surgical/procedure masks it ordered. On May 12, 2020, my Office placed a third "standing order" via OEM for 1,200 surgical/procedure masks, once again specifically for inmate use, which assuming it can be satisfied will provide a sufficient supply of such masks to reissue WCJ inmates new masks every 72 hours. Since this is a "standing order," the supply of 1,200 masks will sustain for approximately one week, then be replenished as

scheduled for resubmission on a weekly basis. This "standing order" via OEM will remain in place until an adequate supply of reusable cloth masks can be obtained.

CLOTH MASKS: In addition, after several days of searching, my Office identified two vendors to obtain reusable cloth masks, both of which have an estimated turn-around time of early June 2020 to deliver them. On May 13, 2020, my Office placed an order with both vendors, for 3,400 masks total and specifically for inmate use, which will ensure a ready supply to provide each inmate with two cloth masks and also will afford enough time to order a resupply if needed to ensure an available stock of masks. My Office also obtained information from the Colorado Department of Corrections ("CDOC") concerning a new program administered by the CDOC and the Office of Governor Jared Polis to provide reusable cloth masks to county detention facilities like the WCJ. To my knowledge, my Office was the first county detention facility in the State of Colorado to apply for such masks under this program, and on May 14, 2020, we applied for 1,600 reusable cloth masks, once again specifically for inmate use. However, we have not yet received any confirmation on whether or when those particular reusable cloth masks will be delivered as of the time of the completion of this Declaration.

[See Sheriff Supp. Decl., **Exh. H**, ¶ 27]. The Sheriff explained the process by which the WCSO arrived at this plan in his Supplemental Declaration. [See Sheriff Supp. Decl., **Exh. H**, ¶ 28].

F. Increased Monitoring of Symptoms for "Medically Vulnerable" Inmates:

Finally, this Court Ordered that, on or before by May 21, 2020, at 5:00 p.m., defendant is ordered to institute the following policies or procedures in the Weld County Jail: ... (5) A policy providing for increased monitoring of medically vulnerable inmates for symptoms of Covid-19." [ECF 55, at 39].

Application of all relevant factors after analysis has led the WCSO to adopt the following policy concerning increased monitoring of symptoms for "medically vulnerable" inmates:

The WCJ medical staff, who are TKHC personnel, will perform four "daily checks" on inmates who are classified as "medically vulnerable" as defined by the Court These daily checks will consist of full symptom screenings according to the attached second updated screening protocol [which I understand also to be **Exh. F-2** to Captain Turner's Second Supplemental Declaration, as may be further enhanced by TKHC in the future] combined with temperature checks. These measures for the "medically vulnerable" inmates will be in addition to the daily checks and monitoring of non-"medically vulnerable" inmates which already were occurring well prior to April 30, 2020.

[See Sheriff Supp. Decl., **Exh. H**, ¶ 30]. In his Supplemental Declaration, the Sheriff explained in detail how the WCSO arrived at this policy and the specific factors relevant to the policy including monitoring requirements mandated by the Colorado Department of Corrections, Community Corrections, and Colorado Mental Health Institute at Pueblo. [See Sheriff Supp. Decl., **Exh. H**, ¶ 31].

III. ARGUMENT

Since the date this Court issued its Order partially granting the Plaintiffs' Motion for Preliminary Injunction and otherwise denying that Motion, the WCSO has worked very hard to assess and implement this Court's Order in the six areas outlined above. All considerations leading to the policies and plans adopted by the WCSO in compliance with this Court's Order are outlined in detail in the Declarations provided to this Court and their attachments. The Sheriff and the WCSO strongly believe they have done what is possible and achievable in adopting these policies based on all relevant and applicable factors, both COVID-19-related and non-COVID-19-related, including the WCJ's physical layout, its population level, and the classification needs of every single inmate in the WCJ.

The WCJ has done and continues to do what it is able to do to address all issues related to COVID-19 including inmate separation within the confines of the physical plant

of the WCJ and considering the daily fluctuations in the WCJ's inmate population level along with all objective individual classification needs relating to all WCJ inmates. The WCSO continues to work on these issues every day seeking guidance from all available sources and continuing to refine all applicable policies and protocols based on any new guidance disseminated from any of the many sources relied upon by the WCSO. Every day during the COVID-19 pandemic, the Sheriff, his leadership team, and all WCSO employees have worked extremely hard and to their best of their individual and collective abilities to ensure all WCJ inmates, all staff who work at the WCJ, and all individuals who interact at the WCJ remain as safe and healthy as possible based on the information the WCSO knows and is continuing to gather at regular intervals about COVID-19 and its transmission and spread. This has been the overarching mission of the WCJ since before any outbreak began within the WCJ and will continue to be its mission as long as the pandemic continues. [See Sheriff Supp. Decl., Exh. H, ¶ X]. This will continue to be true despite the significant financial costs to the WCJ (and thus Weld County taxpayers) of the WCJ's substantial operational modifications and the WCSO's implementation of robust policies and procedures designed to combat COVID-19. [See Patch Decl., Exh. G, ¶¶ 25-28]. This will continue to be true also despite the leveling off of confirmed COVID-19 cases within the WCJ. [See Turner 2d Supp. Decl., Exh. F, ¶¶ 26-28].

Based on this Submission and its attachments, the Sheriff respectfully requests this Court conclude the Sheriff, the WCSO, and the WCJ (who share a unity of interest with the Sheriff due to the official-capacity-only nature of this lawsuit) have complied completely with the terms of this Court's Order dated May 11, 2020.

IV. CONCLUSION

In conclusion, based on the foregoing explanation and on all attachments to this Submission, Defendant Steven Reams, Sheriff of Weld County, Colorado, in his official capacity, respectfully requests this Court enter an Order: concluding the Defendant, along with the Weld County Sheriff's Office and the Weld County Jail, have complied completely with the terms of this Court's Order dated May 11, 2020; and granting all other and further relief as this Court deems just and appropriate.

Dated this 18th day of May, 2020.

Respectfully submitted,

s/Matthew J.Hegarty

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ATTORNEYS FOR DEFENDANT

CERTIFICATE OF SERVICE (CM/ECF)

I hereby certify that on this 18th day of May, 2020, a true and correct copy of this **DEFENDANT'S NOTICE OF COMPLETE COMPLIANCE WITH THIS COURT'S PRELIMINARY INJUNCTION ORDER [ECF 55]** was electronically filed with the Clerk of Court which will send notification of such filing to the following email addresses:

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EXHIBIT F

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLORADO

Civil Action No. 20-cv-00977-PAB-SKC

THOMAS CARRANZA; JESUS MARTINEZ; RICHARD BARNUM; THOMAS LEWIS; MICHAEL WARD; COLBY PROPES; and CHAD HUNTER,

Plaintiffs, on their own and on behalf of a class of similarly situated persons,

٧.

STEVEN REAMS, Sheriff of Weld County, Colorado, in his official capacity,

Defendant.

SECOND SUPPLEMENTAL DECLARATION OF CAPTAIN MATTHEW TURNER

- I, Captain Matthew Turner, being of lawful age and duly sworn under penalty of perjury pursuant to 28 U.S.C. § 1746, and for my Second Supplemental Declaration in the above-captioned case ("Declaration"), hereby declare as follows:
 - 1. I have personal knowledge of the matters in this Declaration.
- 2. I currently serve as the Jail Captain for the Weld County Jail ("WCJ") in the County of Weld, State of Colorado. I have served in this position for five months.
- 3. Before beginning my tenure as the WCSO Jail Captain on January 1, 2020, I was employed with the Weld County Sheriff's Office ("WCSO") for eight (8) prior years and served in many positions: Corrections Officer (what is now called Detentions Deputy) and separately earned my Peace Officer Standards Training ("POST") certification; Public

Information Officer Corporal; Detentions Division Shift Sergeant; Civil Unit Sergeant in charge of civil service processors, animal control, and victim advocates; and Detentions Division Lieutenant. Of my eight years working for the WCSO, I have spent a total of 5.5 years working in the WCJ.

- 4. I also earned an Associate of Arts degree in education from Front Range Community College in 2011 with a future goal to attain a Bachelor of Science in Criminal Justice from the University of Northern Colorado.
- 5. I am individually familiar with the protocols and processes the WCSO as a whole generated, implemented, and refined in response to the global, national, and local public health threat posed by the novel coronavirus ("COVID-19") from February 27, 2020, through today, because I was personally involved in generating, implementing, refining, and approving all protocols and processes in consultation with a team of WCSO staff and local public health officials. All protocols and processes outlined in Sheriff Steven Reams' Declaration dated April 13, 2020, remains in effect today. All protocols and processes outlined in my Supplemental Declaration dated April 24, 2020, also remain in effect today.
- 6. I am further individually familiar with the protocols and processes the WCSO as a whole has generated, implemented, and refined from April 24, 2020, to date in continued consultation with the WCJ's medical services vendor Turn Key Health Clinics ("TKHC"), as well as the Weld County Health Department ("WCHD"), both of which the WCSO has consulted extensively. These additional protocols and processes have included a first updated screening tool which was finalized and started to be implemented during the book-in process on April 28, 2020 [Exh. F-1], which corresponded with the

CDC's change in the list of COVID-19 symptoms a person may exhibit and which included both this updated screening form as augmented by WCJ medical and an update by the WCJ to the flyers posted in housing units. These additional protocols and processes also included a second updated screening tool which was finalized and started to be implemented during the book-in process as well on May 13, 2020 [Exh. F-2].

7. I am moreover individually familiar with the protocols and processes the WCSO as a whole has generated, implemented, and refined following the entry of the District Court's Order Granting in Part and Denying in Part Plaintiffs' Motion for Preliminary Injunction [ECF 55] in the above-captioned case, which I have read in its entirety.

SUBSTANTIAL ADDITIONAL STEPS WCSO TOOK TO COMBAT COVID-19, IN CONSULTATION WITH WCJ'S MEDICAL SERVICES PROVIDER, FROM MAY 11, 2020, TO PRESENT

- 8. ECF 55 was entered in the afternoon hours of May 11, 2020.
- 9. On May 12, 2020, the WCSO consulted with TKHC, its medical services vendor, to plan to interview all inmates and pretrial detainees (collectively "inmates" herein) then in custody at the WCJ, whether in general population housing units or in the intake/transition housing units, to ascertain whether they were "medically vulnerable" regarding COVID-19 under the limited criteria set forth by this Court.
- 10. In furtherance of making such an interview process functionally possible and accomplished as expeditiously as possible, the WCJ's Health Services Administrator arranged for approximately 35 nurses to be on station at the WCJ on May 13, 2020. This represented a significant increase in the typical number of nurses who are scheduled to work based on the WCJ's contract with TKHC, usually 10 nurses on any given day.

- 11. Also in furtherance of making such an interview process functionally possible and accomplished in as expeditious a manner as possible, TKHC developed a third updated screening tool to use specifically during this process [Exh. F-3].
- 12. As of May 13, 2020, this detailed screening tool will now be a standard part of the booking process for new arrivals to the WCJ, along with the first updated screening tool, until the COVID-19 pandemic resolves at some unknown future date, subject to further refinement as needed and in consultation with TKHC [see Exh. F-1 and F-2].
- 13. It is important to understand prior to the implementation of this new standard, while the WCJ had not yet performed a simultaneous COVID-19-specific assessment of the medical conditions of all WCJ inmates, the WCJ had performed a quite similar assessment of medical conditions of WCJ inmates as needed on an individualized basis, and specifically when housing units were combined to make room for more intake/transition units so the WCSO could house, to the best of its ability, those inmates who might be more susceptible to COVID-19 given the physical-plant limitations of the WCJ and also given classification criteria which needed to be taken into account.
- 14. Just after 8:00 AM May 13, 2020, the WCJ and its augmented staff of nurses from TKHC began performing this facility-wide screening of WCJ inmates to ascertain whether they were "medically vulnerable" regarding COVID-19 under the limited criteria set forth by this Court and this process continued until about 3:00 PM that day.
 - 15. All 462 inmates then in custody in the WCJ on May 13, 2020 were interviewed.
- 16. During the interview process, WCJ medical staff asked all inmates a series of questions preceded by a verbal statement, which for the sake of consistency was read

word-for-word to all inmates before the questions began, and that verbal statement was: "Hi, we are conducting a screening of all patients in the facility to determine if you are considered medically vulnerable to COVID 19."

- 17. All inmates were asked two categories of questions.
- 18. First, inmates were asked questions relating to the expansive definition of "medically vulnerable" as proposed by the Plaintiffs in this case, which the Court rejected. An inmate who verbally answered "yes" to any of the following questions was marked as MV55 in the WCJ jail management system:
 - a. Are you 55 years of age or older?
 - b. Do you have any of the following chronic health conditions: Cancer; Autoimmune disease (*including* lupus, rheumatoid arthritis, psoriasis, Sjogren's, or Crohn's); Chronic lung disease (*including* asthma, chronic obstructive pulmonary disease, bronchiectasis, idiopathic pulmonary fibrosis, or other chronic condition associated with impaired lung function); History of cardiovascular disease; Chronic arthritis; Chronic liver or kidney disease; Diabetes; Hypertension; Heart failure; HIV; On chronic steroids or other immunosuppressant medications for chronic conditions; History of smoking or substance abuse disorder; or Pregnancy?
- 19. Second, all inmates also were asked questions relating to the more limited definition of "medically vulnerable" adopted by this Court. An inmate who verbally answered "yes" to any of the following questions was marked as MV65 in the WCJ jail management system:

- a. Are you 65 years of age or older?
- b. Do you have any of the following chronic health conditions: Chronic lung disease or moderate to severe asthma; Serious heart conditions; immunocompromised; Severe obesity; Diabetes; Chronic kidney disease and undergoing dialysis; or Liver disease?
- 20. As of May 13, 2020, the number of inmates then within the WCJ verbally answering "yes" to the set of questions derived from this Court's definition of "medically vulnerable" (19% of the WCJ population) was approximately 4.25 times fewer than the number of inmates verbally answering "yes" to the set of questions derived from Plaintiffs' expansive definition of "medically vulnerable" (almost 83% of the WCJ population). These findings are consistent with the WCJ's prior analysis of the issue that almost everyone then in the custody of the WCJ fit Plaintiffs' definition of "medically vulnerable," and the WCSO's earlier decisionmaking processes thus revolved around treating essentially the entire WCJ inmate population as "medically vulnerable" under Plaintiffs' definition.
- 21. After this data was collected, each form was reviewed to ensure the inmates who gave affirmative verbal responses to the various sets of questions was appropriately marked in the WCJ jail management system, allowing the WCSO to print a roster by inmate number and risk category as now provided to this Court. [Exh. F-4].
- 22. All inmates who entered the custody of the WCJ from after 3:00 PM on May 13, 2020, to 8:00 AM on May 18, 2020, were asked the same two sets of questions, consistent with the WCJ's adoption of these questions into its pre-booking screening protocol. Their responses also are included in the information provided in **Exh. F-4**.

- 23. To date, the information provided verbally by inmates on May 13, 2020, and from 3:00 PM on May 13, 2020, to 8:00 AM on May 18, 2020, has not been verified independently by WCJ medical staff, as the time required to do this would exceed the May 18, 2020, 5:00 PM MDT deadline to respond to the Court. However, this verification process will take place this next week, as it will be necessary to ensure WCJ compliance with the additional directive of increased monitoring of medically vulnerable inmates.
- 24. As of 8:00 AM this morning (the latest the report could be run in time to submit everything to the Court by its 5:00 PM deadline), under the Court's limited definition of "medically vulnerable," the WCJ housed 89 "medically vulnerable" inmates out of 450 total inmates then housed by the WCJ (less than 20% of Jail population), which (although the raw number is much the same as May 13, 2020) did encompass both slight decreases due to a small number of inmates who left WCJ custody for a variety of reasons (including but not limited to transfers to the Colorado Department of Corrections and short-term inmates housed at the WCJ only for a matter of days), as well as slight increases due to a small number of new arrestees the WCJ received since 3:00 PM on May 13, 2020, all of whom currently are housed in the WCJ's intake/transition units according to Policy #2 which I understand was submitted to the Court today in the Supplemental Declaration of Sheriff Steven Reams.
- 25. But under Plaintiffs' expansive and judicially-rejected definition of "medically vulnerable", as of 8:00 AM this morning there were 390 inmates out of 450 total inmates then housed by the WCJ (86.67% of Jail population) who would have been treated as "medically vulnerable" under said definition, which (again) is consistent with the WCJ's

prior analysis of the issue that almost everyone then in the custody of the WCJ fit Plaintiffs' definition of "medically vulnerable," and the WCSO's earlier decisionmaking processes thus revolved around treating essentially the entire WCJ inmate population as "medically vulnerable" under Plaintiffs' definition.

<u>DAILY DATA RESPECTING VARIOUS COVID-19-RELATED STATUSES OF WCJ</u> <u>INMATES AND STAFF FROM MAY 1, 2020 TO MAY 18, 2020</u>

- 26. Further, it is important to provide the Court with additional context to show the efficacy of the WCSO's extensive and comprehensive measures at the WCJ to slow, stop, combat, and further guard against any additional spread of COVID-19 in the WCJ.
- 27. I believed it prudent to at least go back and pull information relating to the data points previously presented at the preliminary injunction hearing yet attributable to April 30, 2020 until May 17, 2020. I now furnish that information to the Court. [Exh. F-5].
- 28. Review of this information reveals despite the passage of almost three more weeks since the April 30, 2020, preliminary injunction hearing, the number of confirmed COVID-19 cases in the WCJ has leveled off, and the plans implemented on April 1, 2020, still are in effect today and still are capable of effectively reacting to COVID-19.
- 29. I understand the Court already is aware of the Sheriff's Declaration submitted on April 13, 2020, in this case, which detailed for the Court the limits on the physical plant of the WCJ given the statutory and state court judicial requirements under which the Sheriff and his command staff and deputies labor to do their best to keep inmates safe.
- 30. I also understand the Court is aware of the Sheriff's Declaration concerning the fact the Sheriff does not possess any legal authority to modify or revoke these pretrial detainees' bonds which are set by the state court judge presiding over their individual

cases, and the fact the Sheriff possesses no legal authority to permit any of these inmates to serve their pretrial period at home or any other detention facility other than the WCJ as any such decision would have to be made by the state court judge.

- 31. Despite these limitations which are a necessary consequence of Colorado's state court judicial system and criminal justice statutory regime, the WCJ has continued to work to attempt to single-cell inmates wherever and whenever possible while still maintaining best practices for anti-transmission of communicable disease and addressing all of the custody issues, classification issues, and other specific issues which must be taken into consideration in any housing placement of all inmates in the WCJ.
- 32. The situation as it existed on April 24, 2020, as detailed in my Supplemental Declaration, is particularly relevant in light of the average housing unit space as detailed above, which even given the passage of more than three more weeks still is not enough to maintain six feet of distance between all inmates at all times within the WCJ.
- 33. As of today, the WCJ currently houses 450 inmates. As previously articulated, the Sheriff lacks the legal authority to release any of the inmates currently detained.
- 34. The WCSO and the WCJ have done and continue to do what we are able to do to address all issues related to COVID-19 including inmate separation within the confines of the physical plant of the WCJ and the number of inmates at the WCJ. The WCSO and the WCJ continue to work on these issues every day seeking guidance from all available sources and continuing to refine all applicable policies and protocols based on any new guidance disseminated from any of the many sources relied upon. Every day during this pandemic, I have worked extremely hard to ensure to the best of my ability all

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inmates at the WCJ, all staff who work there, and all individuals who interact at the WCJ

remain as safe as possible based on all the information I know about COVID-19 and its

transmission and spread. That has been the mission of the WCJ since the outbreak began

and will continue to be as long as it continues. Finally, as before, the last thing the WCSO

desires is to be compelled to adopt measures which completely undermine the effective

steps the WCSO has taken to plan for, slow, stop, and further guard against the spread

of COVID-19.

I understand the statements written in this Declaration are given under penalty of

perjury. All of the foregoing statements are true and correct to the best of my knowledge.

Pursuant to 28 U.S.C. § 1746 I declare, under penalty of perjury under the laws of the

United States of America, the foregoing is true and correct.

FURTHER DECLARANT SAYETH NAUGHT.

Dated and executed this 18th day of May, 2020.

s/ Matthew Turner

Matthew Turner, Jail Captain,

Weld County Sheriff's Office

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19 NE 50th St. Oklahoma City, OK 73105 Phone: (405)516-0276 Fax: (405)563-9121

EXHIBIT F-1

1000 CO 185 U- 95

CORONAVIRUS SCREENING

	40 110111111111111111111111111111111111	
Inmate N	lame Inmate #	
TRAVEL (No
Δ.	When? Where?	_
2.	Does the inmate report a history of traveling to or from Europe or Asia?	No
CONTAC	THISTORY	
3.	In the past 30 days, have you had close contact with anyone known to	
	have traveled to Europe or Asia?Yes	s No
If so	o, who is person that you had close contact with?	
Wh	en was the contact?mir	ns/hrs/days
Wh	at was your proximity with the other individual during contact?ft.	No
4.	Have you or anyone you've been in contact with had a laboratory confirm Coronavirus? (The days)	incubation period is 2-14
	face, chills, shaking with chills, muscle pain, headache, sore throat, newly noticed difficulty w other symptoms of lower respiratory illness? (If yes, circle symptom(s)they are experiencingY	es No No
If inmate in the moisolation	answers "YES" to the questions 2,3,4, or 5 above, immediately place a mask on him/her and e edical unit. The nurse is to be notified and will complete the symptoms check list AFTER the inr	ns. Chys escort to the isolation cell mate has been placed in abation period is 2-14
TEMP: _	Chills: Y N Shakes w/Chills: y N	Red Rash:YN
BP:	Headache: Y N Sore Throat: Y N	a chest, bluish has c
HR:	Shortness of Breath:YN	possible region or
	New Loss of Taste/Smell:YN Conjunctivitis:YN	No
Resp:	Cough: Y N If yes, productive cough: Y N	offig.
	iy	न सम्बद्ध बंद to the isolation or ! बन्देरक been placed ir
MEDIC	AL STAFF SIGNATURE DATE	dwath v t

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5/18/2020 CorEMR - Preview Patient #BOOKING :: COVID-19 SCREENING FORM, Agency: County, Interviewer: Title Last, First (2020-05-18 05:1...

COVID-19 SCREENING FORM

JMS ID: DOB: Age: Agency: 000000 04/05/1989 31

County

Interviewer:

Title Last, First (05/18/2020 0515)

Preview Patient #BOOKING

EXHIBIT F-1

IF PATIENT IS REPORTING POSITIVE SYMPTOMS OR A TEMPERATURE GREATER THAN 100.4, PLEASE NOTIFY SECURITY.

DOES THE PATIENT HAVE CHRONIC RESPIRATORY ILLNESS? IF YES PLEASE EXPLAIN	YesNo								
	Blood Pressure		sys	dia					
	Pulse		beats per min						
	Respirations		breaths per min						
	Temperature		F						
	Weight		lbs						
	Height								
	SPO2		%						
	RECENT FEVER (1								
	SHORTNESS OF B	REATH							
	COUGH								
	ACHES AND PAINS								
DOES THE PATIENT HAVE ANY OF THE FOLLOWING SYMPTOMS ?	NASAL CONGESTION								
	RUNNY NOSE								
	SORE THROAT								
	O DIARRHEA								
	DENIES								

EXHIBIT F-2

Medically Vulnerable Screening Tool

Statement to patient:

"Hi, we are conducting a screening all patients in the facility to determine if you are considered a medically vulnerable inmate."

Do you, or are you any of the following:

1	2
55 years of age or older	65 years of age or older
Underlying chronic health condition	Chronic lung disease
History of smoking	Moderate to severe asthma
History of substance abuse	Serious heart condition
Pregnant	Immunocompromised
	Severe obesity
	Chronic kidney disease
	Undergoing dialysis
	Liver disease

NAME:	DOB	JID#	POD:
			EXHIBIT F-3
	Medically Vulne	rable Screenin	g Tool

Statement to patient:

"Hi, we are conducting a screening all patients in the facility to determine if you are considered a medically vulnerable inmate."

Do you, or are you any of the following:

1	2
55 years of age or older	65 years of age or older
Underlying chronic health condition	Chronic lung disease
History of smoking	Moderate to severe asthma
History of substance abuse	Serious heart condition
Pregnant	Immunocompromised
	Severe obesity
	Chronic kidney disease
	Undergoing dialysis
	Liver disease

^{**}THIS FORM IS FOR DATA COLLECTION PURPOSES ONLY. IT WILL NOT BE A PERMANET PART OF THE MEDICAL RECORD**

EXHIBIT F-4

date:							_	ma ma					9	
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EXHIBIT F-4

pook-in date 22007 31677 8955 17810 45251	release date	MAZIM Secolass MAZIM MAZIM MAZIM MAZIM	MALE MALE MALE MALE MALE	MISDEMEANOR		oooo unsentencedoffenses	SENTENCED SENTENCED SENTENCED SENTENCED SENTENCED	puoqou	Ф 00 MV65 MV65 MV65 MV65 MV65	65 years of age, or older	Chronic lung disease or $X \times X \times M$ moderate to severe asthma	X Serious heart conditions	lmmunocompromised	Severe obesity	Diabetes	Chronic kidney disease and undergoing dialysis	Liver disease
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59805 5/13/202			FEMALE				PRE-TRIAL		MV65	V			X	Χ	X		
5779 5/14/202			MALE	FELONY					MV65	X	V						
59809 5/13/202			MALE	FELONY			DDE TOIAL		MV65 MV65	X	Χ			Χ			
59803	5/13/2020	HIVIED	WALE	FELONY			PRE-TRIAL		IVI V OJ	^				^			

EXHIBIT F-5

Daily Totals re COVID-19 Infection in Weld County Jail Inmate Population from April 30, 2020 to May 17, 2020

(As compiled gratuitously by Weld County Sheriff's Office on May 18, 2020, without creating any obligation on behalf of the Sheriff or his Office to compile data further)

Date	Total Inmate Count in Isolation	Inmates who Tested Positive for COVID-19 Within the WCJ as Diagnosed by a Health Care Professional	Inmates who Have Been Designated "Suspected" Positive for COVID- 19 Within the WCJ By a Health Care Professional	Units of Inmates in WCJ Who Are Asymptomatic for COVID-19 Yet Nevertheless Were Subject to Quarantine
04/30/2020	10	7	3	0
05/01/2020	9	7	2	0
05/02/2020	10	7	2	0
05/03/2020	10	7	2	0
05/04/2020	7	4	1	0
05/05/2020	7	4	1	0
05/06/2020	4	4	0	0
05/07/2020	51	4	1	0
05/08/2020	4	3	1	0
05/09/2020	52	4	1	0
05/10/2020	5	4	1	0
05/11/2020	5	4	1	0
05/12/2020	5	4	1	0
05/13/2020	5	4	0	0
05/14/2020	5	4	1	0
05/15/2020	5	4	0	0
05/16/2020	5	4	1	0
05/17/2020	5	4	1	1

¹ On May 7, 2020, the inmate who brought the isolation count up from "4" to "5" was a new arrestee who showed symptoms of COVID-19 and was placed on the WCJ's existing COVID-19 medical isolation protocol immediately upon completion of intake process without awaiting a 14-day quarantine in any intake-transition unit.

² On May 9, 2020, the inmate who brought the isolation count up from "4" to "5" was a new arrestee who showed symptoms of COVID-19 and was placed on the WCJ's existing COVID-19 medical isolation protocol immediately upon completion of intake process without awaiting a 14-day quarantine in any intake-transition unit.

EXHIBIT F-5

Additional Information Relating to WCJ Inmates as of 11:59 PM MDT May 17, 2020

Total number of persons in custody of WCJ since March 1, 2020	2232
Inmates tested for COVID-19 within the WCJ ³	26
Total positive tests for COVID-19 within the WCJ ⁴	10
Persons "suspected positive" but not tested for COVID-19 ⁵	2
Inmates "medically isolated" for COVID-19 from April 30, 2020 to	5
May 17, 2020 ⁶	
Inmates transported to hospital for COVID-19 since April 30, 2020 ⁷	1

Additional Information Relating to WCJ Staff as of 11:59 PM MDT May 17, 2020

From April 30, 2020 to May 17, 2020, and pursuant to the limitations and protocols identified on page 3 and 4 of Plaintiffs' Preliminary Injunction Hearing Exhibit 8, which the Court admitted into evidence at that hearing, only one additional Detentions Division staff member tested positive for COVID-19. As before, this number does not include medical or mental health providers at WCJ or non-inmate food service workers because the WCSO does not have access to any data regarding medical or mental health professionals at WCJ or non-inmate food service workers at WCJ, as these individuals are under the auspices of their own employers which are not the WCSO.

³ The inmates administered a COVID-19 test were given a test on the basis of being designated "suspected positive" as that term is been defined by the CDC in the specific context of correctional medicine, and which designation was made by a medical professional based on CDC guidelines. This is only a 1.16% "suspected positive" rate.

⁴ This number is the same as that provided to the Court on April 30, 2020. This is only a 0.448% "actual positive" rate.

⁵ Both inmates who fall into this category were given an opportunity to be tested as they left the WCJ, one due to the natural expiration of a sentence and the other by virtue of bonding out, but they each refused the test. And both have now been out of custody for more than 30 days as of May 18, 2020.

⁶ The inmates who were "medically isolated" as that term is been defined by the CDC in the specific context of correctional medicine were so isolated as determined necessary by a medical professional based on CDC guidelines and as being either "positive" or "suspected positive" by a medical professional as those terms have been defined by the CDC in the specific context of correctional medicine. And this number includes those two inmates identified in footnotes 1 and 2 *supra* who were new arrestees who showed symptoms of COVID-19 and were placed on the WCJ's existing COVID-19 medical isolation protocol immediately upon completion of intake process without awaiting a 14-day quarantine in any intake-transition unit.

⁷ The one additional inmate who was transferred to a hospital specifically related to COVID-19 concerns was so transported after a determination was made by a medical professional based on CDC guidelines that transport should occur.

EXHIBIT G

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLORADO

Civil Action No. 20-cv-00977-PAB-SKC

THOMAS CARRANZA; JESUS MARTINEZ; RICHARD BARNUM; THOMAS LEWIS; MICHAEL WARD; COLBY PROPES; and CHAD HUNTER,

Plaintiffs, on their own and on behalf of a class of similarly situated persons,

٧.

STEVEN REAMS, Sheriff of Weld County, Colorado, in his official capacity,

Defendant.

DECLARATION OF UNDERSHERIFF DONALD PATCH

- I, Undersheriff Donald Patch, being of lawful age and duly sworn under penalty of perjury pursuant to 28 U.S.C. § 1746, and for my Declaration in the above-captioned case, hereby declare as follows:
 - 1. I have personal knowledge of the matters in this Declaration.
- 2. I am the Undersheriff for the Weld County Sheriff's Office ("WCSO"), County of Weld, State of Colorado. I am second in command over the WCSO and report only to the Sheriff. I have served in this position for four (4) years.
- 3. Before beginning my tenure as the WCSO Undersheriff on February 13, 2016, I was employed with the WCSO for sixteen (16) prior years and served in many positions:

 Mounted Posse member (volunteer position); Corrections Officer (what is now called

Detentions Deputy); Animal Control Officer; I earned my Peace Officer Standards Training ("POST") certification; Patrol Deputy; Traffic Deputy; Detective; Deputy III (equivalent to corporal); Investigations Commander (equivalent to sergeant); Lieutenant; Captain; and Undersheriff. Of my 20 total years working for the WCSO, I have spent a total of one (1) year working in the WCJ and four (4) years of administrative oversight of WCJ operations.

- 4. I also earned a Bachelor's degree in Criminal Justice Administration from the University of Phoenix.
- 5. I am individually familiar with the protocols and processes the WCSO as a whole generated, implemented, and refined in response to the global, national, and local public health threat posed by the novel coronavirus ("COVID-19") from February 27, 2020, to today, because I was personally involved in generating, implementing, refining, and approving such protocols and processes in consultation with the leadership team of the WCSO and local public health officials. All protocols and processes outlined in Sheriff Steven Reams' Declaration dated April 13, 2020, remain in effect today. All protocols and processes outlined in the Supplemental Declaration of WCSO Jail Captain Matt Turner ("Captain Turner") dated April 24, 2020, also remain in effect today.
- 6. I am further individually familiar with the protocols and processes the WCSO as a whole has generated, implemented, and refined from April 24, 2020, to date in continued consultation with the WCJ's medical services provider Turn Key Health Clinics ("TKHC"), as well as the Weld County Health Department ("WCHD"), both of which the WCSO has consulted extensively.

7. I am moreover individually familiar with the protocols and processes the WCSO as a whole has generated, implemented, and refined following the entry of the District Court's Order Granting in Part and Denying in Part Plaintiffs' Motion for Preliminary Injunction [ECF 55] in the above-captioned case, which I have read in its entirety.

SUBSTANTIAL ADDITIONAL STEPS WCSO TOOK TO COMBAT COVID-19, IN CONSULTATION WITH WCJ'S MEDICAL SERVICES PROVIDER, FROM MAY 11, 2020, TO PRESENT

- 8. ECF 55 was entered in the afternoon hours of May 11, 2020.
- 9. On May 12, 2020, the WCSO consulted with TKHC to plan to interview all inmates and pretrial detainees (collectively "inmates" herein) then in custody at the WCJ, whether in general population housing units or in the intake/transition housing units, to ascertain whether they were "medically vulnerable" regarding COVID-19 under the limited criteria set forth by this Court.
- 10. In furtherance of making such an interview process functionally possible and accomplished in as expeditious a manner as possible, TKHC developed a third updated screening tool to use during this process.
- 11. As of May 13, 2020, this detailed screening tool will now be a standard part of the booking process for new arrivals to the WCJ until the COVID-19 pandemic resolves at some unknown future date, subject to further refinement as needed and in consultation with TKHC.
- 12. It is important to understand prior to the implementation of this new standard, while the WCJ had not yet performed a simultaneous COVID-19-specific assessment of the medical conditions of all WCJ inmates, the WCJ had performed a quite similar

assessment of medical conditions of WCJ inmates as needed on an individualized basis, and specifically when housing units were combined to make room for more intake/transition units so the WCSO could house, to the best of its ability, those inmates who might be more susceptible to COVID-19 given the physical-plant limitations of the WCJ and also given objective classification needs and other criteria which were required to be taken into account.

- 13. All 462 inmates then in custody in the WCJ on May 13, 2020 were interviewed.
- 14. During the interview process, WCJ medical staff asked all inmates a series of questions preceded by a verbal statement, which for the sake of consistency was read word-for-word to all inmates before the questions began, and that verbal statement was: "Hi, we are conducting a screening of all patients in the facility to determine if you are considered medically vulnerable to COVID 19."
 - 15. All inmates were asked two categories of questions.
- 16. First, inmates were asked questions relating to the expansive definition of "medically vulnerable" as proposed by the Plaintiffs in this case, which the Court rejected. An inmate who verbally answered "yes" to any of the following questions was marked as MV55 in the WCJ jail management system:
 - a. Are you 55 years of age or older?
 - b. Do you have any of the following chronic health conditions: Cancer; Autoimmune disease (*including* lupus, rheumatoid arthritis, psoriasis, Sjogren's, or Crohn's); Chronic lung disease (*including* asthma, chronic obstructive pulmonary disease, bronchiectasis, idiopathic pulmonary fibrosis, or other chronic condition

associated with impaired lung function); History of cardiovascular disease; Chronic arthritis; Chronic liver or kidney disease; Diabetes; Hypertension; Heart failure; HIV; On chronic steroids or other immunosuppressant medications for chronic conditions; History of smoking or substance abuse disorder; or are you Pregnant?

- 17. Second, all inmates also were asked questions relating to the more limited definition of "medically vulnerable" adopted by this Court. An inmate who verbally answered "yes" to any of the following questions was marked as MV65 in the WCJ jail management system:
 - a. Are you 65 years of age or older?
 - b. Do you have any of the following chronic health conditions: Chronic lung disease or moderate to severe asthma; Serious heart conditions; immunocompromised; Severe obesity; Diabetes; Chronic kidney disease and undergoing dialysis; or Liver disease?
- 18. As of May 13, 2020, the number of inmates then within the WCJ who verbally answered "yes" to the set of questions derived from this Court's definition of "medically vulnerable" was approximately 4.25 times fewer than the number of inmates who verbally answered "yes" to the set of questions derived from Plaintiffs' expansive definition of "medically vulnerable." These findings are consistent with the WCJ's prior analysis of the issue that almost everyone then in the custody of the WCJ as of April 30, 2020, fit Plaintiffs' definition of "medically vulnerable."
- 19. After this data was collected, each form was reviewed to ensure the inmates who gave affirmative verbal responses to the various sets of questions was appropriately

tracked in the WCJ Jail Management System, allowing the WCSO to print a roster by inmate number and risk category as now provided to this Court. I understand the Court received this roster with Captain Turner's Second Supplemental Declaration [Exh. F-4].

- 20. All inmates who entered the custody of the WCJ from after 3:00 PM on May 13, 2020, to 8:00 AM on May 18, 2020, were asked the same two sets of questions, consistent with the WCJ's adoption of these questions into its intake/transition unit protocol. Their responses are included in the information provided in **Exh. F-4**.
- 21. To date, the information provided verbally by the inmates on May 13, 2020, and from after 3:00 PM on May 13, 2020, to 8:00 AM on May 18, 2020, has not been independently verified by WCJ medical staff, as the time required to do this would exceed the May 18, 2020, 5:00 PM MDT deadline to respond to the Court. This data entry included designation of a code in the system to be able to efficiently identify "medically vulnerable" inmates as defined by the Court in the Jail Management System.
- 22. The results of these interviews were entered into the WCSO Jail Management System at my direction by Detentions Deputy Isabelle Himmel and by Captain Turner, and I also participated in the data entry.
- 23. I enlisted the Weld County Department of Information Technology to create a report that captured the code and to generate a list of "medically vulnerable" inmates as defined by the Court.
- 24. I used this report to generate a spreadsheet in Microsoft Excel, which I then sorted and categorized, and I used said report to produce the final report of the information required by the Court to be disclosed and which **Exh. F-4** represents.

SUBSTANTIAL ADDITIONAL FINANCIAL AND OPERATIONAL COSTS THE WCSO HAS INCURRED, IS INCURRING, AND WILL INCUR TO COMBAT COVID-19

- 25. While the WCSO was preparing this data to furnish to the Court, it seemed prudent to me to ascertain the increased financial and operational costs which the WCSO has incurred, is incurring, and will incur in connection with efforts to combat COVID-19. Accordingly, I personally ran the numbers contained in this Declaration on May 15, 2020.
- 26. Normally, and prior to February 27, 2020 (the date the WCSO began its response to COVID-19), the WCSO's average cost per day to house an inmate in the WCJ is \$103.37. But averaged out over February 27, 2020, to May 15, 2020, the WCSO's average cost per day to house an inmate in the WCJ has increased to \$146.59.
- 27. This more than 40% increase in the average cost per day to the WCSO to house an inmate in the WCJ incorporates the following specific expenditures which have been occasioned solely for the WCSO's response to COVID-19 and for no other reason.
 - a. \$3,419.00 in additional per-day deputy costs, all of which were attributable to WCSO deputies in the Courts division being reassigned to the WCJ not only because limited in-person court proceedings were occurring, but also because all such deputies are now required at the WCJ due to a sharp increase in daily tasks assigned to deputies. These new tasks include, but are not limited to: maintaining every housing unit as open, even with a reduced inmate population, to ensure social distancing generally; increased incidents of remote court hearings in multiple housing units simultaneously; increased sanitization of housing unit space by Detentions Division deputies; increased frequency of issuing PPE to inmates; increased demand to manage hour-out time for inmates; increased frequency and

use of laundry facilities; and increased efforts for social distancing when moving inmates within the WCJ. It is worth noting that in normal times with average daily population this low in the WCJ, the WCSO could have fewer deputies than normal in the WCJ, but now we have many more deputies than normal even though inmate numbers are so low due to the aforementioned sharp increase in daily tasks.

- b. \$19,725 in additional food costs, including a significant increase in meal costs due to the continued decline in the average daily population of the WCJ, a significant increase in modifying the menu to be more conducive to grab-and-go type provisions, a significant increase in Styrofoam serving supplies because washing dishes is no longer indicated due to COVID-19, and staff overtime related to food preparation and service.
- c. \$29,573 in additional total costs for personal protective equipment ("PPE"), representing a wide variety of PPE which the WCSO has had to acquire for various uses, including obtaining cloth masks for inmates, obtaining surgical masks for inmates, securing PPE for Detentions Division staff, and getting nitrile gloves.
- d. \$106,500 in additional medical costs, including testing kits for COVID-19, an increase in pharmacy costs, a significant increase in PPE specifically for WCJ medical staff, a substantial increase in WCJ medical staffing, and an equally substantial increase in offsite medical costs.
- e. \$1,032 in medical and data processing costs specifically incurred on May 13, 2020, to conduct "medically vulnerable" interviews as defined by the Court.

- f. For the 82 days (February 27, 2020, through May 15, 2020) the WCJ has engaged in increased operations related to COVID-19 described for this Court in the various Declarations from the Sheriff, Captain Turner, and me, the increased average daily increased expense for COVID-19-related operational changes and supplies has been \$1,912.56 per day. This amounts to an additional projected annual expenditure of \$699,996.96 if these measures have to be taken until February 27, 2021. Because of the uncertainty as to how COVID-19 will continue to impact future WCJ operations, the increased expenditures for future COVID-19 related operations and supplies remain largely unknown and unknowable.
- 28. If the average daily population of the WCJ decreases to 400 inmates, the average cost per day to the WCSO to house an inmate in the WCJ will then increase correspondingly to \$220.99, a 113.7% increase in the average cost per day from the pre-COVID-19 cost. If the average daily population of the WCJ decreases to 300 inmates, the average cost per day to the WCSO to house an inmate in the WCJ will rise to \$294.95, a 185% increase in the average cost per day from the pre-COVID-19 cost. The WCSO will have little ability to reduce certain costs, despite lower inmate numbers, because many measures taken to combat COVID-19 in the WCJ require ongoing efforts totally unrelated to inmate population numbers and because the WCSO must maintain increased staffing that would not normally be necessary with such a comparatively low inmate population.
- 29. I understand the Court already is aware of the Sheriff's Declaration submitted on April 13, 2020, in this case, which detailed for the Court the limits on the physical plant

of the WCJ given the statutory and state court judicial requirements under which the Sheriff and his command staff and deputies labor to do their best to keep inmates safe.

- 30. I also understand the Court is aware of the Sheriff's Declaration concerning the fact the Sheriff does not possess any legal authority to modify the type of, monetary security allowed by, or other conditions of pretrial detainees' bonds or to reconsider or reduce inmates' sentences, all of which are set by the state court judge presiding over the individual cases of each inmate, and the fact the Sheriff possesses no legal authority to permit any of these inmates to serve their sentences or pretrial period at home or any other detention facility other than the WCJ as any such decision would have to be made by a state court judge.
- 31. Despite these limitations which are a necessary consequence of Colorado's state court judicial system and criminal justice statutory regime, the WCJ has continued to work to single-cell inmates wherever and whenever possible while still maintaining best practices for anti-transmission of communicable disease and addressing all of the custody issues, classification issues, and other specific issues which must be taken into consideration in any housing placement of all inmates in the WCJ.
- 32. The situation as it existed on April 24, 2020, as detailed in Captain Turner's Supplemental Declaration which I understand was filed with the Court that date, is particularly relevant in light of the average housing unit space as detailed above, which even given the passage of more than three more weeks still is not enough to maintain six feet of distance between all inmates at all times within the WCJ.

- 33. As of 8:00 AM today, the WCJ currently houses 450 inmates. As previously articulated, the Sheriff lacks the legal authority to release any of the inmates currently detained. The release of any inmate by the appropriate judicial authorities, in my view, must necessarily take into the consideration the issue of the public safety of the community from the reintroduction of the inmates into the general public based on issues of recidivism and the resulting potential danger to the community.
- 34. The WCSO and the WCJ have done and continue to do what we are able to address all issues related to COVID-19 including inmate distancing within the confines of the physical plant of the WCJ and the number of inmates at the WCJ. The WCSO and the WCJ continue to work on these issues every day seeking guidance from all available sources and continuing to refine all applicable policies and protocols based on new guidance disseminated from any of the many sources relied upon. Every day during this pandemic, I have worked extremely hard and to the best of my ability to ensure all WCJ inmates, all staff who work there, and all individuals who interact at the WCJ remain as safe as possible based on all the information I know about COVID-19 and its transmission and spread. That has been the mission of the WCJ since the outbreak began and will continue to be as long as it continues. Finally, as before, the last thing the WCSO desires is to be forced to adopt measures which completely undermine the effective steps we have taken to plan for, slow, stop, and further guard against the spread of COVID-19.

I understand the statements written in this Declaration are given under penalty of perjury. All of the foregoing statements are true and correct to the best of my knowledge. Pursuant to 28 U.S.C. § 1746 I declare, under penalty of perjury under the laws of the United States of America, the foregoing is true and correct.

FURTHER DECLARANT SAYETH NAUGHT.

Dated and executed this 18th day of May, 2020.

s/ Donald Patch

Donald Patch, Undersheriff, Weld County Sheriff's Office

EXHIBIT H

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLORADO

Civil Action No. 20-cv-00977-PAB-SKC

THOMAS CARRANZA; JESUS MARTINEZ; RICHARD BARNUM; THOMAS LEWIS; MICHAEL WARD; COLBY PROPES; and CHAD HUNTER,

Plaintiffs, on their own and on behalf of a class of similarly situated persons,

٧.

STEVEN REAMS, Sheriff of Weld County, Colorado, in his official capacity,

Defendant.

SUPPLEMENTAL DECLARATION OF SHERIFF STEVEN REAMS

- I, Sheriff Steven Reams, being of lawful age and duly sworn under penalty of perjury pursuant to 28 U.S.C. § 1746, and for my Supplemental Declaration in the above-captioned case ("Declaration"), hereby declare as follows:
 - 1. I have personal knowledge of the matters set forth in this Declaration.
- 2. I currently serve as the duly elected Sheriff for the County of Weld, State of Colorado. I have served as Sheriff for a total of five (5) years.
- 3. Before beginning my tenure as Weld County Sheriff on January 25, 2015, I was employed with the Weld County Sheriff's Office ("WCSO") for eighteen (18) prior years and served in many positions: master control operator, Detentions Division officer, patrol deputy after earning Peace Officer Standards Training ("POST") certification, detective,

commander, Detentions Division deputy bureau chief, Patrol Division deputy bureau chief, Public Safety bureau chief, and Detentions Division bureau chief.

- 4. I earned a bachelor's degree in criminal justice from Colorado Technical University in 2007, and I also completed the FBI National Academy in 2007.
- 5. I am individually familiar with the protocols and processes the WCSO as a whole generated, implemented, and refined in response to the global, national, and local public health threat posed by the novel coronavirus ("COVID-19") from February 27, 2020, through today, because I was personally involved in generating, implementing, refining, and approving all protocols and processes in consultation with a team of WCSO staff and local public health officials. All protocols and processes outlined in my Declaration dated April 13, 2020, remains in effect today. All protocols and processes outlined in the Supplemental Declaration of WCSO Jail Captain Matt Turner ("Captain Turner") dated April 24, 2020, also remains in effect today.
- 6. All decisions I have made and the WCSO has adopted at the Weld County Jail ("WCJ") related to the COVID-19 pandemic, from February 27, 2020, through and including today and anticipated to continue on into the future, have been made based on an assessment of the health and safety needs of the inmates and detainees (hereinafter collectively "inmates"), WCSO employees, and the public. All decisions I have made and the WCSO has adopted at the WCJ related to the COVID-19 pandemic have also been made based on the distinct operational needs of the WCJ as a jail; the physical plant, structure, and layout of WCJ; and the resources and supplies available to the WCSO. As this Declaration establishes, I and the WCSO continue to evaluate and respond to

different events which have occurred since COVID-19 became an issue for the WCSO generally and at the WCJ specifically and we will continue to do so.

- 7. I am further individually familiar with the protocols and processes the WCSO as a whole has generated, implemented, and refined from April 24, 2020, to date in continued consultation with the WCJ's medical services provider Turn Key Health Clinics ("TKHC"), as well as the Weld County Health Department ("WCHD"), both of which the WCSO has consulted extensively.
- 8. I am moreover individually familiar with the protocols and processes the WCSO as a whole has generated, implemented, and refined following the entry of the District Court's Order Granting in Part and Denying in Part Plaintiffs' Motion for Preliminary Injunction [ECF 55] in the above-captioned case, which I have read in its entirety.

SUBSTANTIAL ADDITIONAL STEPS WCSO TOOK TO COMBAT COVID-19, IN CONSULTATION WITH WCJ'S MEDICAL SERVICES PROVIDER, FROM MAY 11, 2020, TO PRESENT, INCLUDING IMPLEMENTATION OF ECF 55

- 9. ECF 55 was entered in the afternoon hours of May 11, 2020.
- 10. On May 12, 2020, the WCSO consulted with TKHC, its medical services provider, to plan to interview all inmates and pretrial detainees (collectively "inmates" herein) then in custody at the WCJ, whether in general population housing units or in the intake/transition housing units, to ascertain whether they were "medically vulnerable" regarding COVID-19 under the limited criteria delineated by this Court.
- 11. On May 13, 2020, the WCJ and an augmented nursing staff from TKHC began around 8:00 AM to perform a facility-wide screening of WCJ inmates to ascertain whether they were "medically vulnerable" regarding COVID-19 under this Court's criteria and this process continued until about 3:00 PM that day.

- 12. Separately, beginning the morning of May 12, 2020, my command staff and I reviewed ECF 55 and assessed the ability of my Office to comply with this Court's directives on pages 38-39 in the context of: the WCJ's physical plant, structure, and layout; the WCJ's population needs; the classification needs my Office must take into account when housing inmates; and the resources and supplies available to my Office.
- 13. In furtherance of the directives on pages 38-39 of this Court's Order, the following represents the best efforts of my Office to implement this Court's Order based on the above context.

(1) POLICY WCSO DEVELOPED, IN CONNECTION WITH EFFORTS TO COMBAT COVID-19, TO SOCIALLY DISTANCE "MEDICALLY VULNERABLE" INMATES IN THE WCJ FROM ALL OTHER INMATES NOT MEETING THAT DESCRIPTION

- 14. First, on page 38, the WCJ had to institute "[a] policy ensuring that, to the maximum extent possible considering the Jail's physical layout, population level, and classification needs, medically vulnerable inmates are 'socially distanced' from other inmates housed in the Jail. If social distancing is effectively impossible for some or all of the medically vulnerable inmates in the Jail, such policy may be supplemented by housing medically vulnerable inmates together in one or more pods."
- 15. <u>POLICY</u>: My Office considered and analyzed this particular directive from every possible angle, and came up with the following policy to comply. In light of the importance the Court assigned to social distancing of "medically vulnerable" inmates as defined by the Court (the definition used in this paragraph and all subsequent paragraphs) from all inmates who did not qualify as such, and considering the WCJ's physical layout, population level, and classification needs: the "medically vulnerable" inmates will remain in their current cells and in current cohorted "family units" to the extent they are cohorted

only with other "medically vulnerable" inmates in those cells; the WCJ will treat "medically vulnerable" inmates as a Special Management population within the WCJ; all housing units presently containing "medically vulnerable" inmates will go on modified lockdown protocol; the WCJ will stagger periodic release of "medically vulnerable" inmates and cohorts for their "hour out" under this modified lockdown protocol, so "medically vulnerable" inmates are not out at the same time as inmates who are not "medically vulnerable"; all "medically vulnerable" inmates will spend time out of their cells only in the common areas which allow for social distancing, only with other "medically vulnerable" inmates, and only in groups of no more than 10 total persons (inclusive of jail staff, e.g., up to 9 inmates and 1 Detentions Division Deputy); and to the limited extent inmates who are not "medically vulnerable" currently are in a cell with those who are "medically vulnerable," the WCJ will move the inmates who are not "medically vulnerable" out of those cells and will reassign them as appropriate throughout the WCJ and in consideration of both COVID-19 and non-COVID-19 factors which affect where inmates can be housed in the WCJ to the maximum extent possible.

- 16. <u>PROCESS</u>: I believe it is important for the Court to understand my and my Office's thought processes behind this policy, so I have set them forth below.
 - a. The CDC states social distancing is a cornerstone of reducing transmission of respiratory diseases like COVID-19 in detention environments, yet it recognizes social distancing is quite challenging to practice in detention environments.
 - b. No two inmates are alike. Every person in custody has individual needs and concerns potentially affecting custody status. The WCJ has an approximate total of 302 cells, but it is not possible to fill all of them, as filling all of them would mean

mixing in the same housing unit populations which should not be housed together from a detention facility management perspective.

- c. Well before COVID-19 was a concern in the WCJ, many factors affected where inmates could be housed in the WCJ: Gender; Security classification (e.g., maximum, medium, minimum); Intake risk assessment; Suicide risk; Mental health considerations; Medical isolation (not related to COVID-19); Special needs considerations; Special security housing (protective custody); Court-imposed separation; Security-imposed separation; Serious violence threat; Behavioral issues; Known management problems; Physical size; and Inmate worker (trusty).
- d. The COVID-19 pandemic added several factors, further complicating where inmates can be housed within the WCJ: COVID-19 isolation; Quarantine (due to possible close contact with a COVID-19 case); 14-day observation quarantine; Intake/transition units; designation as "suspected positive" for COVID-19; and "medically vulnerable" inmates.
- e. Presently 89 out of 450 WCJ inmates (as of 8:00 AM today) are "medically vulnerable," but unfortunately they are completely spread out amongst almost every custody level in the WCJ, in both male and female populations, with a variety of criminal charges, and both convicted individuals and pretrial detainees.
- f. Even in the event the WCJ inmate population reaches a low enough number to allow the WCJ to realign its inmate housing situation such that even half of the "medically vulnerable" inmates could be single-celled, several points of consideration create grave concerns and counsel strongly against doing so:

- i. Single-celling all "medically vulnerable" inmates will negatively impact non-"medically vulnerable" inmates exponentially as an increased number of non-"medically vulnerable" inmates would have to be celled together, necessitating the "mixing" of inmates and the creation of new "family units" which of course potentially increases the risk of transmission of COVID-19.
- ii. Although the Court made allowance that, if social distancing is effectively impossible for some or all "medically vulnerable" inmates in the WCJ, such policy may be supplemented by housing "medically vulnerable" inmates together in one or more pods, we are concerned this will not be workable either. Our concern is because of what I will call the "nursing home effect". That is, should a "medically vulnerable" inmate contract COVID-19 in such a situation, that inmate would be in close proximity to *all* "medically vulnerable" inmates in the WCJ, thus undoing what the Court presumably was trying to accomplish by means of this allowance, and the risk of spreading COVID-19 to other "medically vulnerable" inmates would be much too great. I read news reports indicating that, in April 2020, in a residential, non-hospital care nursing home facility in Greeley, 14 residents died due to an outbreak, and similar outbreaks were seen in facilities like these across Colorado and throughout the United States.
- iii. Moreover, mass movement, reallocation, and dispersal of inmates from their current locations within the WCJ to new locations within the WCJ would be extremely disruptive to the safety and security of the WCJ, its inmates, and my Detentions Division staff. This is true both because of the

potential increased spread of COVID-19 from such movement and intermingling of prior "family units," but also because of the general safety and security considerations involved in wholesale movement of inmates in a jail setting.

- g. All these factors combined make it very difficult to create a policy allowing for housing all WCJ inmates in a manner which guarantees social distancing for "medically vulnerable" inmates as defined by the Court.
- h. On May 14, 2020, the WCSO team responsible for the operations of the WCJ tried to create a plan to enable the WCJ to create housing units specifically designated for inmates who were classified as "medically vulnerable" as defined by the Court. Staff members of all ranks participated in this meeting, generating multiple ideas, yet still having to account for all factors and concerns set forth above. Due to the limitations of the WCJ's physical layout, it was effectively impossible to create housing units solely for the purpose of housing "medically vulnerable" inmates. To accomplish this, while still accounting for all factors listed above, the WCJ would need somewhere between 8 and 12 additional housing units as well as anywhere from 48 to 72 additional Detentions Division deputies to oversee them. No bed space in any other detention facility or correctional facility is available for purchase to secure such units for current WCJ inmates.
- i. Thus, the *only* option for the WCJ was: to create a policy ensuring that, to the maximum extent possible considering its physical layout, population level, and classification needs, "medically vulnerable" inmates are "socially distanced" from other inmates while in the WCJ, essentially through modified lockdown and

staggered release, when considering the other allowance the Court made for the WCJ to account for the risk to "medically vulnerable" inmates from noncompliant inmates by using family groupings or stagger release of individual cells, and trying to single-cell or cohort "medically vulnerable" inmates within their current housing units based on objective classification, as well as on WCJ physical plant limitations in conjunction with current population and classification needs. These factors simply will not allow for all "medically vulnerable" inmates to be housed in a common unit or units, nor can all "medically vulnerable" inmates be single-celled.

- j. This sole option also had to encompass the need to keep three full housing units for use solely as intake/transition units and one full housing unit open as an isolation unit for inmates who may test positive for COVID-19 in the future.
- k. At bottom, continuing to use objective classification criteria and housing "medically vulnerable" inmates in the typical units and cells in which they normally would be assigned provides the best opportunity to treat their potential medical needs yet not subjecting WCJ operations and its other inmates to undue hardship.
- 17. As I endeavored to explain to the Court in my testimony on April 30, 2020, the social distancing strategy implemented by the WCSO within the WCJ is tailored to the physical layout, population level, and classification needs of the WCJ.

(2) POLICY WCSO DEVELOPED, IN CONNECTION WITH EFFORTS TO COMBAT COVID-19, TO SINGLE-CELL OR OTHERWISE SOCIALLY DISTANCE "MEDICALLY VULNERABLE" INMATES WITHIN THE WCJ'S INTAKE/TRANSITION UNITS

18. Second, on page 38, the WCSO had to institute "[a] procedure, as part of the intake of new inmates into the Jail, for "medically vulnerable" inmates to be single-celled

or otherwise socially distanced, to the maximum extent possible considering the Jail's physical layout and classification needs, while housed in the transition unit."

- 19. <u>POLICY</u>: My Office considered and analyzed this particular directive from every possible angle, and came up with the following policy to comply. To the maximum extent possible considering the WCJ's physical layout, population level, and classification needs, "medically vulnerable" inmates as defined by the Court who are admitted to WCJ's intake/transition units must be housed in a cell within such unit alone and away from other inmates. If it is not possible to house a "medically vulnerable" inmate alone in a cell within an intake/transition unit due to the WCJ's physical layout, population level, and classification needs, that inmate must be housed in a cell within an intake/transition unit with no more than one other inmate, which inmate must also be "medically vulnerable," in accordance with cohorting practices the CDC specifically outlines and endorses. If, despite this allowance, it still is not possible to house a "medically vulnerable" inmate either alone or with only one other "medically vulnerable" inmate in a cell within an intake/transition unit due to the WCJ's physical layout, population level, and classification needs, and no other option is apparent, Detentions Division Deputies must contact a Shift Sergeant for guidance immediately.
- 20. <u>PROCESS</u>: I believe it is important for the Court to understand our thought processes behind this policy, so I have set them forth below.
 - a. As stated above, when considering the WCJ's physical layout, population level, and classification needs, only three housing units within the WCJ are able to be used as intake/transition units.

- b. All non-COVID-19 and COVID-19 housing factors (and concerns relating to the WCJ's physical layout, population level, and classification needs) recounted extensively above in ¶¶ 16(a)-(k) of this Declaration, which the WCJ considered in developing a policy for socially distancing "medically vulnerable" inmates within the WCJ, also equally applied to the development of this policy.
- c. These factors combined make it very difficult to create a policy allowing for housing all "medically vulnerable" inmates in a manner which guarantees they will be single-celled or otherwise socially distanced while in intake/transition units due to the physical limitation of available units and number of cells inside those units.
- 21. Thus, the *only* option for the WCJ was to create and implement the policy I outlined above with respect to "medically vulnerable" inmates in intake/transition units.

(3) POLICY WCSO DEVELOPED, IN CONNECTION WITH EFFORTS TO COMBAT COVID-19, TO ENHANCE SANITATION PROCEDURES IN AREAS WHERE "MEDICALLY VULNERABLE" INMATES MAY BE HOUSED

- 22. Third, on page 38, my Office had to institute "[a] policy of enhanced sanitation procedures in areas where medically vulnerable inmates are housed. This may include expanded use of professional cleaning services of the Jail and/or increasing the frequency with which trustees clean common areas in non-trustee pods. Such policy should be compliant with the CDC guidelines for cleaning and disinfecting practices."
- 23. <u>POLICY</u>: My Office considered and analyzed this particular directive from every possible angle, and came up with the following policy to comply. Detentions Division staff, and not existing professional cleaning staff or inmate Trustees, will conduct enhanced sanitation of housing units housing "medically vulnerable" inmates as defined by the Court. Prior to "medically vulnerable" inmates entering any common area,

Detentions Division staff will spray HALT disinfectant spray on all surfaces in the common area open for use by "medically vulnerable" inmates allowing 10 minutes of contact time for complete disinfection to occur before "medically vulnerable" inmates enter. Common areas will be limited in size for "medically vulnerable" inmates (to half the typical common area) to ensure complete cleaning of phones, tables, handrails, bathroom facilities, sinks, toilets, and other similar common-area equipment inmates use regularly. "Medically vulnerable" inmates will be encouraged to practice social distancing continuously, to disinfect any commonly used equipment on their way out and their way in, and to increase their own cleaning practices to include frequent hand washing and personal sanitation. "Medically vulnerable" inmates who willfully refuse to adhere to recommended practices to prevent the spread of COVID-19 despite such encouragements will be noted in the WCJ records management system. Whenever possible, "medically vulnerable" inmates will be housed in cells giving them immediate access to bathroom facilities (wet cell) within limits of the WCJ's physical layout, population level, and objective classification requirements. Personal hygiene supplies and HALT disinfectant spray bottles will continue to remain available to all inmates, inclusive of "medically vulnerable" inmates, without cost. In the event the WCJ inmate population reaches a low enough threshold that "medically vulnerable" inmates can be further distanced from non-"medically vulnerable" inmates, when considering the WCJ's physical layout, population level, and objective classification requirements, then every effort will be taken to do so while maintaining such objective classification. If it becomes possible or appropriate to do so, despite the concerns outlined above, units housing only "medically vulnerable" inmates will be attempted, with particular emphasis on ensuring that movement to this type of housing authorization can be done on more than just a "short term" basis. Limiting movement from one housing unit to another to ensure prevention of cross-contamination from one population to another population is consistent with the WCJ's strong desire to ensure the health and safety of all involved. Increased supplies of HALT disinfectant spray have been obtained and increased mask orders have been placed, yet increased professional cleaning services may be required to augment what Detentions Division staff will be doing if this COVID-19 pandemic continues past the next 90 days.

- 24. <u>PROCESS</u>: I believe it is important for the Court to understand our thought processes behind this policy, so I have set them forth below.
 - a. All non-COVID-19 and COVID-19 housing factors (and concerns relating to the WCJ's physical layout, population level, and classification needs) recounted extensively above in ¶¶ 16(a)-(k) of this Declaration, which the WCJ considered in developing a policy for socially distancing "medically vulnerable" inmates within the WCJ, also apply to the development of this policy.
 - b. Also, with specific regard to inmate Trustees, which by way of reminder can consist only of a small subset of inmates who are sentenced to the WCJ (distinct from inmates sentenced to the Colorado Department of Corrections and awaiting transport), not enough Trustee inmates currently are available to be assigned to clean housing units on a more frequent basis due to the substantial decrease in overall jail population. There simply are not enough Trustee inmates to provide for "in pod" trusty cleaners. Currently, the WCJ has only 7 inmates who are classified as Trustee inmates. As of May 16, 2020, there are only 2 Trustee inmates working in the WCJ kitchen. There are 3 Trustee inmates in one intake/transition unit which

has not yet finished its 14-day observation period, and another 4 Trustee inmates in a second intake/transition unit which has not reached the capacity for its 14-day observation period to be started—3 of whom will be out of custody by the time their 14-day observation period ends. The WCJ is experiencing a Trustee inmate shortage right now, and any efforts to increase use of Trustee inmates cannot be met because the WCJ does not have enough of such inmates to do so.

- c. Further, with specific regard to the existing WCJ professional cleaning staff, they are employed to clean the commonly-used areas of the WCJ. There are not enough professional cleaning staff to allocate their time to individual housing units where "medically vulnerable" inmates may be present. Also, the WCJ professional cleaning staff work a limited schedule of hours to allow for cleaning of common areas in the WCJ—during the early morning hours when there is low foot traffic in the facility—and they are not staffed to provide 24-hours, 7-days-per-week cleaning services. Nor do we have the budget to modify their hours or hire additional such staff.
- d. Finally, with specific regard to how inmates are informed of their obligation to increase their own personal cleaning and personal sanitation practices, my Office and its staff cannot "order" inmates to engage in cleaning (or social distancing or mask wearing for that matter), whether "medically vulnerable" or otherwise, as characterizing the communication in that fashion will have a host of collateral consequences under the Code of Penal Discipline (e.g., a charge for Disobeying a Lawful Order) and my staff have no desire to invoke that provision, as it seems to us quite counterproductive to the environment we are trying to foster

in the WCJ. Instead, all we can and should do is "encourage" all inmates to engage in appropriate personal cleaning and personal sanitation practices.

25. Thus, the *only* option for the WCJ was to create and implement the policy I outlined above with respect to enhanced sanitation procedures in areas where "medically vulnerable" inmates are housed, taking into account CDC guidelines for the same, and while still upholding the purpose of this particular directive.

(4) PLAN WCSO DEVELOPED, IN CONNECTION WITH EFFORTS TO COMBAT COVID-19, TO AUGMENT ALREADY-EXISTING INMATE ACCESS TO MASKS AND ENSURE SUFFICIENT SUPPLY OF MASKS TO INMATES

- 26. Fourth, on page 39, my Office had to institute "[a] plan to obtain a sufficient number or type of masks so that inmates do not need to wear them for more than their intended duration or so that inmates may be able to clean them," which I and my Office understand to be inclusive of the Court's additional statement also on page 39 that "Defendant shall explain in such report what steps the Jail has taken to acquire an adequate mask supply for inmates housed in the Jail."
- 27. <u>PLAN</u>: My Office considered and analyzed this particular directive from every possible angle, and came up with the following plan in compliance with it.
 - a. <u>SURGICAL MASKS</u>: On April 24, 2020, my Office placed an order via the Weld County Office of Emergency Management ("OEM") for 1,000 surgical/procedure masks specifically for inmate use. Then, on April 28, 2020, my Office received 750 surgical/procedure masks of the 1,000 it ordered. On May 5, 2020, my Office placed a second order via OEM for an additional 1,000 surgical/procedure masks, again specifically for inmate use. Then, on May 8, 2020, my Office received all 1,000 of these surgical/procedure masks it ordered. On May

12, 2020, my Office placed a third "standing order" via OEM for 1,200 surgical/procedure masks, once again specifically for inmate use, which assuming it can be satisfied will provide a sufficient supply of such masks to reissue WCJ inmates new masks every 72 hours. Since this is a "standing order," the supply of 1,200 masks will sustain for approximately one week, then be replenished as scheduled for resubmission on a weekly basis. This "standing order" via OEM will remain in place until an adequate supply of reusable cloth masks can be obtained.

b. <u>CLOTH MASKS</u>: In addition, after several days of searching, my Office identified two vendors to obtain reusable cloth masks, both of which have an estimated turn-around time of early June 2020 to deliver them. On May 13, 2020, my Office placed an order with both vendors, for 3,400 masks total and specifically for inmate use, which will ensure a ready supply to provide each inmate with two cloth masks and also will afford enough time to order a resupply if needed to ensure an available stock of masks. My Office also obtained information from the Colorado Department of Corrections ("CDOC") concerning a new program administered by the CDOC and the Office of Governor Jared Polis to provide reusable cloth masks to county detention facilities like the WCJ. To my knowledge, my Office was the first county detention facility in the State of Colorado to apply for such masks under this program, and on May 14, 2020, we applied for 1,600 reusable cloth masks, once again specifically for inmate use. However, we have not yet received any confirmation on whether or when those particular reusable cloth masks will be delivered as of the time of the completion of this Declaration.

- 28. <u>PROCESS</u>: I believe it is important for the Court to understand our thought processes behind this plan, so I have set them forth below.
 - a. All non-COVID-19 and COVID-19 housing factors (and concerns relating to the WCJ's physical layout, population level, and classification needs) recounted extensively above in ¶¶ 16(a)-(k) of this Declaration, which the WCJ considered in developing a policy for socially distancing "medically vulnerable" inmates within the WCJ, also applied to this plan.
 - b. The WCJ intends to keep ordering both disposable masks and reusable cloth masks, as some WCJ inmates are short-term only (book in and bond out shortly after). Cloth masks (if the WCJ can obtain them in accordance with the multiple efforts set forth above) likely will be issued only to long-term inmates, but with regard to "medically vulnerable" inmates, the WCJ intends to continue to issue such inmates N95 masks (for their increased protection), as long as they remain available, along with reusable cloth masks if the WCJ can get them in accordance with the multiple efforts set forth above.

(5) POLICY WCSO DEVELOPED, IN CONNECTION WITH EFFORTS TO COMBAT COVID-19, TO MONITOR "MEDICALLY VULNERABLE" INMATES WITH INCREASING FREQUENCY FOR SYMPTOMS OF COVID-19

- 29. Fifth, on page 39, my Office had to institute "[a] policy providing for increased monitoring of medically vulnerable inmates for symptoms of COVID-19."
- 30. <u>POLICY</u>: My Office considered and analyzed this particular directive from every possible angle, and came up with the following policy to comply. The WCJ medical staff, who are TKHC personnel, will perform four "daily checks" on inmates who are classified as "medically vulnerable" as defined by the Court These daily checks will

consist of full symptom screenings according to screening protocols which I understand to be attached to Captain Turner's Second Supplemental Declaration submitted to the Court today, as may be further enhanced by TKHC in the future] combined with temperature checks. These measures for the "medically vulnerable" inmates will be in addition to the daily checks and monitoring of non-"medically vulnerable" inmates which already were occurring well prior to April 30, 2020.

- 31. <u>PROCESS</u>: I believe it is important for the Court to understand our thought processes behind this policy, so I have set them forth below.
 - a. All non-COVID-19 and COVID-19 housing factors (and concerns relating to the WCJ's physical layout, population level, and classification needs) recounted extensively above in ¶¶ 16(a)-(k) of this Declaration, which the WCJ considered in developing a policy for socially distancing "medically vulnerable" inmates within the WCJ, also were employed in developing this policy.
 - b. Since April 1, 2020, the WCJ has implemented a number of procedures for implementation by TKHC. These tasks include: screening every new inmate during the booking/intake process; assessing inmates who are in medical isolation every 4 hours; assessing all inmates in quarantine units twice daily; performing increased assessment of inmates in transition units; and screening inmates before they are moved between housing units when consolidation is necessary.
 - c. In addition, my Office and TKHC also are required to conduct monitoring of inmates awaiting transfer to CDOC, Community Corrections, and Colorado Mental Health Institute at Pueblo ("CMHIP"). Though these inmates do not belong to the WCJ, the facilities to which they do belong will not accept them from WCJ without

required medical information, and instead of taking responsibility to assess such inmates within their own facilities, they mandate the WCJ do that work for them.

- i. CDOC requires daily monitoring checks for 14 days before transfer can be requested; but most inmates stay in WCJ custody much longer than 14 days, which means these daily monitoring checks must also continue for the duration of their stay at WCJ.
 - ii. Community Corrections requires a one-time check prior to transfer.
- iii. CMHIP also requires a one-time check prior to transfer.
- d. TKHC staffs the WCJ based on an objective application process in which my Office requests a number of medical personnel based on the number of inmates in custody combined with the number and type of tasks which need completion. Because the workload of WCJ medical staff has increased dramatically, TKHC now requires additional personnel to complete daily tasks in combination with the extra work that has presented itself from this pandemic.
- e. To get all of the above-mentioned tasks done as well as normal daily operations, TKHC recommends the addition of 2.5 full time employees. Based on financial data gathered when TKHC became the WCJ medical vendor in January 2020, this would require my Office to request approximately \$352,000 in additional funds to staff these positions on a 24-hours basis. This number is presented as an approximate dollar amount, as my Office has not been given the final estimate from TKHC as of May 18, 2020, the date of the submission of this Declaration. While this monetary request will represent a significant financial impact to Weld County citizens, my Office is willing to make this request.

- f. The policy set forth in ¶ 30 above is based on the current needs of the WCJ.

 If the population starts to rise, my Office anticipates the WCJ's needs will quickly outpace current ability for nursing staff to keep up with demand.
- 32. All five of these policies and plans will be implemented before 5:00 PM on May 21, 2020, pursuant to the Court's Order.

ADDITIONAL CONSIDERATIONS RESPECTING CLASSIFICATIONS DECISIONS WHICH THE WCSO MUST TAKE INTO ACCOUNT, AND WHICH THE COURT MUST ENDEAVOR TO UNDERSTAND, IN CONNECTION WITH THE WCSO'S EFFORTS TO COMBAT COVID-19

33. The WCSO's general inmate classification policy must still be applied to all inmates in the WCJ. To ensure the safety and security of the WCJ, inmate classification must be accomplished for all inmates during intake and throughout their detention in the WCJ. WCSO Policy 509 outlines in detail all factors applicable to classification and the classification plan adopted by the WCSO for the WCJ. [See WCSO Policy 509, attached as Exh. H-1]. The WCJ continues to apply this classification system to all inmates at the WCJ, and it represents the most salient non-COVID-19 factor for housing decisions. In addition, however, a variety of other WCSO policies are applicable to the many different decisions the WCJ makes and must make concerning how inmates are housed in the WCJ. These include the following: Inmate Reception [WCSO Policy 502, Exh. H-2]; Inmate Screening and Evaluations [WCSO Policy 701, Exh. H-3]; Special Management Inmates [WCSO Policy 505, Exh. H-4]; Suicide Prevention and Intervention [WCSO Policy 707, Exh. H-5]; and Special Care Inmates [WCSO Policy 703, [Exh. H-6]. As a review of these different policies demonstrates, a whole host of different factors must be considered in how inmates are appropriately housed in the WCJ. The overlay of these

non-COVID-19 considerations must be understood and appreciated in assessing how the WCJ can address COVID-19 generally and "medical vulnerable" inmates specifically.

THE BOTTOM LINE

- 34. As of 8:00 AM today, the WCJ currently houses 450 inmates. As previously articulated, I lack the legal authority to release any of the inmates currently detained. The release of any inmate by the appropriate judicial authorities, in my view and that of my Office, must necessarily take into the consideration the issue of the public safety of the community from the reintroduction of the inmates into the general public based on issues of recidivism and the resulting potential danger to the community.
- 35. The WCJ has done and continues to do what we are able to do to address all issues related to COVID-19 including inmate separation within the confines of the physical plant of the WCJ and the number of inmates at the WCJ. The WCSO continues to work on these issues every day seeking guidance from all available sources and continuing to refine all applicable policies and protocols based on any new guidance disseminated from any of the many sources relied upon. Every day during this pandemic, I and my staff have worked extremely hard and to the best of our ability to ensure all WCJ inmates, all staff who work there, and all individuals who interact at the WCJ remain as safe as possible based on all the information we know about COVID-19 and its transmission and spread. That has been the mission of the WCJ since the outbreak began and will continue to be as long as it continues. Finally, as before, the last thing the WCSO desires is to be forced to adopt measures which completely undermine the effective steps we have taken to plan for, slow, stop, combat, and further guard against the spread of COVID-19.

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I understand the statements written in this Declaration are given under penalty of

perjury. All of the foregoing statements are true and correct to the best of my knowledge.

Pursuant to 28 U.S.C. § 1746 I declare, under penalty of perjury under the laws of the

United States of America, the foregoing is true and correct.

FURTHER DECLARANT SAYETH NAUGHT.

Dated and executed this 18th day of May, 2020.

s/ Steven Reams

Steven Reams, Sheriff of Weld County



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EXHIBIT H-1

Inmate Classification

509.1 PURPOSE AND SCOPE

This policy describes the Weld County Sheriff's Office's classification process, which is designed to identify security and health issues so that inmates may be held in such a way as to foster a safe and secure facility.

509.1.1 DEFINITIONS

Definitions related to this policy include:

Civil detainee - Any person held in custody for a reason other than for criminal matters.

509.2 POLICY

All arrestees and detainees entering this facility will be processed to determine lawful custody, where they will be housed, or released back to the community through an appropriate release mechanism, including alternatives to incarceration programs, such as electronic supervision. In some circumstances Shift Sergeants retain the authority to release arrestees on Personal Recognizance (PR) bonds

It is the policy of this office to properly classify inmates according to security and health risks so that appropriate supervision, temporary holding and housing assignments may be made.

509.3 CLASSIFICATION PLAN

The Detentions Captain or the authorized designee should create and maintain a classification plan to guide staff in the processing of individuals brought into the facility. The plan should include an initial screening process, as well as a process for determining appropriate housing assignments. The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms and a process to ensure that classification decisions and housing records are maintained in each inmate's permanent file. The plan should include an evaluation of the following criteria:

- Age
- Sex
- Current charges
- Behavior during arrest and intake process
- Criminal and incarceration history
- Emotional and mental condition
- Potential risk of safety to others or self
- Special management inmate status
- Special needs assessment for vulnerable inmates

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Inmate Classification

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- Behavioral or physical limitations or disabilities
- Medical condition
- Level of sobriety at booking
- Suicidal ideation
- Escape history and degree of escape risk
- Prior assaultive or violent behavior
- The need to be separated from other classifications of inmates (e.g., juvenile offenders, gang affiliation, confidential informant, former law enforcement, sexual orientation)
- Prior convictions for sex offenses against an adult or child
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming (see Prison Rape Elimination Act Policy for transgender and intersex definitions)
- Previous sexual victimization
- The inmate's own perception of his/her vulnerability
- Whether the inmate is a foreign national and if so from what country (see Foreign Nationals and Diplomats Policy)
- Prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the Office (28 CFR 115.41)
- Any other criteria as deemed appropriate by the Sheriff or the authorized designee

The plan should include a methodology for evaluating the classification process and a periodic review for the purpose of continuous quality improvement.

Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41).

509.4 INITIAL CLASSIFICATION

The initial classification process is intended to identify predatory, violent and at-risk inmates. It should occur early in the intake process to allow for appropriate supervision while an inmate is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment.

Inmates should be interviewed by an intake deputy as soon as possible in the booking process. The intake deputy shall complete the initial classification form.

The initial classification form shall be placed in the inmate's file and provided to the classification specialist.

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509.5 CLASSIFICATION UPON HOUSING

Once it has been determined that the person arrested will not be released from custody on bail or PR, a more in-depth classification of the inmate will be conducted as soon as possible but no later than 48 hours after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing.

509.5.1 INTERVIEW

The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification specialist. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented, representing the security level and housing assignment appropriate for each inmate.

Individualized determinations shall be made about how to ensure the safety of each inmate (28 CFR 115.42).

509.5.2 OVERRIDE

The classification specialist has the authority to override the scores when it appears necessary to more appropriately assign housing. The override capability exists to use the classification specialist's training and expertise in those instances when the classification findings are not reflective of the inmate's potential security or health risk. All overrides will be reviewed and approved by a supervisor and are intended to be an exception, rather than the rule.

Inmates who have an identified history of sexual victimization shall be offered a meeting with a qualified health care or mental health professional within 14 days of screening (28 CFR 115.81).

509.6 REVIEWS AND APPEALS

Once an inmate is classified and housed, he/she may grieve the decision (see Inmate Grievances Policy).

509.6.1 PERIODIC CLASSIFICATION REVIEWS

The classification specialist should review the status of all inmates who have been incarcerated in the facility for more than 60 days with the exception of minimum security inmates or inmates that have already been reclassified to a lower security level. The review should examine changes in the inmate's behavior or circumstances and should either raise, lower or maintain the classification status.

The classification specialist should review the status of all inmates at the completion of sanctions served for serious rule violations.

Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42).

509.6.2 STAFF REQUESTED REVIEW

At any point during an inmate's incarceration, a staff member may request a review of the inmate's classification. The reason for the review, the review itself and the outcome of the review shall

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be documented in the inmate's permanent file. Nothing in this section shall prohibit staff from immediately moving an inmate to another location in the facility based on exigent circumstances. Under such circumstances, the staff member moving the inmate must immediately document the action.

509.7 HOUSING ASSIGNMENTS

Inmates should be housed based upon the following criteria:

- Classification level
- Age
- Sex
- Legal status (e.g., pretrial or sentenced)
- Need for protection or separation
- Criminal sophistication
- Any other criteria identified by the Detentions Captain

509.7.1 SEPARATION

Male and female inmates shall be housed to ensure visual and physical separation (CRS § 17-26-106).

Civil detainees and pretrial inmates should be housed separately from sentenced inmates when there is sufficient room (CRS § 17-26-105).

509.8 CLASSIFICATION SPACE ALLOCATION

The classification plan depends on the ability of the facility to physically separate different classes of inmates. To ensure that allocated space meets the current population needs, the Detentions Captain or the authorized designee should periodically meet with representatives of the classification staff to discuss the fixed resources (e.g., cells, dorms, dayrooms).

509.9 SINGLE-OCCUPANCY CELLS

Single-occupancy cells may be used to house the following categories of inmates:

- Maximum security
- Restrictive housing
- Medical condition or disabilities (upon consultation with medical staff and the availability of medical beds)
- Mental condition (upon consultation with mental health staff and the availability of mental health beds)
- Sexual predators

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- Any inmate with an elevated risk of being taken advantage, mistreated or becoming a victim of sexual abuse or harassment
- Any other condition of status for single-occupancy housing

The classification supervisor shall notify the Detentions Captain or the authorized designee when single-occupancy cells are not available for housing the above described inmates. In such cases, after comprehensive interdisciplinary discussion, inmates are idenfified in the above categories who may be safely housed together.

509.10 PREA CONSIDERATIONS

Housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43).

Housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns. A transgender or intersex inmate's views with respect to his/her own safety shall be given serious consideration.

Lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement or legal judgment (28 CFR 115.42).

509.11 STAFF TRAINING IN CLASSIFICATION

Classification staff should receive training specific to inmate classification before being assigned primary classification duties. Individuals not specifically trained in inmate classification may work in classification provided that they are under the immediate supervision of a trained and qualified staff member.



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Inmate Reception

502.1 PURPOSE AND SCOPE

The Weld County Sheriff's Office has a legal and methodical process for the reception of arrestees into this facility. This policy establishes guidelines for security needs, the classification process, identification of medical/mental health issues and the seizure and storage of personal property.

502.2 POLICY

This office shall use the following standardized policies when receiving arrestees to be booked into this facility. This is to ensure security within the facility and that arrestees are properly booked and afforded their applicable rights.

502.3 PRE-BOOKING SCREENING

All arrestees shall be screened prior to booking to ensure the arrestee is medically acceptable for admission and that all arrest or commitment paperwork is present to qualify the arrestee for booking. Required paperwork may include the following:

- (a) Arrest reports
- (b) Bonding information sheet
- (c) Probable cause affidavits
- (d) Warrants or court orders
- (e) Victim notification information
- (f) Special needs related to religious practices, such as diet, clothing and appearance (see the Religious Programs Policy)
- (g) Accommodation requests related to disabilities (see the Inmates with Disabilities Policy)
- (h) Booking screening form including information regarding suicidal statements or actions, medical and mental health information and prisoner security concerns

Any discrepancies or missing paperwork should be resolved before accepting the arrestee for booking from the arresting or transporting agency.

Prior to accepting custody of an arrestee who claims to have been arrested due to a mistake of the arrestee's true identity or an arrestee who claims that identity theft led to the issuance of a warrant in the arrestee's name, staff shall make reasonable efforts to investigate the arrestee's claim of identity fraud or mistake. Staff shall notify a supervisor when an arrestee makes a claim of mistaken identity or identity fraud.

502.3.1 IMMIGRATION DETAINERS

It is the policy of the Weld County Sheriff's Office to hold individuals for Immigration and Customs Enforcement based on probable cause that a criminal act has been committed.

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Inmate Reception

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502.3.2 MUNICIPAL COURT HOLDS

During the booking process, the booking deputy shall verify whether the arrestee has any municipal court holds. If an active hold is found, notifications shall be made in accordance with CRS § 13-10-111.5 as follows:

- (a) If the arrestee does not receive a personal recognizance bond on the arresting charge, notification must be made to the applicable municipal court as soon as practicable.
- (b) If the sole basis of the arrestee's detention is the municipal court hold, notification must be made within four hours.

Arrestees will be released pursuant to any standing orders issued by the municipal court (CRS § 13-10-111.5).

502.3.3 IMMIGRATION AND CUSTOMS ENFORCEMENT NOTIFICATION

When an inmate is serving a MITT with a schedule release date, there will be an event created, ICE notification of a mitt release (ICEN) and that event will be schedule 48 hours prior to the release date. Dayshift Booking Technician will run the ICEN report for the next 48 hours then notify ICE of any pending releases via email. On Fridays the Dayshift Booking Technician will run the ICEN report until the next business day (If a holiday(s) occurs within the week, then run the list through the following business day) and notify ICE of any pending releases.

When a pre-trial defendant is booked in and ICE has determined probable cause to believe the defendant is illegally in the United States as evidenced by I-247A, the Booking Technician will enter an event, Ice Notification of a Release Event (ICER). ICER is for all unscheduled releases.

- (a) In all cases where ICE has sent an Immigration Detainer Notice of Action, and the inmate is being processed for an unscheduled release from the facility, an email notification will be sent to ICE at the earliest possible time in the release process. In addition, the top right corner of the document will be checked to see if the letters "HP" (High Priority) are present. If they are present, a phone call will be made by a Booking Supervisor to the ICE supervisor advising them of the pending release, so they can attempt to arrive at the facility prior to completion of the release process to transfer custody.
- (b) If ICE does not respond for a custodial transfer, an ICE No Response/No Pick up (ICNO) event will be entered.
- (c) The Sheriff's Office WILL NOT hold for ICE administrative charges only. As with section 502.3.3(a), ICE will still be notified of an inmate being processed for release with administrative charges to allow ICE to make a determination.

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502.3.4 SERVICING DEPARTMENT OF HOMELAND SECURITY WARRANT An ICE Charge (CICE) may only be entered when a Booking Technician receives the following three properly serviced documents:

- (a) Immigration Detainer-Notice of Action (I-247A)
- (b) A Warrant for Arrest of Alien (I-200) **OR** Warrant of Removal/Deportation (I-205) which have been **personally served by an Immigration Officer upon the inmate**.
- (c) WCSO Federal Bonding Information sheet WITH probable cause narrative section completed which must be reviewed by a Corporal or Sergeant.

When the Booking Technician has received all three pieces of paperwork on an inmate, the Booking Technician can enter an ICE Charge (CICE) in JMS for the inmate. The charge will be set out for 365 days.

When the Booking Technician has received all three pieces of paperwork on an inmate and when the inmate has timed served, the Booking Technician can enter an ICE Transport (TICE) in JMS for the inmate. The transport event will be set for 48 hours. When the transport event has been set, the Booking Technician will notify the ICE Supervisor via telephone. In the note section of the event, document date, time and person notified.

502.3.5 WELD COUNTY SHERIFF OFFICE INMATE/PRISONER DETAINER

An inmate still serving MITT time on their sentence can be released to ICE. The following conditions will be met:

- (a) The inmate has less than five (5) days left on their sentence (including weekends and holidays)
- (b) A WCSO Inmate/Prisoner Detainer Form is completed by a Booking Corporal and/or Detention Sergeant.
- (c) An Out with Other Agency (OWOA) event will be entered into JMS for the inmate that coincides with that inmate's Timed Served (TSER) date event in JMS. In the note section of the OWOA, information that the inmate was released to ICE on a WCSO Inmate/Prisoner Detainer will be entered.

502.4 SEARCHES BEFORE ADMISSION

All arrestees and their property shall be searched for contraband by the booking deputy before being accepted for booking. All contraband items will be handled according to facility policy. Items of possible evidentiary value may be turned over to the arresting or transporting agency for processing or processed according to the facility's rules for handling evidence. Approved personal property and clothing will be accepted. Items not approved will be returned to the arresting or transporting agency prior to the arrestee being accepted for booking. A description of the items returned to or confiscated by the arresting or transporting agency, shall be documented on the arrestee's booking record.

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Searches or inventory of wallets, purses and closed containers is not allowed for civil detainees or emergency commitments.

Strip searches shall be conducted in accordance with the Searches Policy.

502.5 ADMISSION PROCESS

A unique booking number shall be obtained specific to the current admission. Photographs and fingerprints shall be taken.

The admission process should include an attempt to gather a comprehensive record of each arrestee, including the following:

- Identifying information, including name and any known aliases or monikers
- Current or last known address and telephone number
- Date and time of arrest
- Date and time of admission
- Name, rank, agency and signature of the arresting deputy and transporting deputy, if different
- Health insurance information
- Legal authority for confinement, including specific charges, arrest warrant information and court of jurisdiction
- Sex
- Age
- Date and place of birth
- Race
- Height and weight
- Occupation and current or most recent employment
- Preferred emergency contact including name, address, telephone number and relationship to inmate
- Driver license number and state where issued, state identification number or passport number
- Social Security number
- Additional information concerning special custody requirements or special needs
- Local, state and federal criminal history records
- Photographs, fingerprints and notation of any marks or physical characteristics unique to the inmate, such as scars, birthmarks, deformities or tattoos
- Medical, dental and mental health screening records, including suicide risk

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- Religious preference
- Primary language
- Need for interpreter for court process
- Inventory of all personal property including clothing, jewelry and money
- A record of personal telephone calls made at the time of booking or the time the opportunity was provided to place calls if the calls were not made

Inventoried items of rare or unusual value should be brought to the attention of a supervisor. The inmate's signature should be obtained on the booking record and on any forms used to record money and property.

502.5.1 LEGAL BASIS FOR DETENTION

Arrestees admitted to the facility shall be notified of the official charge for their detention or legal basis of confinement in a language they understand.

502.6 TRANSITION FROM RECEPTION TO GENERAL POPULATION

The Shift Sergeant is responsible to ensure only arrestees who qualify are placed into general population cells or housing. Those who will not be placed into general population include:

- (a) Arrestees who are eligible for release following citation.
- (b) Arrestees who are intoxicated or under the influence of any chemical substance.
- (c) Arrestees who are arranging bail. They shall be permitted a reasonable period of time, at the discretion of the Shift Sergeant, to make telephone calls before being placed in general population.
- (d) Any arrestee prior to classification.

502.6.1 MONITORING FOR SIGNS OF INTOXICATION AND WITHDRAWAL

Staff shall respond promptly to medical symptoms presented by inmates to lessen the risk of a lifethreatening medical emergency and to promote the safety and security of all persons in the facility.

Custody staff should remain alert to signs of drug and alcohol overdose and withdrawal, which include, but are not limited to, sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing and generalized aches and pains. Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify appropriate medical staff and the supervisor.

502.6.2 INMATE SEPARATION

Inmates should be kept separate from the general population during the admission process. Newly admitted inmates should be separated according to the facility's classification plan.

502.7 INMATE PROPERTY CONTROL

All property received from inmates at the time of booking shall be sealed in property bags designated for this purpose.

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Inmate Reception

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Excess personal clothing or property should be returned to the arresting or transporting agency for disposition.

502.7.1 VERIFICATION OF INMATE'S MONEY

All paper currency belonging to the inmate and retained by the booking deputy shall be verified in front of the inmate, placed in an envelope and sealed. The booking deputy and when possible, the inmate should initial the envelope. A second deputy should witness and initial if the inmate is unavalible.

Negotiable checks or other instruments and foreign currency should be sealed in the inmates small property bag with wallet, coinage and jewelry.

502.7.2 PROPERTY STORAGE

All inmate property should be stored in a secure storage area. Only authorized personnel may access the storage area and only for the purpose of depositing or retrieving property, or to conduct duly authorized work, including maintenance and other duties as directed by their supervisor.

502.8 INMATE TELEPHONE CALLS

Every inmate, whether adult or juvenile, detained in this facility shall be entitled to access the inmate telephone system as soon as practicable upon being admitted and no later than three hours after intake unless combative. Access may be of a duration that reasonably allows the inmate to make necessary arrangements for matters that he/she may be unable to complete as a result of being arrested.

There is no obligation for the custody staff to make a telephone call on an inmate's behalf or allow inmates to use agency extensions. Staff may use independent judgment and allow use of an agency extension in cases of a verified emergency after checking for any applicable protection orders.

502.8.1 TELEPHONE CALL PROCEDURES

All inmate phone access will be provided on the inmate telephone system except in the case of court proceedings or verifiable emergencies where not prohibited by an active protection order.

Calls between the inmate and his/her attorney shall be deemed confidential and shall not be monitored, eavesdropped upon or recorded.

502.8.2 ONGOING TELEPHONE ACCESS

Ongoing telephone access for inmates who are housed at this facility will be in accordance with the Inmate Telephone Access Policy.

502.9 SHOWERING AND CLOTHING EXCHANGE

Inmates should be allowed shower access as soon as practicable upon being moved to an intake unit or within 24 hours if housed in booking.



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EXHIBIT H-3

Inmate Screening and Evaluations

701.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for the screening and evaluation of inmates for health care issues.

This policy is limited to screening and evaluations. Subsequent care and treatment is addressed in the Availability and Standards of Care Policy and other related policies.

701.2 POLICY

The Office recognizes that inmates should be screened when they initially arrive at the detention facility and evaluated at regular intervals so all inmates receive adequate health care.

701.3 INMATES NOT ACCEPTED INTO THE FACILITY

No person with a reasonably identified condition that appears to need immediate medical care or other disqualifying condition identified by the Health Care Adviser should be accepted at the facility without a medical clearance from a qualified health care provider.

701.4 INITIAL SCREENINGS

Trained staff shall perform a health care screening on each inmate upon his/her initial arrival at the detention facility. This includes those transferred from another facility. Findings shall be recorded on the appropriate form. The screening will include the name of the screener, date and time of the screening, and information and observations regarding (6 CCR 1010-13:14.2):

- (a) Current and historical medical, dental and mental health care information, including any allergies.
- (b) Current and historical use of medication, alcohol and drugs, including types, amounts and frequency used, method of use, date or time of last use and history of any problems after ceasing use.
- (c) Suicide risk and mental health assessment.
- (d) Pregnancy and associated issues.
- (e) Communicable disease risk assessment.
- (f) Special needs that would significantly impair an inmate's ability to adapt to the detention facility environment, such as a learning disability.
- (g) Other health care information as designated by the Responsible Physician or Health Care Adviser.
- (h) Observations of the following:
 - 1. Behavior/conduct

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Inmate Screening and Evaluations

EXHIBIT H-3

- 2. Signs of impaired consciousness or other health issues (e.g., coughing, sweating, tremors, sleepiness, trouble breathing)
- 3. Body deformities and body movements
- 4. Skin (injuries, rashes, needle marks, sores)
- 5. Other observations as designated by the Health Care Adviser

Inmates who refuse to answer these questions should be placed under observation until the screening can be completed or until sufficient information is obtained to allow the staff to make appropriate decisions concerning housing and care.

701.5 TRANSFER SCREENINGS

A qualified health care provider shall review the health record of any inmate transferred into this facility within 12 hours.

Inmates transferred without a health record or initial screening from any other facility shall be screened when they initially arrive at this detention facility.

701.6 HEALTH EVALUATIONS

Qualified health care professionals shall complete an in-person health evaluation of each inmate within 30 days after arrival at the detention facility and annually thereafter if the inmate is still in custody (6 CCR 1010-13:14.3). Health evaluations should include:

- (a) Review of the inmate's initial screening information.
- (b) Collection of updated or additional data to complete the person's health care and immunization history.
- (c) Medical examination.
- (d) Mental health assessment.
- (e) Dental examination.
- (f) Tests to detect tuberculosis and other communicable diseases.
- (g) A record of the inmate's height, weight, pulse, blood pressure and temperature.
- (h) Other tests and examination as determined by the Health Care Adviser.
- (i) Initiation of care when appropriate, as well any associated treatment plan.
- (j) Identification of health issues that may affect decisions regarding housing, program participation or other conditions of confinement.
- (k) The Responsible Physician should review any evaluations conducted by other qualified health care professionals.

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Any findings that may significantly impact the health, safety or welfare of the inmate or others should be communicated to the Detentions Captain or the authorized designee. Health care needs that may affect housing, program participation or other conditions of confinement shall be communicated and documented.



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EXHIBIT H-4

Special Management Inmates

505.1 PURPOSE AND SCOPE

Inmates who pose a heightened risk to themselves or others require special management, including frequent interaction and increased supervision by staff. Interaction with special management inmates is essential to maintaining a safe, secure and humane environment. This policy establishes guidelines and procedures for interacting with special management inmates in the custody of the Weld County Sheriff's Office.

505.1.1 DEFINITIONS

Definitions related to this policy include:

Restrictive Housing - The physical separation of an inmate who poses an ongoing imminent threat to the safety and security of the facility, to others or themselves. This separation includes inmates requiring separation for medical or mental health reasons.

Special Security Housing - A level of custody either requested and approved or required for an inmate's protection from others.

Special management inmate - An inmate who is either classified as restrictive housing or special security. Classification as a special management inmate is a non-punitive classification.

505.2 POLICY

This office shall provide for the secure and separated housing of any special management inmate, but shall not impose more deprivation of privileges than is necessary to obtain the objective of protecting the inmate, staff or the public (6 CCR 1010-13:8.11).

505.3 SPECIAL MANAGEMENT INMATES HOUSING CRITERIA

The safety and security of this facility is dependent on a classification system that identifies inmates who pose a risk to themselves or to others. Inmates who pose such a risk must be promptly and appropriately separated from the general inmate population until such time that they no longer pose a risk. Staff must have the ability to promptly separate these inmates pending further review.

Individuals who may be classified as special management inmates include, but are not limited to, inmates who are:

- In special security housing or court-imposed separation.
- Exhibiting mental health concerns.
- An escape threat.
- A serious violence threat.
- Known to have gang affiliation.
- A known management problem.
- A suicide risk.

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Special Management Inmates

EXHIBIT H-4

- Exhibiting medical issues.
- Physically impaired.

505.4 CIRCUMSTANCES REQUIRING RESTRICTIVE HOUSING

Inmates will generally be assigned to restrictive housing through the classification process. Deputies have the authority to immediately place any inmate into restrictive housing when it reasonably appears necessary to protect the inmate, others or the safety and security of the facility.

Reasons that an inmate may be placed into immediate restrictive housing include the following:

- (a) The inmate requests protection or is under court-ordered protection, or the staff has determined that the inmate requires protection.
- (b) There is reason to believe the inmate poses a danger to him/herself or others.
- (c) The inmate poses an escape risk.
- (d) The inmate requires immediate mental health evaluation and medical housing is not reasonably available.
- (e) The inmate is charged with a disciplinary infraction and is awaiting a disciplinary hearing and in the judgment of the staff, the inmate could become disruptive or dangerous if left in general population.
- (f) Other circumstances where, in the judgment of the staff, the inmate may pose a threat to him/herself, others or the security of the facility.

505.4.1 REVIEW PROCESS

The Shift Sergeant shall be notified when any inmate is placed in restrictive housing and shall be informed of the circumstances leading to the order to separate. Within 72 hours of the inmate being placed into restrictive housing, the Shift Sergeant or the authorized designee must review the circumstances surrounding the separation to determine which of the following actions shall be taken:

- (a) The inmate is designated for special management status.
- (b) The inmate is designated for special security housing.
- (c) The inmate remains separated pending a disciplinary hearing.
- (d) The inmate is returned to general inmate population.
- (e) The inmate is designated for disciplinary segregation.

505.5 SPECIAL SECURITY HOUSING

During the review process the Shift Sergeant shall clearly document the reason an inmate should or should not be placed into special security housing.

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Special Management Inmates

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Inmates who are in special security housing shall receive all services and programs that are available to inmates in general population and that are deemed a privilege. Any deviation from allowing usually authorized items or activities shall be documented.

505.6 MAINTENANCE OF PROGRAMS AND SERVICES

Special Management Inmates who are classified for housing in restrictive housing shall, at a minimum, be allowed access to programs and services including, but not limited to,

- Inmate telephones
- Personal and Professional visitation
- Educational programming appropriate to the inmate classification
- Commissary services
- Library and law library services
- Social services
- Faith-based guidance, counseling and religious services
- Recreation activities and exercise

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Nothing in this policy prohibits changing the delivery of programs or services to separated inmates when reasonably necessary to provide for the safety and security of other inmates and staff.

505.7 REVIEW OF STATUS

The Shift Sergeant shall review the status of all inmates assigned to Special Management Housing every 30 days. The review should include information about these inmates to determine whether their status in restrictive housing is still warranted.

An inmate may appeal classification to special management housing to the Lieutenant once per review period.

If other reasonable housing options exist that will provide for the safety of the inmate and the facility, the inmate should be moved off of special management status. In reviewing an alternative housing decision for an inmate in Special Security Housing, the safety of the inmate shall receive the utmost consideration.

505.8 HEALTH EVALUATION REQUIREMENTS

After notification from staff that an inmate is being placed on special management status, the Shift Sergeant shall ensure that the following occurs:

(a) Required mental health or medical staff are notified to assess the inmate's health care needs and coordinate appropriate housing assignments.

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(b) If contraindications or special accommodations are noted, the mental health or medical staff shall inform the Shift Sergeant and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the needs of the inmate.

505.8.1 HEALTH AND CONSIDERATIONS

Due to the possibility of self-inflicted injury and depression during periods of separation, health evaluations should include notations of any bruises and other trauma markings and the qualified health care professional's comments regarding the inmate's attitude and outlook.

- (a) Unless medical attention is needed more frequently, each inmate in separation should receive a visit by medical staff a minimum of three times a week. A medical assessment should be documented in the inmate's medical file.
- (b) Unless required more frequently due to the presence of a serious mental illness, a qualified mental health professional shall conduct weekly rounds for a mental health evaluation.

When an inmate is classified as a special management inmate due to the presence of a serious mental health disorder and is placed in a restrictive housing setting, staff shall document this in the inmate's file and notify the qualified health care professional. When an inmate is expected to remain in restrictive housing for more than 30 days, the qualified health care professional shall be notified.

505.9 SAFETY CHECKS

A staff member shall conduct a face-to-face safety check of all special management inmates, at least once every 15 minutes on an irregular schedule. Inmates who are violent, have mental health problems or demonstrate behavior that is easily identified as out of the ordinary or bizarre in nature may require more frequent checks.

Inmates who are at risk of suicide shall be under continuous observation until seen by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

All management, program staff and qualified health care professional visits shall be documented in the appropriate records and logs and retained in accordance with established records retention schedules.

505.10 LOG PROCEDURES

Electronic observation logs should be completed per Post Orders.

Log entries should be entered promptly and provide sufficient detail to adequately reflect the events of the day for future reference.

The date and time of the observation or incident and the name and identification number of the staff member making the log entry shall be included on each entry.

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Supervisors should periodically review the logs during the shift to ensure the quality of the logs and that minimum requirements are met.

505.10.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The Shift Sergeant shall review and evaluate the logs and pass any significant incidents via the chain of command to the Detentions Captain for review.

The logs will be retained by the Office in accordance with established records retention schedules, but in no case for less than one year.



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EXHIBIT H-5

Suicide Prevention and Intervention

707.1 PURPOSE AND SCOPE

This policy is intended to reduce the risk of inmate suicide through risk identification and appropriate intervention.

707.2 POLICY

The Office will develop a suicide prevention plan to identify and monitor potentially suicidal inmates and appropriately intervene.

707.3 MEMBER RESPONSIBILITIES

Any member who identifies an inmate who displays suicidal signs shall immediately notify a supervisor. The inmate shall be personally monitored until a mental health or suicide staffing committee approves another form of monitoring. Inmates should be staffed when:

- An inmate has attempted suicide in any correctional facility at any time in their life.
- An inmate has attempted suicide within the last year.
- An inmate reports active thoughts of suicide.
- An inmate will not commit to informing staff if they were to have thoughts of suicide in the future while in custody at the Weld County Jail.
- Any inmate whose suicide history in totality causes concern following assessment with the inmate and/or research completed. The following should be considered:
 - Number of suicide attempts in inmate's life.
 - Thoughts or threats of suicide within the last year.
 - Previous suicide watches in WCSO custody or other institutions.
 - Any other combination of lifetime risk factors.

707.4 SUICIDE PREVENTION PLAN

The Detentions Captain or the authorized designee will develop a suicide prevention plan. The plan should address:

- (a) Initial screening and follow-up assessments.
- (b) Referrals to mental health care providers as soon as practicable.
- (c) An evaluation and treatment responsibility to include strategies to address underlying causes and heightened risk opportunities.
- (d) Training (initial and annual training on risk identification, prevention and intervention).
- (e) Monitoring inmates at risk for suicide.
- (f) Appropriate cells, clothing and effects for inmates at risk for suicide.
- (g) Communication between members and care providers.

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- (h) Responses to suicide attempts, including first-aid measures.
- (i) Notification requirements.
- (j) Documentation requirements.
- (k) Care for affected members and inmates.
- (I) Facility inspections for physical or operational modifications that may reduce the risk of inmate suicide.

The suicide prevention plan should be developed in conjunction with the Health Care Adviser, Detentions Captain and staff, treatment providers and local public health agencies, as appropriate.

707.5 PRECAUTIONARY STEPS

There are three levels of suicide watch (Level 1 - high risk, Level 2 - moderate risk and Level 3 - minimal risk) that correlate to the inmate's assessed risk of suicide. The following inmates should be placed on a Level One Suicide watch:

- Any inmate who is expressing suicidal thoughts.
- Following an active suicide attempt in this facility.

The following inmates should be placed on a minimum of a Level Two Suicide watch:

- Any inmate who has a history of recent (within the last six months) self-injurious behavior when such behavior was done with the intent of killing themselves or if they could have killed themselves as a result of the behavior.
- Any inmate who will not commit to informing staff if there were to have thoughts of suicide in the future while in custody at the Weld County Jail.
 - Initial staffing placement only. Follow-up staffing decisions will be based upon the totality of the circumstances.

If and when possible, inmates placed on suicide watch shall be housed in a cell that has been designed to be suicide resistant. Prior to placing a suicidal inmate in any cell, staff should carefully inspect the area for objects that may pose a threat to the inmate's safety.

Physical restraints should only be used as a last resort. The decision to use or discontinue use of restraints should be made in consultation with the [ShiftCommander].

Until the inmate is evaluated by a mental health professional or suicide staffing committee, the inmate shall be subject to frequent direct visual observation.

An inmate will be removed from suicide watch when a mental health professional determines the inmate no longer poses a threat to him/herself. The inmate shall be referred to classification for an appropriate housing assignment when necessary.

Once assigned and moved to the appropriate housing unit, the inmate shall be assigned to a cell as close to the Detentions Deputy's desk providing for the best line of sight from the desk. The fact

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that the inmate was on suicide watch shall be communicated by mental health staff to Detentions Deputies wherever an inmate is assigned.

Once the mental health professional assigned to the inmate believes that post suicide watch follow-up is no longer warranted, they will communicate this to the Detentions Deputies who can then house the inmate as appropriate within the housing unit or another based on classification and facility needs.

707.6 OBSERVATION LOGS

Observation logs shall be maintained for all inmates on suicide watch at least once per day. Each staff member who is required to observe the inmate shall make notations in the observation log, documenting the time of observation and a brief description of the inmate's behavior.

707.7 DOCUMENTATION

Detentions staff shall document any time an inmate's suicide watch status and housing assignment changes and the reasons for not providing clothing, personal and issued items as applicable.

The inmate's health care record should be updated to reflect all contacts, treatment and any other relevant information.

707.8 SUICIDE ATTEMPTS

Any suicide attempt is a medical emergency and life-saving measures shall be initiated by a trained staff member until he/she is relieved by a qualified health care professional, who shall initiate appropriate medical evaluation and intervention.

The Responsible Physician or the authorized designee should be notified in situations when referral and transportation to an emergency room or local hospital is required.

Staff should take action to preserve and collect evidence as necessary.

707.8.1 SUICIDES

All deaths resulting from suicide should be investigated and documented in accordance with the Reporting In-Custody Deaths Policy.

707.9 DEBRIEFING

Any suicide or attempted suicide requires a staff debriefing. Information will be communicated to the oncoming Shift Sergeant and staff to apprise them of the incident and actions taken with regard to the incident. Such debriefing will be appropriately documented and shall be reviewed by administration, security and mental health staff.

Stress management debriefings for involved members and inmates to discuss post-incident thoughts and reactions should be provided.

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EXHIBIT H-5

707.10 TRANSFER AND RELEASE

Ongoing care of suicidal inmates during transfers and after release should be considered. When an inmate is being transferred for observation or treatment, a staff member should complete the necessary forms (i.e., M-1 Emergency Mental Illness Report and Application), documenting the reasons why the inmate is believed to be suicidal. The completed forms should accompany the released inmate to the designated facility.

When an inmate with a history or risk of suicide is transferred, the transporting deputy should ensure that the suicide threat or other danger is clearly communicated to personnel at the receiving facility.

Inmates who are at risk for suicide and are being released should be encouraged to work with local or area mental health resources and shall be provided with the appropriate contact information.



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EXHIBIT H-6

Special Care Inmates

703.1 PURPOSE AND SCOPE

The purpose of this policy is to address inmates who may have special care needs.

703.2 POLICY

It is the policy of the Office for custody staff to work cooperatively with qualified health care professionals to ensure that inmates with special care needs are provided adequate care.

703.3 CHRONIC DISEASE CARE

The Health Care Adviser should work with the Responsible Physician and the Detentions Captain to develop programs or procedures to assist inmates with chronic diseases. The Health Care Adviser should identify the common chronic diseases that are seen at the detention facility and the inmates who would benefit from special care. The Health Care Adviser should maintain a list of these inmates to facilitate the implementation of any treatment plan and follow-up care.

703.4 COORDINATED CARE

The Health Care Adviser should work with the Responsible Physician and the Detentions Captain to ensure inmates with special care needs, including inmates who have physical or developmental disabilities or who are in need of geriatric or other ongoing care, receive coordinated health care. Inmates with special care needs should be identified so custody staff can assist as necessary with any treatment plans.

703.5 DETOXIFICATION

Inmates experiencing symptoms of drug or alcohol withdrawal should be promptly seen by a qualified health care professional or transferred to an off-site emergency facility for treatment.

Detoxification will be provided within the facility only under the direct supervision of the Responsible Physician or the authorized designee. If the Responsible Physician or the authorized designee is not present at the detention facility, detoxification shall be conducted in an appropriate medical facility or community detoxification center under appropriate security conditions.

703.6 SUBSTANCE ABUSE CARE

Inmates should receive substance abuse education or counseling and be referred for treatment as necessary. Inmates who are pregnant and who at the time of admission to the jail disclose, through the medical screening process, involvement in an active and verifiable medication assisted treatment program shall be continued on the medication regimen associated with that medication assisted program after review and approval by the medical provider.

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EXHIBIT H-6

703.7 HOSPICE AND END-OF-LIFE CARE

The Responsible Physician should alert the Detentions Captain any time it is determined that an inmate is terminally ill or approaching the end of his/her life. Hospice care that meets contemporary standards of decency, including counseling and pain management, should be provided.

The Detentions Captain or the authorized designee should:

- (a) Alert the Sheriff and the appropriate prosecuting authority to seek the inmate's release from custody when that appears a reasonable option.
- (b) Facilitate visitation and increase visitation opportunities based upon detention facility resources.
- (c) Facilitate the inmate's execution of advance directives, such as a living will, health care power of attorney and a do-not-resuscitate (DNR) order.