

Exhibit 27

Declaration of Juanita Singleton, May 3, 2020

DECLARATION OF JUANITA SINGLETON

I, Juanita Singleton, declare:

1. My husband, Lance Singleton, is an inmate in the Cummins Unit. He is housed in the 17 Barracks and his ADC# is 128604.
2. On April 17, 2020, Lance called and informed me that he tested positive for COVID-19. He is quarantined in a barrack with 60 other people who have tested positive. Lance reported having severe body aches and a headache. Lance said that he was provided with one thin mask, but did not have disinfectant to clean his area. He complained that the beds in his barrack are very close together and the inmates are coughing all over each other. He said he put in a request to see a nurse because he was not feeling well and the nurse did not come until days later.
3. Lance informed me that Officer Whipp who is guarding his unit also tested positive COVID-19, but is still coming to work.
4. Out of concern for Lance's health, I called the Cummins Unit several times after speaking with him on April 17th. I was told to call the chaplain. I left the chaplain several messages and never received a call back. I continued to call the Cummins Unit and no one would provide me with information about Lance's condition.
5. On April 27th at approximately 10:30pm, Lance called me because he was hungry and not feeling well. He reported only being fed breakfast in the early morning hours and he said his barracks had not received lunch or dinner. The commissary also did not have any food. He was suffering from a severe headache and sore throat. He mentioned again that the nurse had not come to check on him in days.
6. During my call with Lance on April 28, 2020, he reported that Officer Whipp was still the guard on duty at his barrack.

I declare, under penalty of perjury, that the foregoing is true and correct.

Date: 5/2/2020

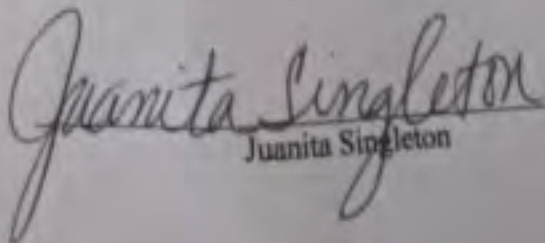

Juanita Singleton

Exhibit 28

Declaration of Roxcena Smith, May 1, 2020

DECLARATION OF ROXCENA SMITH

I, Roxcena Smith, declare:

1. My son, Etavious Smith, is an inmate in the Cummins Unit. He is housed in the 10A Barracks with approximately 30-40 other inmates. His ADC# is 159659.
2. For almost two weeks I called the Cummins Unit to check on my son. I was worried that he was ill and I had not heard from him. Every time I called, I was transferred to the chaplain. I left messages for the chaplain, but never received a response.
3. I finally spoke to my son on Sunday, April 26, 2020. He called to inform me that he received a letter from ADC stating that he tested positive for COVID-19. He reported having a sore throat and a toothache. He asked to go to the infirmary, but still had not been seen. He was provided with one mask, but no disinfectant or sanitizer.
4. My son reported that no one has come to check on his health since testing positive. No one has checked his temperature or given him medicine.
5. A guard showed him a memo from a Warden and it was mandatory that they report to work even if they tested positive for COVID-19. He said some of the guards who are serving food have tested positive for COVID-19. My son complained that he is not eating regularly; food is served in the early morning and he does not receive dinner until after 10pm.
6. As a mother, I feel helpless and upset. My son is not only sick and not receiving treatment, but he is also hungry. My heart aches for him and so many others in these horrible conditions.

I declare, under penalty of perjury, that the foregoing is true and correct.

Date: 5-1-20

Roxcena Smith
Roxcena Smith

Exhibit 29

Declaration of Valencia White, May 1, 2020

Declaration of Valencia White

I, Valencia White, declare:

1. My name is Valencia White. I am 42 years old. I work as a General Manager of a Holiday Inn Express in Austin, Texas.
2. My brother Bryan is housed at the Cummins Unit. He is 39 years old.
3. My brother is displaying symptoms. His eyes hurt so bad that he can't move his them. He has to turn his head to see. He has a horrible cough and chest pains. He went through this whole thing 4 weeks ago so he thinks he has it again. A few weeks ago he had this dry cough nothing else – just a dry cough. The following week he was spitting up mucus for the whole week then he had the headache. Then he was symptom-free for a week or so and then it started up again.
4. He has been tested but they have not given him his results.
5. When I called to find out his results they said they stopped releasing information to families.
6. He said all the people who tested positive were the ones serving the food. On Wednesday, April 22, 2020, the kitchen workers refused to work. So they came to my brother's barracks and got him to work in kitchen.
7. He said that the kitchen is so filthy. There are cockroaches and rats falling out of the ceiling. It is so horrible. I've never heard anything like it. The day they forced him to work there, they locked him in that kitchen for 13 hours.
8. My brother refused to go back to the kitchen the next day. He said he is never going back to that kitchen, even if they punish him.
9. People were upset that sick people were serving food, and that healthy people were being forced to work with sick people in the kitchen. Windows were busted out and TVs were smashed. They were rioting.
10. My brother filed a grievance about the kitchen situation. It was only after he filed that grievance that corrections officers started serving food.
11. The person in the bunk next to my brother is symptomatic. He is a sever asthmatic and my brother says he keeps having terrible asthma attacks.

12. They cut up the uniform material and made masks for everybody. That's all the protection they have.
13. They haven't been allowed to go outside. Everyone in there is coughing and sneezing and it's in the air. No one gets any fresh air.
14. I know that guards have gotten sick too. One had COVID-19 pneumonia. They still want them to come to work.
15. I am scared for my brother. No one deserves to be treated this way.

Date: 5/01/2020

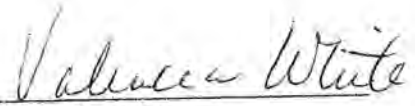

Valencia White

Exhibit 30

Declaration of Tonya Williams, May 3, 2020

DECLARATION OF TONYA WILLIAMS

I, Tonya Williams, declare:

1. My son, Jarvis Flowers, is an inmate at Cummins Unit. He is housed in the 10A Barracks and his ADC# is 147875.
2. Since the COVID-19 outbreak at Cummins, I have been extremely worried for my son's health and safety. My son suffers from severe asthma, which makes him vulnerable to dying from COVID-19 complications.
3. My son is in an open barrack where his bed is in a section with 4 people closely connected. He informed me that he has 1 mask, but no gloves or other protective gear. He did not have any disinfectant to clean the area where he sleeps.
4. I have called the Cummins Unit on numerous occasions to ask about my son's health and no one gives me information.
5. On April 18, 2020, my son called to inform me that he was tested for COVID-19. On Sunday, he called again to let me know that he was quarantined in another unit. He did not know whether he had tested positive for COVID-19 and was unsure why he had been moved to another unit.
6. On Wednesday, April 22, 2020, I called the medical unit in Pine Bluff to inquire about my son's COVID-19 test results. I was informed that my son tested positive for COVID-19. On the evening of April 22nd my son called. He did not know the results of his COVID-19 test. I informed him that he tested positive for COVID-19.
7. During our phone call on Sunday, April 26th, my son reported not feeling well. He was coughing, had tightness in his chest, shortness of breath and did not have a sense of smell or taste. He went to the infirmary earlier that day and was given Tylenol and another asthma pump.
8. I informed him that nurses were supposed to perform 2 wellness checks per day on inmates in the quarantine unit. However, he said nurses had not checked on him in days. He mentioned that some of the inmates in the quarantine unit should be hospitalized because they were extremely ill and could not move. Nurses were not checking on these very ill inmates and he was worried for them. My son asked medical staff if he would be retested for COVID-19 before being sent back to his regular barrack and he was informed that he would not be retested.

9. My son informed me that he filed a grievance about the conditions in Cummins, but the warden refused to sign the grievance.
10. He reported that since being quarantined he has not eaten regularly. Food is brought into the quarantine unit in the early morning and the next time he is fed is after 8pm. The food is cold and looks like slop.
11. I last spoke to my son on April 28, 2020.

I declare, under penalty of perjury, that the foregoing is true and correct.

Date:

5 - 3 - 20

Tonya Williams

Tonya Williams

Exhibit 31

Department of Correction Secretary's Board Report
March 2020

Asa Hutchinson
Governor

Wendy Kelley
Secretary



Office of the Secretary
6814 Princeton Pike
Pine Bluff, Arkansas 71602
Phone: 870-267-6200
Fax: 870-267-6244

SECRETARY'S BOARD REPORT

March 2020

SECRETARY'S UPDATE:

February started with a report to the Governor and the Transformation Office at TSS on the Department's coordination with existing boards and commissions.

There were several meetings regarding Riverside Vocational School, the National Center for Construction Education and Research (NCCER), and staffing. The Secretary toured both the Varner and ORCU Riverside campuses to meet staff and attended a meeting with the various Riverside assistant directors and Dr. Charles Allen.

The Secretary attended one of the weekly construction meetings at the former Timex building and met with the Disability Rights Association with General Counsel Christine Cryer. Chief of Staff Solomon Graves visited both the East Central Community Correction Center and the West Memphis Parole Office. While at the Parole Office, Mr. Graves attended a Sentencing Commission training and observed offender office visits.

There was a Governor's Cabinet meeting and a meeting with other Secretaries to discuss transformation progress and hurdles.

The Data and Transparency Panel meeting included some suggested case uses by our Department (interface with Contexte, AOC's system; and the ability to obtain wage information on former inmates to conduct program evaluations).

There was a telephone planning session

with the Correctional Leaders Association. The Department's Leadership team continues to meet and find new ways to assist our various agencies.

Division of Community Correction Director Jerry Bradshaw and some of his staff, along with the Secretary and Chief of Staff, attended the Sentencing Commission meeting that was held at the Central Arkansas CC Center. The Sentencing Commission voted to support a change to the Sentencing Orders to allow more offenders to serve their sentence in a Community Correction Center. Currently, only those can go to an ACC Center with a box checked on the Sentencing Order.

The Secretary met with Dr. Charisse Childers regarding the limitations on wage data availability and was excited to learn of plans to expand the availability to state agencies during the 2021 Legislative Session.

Deputy Director Elizabeth Taylor and Secretary Kelley attended a meeting on Arkansas Works as DHS begins preparing for the next Medicaid waiver submission for Arkansas.

Christine Cryer is working to assist all areas with their Control Self Assessments (CSAs), noting some areas have not completed these risk assessments in the past. The CSAs are to assist in the state's bond rating!

Several Legislative meetings were attended as well as meetings with individual Legislators and the Fiscal Session officially starts April 8, 2020.

The Secretary was the guest speaker at the Parole/ Probation Officers' graduation at the end of February and was excited to see such a dedicated group of new officers entering public service!

COMMUNICATIONS:

At the end of February, the Facebook page had 23,349 followers and 22,594 “likes” (an increase of 1,079 from the number reported at the end of January). The page contains the happenings from all of the entities under the Department. Our Twitter account had 577 followers at the end of the month. It also includes posts highlighting the entire department.

SHARED SERVICES:**DIVISION OF CORRECTION PROCUREMENT:**

For February 2020, Purchase Orders and Contracts in excess of \$10,000 amounted to \$2,539,450.50 (see chart on Page 8 for details). Of this amount, \$1,820,647.46 was for Inmate Care and Custody-related items (food, shoes, clothing, etc.). Bulk fuel costs for the month of February were \$39,648.61 – average cost for E-10 was \$1.83/gallon; average cost for diesel was \$1.79/gallon.

CURRENT BIDS –

- Powdered Milk (Farm)
- Aerial (Tucker Unit Farm)
- Hauling (EARU Farm)
- Frozen Turkey (Unit Distribution)

NEW CONTRACTS/OSP –

- Flour

ABA CONTRACTS –

- EARU Recreation Yard Precast

DIVISION OF COMMUNITY CORRECTION PROCUREMENT:

For February 2020, Purchase Orders and Contracts in excess of \$10,000 amounted to \$544,246.51 (see chart on Page 9 for details).

HUMAN RESOURCES UPDATE:**WORKPLACE SAFETY –**

During the month of February, the modified version of the Health and Safety Plan for the **Division of Correction** was presented to one Basic Training class with a total of 57 cadets in attendance.

Incidents reported to the Company Nurse for the month are as follows:

DIVISION OF CORRECTION	
February 2020	55
Total for CY2020	110

DIVISION OF COMMUNITY CORRECTION	
February 2020	10
Total for CY2020	21

BENEFITS –

A total of 69 FMLA requests were processed for the **Division of Correction**. Of those, 56 were approved, seven were denied, and six are pending. A total of 12 catastrophic leave requests were received – seven of which were approved, four were denied, and one is pending.

A total of 22 FMLA requests were processed for the **Division of Community Correction**. Of those, 16 were approved, four denied, and two are pending. Five catastrophic leave requests were received; two were approved, two are pending, and one was denied.

PHYSICAL ASSESSMENTS –

A total of 177 **Division of Correction** applicants and incumbent personnel were assessed in the month of February. Of those, 74 incumbent personnel passed their physical assessments and one did not. That individual did not reschedule. The number of applicants who successfully passed their physical assessments totaled 100. Two did not pass and have not rescheduled.

EMPLOYMENT –

A total of 1,809 applications were received by the **Division of Correction** during February and the following were processed:

- 71 Non-Security applications
- 114 CO I applications

The number of Correctional Officers hired totaled 42, while the number of Correctional Officer rehires totaled 28.

The **Division of Community Correction** processed:

- 36 Non-Security applications
- Eight Parole and Probation Officer applications
- 16 CO I applications.

Ten Correctional Officers were hired.

DOC SECRETARY'S BOARD REPORT, March 2020**3****HUMAN RESOURCES (continued):****VACANCIES, HIRES, AND TERMINATIONS –
FEBRUARY 2020**

DIVISION OF CORRECTION	
Total Vacancies	651
New Hires	78
Terminations	105
Retirements	5

DIVISION OF COMMUNITY CORRECTION	
Total Vacancies	117
New Hires	24
Terminations	21
Retirements	5

**Human Resources personnel attended the
following Recruitment Events during the month:**

Date	Unit	Location
2/4/20	Tucker	Goodwill Industries/Pine Bluff
2/5/20	Ouachita	Arkansas Workforce Center/Malvern
2/6/20	EARU	Arkansas Workforce Center/Brinkley
2/11/20	Ouachita	Goodwill Industries/Benton
2/13/20	Tucker	Watershed of Arkansas Job Fair/Little Rock
2/18/20	Tucker	Unit Tour/Recruitment with students from Jefferson Area Technical Career Center
2/21/20	Cummins	Arkansas Workforce Center/Pine Bluff
2/27/20	Varner	WIN Job Center/Greenville, MS
2/28/20	Cummins	Arkansas Workforce Center/Dumas
2/29/20	Ouachita	Garland County Library Job Fair

**Division of Correction Correctional Officer
interviews conducted in February at the following:**

Date	Unit
2/3/20	EARU MAX
2/4/20	EARU Grimes
2/5/20	Cummins MAX Tucker
2/6/20	Varner
2/7/20	MAX Varner
2/10/20	EARU
2/11/20	Cummins Grimes Varner
2/12/20	Cummins McPherson Tucker
2/13/20	Construction Varner

Date	Unit
2/14/20	McPherson Varner
2/18/20	Cummins Grimes Varner
2/20/20	McPherson Tucker Varner
2/21/20	EARU MAX
2/24/20	Tucker
2/25/20	Grimes Tucker Varner
2/26/20	EARU
2/28/20	Tucker Varner

MISCELLANEOUS FUND REPORTS:**DIVISION OF CORRECTION–**

- **GIFTS, GRANTS, AND DONATIONS** made in the month of February totaled \$300.82 [13.37 tons of Sawdust at \$22.50 per ton].
- The **INMATE WELFARE FUND** balance on February 29, 2020, was \$9,344,315.52.
- The **PAWS IN PRISON FUND** balance on February 29, 2020, was \$294,040.09: ADC account (NDC0500/Recycling) \$108,671.50, and ADC account (QUICKBOOKS) \$185,368.58.

DIVISION OF COMMUNITY CORRECTION–

- The **SPECIAL REVENUE FUND** balance was \$7,869,622.40 (Budget)/Cash Balance \$10,660,296.28 on February 29, 2020.
- The **RESIDENTIAL CASH FUND** balance was \$2,766,453.86 (Budget)/Cash Balance \$2,721,661.79 on February 29, 2020.
- The **DRUG COURT ACCOUNTABILITY GRANT FUND** balance was \$538,454 (Budget)/Cash Balance \$564,888.93 on February 29, 2020.

INFORMATION TECHNOLOGY:

INMATE TABLETS – Within the **Division of Correction**, a total of 2,800 inmate tablets were leased during February.

INFORMATION TECHNOLOGY (continued):

INMATE VIDEO VISITS – Inmates completed 4,748 video visits during the month and missed 133 within the **Division of Correction**.

DIS DATACENTER OPTIMIZATION (DCO) PROJECT – Proposed Service Models include two options. The first would be a completely self-managed environment. All DOC hardware hosted at DIS data center. There would be an option for a disaster recovery (DR) data center.

The second will hybrid options, where the DOC will co-manage resources with DIS or DIS will fully manage all hardware, applications, and OS.

Upcoming discussions include Self-Service Process and Governance, Determining Self-Service Governance and Regulatory Compliance Requirements, Service Catalog and Cost, Existing Hardware, and Move Group Timeline Input.

DIS is currently in the migration planning phase; procurement and the building of equipment began in March and is scheduled to end 12/3/20. Data Center migrations are scheduled to begin in January 2021 and end by December 2021.

CYLANCE – Staff attended meetings to discuss agency Cylance installs and future progress. Regular Active Directory maintenance was required to remove inactive computers from the domain. Agency computers were moved to Phase 3 Cylance implementation which includes file quarantine and memory alerting. To date, there is a total of 3,389 endpoints with Cylance having been successfully installed on 3,207 of these.

MICROSOFT OFFICE 365 TEAMS – Staff attended a Microsoft Teams training class scheduled by DIS and discussed adoption by departments.

COAP – The COAP application process was discussed. A test tablet is in the configuration stage with the application installed and a lockdown created

through Meraki. A test has been scheduled to ensure that camera and signing capabilities are not being blocked by the lockdown profile. Once completed, testing can be done at one of the DCC offices that has been migrated to the new domain to ensure that it will work with the new installed access points.

IT WORK ORDER SYSTEM – TMS Replacement – A test solution is being configured for review.

JAIL STANDARDS MOVE TO SENTENCING COMMISSION OFFICE – A meeting was held with DFA Deputy Administrator Jeff Moritz to discuss the Criminal Detention migration plan. DOC IT will image new computers. DFA will transfer data via their on-premises SFTP server, and DOC IT will create new AD user accounts. Mail will be migrated to the new accounts. DFA will forward all mail to the new user accounts until June 12.

DCC LANDLINE RECONCILIATION – Efforts to collect DCC landline phone numbers for all residential centers and area offices is underway. The finalized list will be used to complete VOIP implementation. The transfer of all landline phone service to DIS is also in progress.

HANDY LIBRARY – The North Central and East Arkansas Regional Units are the last remaining sites to be transitioned to the Handy Library.

CISCO MERAKI – The IOS 113.3.1 update was pushed out to IOS devices. Community Correction Division mobile devices are being added to Meraki for management. Additionally, mobile device information is being obtained from the School District and Riverside Vo-Tech for addition to MDM.

COMPUTER MIGRATION FROM THE DIVISION OF COMMUNITY CORRECTION TO THE DIVISION OF CORRECTION DOMAIN – Prior to migration, each site is prepped to include either a new imaged computer or a new imaged hard drive installed with a minimum of 8GB ram. *Please refer to the chart on Page 12 for computer migration status.*

RESEARCH AND PLANNING:**TRAINING:**

DCC Research and Planning staff conducted eOMIS training for new users and assisted the Sentencing Commission in providing Sentencing Order training. Staff also attended the Arkansas Sheriff's Association Conference and the Southern States Correctional Association (SSCA) Mid-Winter Conference.

ADC eOMIS staff conducted the following training sessions: eOMIS Basic, eOMIS Incident, eOMIS Security, and Kiosk training.

MEETINGS:

Members of the Research and Planning team participated in the following meetings:

- **Custody Classification Scoring**
- **Workforce Services**
- **Keefe**
- **INA**
- **Marquis Project Status calls**
- **Wellpath**
- **COAP**
- **Pulaski County Reentry**
- **Publication Review Committee**
- **ADC R&P Risk Assessment**

DATA GATHERING AND DISTRIBUTION:

During the month of February, the Research and Planning Team completed and submitted its work on:

- National Prisoner Statistics NPS-1B Form for CY19
- Division of Correction Inmate Handbook

- 2018 PREA Report
- CLA Surveys—Arming Survey, Cell Extraction, Female Gender Responsive Classification Tools, Inmate Petition Policy, Attorney Phone Calls, Release Procedures & Monetary Allotment, Maintenance Staffing Formula, Automation of Time Computation Function, Performance Measures, Recycling Efforts, Inmate Communication Devices, Control Center Staff, and Cable & Satellite Service

In addition, the following datasets were pulled pursuant to requests and report preparation:

- EPA Statistical Data
- Telephone surcharges
- ARORA Tool
- ACA Statistical Data
- Sex Offender Custody Score Increases by Escape History and Detainers
- Recidivism Study
- Active DOC Offenders who claim Military Status
- Act 539 Inmates
- Crises Interventions

eOMIS DEVELOPMENT:

A total of 46 Issues were submitted to Marquis for eOMIS development. Of those, 17 were submitted by DOC employees; 10 by Wellpath; and 19 submitted by Marquis. A total of 32 Issues were resolved/closed/cancelled during the month of February.

INTOUCH SEGREGATION PORTAL – The solution is being expanded to the isolation areas of the East Arkansas Regional and Varner Units.

DOC SECRETARY'S BOARD REPORT, March 2020

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DIVISION OF CORRECTION PERSONNEL REPORT FEBRUARY 2020

UNIT	AUTHORIZED	FILLED	VACANT	% VACANT	HIRED	VOLUNTARY TERMINATION	INVOLUNTARY TERMINATION	RETIREMENT
BENTON (CR05)	78	75	3	3.85%	2	0	0	0
CENTRAL OFFICE/SHARED SERVICES (CR01,CR02,CR08,CR22,CR33)	327	279	48	14.68%	1	2	0	2
509 CHAPL ADMIN	27	27	0	0.00%	0	0	0	0
CONSTRUCTION (CR04)	59	54	5	8.47%	1	0	0	0
CUMMINS (CR09)	452	381	71	15.71%	7	4	1	1
DELTA (CR10)	183	172	11	6.01%	3	4	0	0
EAST ARKANSAS (CR12)	366	276	90	24.59%	7	10	4	0
ESTER (CR11)	157	147	10	6.37%	3	0	1	0
FARM (CR29)	60	48	12	20.00%	0	0	0	0
GRIMES (CR27)	244	227	17	6.97%	9	4	2	0
HAWKINS (CR06)	72	59	13	18.06%	2	1	0	0
INDUSTRY (CR07)	53	42	11	20.75%	0	0	0	0
MAXIMUM SECURITY (CR14)	226	187	39	17.26%	6	2	6	0
MCPHERSON (CR28)	234	202	32	13.68%	2	5	1	0
MENTAL HEALTH	183	149	34	18.58%	1	1	0	0
MISS COUNTY (CR15)	38	30	8	21.05%	0	0	0	0
NORTH CENTRAL (CR16)	197	194	3	1.52%	5	3	1	0
NORTHWEST ARK (CR17)	30	27	3	10.00%	1	0	0	0
OUACHITA RIVER (CR30)	466	389	77	16.52%	4	14	5	0
PINE BLUFF (CR20)	169	156	13	7.69%	4	4	0	0
RANDAL L. WILLIAMS (CR13)	146	132	14	9.59%	5	5	2	1
TEXARKANA (CR21)	30	26	4	13.33%	0	0	1	0
TRANSPORTATION (CR32)	103	98	5	4.85%	0	1	0	0
TUCKER (CR23)	197	155	42	21.32%	5	3	4	0
TUCKER REENTRY (CR33)	31	28	3	9.68%	1	0	2	0
VARNER (CR24)	358	307	51	14.25%	6	6	4	1
WRIGHTSVILLE (CR25)	210	178	32	15.24%	3	2	0	0
TOTAL	4,696	4,045	651	13.86%	78	71	34	5

Term/Hire report run 3/2/20 - PSR created 3/2/20 for 2/29/20

*These numbers reflect both security and non-security employees.

DOC SECRETARY'S BOARD REPORT, March 2020

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DIVISION OF COMMUNITY CORRECTION PERSONNEL REPORT FEBRUARY 2020

<u>LOCATION</u>	AUTHORIZED	FILLED	VACANT	% VACANT	HIRED	VOLUNTARY TERMINATION	INVOLUNTARY TERMINATION	RETIREMENT	Grant Positions
CAC	73	61	12	16.44%	1	1	0	2	0
ECC	126	105	21	16.67%	3	1	0	0	2M 2G
NEA	71	63	8	11.27%	4	1	1	1	0
NWA	60	54	6	10.00%	0	0	1	0	0
SWA	128	115	13	10.16%	2	4	0	0	1M
Omega	92	86	6	6.52%	3	1	0	0	0
Transportation	10	10	0	0.00%	0	0	0	0	0
Area 1	76	75	1	1.32%	0	1	0	0	0
Area 2	39	39	0	0.00%	1	0	0	0	0
Area 3	63	60	3	4.76%	1	0	0	1	0
Area 4	52	52	0	0.00%	1	0	0	0	0
Area 5	55	49	6	10.91%	3	3	0	1	0
Area 6	50	45	5	10.00%	1	1	1	0	0
Area 8	90	81	9	10.00%	0	2	0	0	0
Area 9	37	35	2	5.41%	0	0	0	0	0
Area 10	50	48	2	4.00%	0	1	1	0	0
Area 11	45	45	0	0.00%	0	0	0	0	0
Area 12	47	44	3	6.38%	1	1	0	0	0
Area 13	35	34	1	2.86%	2	0	0	0	0
Inst. Parole	38	38	0	0.00%	0	0	0	0	0
Field Treatment	116	110	6	5.17%	0	0	0	0	6M
SOAP	14	14	0	0.00%	0	0	0	0	0
SRT	18	18	0	0.00%	0	0	0	0	0
Re-entry	23	19	4	17.39%	0	0	0	0	1M
Central Office	33	24	9	27.27%	1	0	0	0	3M
TOTAL	1,441	1,324	117	8.12%	24	17	4	5	15
MFG (M)	13	11	2	15.38%	2	0	0	0	13

DOC SECRETARY'S BOARD REPORT, March 2020

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**DIVISION OF CORRECTION PROCUREMENT REPORT
(IN EXCESS OF \$10,000) – FEBRUARY 2020**

PURCHASE ORDERS OVER \$10,000.00					
VENDOR	DESCRIPTION	LOCATION	PO#	PURCHASE AMOUNT	FUND
Farmers Association	Garden Seed	Cummins/Farm	4501934132	\$10,307.00	Operational Farm Budget
Arkansas Correctional Industries	Furniture	Health Services/ORU/Hospital Ward	4501933827	\$10,133.20	Medical Sanctions
WW Grainger Inc	Tools & Supplies	North Central/Maintenance	4501933803	\$11,228.80	Operational Budget
McLehane Equipment LLC	Food Warmers	ORU	4501933782	\$15,066.28	Work Release
Acadian Wood Products	Planed Oak	ACI Warehouse	4501933708	\$18,600.00	Operational Industry Budget
Acadian Wood Products	Cedar Lumber & Oak Plywood	Wrightsville/Industry/Furniture	4501933686	\$12,585.00	Operational Industry Budget
AC Furniture Company Inc	Chairs	Tucker/Industry	4501933818	\$18,049.50	Operational Industry Budget
Dreamline MFG Inc	Mattresses	Tucker/Industry	4501933695	\$12,600.00	Operational Industry Budget
Green and Chapman LLC	Fuel-Unleaded	Cummins/Commissary	4501931719	\$14,601.00	Operational Budget
National Food Group	Textured Vegetable Soy Protein	Cummins/Farm/Cold Storage Facility	4501933760	\$25,716.24	Operational Farm Budget
Sysco Food Services of Arkansas Inc	Food Purchases	Central Warehouse	4501933536	\$305,550.00	Operational Budget
Bob Barker Company Inc	Deodorant Soap	Central Warehouse	4501933292	\$20,625.00	Operational Budget
Arkansas Correctional Industries	Janitorial Supplies	Central Warehouse	4501934231	\$43,335.72	Operational Budget
Robbins Sales Company Inc	Food Purchases	Central Warehouse	4501934234	\$71,818.88	Operational Budget
William R Hill & Co Doug Waldmann	Food Purchases	Central Warehouse	4501934253	\$210,343.70	Operational Budget
US Foods Inc	Food Purchases	Central Warehouse	4501934287	\$51,113.82	Operational Budget
National Food Group	Food Purchases	Central Warehouse	4501934282	\$49,335.00	Operational Budget
Sysco Food Services of Arkansas Inc	Food Purchases	Central Warehouse	4501934279	\$13,613.60	Operational Budget
Associated Packaging Inc	Core Milk Packaging Film	Cummins/Farm/Creamery	4501934312	\$21,092.40	Operational Farm Budget
Razor Chemical Inc	Janitorial Supplies	Delta/Industry/Janitorial Factory	4501934294	\$11,101.20	Operational Industry Budget
Seedway LLC	Garden Seed	Grimes/Farm	4501934075	\$14,576.25	Operational Farm Budget
Oneal Steel Inc	Stainless Steel Sheet Metal	Construction/Construction	4501934744	\$13,002.00	DOC Existing Facilities
Datamax	Printers	Admin East/Information Services	4501934409	\$29,194.00	Operational Budget
Charm Tex	Laundry Supplies	ORU	4501935066	\$20,197.76	Operational Budget
Air Equipment & Service LLC	Air Compressor	Delta/Industry/Janitorial Factory	4501935156	\$11,949.79	Operational Industry Budget
Pittsburg Tank & Tower Co Inc	Water Tower Repair	Cummins/Maintenance	4501928987	\$21,455.88	Operational Budget
Booth & Harris Distributing Inc	Digital Hard Drives	Construction/Construction	4501935493	\$10,920.25	Telephone Funds
Phoenix Trading Inc Amercare Products	Tampons	Central Warehouse	4501935253	\$13,576.20	Operational Budget
Arkansas Correctional Industries	Toilet Paper	Central Warehouse	4501935255	\$139,043.52	Operational Budget
Charm Tex	Clothing	McPherson	4501935243	\$10,846.81	Operational Budget
Mid South Sales Inc	Fuel-Unleaded & Diesel	ORU	4501934459	\$11,226.46	Operational Budget
Ponderosa Packaging	Boxes & Lids	Varner/Farm/Vegetable Processing	4501935686	\$55,152.72	Operational Farm Budget
Mid States Services	Toilet Paper	ACI Warehouse	4501935638	\$25,804.80	Operational Industry Budget
Tabb Textiles	Towels	Cummins/Industry	4501935602	\$12,375.00	Operational Industry Budget
Arkansas Correctional Industries	Clothing	Pine Bluff Unit	4501935779	\$34,099.89	Operational Budget
Anchortex Corporation	Clothing	Cummins/Industry/Garment	4501935889	\$14,290.00	Operational Industry Budget
WW Grainger Inc	Radios with Batteries	Pine Bluff/Emergency Prep/Radio Sho	4501936531	\$10,239.24	Operational Budget
Green Point AG LLC	Fertilizer	Cummins/Farm	4501936544	\$32,480.00	Operational Farm Budget
Mid States Services	Toilet Paper	ACI Warehouse	4501936500	\$25,804.80	Operational Industry Budget
McClelland Consulting Engineers Inc	Engineering Service	Cummins/Maintenance	4501936869	\$21,157.50	Operational Budget
Mid South Sales Inc	Fuel-Unleaded	Wrightsville	4501936139	\$13,821.15	Operational Budget
Arkansas Correctional Industries	Mattresses & Covers	Varner	4501937111	\$13,984.57	Operational Budget
Printing Papers	Paper	Central Warehouse	4501936953	\$35,500.08	Operational Budget
National Food Group	Food	Central Warehouse	4501936951	\$51,363.00	Operational Budget
William R Hill & Co Doug Waldmann	Food	Central Warehouse	4501936945	\$159,559.64	Operational Budget
Arkansas Correctional Industries	Janitorial Supplies	Central Warehouse	4501936931	\$42,517.31	Operational Budget
Robbins Sales Company Inc	Food	Central Warehouse	4501936960	\$148,150.24	Operational Budget
US Foods Inc	Food	Central Warehouse	4501936965	\$153,422.80	Operational Budget
William R Hill & Co Doug Waldmann	Food	Central Warehouse	4501936978	\$202,639.44	Operational Budget
Galls	Uniforms	Training Academy	4501936725	\$20,155.20	Operational Budget
Arkansas Correctional Industries	Uniforms	Training Academy	4501936788	\$14,002.56	Operational Budget
McClelland Consulting Engineers Inc	Land Application Permit	EARU/Maintenance	4501937559	\$13,500.00	Operational Budget
Redwood Toxicology Laboratory Inc	Drug Test Supplies	Chief Deputy Institutions	4501937437	\$29,535.00	Operational Budget
Arkansas Correctional Industries	Boots	ORU	4501937558	\$21,739.08	Operational Budget
The Joneszylon Co LLC	Trays	Cummins/Commissary	4501937520	\$18,289.49	Work Release
Westrock Coffee LLC	Coffee & Tea	McPherson/Industry	4501937481	\$19,540.00	Operational Industry Budget
Southern Company of North Little Rock	Fuelmaster Fleet Mgmt System	Cummins/Construction	4501938111	\$38,160.73	DOC Existing Facilities
Arkansas Correctional Industries	Uniforms	Training Academy	4501937835	\$19,624.80	Operational Budget
MFA Incorporated	Herbicides	Tucker/Farm	4501938054	\$21,031.00	Operational Farm Budget
Arkansas Correctional Industries	Clothing & Linens	EARU	4501938356	\$28,705.20	Operational Budget
		Total for Purchases over \$10,000		\$2,539,450.50	
FIRM CONTRACTS OVER \$25,000.00					
VENDOR	DESCRIPTION	UNIT	Contract # P.O#	PURCHASE AMOUNT	FUND
		Total for Contracts		\$0.00	
EMERGENCY PURCHASE ORDERS OVER \$25,000.00					
		Total EM Purchases		\$0.00	
Total Purchases				\$2,539,450.50	

DOC SECRETARY'S BOARD REPORT, March 2020**9****DIVISION OF COMMUNITY CORRECTION PROCUREMENT REPORT
(IN EXCESS OF \$10,000) – FEBRUARY 2020**

<u>PURCHASE ORDERS OVER \$10,000.00</u>					
<u>VENDOR</u>	<u>DESCRIPTION</u>	<u>LOCATION</u>	<u>PO#</u>	<u>PURCHASE AMOUNT</u>	<u>FUND</u>
Re-Nu Life Center	Reentry Housing	Admin East/Purchasing	4501935628	\$40,560.76	510
Quapaw House	Reentry Housing	Admin East/Purchasing	4501935553	\$19,746.50	510
Covenant Recovery Inc	Reentry Housing	Admin East/Purchasing	4501935549	\$23,917.42	510
Covenant Recovery Inc	Reentry Housing	Admin East/Purchasing	4501935542	\$55,327.68	510
Twin Lakes Recovery Inc	Reentry Housing	Admin East/Purchasing	4501935560	\$16,257.10	510
Reclamation House	Reentry Housing	Admin East/Purchasing	4501935574	\$12,029.90	510
Turner Holdings LLC	Milk	DCC SWACCC	4501931830	\$12,329.20	510
Wings to Recover	Reentry Housing	Admin East/Purchasing	4501935625	\$18,107.12	510
Sobriety Inc	Transitional Housing	Purchasing Warehouse	4501936083	\$11,310.00	2GHC
Sober Living Inc	Transitional Housing	Admin East/Purchasing	4501936080	\$15,800.00	2GHC
Lighthouse Mission Ministries	Transitional Housing	Admin East/Purchasing	4501936077	\$34,350.00	2GHC
Shalom	Transitional Housing	Purchasing Warehouse	4501936075	\$10,950.00	2GHC
Re-Nu Life Center	Transitional Housing	Purchasing Warehouse	4501936071	\$37,560.00	2GHC
Quality Living Center Inc	Transitional Housing	Admin East/Purchasing	4501936066	\$32,340.00	2GHC
Phoenix Recovery Center	Transitional Housing	Admin East/Purchasing	4501936060	\$25,580.00	2GHC
Phoenix Recovery Center	Transitional Housing	Admin East/Purchasing	4501936052	\$34,370.00	2GHC
Phoenix Recovery Center	Transitional Housing	Admin East/Purchasing	4501936047	\$49,240.00	2GHC
Cornerstone Ministry	Transitional Housing	Admin East/Purchasing	4501936037	\$10,890.00	2GHC
Transitions Faith Based Therapeutic	Transitional Housing	Admin East/Purchasing	4501936093	\$11,830.00	2GHC
Sysco Food Services of Arkansas	Food Purchases	DCC SWACCC	4501925546	\$14,617.71	510
The Presidio Corporation	Network Service Equipment	Admin East/Information Services	4501937757	\$17,955.25	2GHC
Arkansas Correctional Industries	Uniform Pants for Residential	ACC CACC	4501937577	\$19,855.44	510
Arkansas Correctional Industries	Clothing-Men's Shirts	ACC CACC	4501938293	\$19,322.43	510
<u>FIRM CONTRACTS OVER \$25,000.00</u>					
<u>VENDOR</u>	<u>DESCRIPTION</u>	<u>UNIT</u>	<u>Contract # P.O#</u>	<u>PURCHASE AMOUNT</u>	<u>FUND</u>
<u>EMERGENCY PURCHASE ORDERS OVER \$25,000.00</u>					
Total Purchases				\$544,246.51	

DOC SECRETARY'S BOARD REPORT, March 2020

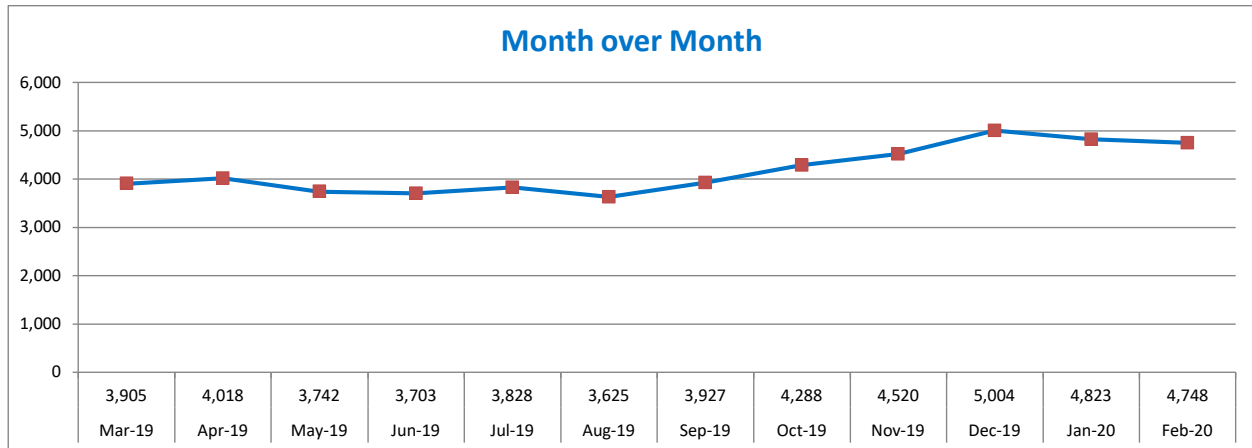
**SECURUS VIDEO VISITATION REPORT
FEBRUARY 2020**

AR-DOC SVV Activity Tracker

Total ADP: 15,587

Total Visits by Month	2019										2020	
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Total (Includes SuperMax)	3,905	4,018	3,742	3,703	3,828	3,625	3,927	4,288	4,520	5,004	4,823	4,748
Target Objective	15,587	15,587	15,587	15,587	15,587	15,587	15,587	15,587	15,587	15,587	15,587	15,587

Anywhere Visitation Performance:



Completed Visits

Site	Current Month	Previous Month
<i>Benton</i>	106	65
<i>Cummins</i>	371	290
<i>Delta Regional</i>	367	331
<i>East Arkansas Regional</i>	234	253
<i>Ester</i>	185	244
<i>Grimes</i>	511	536
<i>J Aaron Hawkins Sr.</i>	176	193
<i>Tucker Max</i>	124	104
<i>Mcperson</i>	277	284
<i>Mississippi County WRC</i>	48	31
<i>North Central</i>	323	339
<i>NW Arkansas WRC</i>	10	14
<i>Ouachita River</i>	473	529
<i>Pine Bluff Complex</i>	282	319
<i>Randall L Williams</i>	242	231
<i>State Police Barracks</i>	11	12
<i>Texarkana Regional</i>	42	39
<i>Tucker Unit</i>	303	258
<i>Varner</i>	409	422
<i>Wrightsville Unit</i>	254	234
<i>Pine Bluff Re-Entry</i>	0	3
<i>Tucker Re-entry</i>	0	0
Total:	4,748	4,823

Missed by Inmate

Site	Current Month	Previous Month
<i>Benton</i>	7	22
<i>Cummins</i>	8	16
<i>Delta Regional</i>	11	3
<i>East Arkansas Regional</i>	8	6
<i>Ester</i>	0	5
<i>Grimes</i>	7	12
<i>J Aaron Hawkins Sr.</i>	19	5
<i>Tucker Max</i>	7	5
<i>Mcperson</i>	7	7
<i>Mississippi County WRC</i>	1	1
<i>North Central</i>	24	0
<i>NW Arkansas WRC</i>	0	1
<i>Ouachita River</i>	4	8
<i>Pine Bluff Complex</i>	2	1
<i>Randall L Williams</i>	2	3
<i>State Police Barracks</i>	0	0
<i>Texarkana Regional</i>	0	1
<i>Tucker Unit</i>	3	3
<i>Varner</i>	9	16
<i>Wrightsville Unit</i>	14	21
<i>Pine Bluff Re-Entry</i>	0	0
<i>Tucker Re-entry</i>	0	0
Total:	133	136

DOC SECRETARY'S BOARD REPORT, March 2020

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**SECURUS TABLET REPORT
FEBRUARY 2020**

Facility Name	Subscription	Facility	Officer	Total	New Subscriptions
Benton Unit	101	3	8	112	9
Cummins Unit	336	87	15	438	47
Delta Regional Unit	113	36	16	165	17
East Arkansas Regional Unit	163	97	15	275	20
Ester Unit	119	140	20	279	19
Grimes Unit	218	72	15	305	23
J Aaron Hawkins Sr Center For Women	132	69	15	216	17
McPherson Unit	229	103	15	347	36
Mississippi County Work Release Center	51	2	9	62	7
North Central Unit	127	89	10	226	17
Northwest Arkansas Work Release Center	49	2	8	59	7
Ouachita River Correctional Unit	237	110	14	361	25
Pine Bluff Reentry Center	21	2	0	23	1
Pine Bluff Unit	83	5	8	96	18
Randall L Williams Facility	87	24	15	126	17
State Police Barracks	19	1	3	23	0
Texarkana Regional Correction Center	29	2	10	41	0
Tucker Maximum Security Unit	89	31	12	132	12
Tucker Reentry Center	50	55	6	111	9
Tucker Unit	173	61	10	244	17
Varner Unit	190	82	20	292	31
Wrightsville Unit	184	56	6	246	20
TOTAL	2,800	1,129	250	4,179	369

COMPUTER NETWORK MIGRATION STATUS FEBRUARY 2020

The "Status" column identifies proposed dates for migration. The date may change depending on the time required for migration for each office or facility. Sites that have been changed from the DCC network to the ADC network are identified as "Completed." Sites that are identified as pending DOC circuit are not currently on the DCC domain. Data circuits are necessary for connection to the domain and central management.

Hybrid = Router setup in Hybrid mode to allow computer migration to the new domain in groups due to the large number of computers.

OFFICE/FACILITY	AREA	Status
Fayetteville Area Office	01	In Progress
NWACC	01	In Progress
SWACCC	12	In Progress
Sentencing Commission	12	02/03
Searcy	03	03/12
Lonoke	03	03/12
Pocahontas	03	03/17
Heber Springs	03	04/09
Batesville	03	03/24
Blytheville	04	03/31
Paragould Office and DC	04	05/21
Jonesboro	04	04/23
NEACCC/Osceola	04	Hybrid
EACCC	04	Hybrid
Booneville	05	04/02
Clarksville	05	04/07
Ozark	05	04/09
Mena	05	04/21
Fort Smith	05	04/14-15
CACCC	08	04/28-30
NLR PP/DC	08	05/05-07
SRT/Re-Entry/SOAP	08	05/12-14
Forrest City	09	05/19
Helena	09	03/26
West Memphis	09	05/27-28
Arkadelphia	10	06/09
Benton	10	03/05
Hot Springs	10	03/31
Malvern	10	06/19
Omega	10	06/02-04
Monticello	11	07/02
Stuttgart	11	07/07
Training Office PB	11	07/09
Pine Bluff Area Office	11	06/23-24
Ashdown	12	07/14

OFFICE/FACILITY	AREA	Status
Hope	12	07/16
Lewisville	12	07/20
Nashville	12	07/21
Huntsville	01	Pending DOC Circuit
Bentonville DC	01	Pending DOC Circuit
Salem	02	Pending DOC Circuit
Des Arc	03	Pending DOC Circuit
Wynne	09	Pending DOC Circuit
Hope Court	10	Pending DOC Circuit
DeQueen	12	Pending DOC Circuit
Prescott	12	Pending DOC Circuit
Truman	04	Pending DOC Circuit
Harrisburg	04	Pending DOC Circuit
Star City	11	Pending DOC Circuit
Fayetteville DC	01	Completed
El Dorado	13	Completed
Harrison	02	Completed
Conway	06	Completed
Russellville	06	Completed
Danville	06	Completed
Morrilton	02	Completed
Berryville	02	Completed
Camden	13	Completed
Melbourne	02	Completed
Mountain View	02	Completed
Rogers	01	Completed
Hardy	03	Completed
Walnut Ridge	03	Completed
Mountain Home	02	Completed
Magnolia	13	Completed
Fordyce	13	Completed
Sheridan	10	Completed
Crossett	11	Completed
Newport	03	Completed
Parole Board	08	Completed

Exhibit 32

4/24/2020 ADH Letter to ADC Employee regarding
positive test results and work restrictions



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

04/24/2020

You have been identified by the Arkansas Department of Health (ADH) as someone who has tested positive for the virus that causes COVID-19. Generally, this means you must remain at home in isolation with monitoring to prevent the further spread of the virus. Due to your work position being considered a “critical infrastructure” job, you will be allowed to continue to work under the following conditions:

- Anyone symptomatic, even mildly, cannot work.
- Do *all* work from home that can be done remotely.
- Only go to the workplace for those duties for which your physical presence is essential.
- While in the workplace, **strictly maintain social distancing**—6-foot rule.
- **Wear a cloth face mask** at all times while in the workplace.
- Limit hands-on activities to the minimum necessary, and observe strict hand hygiene (hand washing, use of hand sanitizer) at all times.
- You will be assigned to a duty (during their isolation period) in areas with positive inmates and will not work in the negative barracks.
- You are to not fraternize with other coworkers and a separate break room is being made available for workers who have tested positive.
- You are to travel directly from home to work with no excursions, detours, or stops.
- Except for leaving to go directly to work, you are to follow all other instructions provided in this isolation letter.
- If you begin to have symptoms such as fever, cough, or trouble breathing, or if you otherwise feel sick, **you must immediately notify your supervisor and immediately leave.**

PLEASE NOTE: The exceptions made for you as a critical infrastructure worker only apply to your work. **You must remain in strict home isolation for all time NOT spent at work.**

During this period of monitoring (except for essential on-site work duties), you will need to do the following:

- Remain at home and avoid all public activities. This means **do not** go to church, school, stores (including grocery stores), nor any public events or places.
- **Do not** have visitors in your home.
- If you live in a home with other people, stay in a separate room. If that is not possible, wear a face mask when you are in the same room and stay at least 6 feet away from them.
- Wash your hands and use an alcohol-based hand sanitizer often. Do not share personal items such as dishes, cups, forks, spoons, towels, etc.
- **Do not** leave your home except to get medical care. If you need to see a doctor for reasons other than a medical emergency, please call us at ADH to discuss the care you need.
- In the event of a medical emergency, call 911. Tell them that you are being monitored for COVID-19 exposure. Keep a face mask on until a health care provider asks you to remove it.
- **Do not** use any public transportation (buses, taxis, ride share services, or airplane).
- Check yourself for fever twice a day. This means taking your temperature in the morning and before bed at night. Write it down on the table found in this letter.

- Speak with ADH staff when they call you each day to check on your health.

Follow these guidelines until your active monitoring isolation period is over. We will determine when your active monitoring isolation period will be over based on your symptoms and time of diagnosis. We trust that you will comply with the requirements above. However, to achieve the mission of the Arkansas Department of Health, which is to protect the health of all Arkansans, we are prepared to issue a mandatory isolation order under our public health authority if we determine that you are a risk for spreading the virus that causes COVID-19 to the public. Thank you for your cooperation and for helping us protect everyone's health.

Important ADH Phone Numbers:

Your health department nurse will be your first point of contact.

ADH COVID-19 Call Center: **1-800-803-7847**

Sincerely,

Jennifer A. Dillaha, M.D.

Jennifer A. Dillaha, M.D.

State Epidemiologist

Medical Director for Immunizations and Outbreak Response

Exhibit 33

Nicholas Frazier Affidavits and Grievances, April 2020

STATE OF ARKANSAS)
)
COUNTY OF Lincoln)§

"Note"

Yellow & Pink copies
are the actual one
that the unit has
I re-copied so you
could read it.

For legal purposes

AFFIDAVIT

I, Nicholas Frazier #653117, after first being duly sworn, do hereby swear, depose

and state that:

Dear Ms. Cristy Park,

Enclosed is my Emergency Grievance we spoke on the phone about. I've handled my end and written everything I felt needed looked into. As you can see on the Grievance they signed it was not an Emergency Grievance and basically nothing will get done or resolved here. You can obviously see how we are being treated in this time of crisis with Covid 19 at peak points. I look forward to hearing back from you soon. Respectfully, Nicholas Frazier

I further swear that the statements, matters and things contained herein are true and accurate to #653117

the best of my knowledge, information and belief.

4-19-20
DATE

[Signature]
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this _____ day of

20

NOTARY PUBLIC

My Commission Expires: _____

"COPY"

UNIT LEVEL GRIEVANCE FORM (Attachment D)

Unit/Center Varnes Supermax

Name Nicholas Frazier

ADC# 105317 Brks # 6-71 Job Assignment N/A

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

_____ (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

4-18-20 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Due to proper cleaning supplies not being provided on a daily basis with Covid 19 going around.

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): I am writing this Grievance under Reasonable Accommodation under the "ADA" American Disability Act due to the fact I have Asthama and A seizure disorder, and feel I or we as a whole need daily cleaning supplies during this time of crisis while the Covid 19 disease is at peak points. We only receive cleaning supplies a couple times per week with only enough to clean 1 time. I understand I am isolated but the staff feed us 3X daily and we have nothing to clean with after trays are passed in and out of our cell. I am at more of A risk to catch the virus due to "Hep C" and my white blood cell count is lower than normal and on top of that my Asthama. I feel I am at high risk!! Most of the staff that work here are from Mississippi so I am in contact with 2 States now instead of 1 on a Daily/weekly basis.

[Signature]
Inmate Signature

4-18-20
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____
Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

Legal Document

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VORNER SUPERVISOR

Name NICHOLAS TEAZLER

ADC# 1053117 Brks # 6-71 Job Assignment N/A

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

_____ (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
 If the issue was not resolved during Step One, state why: _____

4-18-20, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Due to proper cleaning supplies not being provided on a daily basis with (Covid 19) on the rise.

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

I am writing this Grievance under reasonable Accommodation under the (ADA) American Disability Act due to the fact I have Asthma and a Seizure disorder and I feel I or us as a whole need daily cleaning supplies during this time of crisis while the Covid 19 disease is still out there. I only receive cleaning supplies a couple times per week which is not enough to clean I feel. I understand I was informed that staff rec'd us 3x daily and we have asthma the clean with other things are spread in and out of our cell. I am at most of a job to catch the virus due to the fact I have a friend who got it at the same time and on top of that I have Asthma and I feel I should not be put in that situation. I am writing this Grievance on a weekly basis.

Nick Teazler _____ 4-18-20 _____
 Inmate Signature Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-18-20 (date), and determined to be **Step One** and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt. Garcia 70495 Sgt. Garcia 4-18-20
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

Exhibit 34

Alvin Hampton Grievances, April 2020

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center O.R.C.U.

Name Alvin L Hampton

ADC# 661100 Brks # Alpha Job Assignment Think Legacy / School

_____ (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

4-13-20 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): I Alvin L Hampton #661100 was diagnosed with a seizure disorder for over 5 yrs or more and also I am bipolar. Since I have been incarcerated here at O.R.C.U. I have had behavioral issues that I am now just getting over. The inability for my social distance from others is being in a barracks that holds 40+ people and I am sleeping in a 2 man cubicle, we eat 20 at a time, take showers with no more than 4 or 5 at a time. On the basis I encounter over 40 inmates on a daily including on a ~~medical~~ medical call as well. We have no gloves only one mask that was issued to us and if it get dirty we got to wash it by hand that's not right. As for anyone in the barracks that is experience flu like symptoms that is majority of the barracks myself as well it started during the corona virus and before and I still have symptoms now. I have been put on the pay in for medical attention as of now and I have not been called yet it was not granted to me. As for the staff and guards I come in contact with 15 to 20 on a daily basis. As for me protecting myself from the virus when it enters the facility I can not plan to protect myself because they will not let us do anything if I put in a sick call it will take them for ever to see me. The medical help is not up to par. my 16 date was 1-8-19 it has been over 4 years. I seek the immediate release for my safety my crime is semi violent ~~not dangerous~~ not dangerous.

Alvin L Hampton
Inmate Signature

4-13-20
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-13-20 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

<u>Sgt D. Griffin</u>	<u>91214</u>	<u>Sgt D. Griffin</u>	<u>4-13-20</u>
PRINT STAFF NAME (PROBLEM SOLVER)	ID Number	Staff Signature	Date Received

Describe action taken to resolve complaint, including dates: No matter the situation, release is a non-grievable issue.

Staff Signature & Date Returned 4/15/20

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

Exhibit 35

Michael Kouri Grievances, April 2020

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center ORCU

Name Michael A. KOURI

ADC# 156699 Brks # 7 Job Assignment VO Tech

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

4-18-20 (Date) STEP ONE: Informal Resolution

4-18-20 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: per Policy Retaliation
Grievances go directly to the warden

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

On 4-18-20 at approx 10am I turned in an emergency grievance related to April 19 to Sgt Scroggins I went back to my barracks 5 minutes later I was called to Mainline where Sgt Scroggins asked me to sign for my response (Cms OTTS was present as well) he told me I could not use his pen. CPT Mulligan told me I needed to supply my own pen to return to my cell and bring open to sign. I returned with my Sakura Gely roll black pen I purchased through hobbycraft and the hobbycraft manual pg 9 says is permitted. CPT Mulligan then asked me to sign and leave the pen I told him I had an active hobbycraft Card Reader and it is a permitted pen. He then told me I wasn't supposed to have it out of the barracks and confiscated it. NOT only was my pen improperly taken as I was following his direct order; his forcing me to return to bring a pen in order for him to confiscate it was blatant retaliation for writing the previously stated grievance as his improper actions and the emergency grievance were intrinsically linked

Michael A Kouri
Inmate Signature

4-18-20
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____
Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

to continue the grievance process I needed to file the original the responses are as follows

4-18-20

yes emergency

no medical or mental health

Problemsolver Sgt Scroggins ID 112626

"The Division of Corrections have and are taking every precaution outlined by the CDC and upper management. You, and your barracks, are kept from other barracks during any activity. You are instructed to wear your mask and wash your hands"

note 2 hours before this answer 5, 6, 7, and 8 barracks were on yard call together

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center ORCU

Name Michael A. Kouzi

ADC# 156699 Brks # 7 Job Assignment VO Tech

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

4-17-20 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

4-18-20 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: The Current Conditions are an imminent threat to my life, health, and wellbeing.

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how you were affected. (Please Print): I am overweight (425lbs) with degenerative heart disease including a mechanical heart valve. On an average day I encounter 110 people, 8-15 staff and am unable to socially distance from staff or inmates; 80 prison barracks, we eat 80 to a Chow hall, 4 to a table, and we are patted down by officers who are often without gloves or masks not worn properly if at all. We are issued a mask made with pants fabric with no means of process to clean it. I have never been issued gloves and we get cleaned (casings) for the entire barracks in the AM (of the barracks) in PM for cells so most things are not cleaned or inadequately disinfected including phones and wif has been down for days some cannot use our tablets. Inmates in barracks are showing symptoms of illness and are not tested for Covid, we cannot keep distant from them. The only education on Covid-19 is to wash our hands or suggestions that are not feasible for the most part in close confined quarters the ADA provides reasonable accommodations be made casings cell, extra cleaning supplies, PPE, including release (I am less than 9 months from my TC date) are all reasonable accommodations in ADC's power. ADC and wellpath are aware of these conditions, my medical condition, and the likelihood of serious harm if I catch Covid-19. I request accommodations such as PPE, cleaning supplies or release from prison.

Michael A. Kouzi
Inmate Signature

4-18-2020
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____ ID Number _____ Staff Signature _____ Date Received _____

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

Exhibit 36

Jonathan Neeley Grievances, April 2020

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Ouchita River Correctional Unit

Name Jonathan Neely

ADC# 1161851 Brks # Alpha Job Assignment Peer Mentor

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

____ (Date) STEP ONE: Informal Resolution

____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

4-13-20 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Covid-19 Pandemic

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): I was diagnosed with Prostate Cancer in January of 2020. I currently have no ability to social distance due to the close proximity of living quarters that ADC offers. I encounter over 100 inmates daily. I have only been issued one mask and no gloves to protect myself during this Corona Virus pandemic. I have been requesting medical care since being diagnosed with cancer and have received no form of treatment. I come in contact with at least 20 guards and 10 staff members on a daily basis that could be carrying covid-19 and are A-symptomatic. There has been no teaching or information given to me on how to protect myself from the virus or what ADC's plan is when the virus makes its way in the prison. I am currently 2 years and 5 months past my IE Date. The conditions stated above are well known to the prison administration and they are posing a serious risk and imminent harm to my health in violation of the 8th Amendment of the Constitution and also the protection offered by Arkansas' Constitution. I fear for my life because of the Covid-19 outbreak, my immediate health risks and lack of protection from it. I am seeking immediate release from prison for my safety.

[Signature]
Inmate Signature

4-13-20
Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-13-20 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt D. Griffin 91214 [Signature] 4-13-20
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: No matter the situation, release is a non-grievable issue.

[Signature] 4/15/20
Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

Unit/Center Cedarburg Det

Name Terrence Vealey

ADC# 111551 Brks # Alpha Job Assignment date receiver

_____ (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: _____

4-19-20 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: I fear for my life because of Covid-19 Virus

of Covid-19 Virus

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how you were affected. (Please Print): I was diagnosed with Rectal Cancer in January of 2020. I currently am at the peak end of cancer. The health care system it is a real struggle that I must also fight. I am not able to social distance in the house where I live. I have not been issued proper PPE to protect myself from catching the virus. There has been no plan submitted to ABE to the inmate population on how they plan to fight the virus when it reaches those walls. I am not receiving proper treatment for my cancer that ABE has been about since January. I am not in any condition to fight the virus. I have not been issued adequate supplies to help the cancer around my seat and that the need have shifted close and will have to be of use when I am here. I am asking that ABE should follow my ADA guidelines to protect me from catching the Covid-19 Virus.

11-19-20

Inmate Signature _____ Date _____

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/19/20 (date), and determined to be **Step One** and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt D. G. Smith 41214 Sgt K. Stiff 4/19/20
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

Exhibit 37

Harold Otwell Grievances, April 2020

UNIT LEVEL GRIEVANCE FORM (Attachment I)
Unit/Center OUACHITA RIVER CORRECTIONAL UNIT

Name HAROLD SCOTT OTWELL
ADC# 173127 Brks # Alpha Job Assignment Laundry

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

____ (Date) STEP ONE: Informal Resolution
____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

4-13-20, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: COVID-19

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I am a 49.5 yr old male suffering from GERD, Oskor arthritis, & high risk to diabetes, & cardiovascular events due to obesity. I was chosen for re-entry and cleared by the Arkansas Parole Board to be transferred from ADC to ACC supervision but was stopped due to retaliation & vindictiveness by the AGPC. I am less than 8 months from my TE DATE & would have been granted early parole. I am a non-violent/non-discretionary offender. I cannot social distance in my living quarters due to bunk spacing (<3 feet). I was issued 1 mask & no gloves & the mask is not N-95 approved b/c I am a pharmacist also. I encounter b/w 150-200 inmates & 30 guards daily that could be carrying COVID-19 and be asymptomatic. We are housed with inmates who travel to medical outside of the prison such as UAMS, I have seen no memorandums on proper use of PPE's or any type of memorandum of a plan if we have a outbreak here. I am also receiving physical therapy only 2 times per week due to limited mobility thus decreasing my mobility also.

I am seeking immediate release due to my immediate medical conditions & my increased risk of contracting COVID-19 due to me being high risk due to age, obesity, and underlying factors. Again this puts me in fear for my life. I am in serious risk of harm to my health of COVID-19 which is in violation of the 8th Amendment and protection under the Arkansas Constitution.

Harold Scott Otwell _____
Inmate Signature Date 4-13-20

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/13/2020 (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sally Kemp _____ ID Number 96204 Staff Signature [Signature] Date Received 4/13/2020
Describe action taken to resolve complaint, including dates: No matter the situation, release is a non-grievable issue.

Staff Signature & Date Returned 4/15/20
This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____
If forwarded, provide name of person receiving this form: _____ Date: _____

AD 19-34 Inmate Grievance Procedure

H. Non-Grievable Issues – the following matters are not grievable:

1. Parole;
2. Release;
3. Transfer;
4. Job Assignments unless in conflict with medical restrictions;
5. Disciplinary;
6. Anticipated events (i.e., events or activities which may or may not occur in the future);
7. Matters beyond the control of the Division of Correction, including issues controlled by State or Federal law or regulation;
8. Rejection of a Publication
9. A grievance submitted by an inmate on behalf of another inmate.

Note: Claims of Retaliation, even if related to an issue referenced above, are Grievable.

I. Available Remedies –if the facts asserted by the inmate would, if true, fall within the definition of Grievance, the matter shall be investigated, unless previously investigated. If the grievance is found to be with merit, the Division official designated to respond to the grievance shall have the authority, within the exercise of his or her discretion and consistent with the Division policies and the safety, security and good order of the facility, to offer actions by the Division designed to resolve the inmate's grievance. However, such available remedies do not include disciplinary action against an employee, contractor, or volunteer, nor monetary damages.

J. Problem Solver – staff designated at each facility to serve as a contact for resolution of a problem or complaint, and specifically, to resolve Step One issues raised in this process. A list of these individuals will be posted in each housing unit. If the Problem Solver(s) is not available, any staff member of the rank of sergeant or above can collect Step One grievances (also referred to as "informal") and shall then act as the Problem Solver for that Step One grievance.

K. Medical Department – Health Services Administrator (HSA) or designee.

L. Mental Health Supervisor – the Division of Correction employee supervising the mental health staff and programs at the unit level.

IV. PROCEDURES:

The inmate grievance procedure is an internal administrative process for the resolution of complaints and the identification of potentially problematic management areas; however, it does not replace daily and routine communication between inmates and staff. Prior to filing a formal grievance (Step Two), an

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Quachita River Correctional Unit

Name Harold Scott Orwell

ADC# 173127 Brks # Alpha Job Assignment Laundry

FOR OFFICE USE ONLY	
GRV. # _____	
Date Received: _____	
GRV. Code #: _____	

____ (Date) STEP ONE: Informal Resolution

____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

4-19-20 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: COVID-19 AND Reasonable

Accommodations according to the guidelines of the ADA.

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

I am a 49.5 yr old male with GERD, osteoarthritis, pre-diabetes, decreased mobility & an increased risk of cardiovascular events due to obesity. I was chosen for re-entry transferred from ADC to ACC supervision by the Airx Prob Board, but was stopped due to retaliation & vindictives by the AGFE. I am less than 8 mos from my TE date & would have been granted early parole due to being a nonviolent / nondiscretionary offender. I cannot social distance in my living quarters due to bunk spacing (< 3ft) & was issued UNR non-N95 mask & NO gloves. As a pharmacist, I know the virus CAN pass through our masks. I encounter b/w 150-200 inmates & 30 guards daily that could be asymptomatic or carrying COVID-19. We are housed with other inmates that travel out of the unit for medical treatment. I have not seen memorandums on proper use of PPE's or any plans if an outbreak occurs. Due to decreased mobility, I attend physical therapy ONLY twice weekly due to COVID-19, and the therapist is/had self quarantined himself also. Due to my age, limited mobility, and pre-medical conditions due to parents having diabetes, strokes, and high blood pressure I am at immediate risk to COVID-19 & death associated with COVID-19. I am in serious risk of harm or death due to COVID-19 which is in violation of the 8th Amendment & protection under the Arkansas Constitution. Due to obligations for medical conditions under the ADA, I am asking for reasonable accommodations according to the guidelines of the ADA.

Harold Scott Orwell P.D.

Inmate Signature

4-19-20

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-19-20 (date), and determined to be **Step One** and/or an Emergency Grievance

Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Scott Orwell 41214 Scott Orwell 4-19-20
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.