

## PROGRAM STATUS REPORT PART B – PLAN OF OPERATION / STAFF & INMATE NOTIFICATION

*Describe only this reporting periods specific Plan of Operation*

|                     |  |   |
|---------------------|--|---|
| INSTITUTION<br>MCSP | EFFECTIVE DATE OF PLAN<br>September 30, 2011 | PROGRAM STATUS NUMBER<br>Internal Document Only |
|---------------------|--|---|

NORMAL PROGRAM    
  MODIFIED PROGRAM    
  LOCKDOWN    
  STATE OF EMERGENCY  
 INITIAL    
  UPDATE    
  CLOSURE

**RELATED INFORMATION (CHECK ALL THAT APPLY)**

| AREA AFFECTED   | INMATES AFFECTED   | REASON  |
|---|--|---|
| <input checked="" type="checkbox"/> INSTITUTION: _____<br><input type="checkbox"/> FACILITY: _____<br><input type="checkbox"/> HOUSING UNIT: _____<br><input type="checkbox"/> VOCATION: _____<br><input type="checkbox"/> EDUCATION: _____<br><input type="checkbox"/> OTHER: _____  | <input checked="" type="checkbox"/> ALL<br><input type="checkbox"/> BLACK<br><input type="checkbox"/> WHITE<br><input type="checkbox"/> HISPANIC<br><input type="checkbox"/> OTHER _____   | <input type="checkbox"/> BATTERY<br><input type="checkbox"/> DEATH<br><input type="checkbox"/> RIOT / DISTURBANCE<br><input type="checkbox"/> GROUPING<br><input checked="" type="checkbox"/> OTHER <u>ELECTRIC FENCE DRILL</u><br><input type="checkbox"/>   |
| <p style="text-align: center;"><b>MOVEMENT</b></p> <input type="checkbox"/> NORMAL<br><input type="checkbox"/> ESCORT ALL MOVEMENT<br><input type="checkbox"/> UNCLOTHED BODY SEARCH PRIOR TO ESCORT<br><input checked="" type="checkbox"/> CONTROLLED MOVEMENT<br><input type="checkbox"/> OTHER: _____  | <p style="text-align: center;"><b>WORKERS</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> CRITICAL WORKERS ONLY<br><input checked="" type="checkbox"/> CULINARY<br><input checked="" type="checkbox"/> PLANT OPERATIONS WORKERS<br><input checked="" type="checkbox"/> PRISON INDUSTRY AUTHORITY (PIA)<br><input checked="" type="checkbox"/> VOCATIONAL/EDUCATION<br><input checked="" type="checkbox"/> CLOTHING ROOM<br><input type="checkbox"/> RESTRICTED WORK PROGRAM<br><input type="checkbox"/> PORTERS<br><input type="checkbox"/> NO INMATE WORKERS | <p style="text-align: center;"><b>DAYROOM</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> NO DAYROOM ACTIVITIES<br><input type="checkbox"/> MODIFIED: _____<br><p style="text-align: center;"><b>RECREATION</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> NO RECREATIONAL ACTIVITIES<br><input type="checkbox"/> MODIFIED: _____                        |
| <p style="text-align: center;"><b>FEEDING</b></p> <input checked="" type="checkbox"/> NORMAL<br><input type="checkbox"/> CELL FEEDING<br><input type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM<br><input type="checkbox"/> HOUSING UNIT/DORM AT A TIME<br><input type="checkbox"/> DORM POD AT A TIME<br><input type="checkbox"/> TIER AT A TIME<br><input type="checkbox"/> HOUSING UNIT SECTION AT A TIME<br><input type="checkbox"/> SACK MEAL BREAKFAST<br><input type="checkbox"/> SACK MEAL LUNCH<br><input type="checkbox"/> SACK MEAL DINNER | <p style="text-align: center;"><b>SHOWERS</b></p> <input type="checkbox"/> NORMAL<br><input type="checkbox"/> ESCORTED<br><input type="checkbox"/> ONE INMATE PER SHOWER - OWN TIER<br><input type="checkbox"/> CELL PARTNERS TOGETHER - OWN TIER<br><input type="checkbox"/> DORM SHOWERING BY GROUP<br><input type="checkbox"/> CRITICAL WORKERS ONLY<br><input checked="" type="checkbox"/> NO SHOWERS  | <p style="text-align: center;"><b>CANTEEN</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> NO CANTEEN<br><input type="checkbox"/> MODIFIED: _____<br><p style="text-align: center;"><b>PACKAGES</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> NO PACKAGES<br><input type="checkbox"/> MODIFIED: _____  |
| <p style="text-align: center;"><b>DUCATS</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> MEDICAL DUCATS ONLY<br><input type="checkbox"/> CLASSIFICATION DUCATS<br><input checked="" type="checkbox"/> PRIORITY DUCATS ONLY   | <p style="text-align: center;"><b>MEDICAL</b></p> <input type="checkbox"/> NORMAL MEDICAL PROGRAM<br><input checked="" type="checkbox"/> PRIORITY DUCATS ONLY<br><input type="checkbox"/> MTA CONDUCT ROUNDS IN UNITS<br><input type="checkbox"/> INMATES ESCORTED TO SICK CALL<br><input checked="" type="checkbox"/> EMERGENCY MEDICAL ONLY<br><input type="checkbox"/> OTHER: _____   | <p style="text-align: center;"><b>PHONE CALLS</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> NO PHONE CALLS<br><input type="checkbox"/> MODIFIED: _____<br><p style="text-align: center;"><b>RELIGIOUS SERVICES</b></p> <input type="checkbox"/> NORMAL<br><input type="checkbox"/> NO RELIGIOUS SERVICES<br><input checked="" type="checkbox"/> MODIFIED: <u>Primary Services Only</u> |
| <p style="text-align: center;"><b>VISITING</b></p> <input type="checkbox"/> NORMAL VISITING<br><input type="checkbox"/> NON-CONTACT ONLY<br><input checked="" type="checkbox"/> NO VISITING<br><input type="checkbox"/> OTHER: _____  | <p style="text-align: center;"><b>LEGAL LIBRARY</b></p> <input type="checkbox"/> NO LIBRARY<br><input checked="" type="checkbox"/> APPROVED COURT DEADLINES  |   |

**REMARKS:**

On Friday, September 30, 2011, Mule Creek State Prison will be conducting Electric Fence Training on Second Watch. Training will start at 0900 hours after the completion of the morning meal. Inmates assigned to the approved work areas above will be released. The facilities will temporarily suspend their programs for the training. All EOP and medical programs will continue as scheduled, with the exception of groups. After completion of the training session, the institution will return to normal program.

State of Emergency only: Postponement of nonessential administrative decisions, actions and the normal time requirements:

Approved     Disapproved

|   |                 |   |                 |
|---|-----------------|---|-----------------|
| PREPARED BY:<br>S. Correctional Captain | DATE<br>9/29/11 | NAME / SIGNATURE (WARDEN)<br>Warden (A) | DATE<br>9/29/11 |
|---|-----------------|---|-----------------|



**PROGRAM STATUS REPORT  
PART B – PLAN OF OPERATION / STAFF & INMATE NOTIFICATION**

*Describe only this reporting periods specific Plan of Operation*

|                     |   |                              |
|---------------------|---|------------------------------|
| INSTITUTION<br>MCSP | EFFECTIVE DATE OF PLAN<br>October 3, 2011 | PROGRAM STATUS NUMBER<br>N/A |
|---------------------|---|------------------------------|


NORMAL PROGRAM     
  MODIFIED PROGRAM     
  LOCKDOWN     
  STATE OF EMERGENCY  
 INITIAL     
  UPDATE     
  CLOSURE

**RELATED INFORMATION (CHECK ALL THAT APPLY)**

| AREA AFFECTED   | INMATES AFFECTED  | REASON  |
|---|---|---|
| <input type="checkbox"/> INSTITUTION:<br><input checked="" type="checkbox"/> FACILITY: <u>A, B &amp; C</u><br><input type="checkbox"/> HOUSING UNIT:<br><input type="checkbox"/> VOCATION:<br><input type="checkbox"/> EDUCATION:<br><input checked="" type="checkbox"/> OTHER: <u>Monday, Wednesday, Friday Only</u>   | <input checked="" type="checkbox"/> ALL<br><input type="checkbox"/> BLACK<br><input type="checkbox"/> WHITE<br><input type="checkbox"/> HISPANIC<br><input type="checkbox"/> OTHER  | <input type="checkbox"/> BATTERY<br><input type="checkbox"/> DEATH<br><input type="checkbox"/> RIOT / DISTURBANCE<br><input type="checkbox"/> GROUPING<br><input checked="" type="checkbox"/> OTHER: <u>SOMS TRAINING</u> |
| <p align="center"><b>MOVEMENT</b></p> <input type="checkbox"/> NORMAL<br><input type="checkbox"/> ESCORT ALL MOVEMENT<br><input type="checkbox"/> UNCLOTHED BODY SEARCH PRIOR TO ESCORT<br><input checked="" type="checkbox"/> CONTROLLED MOVEMENT<br><input type="checkbox"/> OTHER:   | <p align="center"><b>WORKERS</b></p> <input checked="" type="checkbox"/> NORMAL<br><input type="checkbox"/> CRITICAL WORKERS<br><input type="checkbox"/> CULINARY<br><input type="checkbox"/> CLERKS<br><input type="checkbox"/> VOCATION/EDUCATION<br><input type="checkbox"/> CANTEEN<br><input type="checkbox"/> PIA WORKERS<br><input type="checkbox"/> RESTRICTED WORK PROGRAM<br><input type="checkbox"/> PORTERS<br><input type="checkbox"/> NO INMATE WORKERS | <p align="center"><b>DAYROOM</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> NO DAYROOM ACTIVITIES<br><input type="checkbox"/> MODIFIED:   |
| <p align="center"><b>FEEDING</b></p> <input checked="" type="checkbox"/> NORMAL 2nd Watch<br><input type="checkbox"/> CELL FEEDING<br><input checked="" type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM<br><input checked="" type="checkbox"/> ONE HOUSING UNIT/DORM AT A TIME 3 <sup>rd</sup> Watch<br><input type="checkbox"/> DORM POD AT A TIME<br><input type="checkbox"/> TIER AT A TIME<br><input type="checkbox"/> HOUSING UNIT SECTION AT A TIME<br><input type="checkbox"/> SACK MEAL BREAKFAST<br><input checked="" type="checkbox"/> SACK MEAL LUNCH<br><input type="checkbox"/> SACK MEAL DINNER | <p align="center"><b>SHOWERS</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> NO MORE THAN SIX INMATES SHOWERING AT ONE TIME.<br><input type="checkbox"/> ONE INMATE PER SHOWER – OWN TIER<br><input type="checkbox"/> CELL PARTNERS TOGETHER – OWN TIER<br><input type="checkbox"/> DORM SHOWERING BY GROUP<br><input type="checkbox"/> CRITICAL WORKERS ONLY<br><input type="checkbox"/> NO SHOWERS                                   | <p align="center"><b>RECREATION</b></p> <input type="checkbox"/> NORMAL<br><input checked="" type="checkbox"/> NO RECREATIONAL ACTIVITIES<br><input type="checkbox"/> MODIFIED:   |
| <p align="center"><b>DUCATS</b></p> <input checked="" type="checkbox"/> NORMAL<br><input type="checkbox"/> MEDICAL DUCATS ONLY<br><input type="checkbox"/> CLASSIFICATION DUCATS<br><input type="checkbox"/> PRIORITY DUCATS ONLY   | <p align="center"><b>MEDICAL</b></p> <input checked="" type="checkbox"/> NORMAL MEDICAL PROGRAM<br><input type="checkbox"/> PRIORITY DUCATS ONLY<br><input type="checkbox"/> MTA CONDUCT ROUNDS IN UNITS<br><input type="checkbox"/> INMATES ESCORTED TO SICK CALL<br><input type="checkbox"/> EMERGENCY MEDICAL ONLY<br><input type="checkbox"/> OTHER:  | <p align="center"><b>CANTEEN</b></p> <input type="checkbox"/> NORMAL<br><input type="checkbox"/> NO CANTEEN<br><input checked="" type="checkbox"/> MODIFIED: <u>Canteen will run normal on Tuesday and Thursday</u>       |
| <p align="center"><b>VISITING</b></p> <input checked="" type="checkbox"/> NORMAL VISITING<br><input type="checkbox"/> NON-CONTACT ONLY<br><input type="checkbox"/> NO VISITING<br><input type="checkbox"/> OTHER:   | <p align="center"><b>LEGAL LIBRARY</b></p> <input type="checkbox"/> NO LIBRARY<br><input checked="" type="checkbox"/> APPROVED COURT DEADLINES  | <p align="center"><b>PACKAGES</b></p> <input type="checkbox"/> NORMAL<br><input type="checkbox"/> NO PACKAGES<br><input checked="" type="checkbox"/> MODIFIED: <u>Controlled Movement</u>                                 |
|   |   | <p align="center"><b>PHONE CALLS</b></p> <input type="checkbox"/> NORMAL<br><input type="checkbox"/> NO PHONE CALLS<br><input checked="" type="checkbox"/> MODIFIED: <u>2 inmates at a time</u>                           |
|   |   | <p align="center"><b>RELIGIOUS SERVICES</b></p> <input type="checkbox"/> NORMAL<br><input type="checkbox"/> NO RELIGIOUS SERVICES<br><input checked="" type="checkbox"/> MODIFIED: <u>Primary services</u>                |

**REMARKS:**

Beginning on October 3, 2011 and ending at the conclusion of Third Watch on October 7, 2011, Facilities A, B & C will run a Modified Program on Monday, Wednesday and Friday to facilitate the SOMS Training. Second Watch will begin training at 8:30 AM, Third Watch will begin training at 2:30 PM. Tuesday and Thursday will remain normal program. During this modification, medical, PIA, education and mental health groups will run normal. Self help groups will only be held on Tuesday and Thursday. Canteen will be available on Tuesday and Thursday. The Clothing Window will be open on Tuesdays and Thursday only, normal laundry. See attached modified yard schedule.

|  |   |                  |
|--|---|------------------|
| PREPARED BY:<br>B.HOLMES, Correctional Captain | DATE: _____<br>NAME / SIGNATURE (WARDEN):  | DATE:<br>9/28/11 |
|--|---|------------------|

## Temporary Yard Schedule October 4, 2011 and October 6, 2011

### FACILITY A

|                        |
|------------------------|
| Tuesday & Thursday     |
| A1A and *A2B 0830-1530 |
| A Gym 1900-2100        |
|                        |

### FACILITY B AND C

|                       |
|-----------------------|
| Tuesday & Thursday    |
| A1A and A2B 0800-1530 |
| A1A 1830-2100         |
|                       |

\*All references to A2B include C/C and A1/C Status inmates.

PREPARED BY

DATE