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10 Attorneys for Plaintiffs SYLVESTER OWINO,
11 JONATHAN GOMEZ, and the Proposed Class(es)

12 **UNITED STATES DISTRICT COURT**
13 **SOUTHERN DISTRICT OF CALIFORNIA**

14 SYLVESTER OWINO and JONATHAN)
GOMEZ, on behalf of themselves and all)
15 others similarly situated,)

Plaintiffs,)

16 vs.)

17 CORECIVIC, INC.,)

18 Defendant.)

Case No. 3:17-CV-01112-JLS-NLS

CLASS ACTION

**NOTICE REGARDING UPDATED
REDACTIONS TO PUBLICLY FILED
EXHIBITS TO SUPPLEMENTAL
DECLARATION OF EILEEN R.
RIDLEY IN SUPPORT OF
PLAINTIFFS' REPLY BRIEF IN
RESPONSE TO DEFENDANT'S
SUPPLEMENTAL BRIEF [DKT. NO.
148-1] [PER COURT ORDER DKT.
NO. 158]**

21 **CORECIVIC, INC.,**)

22 Counter-Claimant,)

24 vs.)

25 SYLVESTER OWINO and JONATHAN)
GOMEZ, on behalf of themselves and all)
26 others similarly situated,)

27 Counter-Defendants.)

Judge: Hon. Janis L. Sammartino
Magistrate: Hon. Nita L. Stormes

1 Per Court Order (Dkt. No. 158), the following exhibits to the Supplemental
2 Declaration of Eileen R. Ridley In Support of Plaintiffs’ Reply Brief In Response To
3 Defendant’s Supplemental Brief (Dkt. No. 148-1) are being publicly filed by Plaintiffs with
4 corrected redactions:

5 1. Attached hereto as **Exhibit B** is a true and correct copy of excerpts of Plaintiff
6 Jonathan Gomez’s detainee file, which was produced during this litigation by CoreCivic at
7 CCOG00025282 – 283, and CCOG00025327 – 328.

8 2. Attached hereto as **Exhibit C** is a true and correct copy of excerpts of Plaintiff
9 Sylvester Owino’s detainee file, which was produced during this litigation by CoreCivic at
10 CCOG00025353, CCOG00025416, CCOG00025478 – 479, and CCOG00025481.

11 3. Attached hereto as **Exhibit D** is a true and correct copy of excerpts of Plaintiff
12 Sylvester Owino’s detainee file, which was produced during this litigation by CoreCivic at
13 CCOG00025334 – 335, CCOG00025338, CCOG00025341 – 342, and CCOG00025347 –
14 349.

15 DATED: February 5, 2020

FOLEY & LARDNER LLP

Eileen R. Ridley
Geoffrey M. Raux
Nicholas J. Fox
Alan R. Ouellette

/s/ Eileen R. Ridley

Eileen R. Ridley
Attorneys for Plaintiffs SYLVESTER OWINO,
JONATHAN GOMEZ, and the Proposed
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JONATHAN GOMEZ, and the Proposed
Class(es)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the above and foregoing document has been served on February 5, 2020, to all counsel of record who are deemed to have consented to electronic service via the Court’s CM/ECF system per Civil Local Rule 5.4.

/s/ Eileen R. Ridley
Eileen R. Ridley

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EXHIBIT B

INTSUIT

FORM I-216
U.S. DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION & CUSTOMS ENFORCEMENT
(REV. 5/22/07)

Sheet No. _____

Transfer Date: 6/18/12

RECORD OF PERSON(S) AND PROPERTY TRANSFERRED

FROM: USBP/OFO BARRACKS -5
ORIGIN: San Diego Field Office

VIA (1) _____
VIA (2) _____

TO: ODF/CCA
DEST FO: _____

MODE: _____
OTHER: _____

File No.	Name of Person		DOB	Nationality	Status	Sex	Convictions	Gang Membership	Class Level	Detainee Money	Property I-77 #	Fins#	Subject ID #
	Last	First											
	GOMEZ	Jonathan											

I certify compliance with all ICE Detention and Transfer Standards and JPATS Boarding Requirements for this JPATS/Charter movement.

Name and Title: OR Office: ODF/SND Contact Number(s): [REDACTED]

- (1)- Show whether transfer or removal. For transfers show whether NTA or Final.
 - (2)- Show medical conditions, high risk, flight risk, epileptic, insane, etc.
- Use a separate line for each person transferred.
This form is to be executed in sufficient number of copies to allow the receiving officer to retain one copy of his/her personal expense voucher and two additional copies for the station of final delivery.

@ 2150
SDJ
[Handwritten signatures]

Received the above listed persons, property, and baggage checks
Signature: [Signature]
Title & Star: 2021JR
Place & Date: 6-18-12 ODF

HOLDING CELL #	IN	OUT	CELL INSP	D/D
<u>25</u>	<u>05-21-12</u>	<u>06-18-12</u>	<u>[Signature]</u>	<u>[Signature]</u>

(Name and Title of Person in Charge of Facility) **Warden or Officer in Charge** Name of Facility: **Otay Detention Facility San Diego / CCA**

Please DETAIN / RELEASE the alien(s) listed below Date and Time of admission / release:

Special Note:												
Name		A- Number	Nationality	Status	Sex	Convictions	Class Level	DOB	FINS #	Detainee Funds	I-77	Subject ID#
Last	First											
										see I-216		
										see I-216		
										see I-216		
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										see I-216		
										see I-216		
GOMEZ	Jonathan									see I-216		
										see I-216		
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										see I-216		

* Cite Basis for Detention / Release (e.g., NTA, Reinstatement, Administrative Removal, Expedited Removal, Room & Board, Bond, IJ order, Order of Supervision, Order of Recognizance, etc.)

Printed Name and Signature of Receiving Officer Printed Name and Signature of Officer Directing Action Date
6/18/2012

Title, Office and Telephone Number Title, Office and Telephone Number

Handwritten signature

Date Request Received by ICE: JUN 20 2012



U.S. Department of Homeland Security
Bureau of Immigration and Custom Enforcement
Detention and Removal Operations
446 Alta Road, Suite 5400
San Diego, CA 92158



Detainee Request Form / Peticion del Preso
Otay Mesa Detention Facility

Unit A Pod D Room # 215

24170
0D12

Notice! You must fill out this form completely, or it will not be delivered to your deportation officer
Aviso! Debe llenar esta forma completamente, o no sera entregada a su official de deportacion.

Last Name <u>Gomez</u> <i>Apellido</i>	First Name <u>Jonathan</u> <i>Primer Nombre</i>
Date of Birth <u>[REDACTED]</u> <i>Fecha de Nacimiento</i>	ICE A # <u>[REDACTED]</u> <i>Numero de Inmigracion</i>
Nationality <u>[REDACTED]</u> <i>Nacionalidad</i>	Have you been ordered removed? Yes/Si <input type="checkbox"/> No/no <input type="checkbox"/> <i>¿Tiene una orden de deportacion?</i>

Detainee Request: I would like to receive my NTA.
Peticion del Preso:

Do you desire a response? Yes/Si No/no
¿Quiere una respuesta?

Signature of Detainee Jonathan Gomez Date 06/19/2012
Firma del Preso *Fecha*

ICE Response: YOU DID NOT RECEIVE A COPY OF YOUR
Repuesta de ICE: NTA WHEN YOU SIGNED IT?
I DO NOT HAVE YOUR FICE YET.

Signature of ICE Officer [Signature] Date 6/20/12
Firma del Official de ICE *Fecha*

JUN 25 2012

Date Request Received by ICE:



U.S. Department of Homeland Security
Bureau of Immigration and Custom Enforcement
Detention and Removal Operations
446 Alta Road, Suite 5400
San Diego, CA 92158



Detainee Request Form / Peticion del Preso
Otay Mesa Detention Facility

0012 24242

Unit A Pod D Room # 215

Notice! You must fill out this form completely, or it will not be delivered to your deportation officer
Aviso! Debe llenar esta forma completamente, o no sera entregada a su official de deportacion.

Last Name Gomez
Apellido

First Name Jonathan
Primer Nombre

Date of Birth [Redacted]
Fecha de Nacimiento

ICE A # [Redacted]
Numero de Inmigracion

Nationality [Redacted]
Nacionalidad

Have you been ordered removed? Yes/Si No/no
¿Tiene una orden de deportacion?

Detainee Request: I would like the name of my deportation officer, if you already have my NTA can you please send me a copy.
Peticion del Preso:

Do you desire a response? Yes/Si No/no
¿Quiere una respuesta?

Signature of Detainee Jonathan Gomez
Firma del Preso

Date 06/22/2012
Fecha

ICE Response: OFFICER TORRES, WHERE IS YOUR COPY OF YOUR NTA? I DO NOT HAVE YOUR FILE TO PROVIDE YOU WITH A COPY. YOU SHOULD HAVE BEEN GIVEN A COPY OF IT AFTER YOU SIGNED IT.
Repuesta de ICE:

Signature of ICE Officer [Signature]
Firma del Oficial de ICE

Date 6/25/12
Fecha

EXHIBIT C

INTAKE

RECORD OF PERSON AND PROPERTY TRANSFERRED

Date of transfer: **February 05, 2007**

From: **FLO**

To: **CCA/ODF VIA JPATS**

File No.	Name of Person	Nationality	DOB	Alert	IDENT	Status	FINS	Baggage Receipt	Money Receipt / \$	File Location
	OWINO, SYLVESTRE					9TH CIRC		1310592	265203	SND

JPATS Flight Operations: If relevant, include the following information.

1. A-File with body (Yes/No) or it has been FedEx to the subjects final Destination.
2. If the subject has been IDENT'ed, note in the appropriate block.
3. If the subject has property, money or valuables, note the I-77 and G-589 receipt numbers in the appropriate block.

This form is to be executed in sufficient number of copies to allow each receiving officer to retain one copy for his office files.

Received the above listed persons, property and baggage checks

Signature: *K Kearney* *W*
 Title: *ISA* *0015*

Place and Date: *ODF 2/5/07*

Original Copy - 50

United States Department of Homeland Security
United States Immigration and Customs Enforcement
Detention and Removal Operations

446 Alta Road, Suite 5400
San Diego, CA 92158



Inmate Request Form/Peticion del Preso
Otay Mesa Detention Facility

Unit A Pod D Room# 116

09 2007

Notice! You must fill out this form completely, or it will not be delivered to your deportation officer.
¡Aviso! Debe llenar esta forma completamente, o no sera entregada a su official de deportacion.

Last Name Gwino First Name Sylvester
Apellido Primer Nombre
Date of Birth [redacted] ICE A# [redacted]
Fecha de Nacimiento Numero de Inmigracion
Nationality [redacted] Have you been ordered removed? Yes/ No/
Nacionalidad ¿Tiene una orden de deportacion?

Inmate Request:

Peticion del Preso:

Please provide me with the address to the federal Trust Claims that covers San Diego jurisdiction or closer to San Diego. If possible, provide with also telephone #. I have requested this address through Library Assistant Mr Fay but he can not get it. I am in need of this address so as to communicate with this court. I've asked Mr Fay for over 3 weeks now. Please help promptly and if not direct me to the right direction. I need this address A.S.A.P. Thanker in advance for your anticipated prompt response with this request. Respectfully Submitted Gwino

Do you desire a response? Yes/ No/

¿Quiere una respuesta?

Signature of Inmate
Firma del Preso

[Handwritten signature]

Date
Fecha

07/09/07

ICE Response:

Repuesta de ICE:

it is 880 Front St
San Diego, Ca, 92101

Signature of ICE Officer
Firma del Oficial de ICE

[Handwritten signature]

Date

7/11/07

Exhibit C Page 9

RFD

Form I-216
U.S. DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION & CUSTOMS ENFORCEMENT
(Rev. 04/26/11)

Sheet No. 2300874 (page 1 of 1)

Transfer Date: 02/09/15

RECORD OF PERSONS TRANSFERRED

FROM: FLORENCE STAGING FACILITY (IHSC) VIA (1) IWA TO: SAN DIEGO, CA CCA/ODF
Origin FO: FLORENCE, AZ, PROCESSING CENTER VIA (2) SAN Dest. FO: SAN DIEGO, CA
MODE: ICE AIR
Other:

Page No.	Name of Person		DOB	Nationality	Status (%)	Sex	Convictions	Gang Membership	Class. Level	Fins #	Subject ID	Comments (2)
	LAST	FIRST										
	OWING	SYLVESTER OTIENO										

I certify compliance with all ICE Detention and Transfer Standards and ICE Air Boarding Requirements for this ICE Air/Charter movement.

Name and Title: A. ARVAYO, S/EA Office: FLO Contact Number:

T. G. 2245

- (1) - Show whether transfer or removal. For transfers show whether NTA or Final Order (FO)
- (2) - Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred. This form is to be executed in sufficient number of copies to allow officer to retain one copy of his personal expense voucher and two copies for station of final delivery.

Received the above listed persons
Signature:

[Signature]
A. Arvayo
ODF 2-9-15

HOLDING CELL	IN	OUT	CELL INSP	R/O
440	2245	2300	N	A
445	2300	2305	N	A
445	2305	2310	N	A

Department of Homeland Security

Sheet No.

Form I-203A/B, Order to Detain / Release Aliens

(Name and Title of Person in Charge of Facility) Warden or Officer in Charge	Name of Facility: Otay Detention Facility San Diego / CCA
--	--

Please DETAIN / RELEASE the alien(s) listed below Special Note:	Date and Time of admission / release: 02/09/15; 2100
--	---

Name		A- Number	Nationality	Status	Sex	Convictions	Class Level	DOB	FINS #	Detainee Funds	I-77	Subject ID#
OWINO	SYLVESTER OTIENO									see I-216		
										see I-216		
										see I-216		
			#REF!							see I-216		
										see I-216		
										see I-216		
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										see I-216		
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										see I-216		
										see I-216		
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	see I-216	#REF!	#REF!
		LONG TERM R&B								see I-216		
										see I-216		

* Cite Basis for Detention / Release (e.g., NTA, Reinstatement, Administrative Removal, Expedited Removal, Room & Board, Bond, IJ order, Order of Supervision, Order of Recognizance, etc.)

Printed Name and Signature of Receiving Officer STRADA	Printed Name and Signature of Officer Directing Action	Date 2/9/2015
Office and Telephone Number ODF, X3368	Title, Office and Telephone Number	

ORDER TO Detain ALIEN

Sheet No. 326553 (page 1 of 1)

TO:									
Please detain or release the following					NAME OF FACILITY: CCA/ODF				
Detain					Nature of Proceedings				
NAME	POUCH NO.	AGE	SEX	NATIONALITY	BIRTHDATE Month/Date/Year	ALIEN NUMBER	CLS CODE	REMOVAL	
								PREVIOUS CONVICTIONS	FINS NUMBER
OWINO SYLVESTER OTIEND									
FINGERPRINTS _____						AM PHOTO _____			
Signature Retention Officer, Sheriff, etc. Receiving Officer <i>J. McGee</i>					Date 3/8/2015	Signature of Officer Directing Action <i>[Signature]</i>		Date 3/8/2015	
<i>DPCCA (19) 661-9119</i>					Title D.O.	Station SAN DIEGO			
Form 1-203 Phila. DEPARTMENT OF HOMELAND SECURITY - US IMMIGRATION AND CUSTOMS ENFORCEMENT									

IIR-09-2019-13369-1 from ICE DRG 6195575599 96616032

[Handwritten Signature]

EXHIBIT D

DATE: 02-06-07 TIME: 0015

DOB: [REDACTED]

2. AGE | 3. COUNTRY OF CITIZENSHIP

5. DATE APPREHENDED
02/06/2007

6. OFFICE
ICE

6. BIRTH PLACE

SEX

10. OSC/WA SERVED
 Yes No

FILE NUMBER

12. BOND DATE POSTED
\$

13. CINS
 Yes No

14. MEDICAL ALERT
 No Yes (Explain)

14A.

5. TRANSFER DATE
02/06/2007

FROM

TO

SAN DIEGO CORRECTIONAL FACILITY

1. ADMITTED BY:
MILAGROS AGUIRRE

19. RELEASED TO: V/R DEPORT

22. RT. INDEX PRINT --IN

23. RT. INDEX PRINT --OUT

SEARCHED BY:

20. RELEASED BY:

DATE ADMITTED:
2/06/2007

21. DATE RELEASED:

REMARKS

SD to KITCHENS

SAN DIEGO CORRECTIONAL FACILITY
INMATE COMMITMENT SUMMARY

Print Date: 02/07/2007

Full Name: OWINO, SYLVESTER OTIENO AGENCY ID # [REDACTED]
Committed By: IMMIGRATION AND CUSTOMS ENFORCEME
Arrested By:
Transported By: ICE
Admission Type: DETAINEE
Booking Date: 02/06/2007
Booking Time: 04:05AM
Booking Officer: MAguir
Shift: 3



Current Age: [REDACTED]
Sex: [REDACTED]
Race: [REDACTED]
Marital Status: [REDACTED]
SSN: [REDACTED]
Height: [REDACTED]
Weight: [REDACTED]
Eye Color: [REDACTED]
Hair Color: [REDACTED]
Complexion: [REDACTED]
Build: [REDACTED]
Citizen Of: [REDACTED]
Place of Birth: [REDACTED]
Country of Birth: [REDACTED]
Religion: [REDACTED]
Church Attendance: [REDACTED]
Gang: [REDACTED]
Valid Driver's Lic.?: [REDACTED]
Driver's Lic. State: [REDACTED]
License#: [REDACTED]
Commissary Choice: [REDACTED]

Custody Level: [REDACTED]
CCA # [REDACTED]
Permanent ID#: [REDACTED]
Booking # [REDACTED]

Can Inmate Read English?
Read Language:
Can Inmate Write English?
Write Language:
Legal Address:

Phone #: (XXX)XXX-XXXX

Emergency Contact




Secondary Emergency Contact:

Scars / Tattoos

Known Aliases

RECEIVING & DISCHARGE CHECKLIST

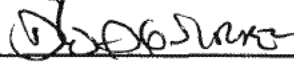
Inmate/Resident Name: Nombre del Detenido:	OWINO, SYLVESTER OTIENO	Inmate/Resident #: Numero del Detenido:	
---	--------------------------------	--	---

RECEIVING CHECKLIST:

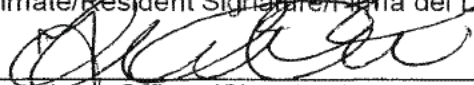
- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Verification of Commitment Papers <input checked="" type="checkbox"/> Searched at intake <input checked="" type="checkbox"/> Shower at Intake <input checked="" type="checkbox"/> Issue of Clean, laundered clothing <input checked="" type="checkbox"/> Disposition of all monies at intake <input checked="" type="checkbox"/> Medical, dental, mental health screening <input checked="" type="checkbox"/> Assignment of CCA Number <input checked="" type="checkbox"/> Personal Property Inventoried (copy given to inmate/resident) | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assignment to a Housing unit <input checked="" type="checkbox"/> Photograph/I.D. Card <input checked="" type="checkbox"/> Classification Booking Sheet <input checked="" type="checkbox"/> Hygiene items Issued <input checked="" type="checkbox"/> Explanation of Mail and Visiting Procedures <input checked="" type="checkbox"/> Issue of Lock (if applicable) <input checked="" type="checkbox"/> Telephone Calls <input checked="" type="checkbox"/> Other: |
|---|---|

INMATE/RESIDENT HANDBOOK ACKNOWLEDGMENT: BY SIGNING BELOW, I ACKNOWLEDGE RE AN INMATE/RESIDENT HANDBOOK ON THIS DATE.

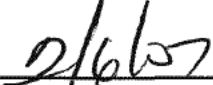
ACUSE DE RECIBO MANUAL POR DETENIDOS: POR MI FIRMA, YO RECIBO UN MANUAL POR DE EN ESTE DIA.



 Inmate/Resident Signature/Firma del Detenido



 Receiving Officer (Signature)



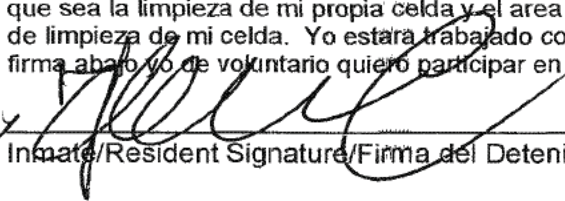
 Date/Fecha

VOLUNTARY WORK RELEASE

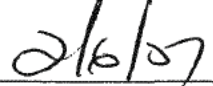
As a pre-trial or un-sentenced detainee, I understand that I may not be compelled to work other than to perform hou- tasks in my own cell and the community living area. I would like to volunteer for work assignments in addition to my hou- tasks. I am aware that I will be working with inmates/residents who are serving a sentence for convictions of crimes. I below I am volunteering to participate in work assignments.

LIBERACION VOLUNTARIA DE TRABAJO

Como un detenido antes de prueba o sin sentencia, yo entiendo que no puedo ser obligado a trabajar en ninguna area que sea la limpieza de mi propia celda y el area comun. Me gustaria ser voluntario para asignaciones de trabajo junto c de limpieza de mi celda. Yo estara trabajado con presos que estan cumpliendo su sentencia por convicciones de crim firma abajo yo de voluntario quiero participar en asignaciones de trabajo.



 Inmate/Resident Signature/Firma del Detenido



 Date/Fecha

DISCHARGE CHECKLIST:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Verification of identity of inmate/resident <input type="checkbox"/> Return of all inmate/resident personal property (if any) <input type="checkbox"/> Completion of all pending actions with CCA <input type="checkbox"/> Return of all inmate/resident funds (if any) | <ul style="list-style-type: none"> <input type="checkbox"/> Verification of proper release authority <input type="checkbox"/> Return of all CCA issued property <input type="checkbox"/> Inmate/resident received all release papers <input type="checkbox"/> Other: |
|---|--|

 Discharging Officer (Signature)

 Date/Fecha

 Inmate/Resident (Signature)/Firma del Detenido

San Diego Correctional Facility
INMATE/DETAINEE PROPERTY RECEIPT

NAME: OWINO, SYLVESTER OTIENO
AGENCY ID#: [REDACTED]

SEIZED PROPERTY:

Property ID: 269C

Location: VALUABLE PROPERTY/DRAWER 5 (241-300)

QTY	CATEGORY	DESCRIPTION	STYLE	COLOR	ORIGINAL CONDITION
1	JEWELR	NECKLACE	BEADS	BLUE/YELLOW	USED
1	CLOTHE	SHIRT	L/S	YELLOW	USED
1	CLOTHE	SOCKS		WHITE	USED
1	SHOES	TENNIS SHOES		WHITE	USED
1	CLOTHE	TROUSERS/SLACKS	SWEATS	GRAY	USED
1	CLOTHE	UNDERSHIRT		WHITE	USED
3	CLOTHE	UNDERWEAR	BRIEFS	WHITE	USED
1	JEWELR	WATCH	LEATHER	BROWN	POOR

PROPERTY IN INMATE CUSTODY:

Property ID: .

Location:

QTY	CATEGORY	DESCRIPTION	STYLE	COLOR	ORIGINAL CONDITION
1		BLANKET			
2		CUP			
1		LAUNDRY BAG			
1		MATTRESS			
2		PANTS			
1		PILLOW			
1		PILLOW CASE			
2		SHEETS			
2		SHIRTS			
1		SHOES			
1		SHOWER SHOES			
5		SOCKS			
1		SPORK			
2		TOWEL			
5		T-SHIRT			
5		UNDERWEAR			
1		WASHCLOTH			

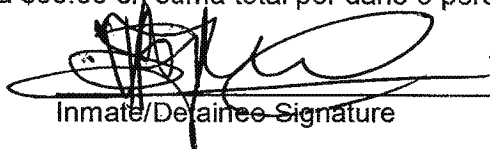
Property ID: 269C

Location: VALUABLE PROPERTY/DRAWER 5 (241-300)

QTY	CATEGORY	DESCRIPTION	STYLE	COLOR	ORIGINAL CONDITION
1	JEWELR	RING	BAND	YELLOW	USED

I understand that Corrections Corporation of America is not responsible for items I keep and will only compensate total for damage to or loss of property they store.

Por este medio entiendo que Corrections Corporation of America no es responsable por articulos que yo tenga en propiedad y solamente compensara \$50.00 en suma total por dano o perdida de propiedad que ellos guardan o de



Inmate/Detainee Signature

02/06/07

Date

Discharge Officer Signature

Date Returned

Inmate/Detainee Signature

Date Returned

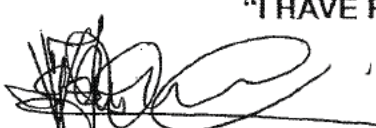
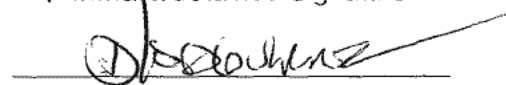

SAN DIEGO CORRECTIONAL FACILITY INMATE/DETAINEE SAFETY RULES

Each new commitment will be required to read and sign the below safety regulations. In the event the inmate/detainee cannot read, the regulations will be read and explained to him/her, and this will be indicated in the signature area. If, for any reason, an inmate/detainee refuses to sign, it will be noted on the bottom portion of this form.

DISCIPLINARY ACTION MAY RESULT FROM FAILURE TO FOLLOW THESE SAFETY REGULATIONS:

1. Every effort will be made to provide a safe environment for inmates/detainees incarcerated in the facility. Matters relating to occupational safety and health policy and practice will adhere to state and local codes. Compliance with established safety practices will be the responsibility of each CCA employee, inmate and detainee.
2. It is the responsibility of each inmate/detainee worker to use the safety equipment issued to protect them against physical injury and/or health hazards. Make certain you follow instructions for properly wearing required personal protective equipment, such as goggles, aprons, and arm guards before you begin an operation.
3. Hearing protection must be worn on all workstations designated as high noise level areas.
4. You must wear work or safety shoes, when instructed to do so.
5. Report all safety hazards immediately to your work supervisor. Do not continue to work in any area or on any machinery or equipment that is deemed unsafe or improperly guarded by the work supervisor. If your work supervisor does not agree that an unsafe work condition exists, you should report the information to the Safety Officer, either verbally or in writing.
6. Inmates/detainees will perform only work that is assigned to them. Operation of equipment, or performing any operation that has not been specifically assigned, is strictly forbidden.
7. Operating equipment without using the safety guard(s) provided or removal of the safety guard(s) is forbidden.
8. The fabrication or repair of personal items using CCA equipment is against safety regulations and is prohibited.
9. Do not try to adjust, oil, repair, or perform any maintenance on any machine while it is in motion. Stop the machine first. Use the lockout devices where possible.
10. Inmate/detainees who are injured while performing their assigned duties will immediately report such injury to their work supervisor (staff member). Report a work injury to your supervisor or any other staff member, immediately.
11. It is the responsibility of each inmate/detainee worker to exercise care, cooperation, and common sense in conducting his/her assigned work. Horseplay on the job or in this facility will not be tolerated.
12. Cell and dayroom fixtures and furniture (chair, tables, etc.) will not be used as ladders or stepstools for any reason.

"I HAVE READ AND UNDERSTOOD THE SAFETY RULES"

 _____ Inmate/detainee Signature	OWINO, SYLVESTRE A# [REDACTED] 17 DATE: 02-06-07 TIME: 0015 DOB: [REDACTED] [REDACTED] _____ Number	_____ Date 2/6/07 _____ Date
 _____ Staff Witness Signature	 _____ Title	

**CORRECTIONS CORPORATION OF AMERICA
SAN DIEGO CORRECTIONAL FACILITY**

**HAZARDOUS CHEMICAL
TRAINING ACKNOWLEDGEMENT**

-
1. YOU HAVE THE RIGHT TO INFORMATION CONCERNING HAZARDOUS CHEMICALS THAT YOU MAY BE EXPOSED TO IN YOUR WORKPLACE.
 2. MATERIAL SAFETY DATA SHEETS (MSDS), ARE AVAILABLE TO ALL EMPLOYEES, INMATES/DETAINEES, THEIR DESIGNATED REPRESENTATIVE, AND TREATING HEALTH CARE WORKERS UPON REQUEST, AND AT THE LOCATION WHERE THE MATERIAL IS STORED.
 3. ALL CONTAINERS OF HAZARDOUS CHEMICALS MUST BE LABELED WITH CHEMICAL NAME(S), APPROPRIATE WARNINGS, AND MANUFACTURERS NAME AND ADDRESS.
 4. YOU MAY NOT BE DISCHARGED FROM YOUR JOB OR DISCIPLINED FOR SEEKING INFORMATION ABOUT ANY HAZARDOUS CHEMICAL.
 5. IF PERSONAL PROTECTIVE EQUIPMENT OR SPECIAL INSTRUCTIONS ARE NEEDED BEFORE USING A CHEMICAL, THIS INFORMATION WILL BE PROVIDED BY YOUR SUPERVISOR.
 6. USE ALL CHEMICALS ACCORDING TO THE MANUFACTURER'S RECOMMENDATIONS. IF YOU HAVE ANY QUESTIONS, ASK YOUR SUPERVISOR.

I HAVE RECEIVED THE HAZARDOUS COMMUNICATIONS TRAINING AS DESCRIBED IN THE WRITTEN HAZARD COMMUNICATIONS PROGRAM AND THE INSTRUCTOR ANSWERED ANY QUESTIONS THAT I MAY HAVE HAD.



SIGNATURE OF INMATE/DETAINEE

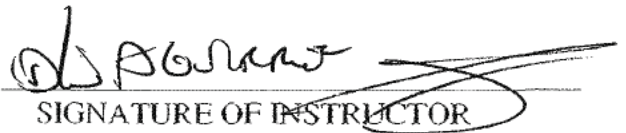
OWINO, SYLVESTRE

A# [REDACTED] 17

DATE: 02-06-07 TIME: 0015

DOB: [REDACTED]

I [REDACTED]



SIGNATURE OF INSTRUCTOR


DATE

San Diego Correctional Facility
Receipt of Detainee Orientation Handbook
(Reconocimiento de Recibido del Libro de Orientacion del Detenido)


I _____ HEREBY ACKNOWLEDGE THAT I
Name and A #
HAVE RECEIVED, READ AND UNDERSTOOD THE INMATE DETAINEE
ORIENTATION HANDBOOK. IN ADDITION, I ALSO AKNOWLEDGE THAT I
HAVE ATTENDED AND UNDERSTOOD ALL INFORMATION GIVEN DURING
AN ORIENTATION SESSION DURING THE ADMISSIONS AND ORIENTATION
PROCESS.

Inmate Signature and A number Date Unit/Cell/Pod

OWINO, SYLVESTRE
A# ██████████ 17
DATE: 02-06-07 TIME: 0015
DOB: ██████████

YO ██████████ POR LA PRESENTE RECONOSCO QUE
Nombre y Numero de Identificacion

RECIBI, Y HE LEIDO Y ENTENDIDO EL LIBRO DE ORIENTACION DEL
DETENIDO. ASI MISMO, RECONSCO QUE HE ATENDIDO Y COMPRENDIDO
TODA LA INFORMACION PRESENTADA DURANTE UNA SESION DE
ORIENTACION DURANTE EL PROCESO DE ADMISION Y ORIENTACION.



Firma del Detenido



Fecha

Unidad / Celda