

**EMPLOYEE CONTRACT GRIEVANCE**

STD 630 (Rev 7/00)



BARGAINING UNIT NAME AND NUMBER (Grievant's Bargaining Unit)

**All Represented Bargaining Units**

GRIEVANT'S NAME (Person Effected) <b>All Represented CDCR and CCHCS Employees</b>		HOME TELEPHONE NUMBER
MAILING ADDRESS (NUMBER/STREET) <b>c/o SEIU 1801 Excise Avenue, Street Suite 101</b>	(CITY) <b>Ontario</b>	(ZIP CODE) <b>91761</b>
DEPARTMENT <b>CDCR and CCHCS</b>	DIVISION OR FACILITY	SECTION, BRANCH, UNIT ETC.
POSITION CLASSIFICATION <b>All SEIU represented employees</b>	NORMAL WORKING HOURS	WORK TELEPHONE NUMBER

**REPRESENTATION INFORMATION (COMPLETE IF APPLICABLE)**

REPRESENTATIVE'S NAME <b>Daniel Luna</b>	TELEPHONE NUMBER <b>(866)471-7348</b>	ORGANIZATION OR AFFILIATION <b>SEIU Local 1000</b>
---	--	---

**TRACKING INFORMATION**

DEPARTMENTAL TRACKING NUMBER	DEPARTMENTAL SECOND TRACKING NUMBER	UNION TRACKING NUMBER
------------------------------	-------------------------------------	-----------------------

***Please Refer to The Bargaining Unit Contract  
For Specific Information Regarding Employee  
Grievance Procedures and Time Frame Requirements for That Unit.***

---

**GRIEVANCE INFORMATION**

---

DATE OF ACTION CAUSING GRIEVANCE

DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR

DATE OF INFORMAL RESPONSE

Ongoing

Ongoing

TBD

CLEAR CONCISE STATEMENT OF GRIEVANCE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

CDCR's Division of Adult Institutions (DAI) and CCHCS violated the contract by requiring employees to work where an immediate and recognizable threat exists to their health and safety. DAI and CCHCS continue to expose represented members at the State's Prisons to a work environment that is resulting in uncontrolled COVID-19 outbreaks by continuing to allow inmate movement, and not fully enforcing all health and safety guidelines. Due to the present health crisis, Nurses are forced to work longer hours and to be redirected to other worksites. Initially, CDCR limited COVID-19 spread by halting inmate movement and county intakes. After movement and county intakes resumed towards the end of May, the number of prisons with COVID-19 outbreaks quadrupled. Outbreaks at Chuckwalla Valley State Prison (CVSP), Corcoran and San Quentin show that Management failed to prevent the further spread of COVID-19. At CVSP, local Custody management failed to quarantine inmates before the outbreak. The transfer of COVID-19 patients from CIM to San Quentin and Corcoran show failed protocols and missteps between DAI and CCHCS which caused further spread when inmates are moved. Health and safety guidelines intended to limit and prevent the spread of COVID-19 are not being followed.

Starting the week of July 13, 2020, SEIU Local 1000 identified health and safety concerns at each institution. Some of these prisons have already had serious COVID-19 outbreaks and CDCR/CCHCS should still be able to prevent outbreaks if they take all possible and reasonable steps to prevent them. The most common health and safety violations include but are not limited to the following:

- Inadequate supply of hand sanitizer machines and disinfecting wipes
- Common areas at worksite are not being cleaned throughout the day
- No training received on the state's COVID-19 health and safety guidelines
- Employees are not getting noticed when someone at your worksite has tested positive for COVID-19
- Not everyone at institution wears a mask
- Six foot physical distance is not being maintained at worksite
- Failure of adequate testing of staff and inmates
- Transfer of inmates without adequate testing
- Failure to quarantine or isolate inmates with suspected exposure
- Failure to maintain adequate internal command or control
- Failure to provide safety protocols to protect staff from infection
- Inadequate supplies and types of PPE

---

SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED

Article 10.3- Occupational Hazard and 10.25 Infectious Disease Control and CCR §5199. Aerosol Transmissible Diseases Standard

Any other articles that may apply.

---

- Take all necessary steps to ensure employee health and safety
- Ensure that each institution has a COVID-19 incident command center with both medical and custody staff
- Have a clear written plan for spaces/areas that will be utilized to isolate/quarantine suspected and COVID-19 confirmed inmates at each institution.
- Ensure that management at all levels understands their responsibilities and role in preventing the further spread of COVID-19.
- Halt the movement of inmates between prisons and intakes from counties.
- Ensure that DAI and CCHCS are doing everything possible to maintain six foot physical distance between persons (including allowing all employees possible to telework), providing adequate hand sanitizer and disinfectant wipes and are enforcing that everyone wear masks/or face coverings
- Ensure that all employees are trained with the latest State of California health and safety guidelines and that all employees are noticed about possible COVID-19 exposure at their worksite.

Any other appropriate remedy deemed just and proper.

SIGNATURE OF GRIEVANT

*Jon Grievants Dip Luna*

DATE FILED

*7/28/20*

**GRIEVANCE REVIEW--LEVEL I**

DATE RECEIVED	DATE OF RESPONSE	LEVEL I DECISION TO BE ENTERED BELOW	
SIGNATURE OF LEVEL I REVIEWER  —		PRINTED NAME AND TITLE	TELEPHONE NUMBER
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE SECOND REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE SECOND REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)	GRIEVANT'S SIGNATURE  —	DATE
REASON FOR APPEAL			

**GRIEVANCE REVIEW--LEVEL II**

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED	
SIGNATURE OF LEVEL II REVIEWER  —		PRINTED NAME AND TITLE	
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE THIRD REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE THIRD REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)	GRIEVANT'S SIGNATURE  —	DATE
REASON FOR APPEAL			

1.

**GRIEVANCE REVIEW--LEVEL III**

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED	
SIGNATURE OF LEVEL III REVIEWER  —		PRINTED NAME AND TITLE	
<input type="checkbox"/> I CONCUR AND DO NOT APPEAL TO THE FOURTH REVIEW LEVEL	<input type="checkbox"/> I DO NOT CONCUR AND APPEAL TO THE FOURTH REVIEW LEVEL (IF CHECKED, STATE REASON BELOW)	GRIEVANT'S SIGNATURE  —	DATE
REASON FOR APPEAL			

**GRIEVANCE REVIEW--LEVEL IV**

DATE RECEIVED	DATE OF RESPONSE	<input type="checkbox"/> DECISION ATTACHED	
SIGNATURE OF LEVEL IV REVIEWER  —		PRINTED NAME AND TITLE	

