December 7, 2020

To: Chief Judges, Chief Probation Officers and District Attorneys in all Judicial Districts  
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We are reaching out to all of you as key decision makers in the criminal legal system to provide you with an update on the crisis that currently exists within the Colorado Department of Corrections due to COVID-19. We urge you to do everything in your power to help reduce prison admissions in order to address the significant health and safety issues in the state prison system.

We also ask that you join us in ensuring that prisons (and jails) are included in the 2A category of congregate living facilities in the state vaccination prioritization plan. Only wide-spread vaccination of people in prison will resolve the health and safety crisis.

Since the pandemic began, CCJRC has been very closely monitoring with great concern the spread of COVID-19 and the impact on DOC staff, people in prison, and prison operations. I’m not sure words can accurately describe how high the health risk is for staff and people in prison nor the conditions people in prison have endured for many months both from sickness related to COVID-19 and the extreme measures DOC has implemented to try and contain the spread of the virus.

The Colorado Department of Corrections (DOC) operates 21 state prisons and contracts with CoreCivic to operate two additional private prisons which house a combined inmate population of 14,903 people as of November 30, 2020. To date, 5,460 inmates have tested positive for COVID-19, an infection rate of nearly 40%. Approximately 2,000 inmates are actively infected and tragically twelve inmates have already died.

Prisons have much higher transmission rates expressly because they, like other congregate living environments, have a high density of people living together with little or no ability to social distance or otherwise engage in other preventive measures.

Prison staff has also been affected as over 500 are currently on leave due to COVID, a figure which has surged just in the last month. DOC also has significant staff vacancies due to normal attribution, so combined with those on leave, it is estimated that DOC currently is short over 1,000 correctional officers and supervisors.

DOC has tried but has been unable to hire enough temporary workers. The staffing shortage has gotten to critical levels, especially for medical staff. This clinical staff shortage combined with a 40% infection rate guarantees that people’s medical needs are underserved and that an additional burden is being placed on local healthcare systems, especially in rural areas where the majority of the prisons are located.

In order to contain COVID-19 outbreaks, DOC developed a 3-level Phased Operations plan for prisons early on in the pandemic. Phase I is normal operations. At Phase II, staff levels are reduced, cleaning frequency is increased, and inmate recreation, eating, and programming is restricted to those who are within the same living group. Phase III includes all modifications from Phase II and further reduces staffing to only essential services. Inmates are restricted to their cells most of the time and...
meals and other services are provided cell-side to the extent that is possible. We have received numerous reports that even food service has been significantly disrupted at times.

People in prison perform vital prison functions like food preparation, laundry, cleaning, and maintenance. When facilities are on Level III lockdown, these functions have to shift to DOC staff which limits their ability to do their other duties. Some facilities are being maintained at Level III, not because of an active COVID outbreak, but because DOC staff from one facility have been diverted to other prisons that are in greater crisis. This type of juggling isn’t sustainable.

Currently, there are 17 facilities on Phase III operations, which is three-quarters of the entire state prison system. We have great concerns that current conditions inside the prisons are unconstitutional or nearing that.

DOC also early on suspended all in-person visits with their families and most prison programs have been severely curtailed or suspended altogether. DOC also modified its intake process to try and reduce COVID-19 transmission which has slowed down the intake process considerably. Consequently, there are a growing number of people in jails who are on “DOC backlog” status, sometimes for weeks or months. As of November 30th, there are now almost 800 people designated as “DOC jail backlog” in jails across the state awaiting transport to DOC. There is no DOC case management services to people in jail backlog so people are not being referred for a parole release hearing or community corrections referral, even if they are past their statutory eligibility date.

As you can see, the situation within the state prison system poses significant and immediate health risks to both staff and inmates and even the ability for the DOC to provide basic prison operations is strained and degrading.

During this pandemic, we are urging all key decision makers in the criminal legal system to immediately implement sentencing alternatives, unless an individual poses a present and significant risk to the community, including motions for reconsideration for those already sentenced to DOC who are still in jail as DOC jail backlog. At a minimum, we request that sentencing be continued for those likely to receive a prison sentence or a stay of remand for such time until there is widespread vaccination within the prison system.

Please feel free to contact me should you or your colleagues have any questions or need additional information. The DOC has a [COVID-19 Offender Case Dashboard](#) that is updated frequently and publishes a [DOC Monthly Population and Capacity Report](#) which contains additional relevant information. If there are ways you think CCJRC could be helpful, please let me know.

We also know that the court system has faced its own unimaginable struggles and challenges, and we are grateful for all your efforts, creativity, and resilience.

Yours truly,

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