



EXECUTIVE DEPARTMENT

PROCLAMATION NUMBER JBE 2020 – 27

***ADDITIONAL MEASURES FOR COVID-19
PUBLIC HEALTH EMERGENCY***

- WHEREAS,** pursuant to the Louisiana Homeland Security and Emergency Assistance and Disaster Act, La. R.S. 29:721, *et seq.*, the Governor declared a Public Health emergency in Proclamation Number 25 JBE 2020;
- WHEREAS,** the worldwide outbreak of COVID-19 and the effects of its extreme risk of person-to-person transmission throughout the United States and Louisiana significantly threatens the safety, health, and security of the citizens of the state, along with public facilities, including, but not limited to schools, workplaces, nursing homes, hospitals, etc.;
- WHEREAS,** Centers for Disease Control (CDC) guidance for responding to the COVID-19 pandemic suggests aggressive measures for limiting the possible interaction of the public with individuals exposed to or infected with COVID-19, including limiting large public gatherings;
- WHEREAS,** limitations in interactions between members of the public includes school age children, who may be in a position to pass COVID-19 to vulnerable populations, including the elderly or those with underlying medical conditions;
- WHEREAS,** CDC guidance also encourages social distancing and prevention of unnecessary personal interactions;
- WHEREAS,** in only a matter of weeks, COVID-19 has had an economic impact on thousands of workers in the State of Louisiana, and will likely result in impacts to many more;
- WHEREAS,** individuals who are impacted by COVID-19 may not be able to report to work, they may need to be isolated or quarantined, they may have to care for a sick family member care for a child whose school is closed or be forced to quit their jobs;
- WHEREAS,** in addition, COVID-19 may cause businesses to shut down due to a slow down or lack of demand, institute temporary or partial layoffs;
- WHEREAS,** an individuals' inability to report to work due to a COVID-19 diagnosis, an individual being isolated or quarantined, caring for a sick family member, caring for a child whose school is closed and the extraordinary volume of resulting unemployment claims pose serious challenges to the effective and timely administration of the unemployment compensation system;
- WHEREAS,** the State of Louisiana intends to proactively address the significant emotional and economic impact upon Louisiana workers;
- WHEREAS,** Louisiana Revised Statute 29:724 confers upon the Governor emergency powers to deal with emergencies and disasters and to ensure that preparations of this state will be adequate to deal with such emergencies or disasters, and to preserve the lives and property of the citizens of the State of Louisiana, including the authority to suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business, or the orders, rules, or regulations of any state agency, if strict compliance with the provisions of any statute, order, rule, or regulation would

in any way prevent, hinder, or delay necessary action in coping with the emergency;
and

WHEREAS, the Secretary of the Louisiana Workforce Commission has requested the Governor, due to the extreme volume of claims to be processed, suspend the application of La. R.S. 23:1533, 1552, 1600(2) and (3), and 1601(1), (2) and (7)(a), (b) and (d) for emergency-related claims, so as to allow the timely and fair administration of the unemployment insurance program.

NOW THEREFORE, I, JOHN BEL EDWARDS, Governor of the State of Louisiana, by virtue of the authority vested by the Constitution and the laws of the State of Louisiana, do hereby order and direct as follows:

SECTION 1: In an effort to reduce and limit the spread of COVID-19 in Louisiana, and to preserve the health and safety of all members of the public, all gatherings of 250 people or more between Friday, March 13, 2020 and Monday, April 13, 2020 shall be postponed or cancelled. This applies only to gatherings in a single space at the same time where individuals will be in close proximity to one another. It does not apply to normal operations at locations like airports, medical facilities, shopping centers or malls, office buildings, factories or manufacturing facilities, or grocery or department stores. This provision may be extended beyond Monday, April 13, 2020 by further order.

SECTION 2: All public schools in the State of Louisiana shall close facilities to students until April 13, 2020. Schools may offer complete distance learning, as capabilities exist. With appropriate social distancing measures, schools shall, if able, continue to provide meals or other essential services with applicable staff. Instructional minute requirements shall be temporarily suspended for distance education courses and for curriculum delivery. The required 63,720 instructional minute requirement per year shall also be suspended. The Board of Elementary and Secondary Education shall report to the Governor and the Legislature any further actions necessary to ensure that eligible students achieve successful student grading, promotion, and graduation.

SECTION 3: To reduce the burden on members of the public and to limit the interactions of individuals with state employees in governmental offices, the following regulatory statutes are hereby suspended as follows:

A. Department of Public Safety

1. The deadlines for the period to request an administrative hearing pursuant to La. R.S. 15:542.1.3(B)(4) which expired on or after March 9, 2020 but before May 10, 2020 is suspended and extended until June 9, 2020.
2. Further, with regard to Concealed Handgun Permits, the rules related to expiration of permits at LAC 55:1.1307(D) and LAC 55: 1.1309(F) shall be suspended until May 10, 2020.

B. Office of Motor Vehicles

1. Late fees for driver's license which would be charged beginning on March 9, 2020 through May 10, 2020, are suspended until May 20, 2020.
2. The three-day period mandated in La. R.S. 32:863.1 to appear at an Office of Motor Vehicle field office for a notice of violation served on or after March 9, 2020 but before May 10, 2020, are suspended until May 13, 2020.
3. The expiration date of temporary registration plates issued pursuant to La. R.S. 47:519 and La. R.S. 47:519.2 which expired on or before March 9, 2020 is suspended until May 10, 2020.
4. The expiration date of license plates issued pursuant to La. R.S. 47:462, *et seq.*, which expired on or after March 9, 2020 but before May 10, 2020 is suspended until May 10, 2020.

5. The notice of default issued pursuant to La. R.S. 32:429.4 that would be issued on or after March 9, 2020 but before May 15, 2020 is suspended, and the notices will not be issued until after May 15, 2020.
6. The expiration date of an apportioned registration issued under the International Registration Plan which expires March 31, 2020 is suspended and the expiration date is extended to May 31, 2020.
7. The period to request an administrative hearing submitted to the Department pursuant to La. R.S. 32:667, La. R.S. 32:863, La. R.S. 863.1 and LAC Title 55, Part III, Chapter 1, §159 which expired on or after March 9, 2020 but before May 10, 2020 are suspended and extended until June 10, 2020.
8. The sixty-day delay for the Department to submit the administrative hearing record to the Division of Administrative Law pursuant to La. R.S. 32:667(D)(1) for an arrest which occurred on or after March 9, 2020 but before May 10, 2020 is extended until August 8, 2020
9. Office of Motor Vehicles may offer services by remote customer services agent interaction in current Office of Motor Vehicles office locations.

SECTION 4: Any state department or agency or political subdivision is hereby granted authority to extend any non-essential deadline for a period of no longer than 30 days if deemed necessary to respond to the threat of COVID-19.

SECTION 5: The Louisiana Legislature is hereby requested to consider a suspension resolution which would allow for the suspension of any legal requirements to ensure the continued operation of state and local government, including such issues as legal deadlines and quorum requirements for open meetings.

SECTION 6: For the purpose of this executive order, "emergency-related claims" shall mean claims for unemployment compensation filed by persons whose unemployment is directly due to the impact of COVID-19 or due to their inability to get to their job or worksite because they are sick, isolated or quarantined, caring for a sick family member, or when an employees' child's school is closed as determined by the administrator of the state's unemployment compensation program, i.e., the executive director of the Louisiana Workforce Commission. Emergency-related claims will not necessarily include all claims in all parishes included in COVID-19 proclamations, declarations or orders.

SECTION 7: The following statutes relative to unemployment insurance are hereby suspended to the extent and in the manner described below:

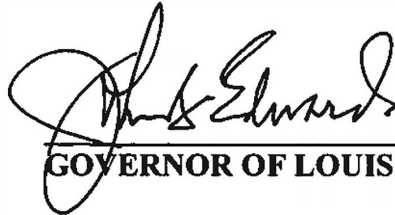
- A. La. R.S. 23:1533, which provides for claimants' benefits to be charged against base period employers for purposes of employers' tax experience rating and the protesting of such charges by employers, shall be suspended for emergency-related claims made during the effective period of this Order.
- B. La. R.S. 23:1552, which provides for the charging of claimants' benefits to certain employers, shall be suspended for emergency-related claims made during the effective period of this Order.
- C. La. R.S. 23:1600(2) and (3) shall be suspended while this Order is in effect for emergency-related claims to the extent that they require claimants to register and search for work, but the requirements in La. R.S. 23:1600(2) that claimants continue to report at an employment office in the manner prescribed by the administrator, and in La. R.S. 23:1600(3) that claimants be able to work and be available for work, are not waived. The requirement to continue to report at an employment office, which is accomplished through either an automated telephone system or the Internet, is not impractical and avoids overpayments, which claimants would be liable to repay. Such activities are not practical by an individual who is impacted by COVID-19.

SECTION 8: Any organization licensed by the Louisiana Department of Revenue Office of Charitable Gaming to conduct games of chance pursuant to the Charitable Raffles, Bingo and Keno Licensing Law shall not be authorized to hold or conduct any sessions as defined in La. R.S. 4:740 for the period beginning Friday, March 13, 2020 and ending on Sunday, April 12, 2020.

SECTION 9: All departments, commissions, boards, agencies and officers of the State, or any political subdivision thereof, are authorized and directed to cooperate in actions the State may take in response to the effects of this event.

SECTION 10: This state of emergency extends from Friday, March 13, 2020 to Thursday, April 9, 2020, unless terminated sooner.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana in the City of Baton Rouge, on this 13th day of March, 2020.



GOVERNOR OF LOUISIANA

**ATTEST BY THE
SECRETARY OF STATE**

SECRETARY OF STATE



EXECUTIVE DEPARTMENT

PROCLAMATION NUMBER 33 JBE 2020

ADDITIONAL MEASURES FOR COVID-19 STAY AT HOME

- WHEREAS,** pursuant to the Louisiana Homeland Security and Emergency Assistance and Disaster Act, La. R.S. 29:721, *et seq.*, the Governor declared a Public Health emergency in Proclamation Number 25 JBE 2020 in response to the threat posed by COVID-19;
- WHEREAS,** on March 11, 2020, in Emergency Proclamation Number 25 JBE 2020, the Governor declared that a statewide public health emergency exists in the State of Louisiana because of COVID-19 and expressly empowered the Governor's Office of Homeland Security and Emergency Preparedness and the Secretary of the Department of Health and/or the State Health Officer to take all actions authorized under state law;
- WHEREAS,** on March 13, 2020, in Emergency Proclamation Number 27 JBE 2020, the Governor supplemented the measures taken in his declaration of a Public Health Emergency with additional restrictions and suspensions of deadlines and regulations in order to protect the health and safety of the public because of COVID-19;
- WHEREAS,** the extraordinary threat posed by COVID-19 has caused critical shortages of health care equipment, personal protective equipment, and possible shortages in hospital beds, throughout the state;
- WHEREAS,** without additional measures to slow the spread of COVID-19 in the state, health care facilities in parts of the state or even throughout the state are at significant risk of being overwhelmed;
- WHEREAS,** in line with guidance from the Centers for Disease Control (CDC) and after consultation with the State Health Officer and the Director of the National Institute of Allergy and Infectious Disease, it is clear that additional measures are necessary to protect the health and safety of the public, to mitigate the impact of COVID-19, and to disrupt the spread of the virus;
- WHEREAS,** after declaration of a public health emergency, the Governor is authorized by La. R.S. 29:766(D)(7) to control "ingress and egress to and from a disaster area, the movement of persons within the area, and the occupancy of premises therein";
- WHEREAS,** in addition to the temporary closure of certain businesses ordered because of this emergency in Section 2 of Proclamation Number 30 JBE 2020, certain additional businesses need to be temporarily closed to the public during this emergency;
- WHEREAS,** further, in addition to businesses closed to the public by this order, other businesses throughout the state will need to reduce operations to continue with minimum contact with members of the public and only essential employees, while requiring proper social distancing;
- WHEREAS,** these measures relating to closure of certain businesses and to limit the operations of non-essential businesses are necessary because of the propensity of the COVID-19 virus to spread via personal interactions and because of physical contamination of property due to its ability to attach to surfaces for prolonged periods of time; and

WHEREAS, these measures are necessary to protect the health and safety of the people of Louisiana.

NOW THEREFORE, I, JOHN BEL EDWARDS, Governor of the State of Louisiana, by virtue of the authority vested by the Constitution and the laws of the State of Louisiana, do hereby order and direct as follows:

SECTION 1: All state office buildings are closed to the public, effective immediately. However, essential state functions shall continue.

SECTION 2: Section 1 of Proclamation Number 30 JBE 2020 is hereby amended as follows:

In an effort to reduce and limit the spread of COVID-19 in Louisiana, and to preserve the health and safety of all members of the public, all gatherings of **10** people or more shall be postponed or cancelled. This applies only to gatherings in a single space at the same time where individuals will be in close proximity to one another. It does not apply to normal operations at locations like airports, medical facilities, office buildings, factories or manufacturing facilities, or grocery stores. This provision may be extended beyond Monday, April 13, 2020 by further order.

SECTION 3: To preserve the public health and safety, and to ensure the healthcare system is capable of serving all citizens in need, especially those at high risk and vulnerable to COVID-19, all individuals within the state of Louisiana are under a general stay-at-home order and are directed to stay home unless performing an essential activity. An activity is essential if the purpose of the activity is one of the following:

- A. Obtaining food, medicine, and other similar goods necessary for the individual or a family member of the individual.
- B. Obtaining non-elective medical care and treatment and other similar vital services for an individual or a family member of the individual.
- C. Going to and from an individual's workplace to perform a job function necessary to provide goods or services being sought in Subsections (A) and (B) of this Section, or as otherwise deemed essential worker functions. Guidance provided by the U.S. Department of Homeland Security, Cybersecurity & Infrastructure Security Agency (CISA) on what workers are essential is outlined at <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>.
- D. Going to and from the home of a family member.
- E. Going to and from an individual's place of worship.
- F. Engaging in outdoor activity, provided individuals maintain a distance of six feet from one another and abide by the 10-person limitation on gathering size established in this proclamation.

SECTION 4: (A) Further, in addition to businesses that are closed to the public pursuant to Proclamation Number 30 JBE 2020, the following nonessential businesses shall be closed to the public and members:

- 1. All places of public amusement, whether indoors or outdoors, including but not limited to, locations with amusement rides, carnivals, amusement parks, water parks, trampoline parks, aquariums, zoos, museums, arcades, fairs, pool halls, children's play centers, playgrounds, theme parks, any theaters, concert and music halls, adult entertainment venues, racetracks, and other similar businesses.
- 2. All personal care and grooming businesses, including but not limited to, barber shops, beauty salons, nail salons, spas, massage parlors, tattoo parlors, and other similar businesses.

3. All malls, except for stores in a mall that have a direct outdoor entrance and exit that provide essential services and products as provided by CISA guidelines.
- (B) Businesses closed to the public pursuant to this provision shall not be prohibited from conducting necessary activities such as payroll, cleaning services, maintenance or upkeep as necessary.

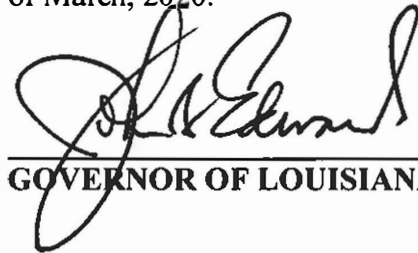
SECTION 5: Any business not covered by the guidance from the CISA discussed in Section 3 and not ordered temporarily closed in Section 4 shall reduce operations to continue with minimum contact with members of the public and essential employees, while requiring proper social distancing. Further, the 10-person limitation on gathering size shall apply to such business operations. Early learning centers and child care facilities adhering to the guidance issued by the Louisiana Department of Education and Office of Public Health may continue to operate.

SECTION 6: The Governor's Office of Homeland Security and Emergency Preparedness is directed to ensure compliance with this order, and is empowered to exercise all authorities pursuant to La. R.S. 29:721, *et seq.*, and La. R.S. 29:760, *et seq.*

SECTION 7: Unless otherwise provided in this order, these provisions are effective from 5:00 p.m. on Monday, March 23, 2020 to Monday, April 13, 2020, unless terminated sooner.



IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana in the City of Baton Rouge, on this 22nd day of March, 2020.



GOVERNOR OF LOUISIANA

**ATTEST BY THE
SECRETARY OF STATE**

SECRETARY OF STATE



March 28, 2020

ADVISORY MEMORANDUM ON IDENTIFICATION OF ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS DURING COVID-19 RESPONSE

FROM: Christopher C. Krebs
Director
Cybersecurity and Infrastructure Security Agency (CISA)

A handwritten signature in black ink, appearing to read "Chris Krebs", written over the printed name and title.

As the Nation comes together to slow the spread of COVID-19, on March 16th the President issued updated Coronavirus Guidance for America that highlighted the importance of the critical infrastructure workforce.

The Cybersecurity and Infrastructure Security Agency (CISA) executes the Secretary of Homeland Security's authorities to secure critical infrastructure. Consistent with these authorities, CISA has developed, in collaboration with other federal agencies, State and local governments, and the private sector, an "Essential Critical Infrastructure Workforce" advisory list. This list is intended to help State, local, tribal and territorial officials as they work to protect their communities, while ensuring continuity of functions critical to public health and safety, as well as economic and national security. Decisions informed by this list should also take into consideration additional public health considerations based on the specific COVID-19-related concerns of particular jurisdictions.

This list is advisory in nature. It is not, nor should it be considered, a federal directive or standard. Additionally, this advisory list is not intended to be the exclusive list of critical infrastructure sectors, workers, and functions that should continue during the COVID-19 response across all jurisdictions. Individual jurisdictions should add or subtract essential workforce categories based on their own requirements and discretion.

The advisory list identifies workers who conduct a range of operations and services that are typically essential to continued critical infrastructure viability, including staffing operations centers, maintaining and repairing critical infrastructure, operating call centers, working construction, and performing operational functions, among others. It also includes workers who support crucial supply chains and enable functions for critical infrastructure. The industries they support represent, but are not limited to, medical and healthcare, telecommunications, information technology systems, defense, food and agriculture, transportation and logistics, energy, water and wastewater, law enforcement,

and public works.

State, local, tribal, and territorial governments are responsible for implementing and executing response activities, including decisions about access and reentry, in their communities, while the Federal Government is in a supporting role. Officials should use their own judgment in issuing implementation directives and guidance. Similarly, while adhering to relevant public health guidance, critical infrastructure owners and operators are expected to use their own judgement on issues of the prioritization of business processes and workforce allocation to best ensure continuity of the essential goods and services they support. All decisions should appropriately balance public safety, the health and safety of the workforce, and the continued delivery of essential critical infrastructure services and functions. While this advisory list is meant to help public officials and employers identify essential work functions, it allows for the reality that some workers engaged in activity determined to be essential may be unable to perform those functions because of health-related concerns.

CISA will continue to work with our partners in the critical infrastructure community to update this advisory list if necessary as the Nation's response to COVID-19 evolves.

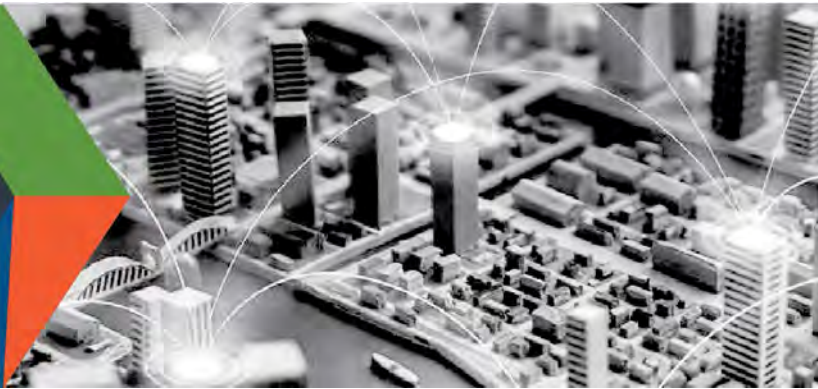
Should you have questions about this list, please contact CISA at CISA.CAT@cisa.dhs.gov.

Attachment: "Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response Version 2.0"



CISA
CYBER+INFRASTRUCTURE

DEFEND TODAY, SECURE TOMORROW



Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response

Version 3.0 (April 17, 2020)

THE IMPORTANCE OF ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS

Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and safety as well as community well-being. Certain critical infrastructure industries have a special responsibility in these times to continue operations.

This advisory guidance and accompanying list are intended to support state, local, tribal, territorial and industry partners in identifying the critical infrastructure sectors and the essential workers needed to maintain the services and functions Americans depend on daily and that need to be able to operate resiliently during the COVID-19 pandemic response.

This document gives advisory guidance on defining essential critical infrastructure workers. Promoting the ability of such workers to continue to work during periods of community restriction, access management, social distancing, or closure orders/directives is crucial to community resilience and continuity of essential functions. The term “workers” as used in this guidance is intended to apply to both employees and contractors performing the described functions.

CISA will continually solicit and accept feedback on the list and will evolve the list in response to stakeholder feedback. We will also use our various stakeholder engagement mechanisms to work with partners on how they are using this list and share those lessons learned and best practices broadly. Feedback can be sent to CISA.CAT@CISA.DHS.GOV.

CONSIDERATIONS FOR GOVERNMENT AND BUSINESS

This list was developed in consultation with federal agency partners, industry experts, and State and local officials, and is based on several key principles:

1. Response efforts to the COVID-19 pandemic are locally executed, state managed, and federally supported.
2. Everyone should follow guidance from the Centers for Disease Control and Prevention (CDC), as well as state and local government officials, regarding strategies to limit disease spread.
3. Employers must comply with applicable Occupational Safety and Health Administration (OSHA) requirements for protecting critical infrastructure workers who remain on or return to the job during the COVID-19 pandemic. As the nation relies on these workers to protect public health, safety, and community well-being, they must be protected from exposure to and infection with the virus so that they can continue to carry out

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their responsibilities. OSHA has guidance and enforcement information for workplaces at www.osha.gov/coronavirus.

4. Businesses and government agencies may continue to implement organization-specific measures, which protect the workforce while meeting mission needs.
5. Workers should be encouraged to work remotely when possible and focus on core business activities. In-person, non-mandatory activities should be delayed until the resumption of normal operations.
6. When continuous remote work is not possible, businesses should enlist strategies to reduce the likelihood of spreading the disease. This includes, but is not limited to, physically separating staff, staggering work shift hours or days, and other social distancing measures. While the CDC recommends that everyone wear a cloth face cover to contain respiratory droplets when around others, critical infrastructure employers must consider how best to implement this public health recommendation for source control in the workplace. For example, employers may provide disposable facemasks (e.g., surgical masks) instead of cloth face coverings when workers would need to wear masks for extended periods of time (e.g., the duration of a work shift) or while performing tasks in which the face covering could become contaminated.
7. Consider the impact of workplace sick leave policies that may contribute to an employee decision to delay reporting medical symptoms. Sick employees should not return to the workplace until they meet the criteria to stop home isolation.
8. Critical infrastructure has an obligation to limit to the extent possible the reintegration of in-person workers who have experienced an exposure to COVID-19 but remain asymptomatic in ways that best protect the health of the worker, their co-workers, and the general public. An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not experienced an exposure. CDC guidance on safety practices for critical infrastructure workers is maintained at <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
9. All organizations should implement their business continuity and pandemic plans or put plans in place if they do not exist. Delaying implementation is not advised and puts at risk the viability of the business and the health and safety of the workers.
10. Reliance on technology and just-in-time supply chains means that certain workers must be able to access certain sites, facilities, and assets to ensure continuity of functions. The vast majority of our economy relies on technology and therefore information technology (IT) and operational technology (OT) workers for critical infrastructure operations are essential. This includes workers in many roles, including workers focusing on management systems, control systems, and Supervisory Control and Data Acquisition (SCADA) systems, and data centers; cybersecurity engineering; and cybersecurity risk management.
11. Government workers, such as emergency managers, and the business community need to establish and maintain lines of communication.
12. Essential critical infrastructure workers need continued and unimpeded access to sites, facilities, and equipment within quarantine zones, containment areas, or other areas where access or movement is limited to perform functions for community relief and stability; for public safety, security and health; for maintaining essential supply chains and preserving local, regional, and national economic well-being.
13. Essential critical infrastructure workers need sustained access to designated quarantine, containment, or

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restricted areas; and should be exempted from curfews, shelter-in-place orders, and transportation restrictions or restrictions on movement.

14. Whenever possible, local governments should consider adopting specific state guidance on essential workers to reduce potential complications of workers crossing jurisdictional boundaries. When this is not possible, local jurisdictions should consider aligning access and movement control policies with neighboring jurisdictions to reduce the burden of cross-jurisdictional movement of essential critical infrastructure workers.

IDENTIFYING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS

The following list of identified essential critical infrastructure workers is intended to be overly inclusive reflecting the diversity of industries across the United States.



HEALTHCARE / PUBLIC HEALTH

- Workers, including laboratory personnel, that perform critical clinical, biomedical and other research, development, and testing needed for COVID-19 or other diseases.
- Healthcare providers including, but not limited to, physicians; dentists; psychologists; mid-level practitioners; nurses; assistants and aids; infection control and quality assurance personnel; pharmacists; physical, respiratory, speech and occupational therapists and assistants; social workers; optometrists; speech pathologists; chiropractors; diagnostic and therapeutic technicians; and radiology technologists.
- Workers required for effective clinical, command, infrastructure, support service, administrative, security, and intelligence operations across the direct patient care and full healthcare and public health spectrum. Personnel examples may include, but are not limited, to accounting, administrative, admitting and discharge, engineering, accrediting, certification, licensing, credentialing, epidemiological, source plasma and blood donation, food service, environmental services, housekeeping, medical records, information technology and operational technology, nutritionists, sanitarians, respiratory therapists, etc.
 - Emergency medical services workers.
 - Prehospital workers included but not limited to urgent care workers.
 - Inpatient & hospital workers (e.g. hospitals, critical access hospitals, long-term acute care

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- hospitals, long-term care facilities, inpatient hospice, ambulatory surgical centers, etc.).
- Outpatient care workers (e.g. end-stage-renal disease, Federally Qualified Health Centers, Rural Health Clinics, community mental health clinics, organ transplant/procurement centers, and other ambulatory care settings/providers, comprehensive outpatient rehabilitation facilities, etc.).
- Home care workers (e.g. home health care, at-home hospice, home dialysis, home infusion, etc.).
- Workers at Long-term care facilities, residential and community-based providers (e.g. Programs of All-Inclusive Care for the Elderly (PACE), Intermediate Care Facilities for Individuals with Intellectual Disabilities, Psychiatric Residential Treatment Facilities, Religious Nonmedical Health Care Institutions, etc.).
- Workplace safety workers (i.e., workers who anticipate, recognize, evaluate, and control workplace conditions that may cause workers' illness or injury).
- Workers needed to support transportation to and from healthcare facility and provider appointments.
- Workers needed to provide laundry services, food services, reprocessing of medical equipment, and waste management.
- Workers that manage health plans, billing, and health information and who cannot work remotely.
- Workers performing cybersecurity functions at healthcare and public health facilities and who cannot work remotely.
- Workers performing security, incident management, and emergency operations functions at or on behalf of healthcare entities including healthcare coalitions, who cannot practically work remotely.
- Childcare, eldercare, and other service providers for essential healthcare personnel.
- Vendors and suppliers (e.g. imaging, pharmacy, oxygen services, durable medical equipment, etc.).
- Workers at manufacturers (including biotechnology companies and those companies that have shifted production to medical supplies), materials and parts suppliers, technicians, logistics and warehouse operators, printers, packagers, distributors of medical products and equipment (including third party logistics providers, and those who test and repair), personal protective equipment (PPE), isolation barriers, medical gases, pharmaceuticals (including materials used in radioactive drugs), dietary supplements, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies (including dispensers), sanitary goods, personal care products, pest control products, and tissue and paper towel products.
- Donors of blood, bone marrow, blood stem cell, or plasma, and the workers of the organizations that operate and manage related activities.
- Pharmacy staff, including workers necessary to maintain uninterrupted prescription, and other workers for pharmacy operations.
- Workers in retail facilities specializing in medical good and supplies.
- Public health and environmental health workers, such as:
 - Workers specializing in environmental health that focus on implementing environmental controls, sanitary and infection control interventions, healthcare facility safety and emergency preparedness planning, engineered work practices, and developing guidance and protocols for appropriate PPE to prevent COVID-19 disease transmission.
 - Public health/ community health workers (including call center workers) who conduct community-based public health functions, conducting epidemiologic surveillance and compiling, analyzing, and communicating public health information, who cannot work remotely.
- Human services providers, especially for at risk populations such as:
 - Home delivered meal providers for older adults, people with disabilities, and others with chronic

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- health conditions.
 - Home-maker services for frail, homebound, older adults.
 - Personal assistance services providers to support activities of daily living for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.
 - Home health providers who deliver health care services for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.
- Government entities, and contractors that work in support of local, state, and federal public health and medical mission sets, including but not limited to supporting access to healthcare and associated payment functions, conducting public health functions, providing medical care, supporting emergency management, or other services necessary for supporting the COVID-19 response.
- Mortuary service providers, such as:
 - Workers performing mortuary funeral, cremation, burial, cemetery, and related services, including funeral homes, crematoriums, cemetery workers, and coffin makers.
 - Workers who coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental and behavioral health services to the family members, responders, and survivors of an incident.

LAW ENFORCEMENT, PUBLIC SAFETY, AND OTHER FIRST RESPONDERS

- Public, private, and voluntary personnel (front-line and management, civilian and sworn) in emergency management, law enforcement, fire and rescue services, emergency medical services (EMS), and security, public and private hazardous material responders, air medical service providers (pilots and supporting technicians), corrections, and search and rescue personnel.
- Personnel involved in provisioning of access to emergency services, including the provisioning of real-time text, text-to-911, and dialing 911 via relay.
- Personnel that are involved in the emergency alert system (EAS) ((broadcasters, satellite radio and television, cable, and wireline video) and wireless emergency alerts (WEA).
- Workers at Independent System Operators and Regional Transmission Organizations, and Network Operations staff, engineers and technicians to manage the network or operate facilities.
- Workers at emergency communication center, public safety answering points, public safety communications centers, emergency operation centers, and 911 call centers.
- Fusion Center workers.
- Workers, including contracted vendors, who maintain, manufacture, or supply equipment and services supporting law enforcement, fire, EMS, and response operations (to include electronic security and life safety security personnel).
- Workers and contracted vendors who maintain and provide services and supplies to public safety facilities, including emergency communication center, public safety answering points, public safety communications centers, emergency operation centers, fire and emergency medical services stations, police and law enforcement stations and facilities.
- Workers supporting the manufacturing, distribution, and maintenance of necessary safety equipment and uniforms for law enforcement and all public safety personnel.

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- Workers supporting the operation of firearm, or ammunition product manufacturers, retailers, importers, distributors, and shooting ranges.
- Public agency workers responding to abuse and neglect of children, spouses, elders, and dependent adults.
- Workers who support weather disaster and natural hazard mitigation and prevention activities.
- Security staff to maintain building access control and physical security measures.

FOOD AND AGRICULTURE

- Workers supporting groceries, pharmacies, convenience stores, and other retail (including unattended and vending) that sells human food, animal and pet food and pet supply, and beverage products, including retail customer support service and information technology support staff necessary for online orders, pickup, and delivery.
- Restaurant carry-out and quick serve food operations, including dark kitchen and food prep centers, carry-out, and delivery food workers.
- Food manufacturer workers and their supplier workers including those employed at food ingredient production and processing facilities; aquaculture and seafood harvesting facilities; livestock, poultry, seafood slaughter facilities; pet and animal feed processing facilities; human food facilities producing by-products for animal food; beverage production facilities; and the production of food packaging.
- Farmers, farm and ranch workers, and agribusiness support services to include those employed in auction and sales; grain and oilseed handling, storage, processing, and distribution; animal food, feed, and ingredient production, packaging, and distribution; manufacturing, packaging, and distribution of veterinary drugs; and truck delivery and transport.
- Farmers, farm and ranch workers, and support service and supplier workers producing food supply domestically and for export, to include those engaged in raising, cultivating, harvesting, packing, storing, or delivering to storage or to market or to a carrier for transportation to market any agricultural or horticultural commodity for human consumption; agricultural inspection; fuel ethanol facilities; biodiesel and renewable diesel facilities; storage facilities; and other agricultural inputs.
- Workers and firms supporting the distribution of food, feed, and beverage and ingredients used in these products, including warehouse workers, vendor-managed inventory controllers, and blockchain managers.
- Workers supporting the sanitation and pest control of all food manufacturing processes and operations from wholesale to retail.
- Workers supporting the growth and distribution of plants and associated products for home gardens.
- Workers in cafeterias used to feed workers, particularly worker populations sheltered against COVID-19.
- Workers in animal diagnostic and food testing laboratories.
- Government, private, and non-governmental organizations' workers essential for food assistance programs (including school lunch programs) and government payments.
- Workers of companies engaged in the production, storage, transport, and distribution of chemicals, medicines, vaccines, and other substances used by the food and agriculture industry, including seeds, pesticides, herbicides, fertilizers, minerals, enrichments, and other agricultural production aids.
- Animal agriculture workers to include those employed in veterinary health (including those involved in supporting emergency veterinary or livestock services); raising, caring for and management of animals for food; animal production operations; livestock markets; slaughter and packing plants, manufacturers, renderers, and associated regulatory and government workforce.

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- Transportation supporting animal agricultural industries, including movement of animal medical and reproductive supplies and materials, animal vaccines, animal drugs, feed ingredients, feed and bedding, live animals, animal by-products, and deceased animals for disposal.
- Workers who support sawmills and the manufacture and distribution of fiber and forest products, including, but not limited to timber, paper, and other wood and fiber products, as well as manufacture and distribution of products using agricultural commodities.
- Workers engaged in the manufacture and maintenance of equipment and other infrastructure necessary for agricultural production and distribution.

ENERGY

- Workers supporting the energy sector, regardless of the energy source (including, but not limited to, nuclear, fossil, hydroelectric, or renewable), segment of the system, or infrastructure the worker is involved in, who are needed to construct, manufacture, repair, transport, permit, monitor, operate engineer, and maintain the reliability, safety, security, environmental health, and physical and cyber security of the energy system, including those who support construction, manufacturing, transportation, permitting, and logistics.
- Workers and contractors supporting energy facilities that provide steam, hot water or chilled water from central power plants to connected customers.
- Workers conducting energy/commodity trading/scheduling/marketing functions who can't perform their duties remotely.
- Workers supporting the energy sector through renewable energy infrastructure (including, but not limited to, wind, solar, biomass, hydrogen, ocean, geothermal, and hydroelectric) and microgrids, including those supporting construction, manufacturing, transportation, permitting, operation and maintenance, monitoring, and logistics.
- Workers and security staff involved in nuclear re-fueling operations.
- Workers providing services related to energy sector fuels (including, but not limited to, petroleum (crude oil), natural gas, propane, liquefied natural gas (LNG), compressed natural gas (CNG), natural gas liquids (NGL), other liquid fuels, nuclear, and coal) and supporting the mining, processing, manufacturing, construction, logistics, transportation, permitting, operation, maintenance, security, waste disposal, storage, and monitoring of support for resources.
- Workers providing environmental remediation and monitoring, limited to immediate critical needs technicians.
- Workers involved in the manufacturing and distribution of equipment, supplies, and parts necessary to maintain production, maintenance, restoration, and service at energy sector facilities across all energy sector segments.

Electricity Industry

- Workers who maintain, ensure, restore, or who are involved in the development, transportation, fuel procurement, expansion, or operation of, the generation, transmission, and distribution of electric power, including call centers, utility workers, engineers, retail electricity, construction, maintenance, utility telecommunications, relaying, and fleet maintenance technicians who cannot perform their duties remotely.
- Workers at coal mines, production facilities, and those involved in manufacturing, transportation,

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permitting, operation, maintenance, and monitoring at coal sites.

- Workers who produce, process, ship, and handle coal used for power generation and manufacturing.
- Workers in the electricity industry including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics
- Workers needed for safe and secure operations at nuclear generation including, but not limited to, those critical to the broader nuclear supply chain, the manufacture and delivery of parts needed to maintain nuclear equipment, the operations of fuel manufacturers, and the production and processing of fuel components used in the manufacturing of fuel.
- Workers at fossil fuel (including but not limited to natural gas, refined, distillate, and/or coal), nuclear, and renewable energy infrastructure (including, but not limited to wind, solar, biomass, hydrogen, geothermal, and hydroelectric), and microgrids, including those supporting safety, construction, manufacturing, transportation, permitting, operation, maintenance, monitoring, and logistics.
- Workers at generation, transmission, and electric black start facilities.
- Workers at Reliability Coordinator, Balancing Authority, local distribution control centers, and primary and backup Control Centers, including, but not limited to, independent system operators, regional transmission organizations, and local distribution control centers.
- Workers that are mutual assistance/aid personnel, which may include workers from outside of the state or local jurisdiction.
- Vegetation management and traffic control for supporting those crews.
- Instrumentation, protection, and control technicians.
- Essential support personnel for electricity operations.
- Generator set support workers, such as diesel engineers used in power generation, including those providing fuel.

Petroleum Industry

- Workers who support onshore and offshore petroleum drilling operations; platform and drilling construction and maintenance; transportation (including helicopter operations), maritime transportation, supply, and dredging operations; maritime navigation; well stimulation, intervention, monitoring, automation and control, extraction, production; processing; waste disposal, and maintenance, construction, and operations.
- Workers in the petroleum industry including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics.
- Workers for crude oil, petroleum, and petroleum product storage and transportation, including pipeline, marine transport, terminals, rail transport, storage facilities, racks, and road transport for use as end-use fuels such as gasoline, diesel fuel, jet fuel, and heating fuels or feedstocks for chemical manufacturing.
- Petroleum and petroleum product security operations center workers and workers who support maintenance and emergency response services.
- Petroleum and petroleum product operations control rooms, centers, and refinery facilities.
- Retail fuel centers such as gas stations and truck stops, and the distribution systems that support them.
- Supporting new and existing construction projects, including, but not limited to, pipeline construction.
- Manufacturing and distribution of equipment, supplies, and parts necessary for production, maintenance, restoration, and service of petroleum and petroleum product operations and use, including end-users.

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- Transmission and distribution pipeline workers, including but not limited to pump stations and any other required, operations maintenance, construction, and support for petroleum products.

Natural Gas, Natural Gas Liquids (NGL), Propane, and Other Liquid Fuels

- Workers who support onshore and offshore drilling operations, platform and drilling construction and maintenance; transportation (including helicopter operations); maritime transportation, supply, and dredging operations; maritime navigation; natural gas and natural gas liquid production, processing, extraction, storage and transportation; well intervention, monitoring, automation and control; waste disposal, and maintenance, construction, and operations.
- Workers in the natural gas, NGL, propane, and other liquid fuels industries including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics.
- Transmission and distribution pipeline workers, including compressor stations and any other required operations maintenance, construction, and support for natural gas, natural gas liquid, propane, and other liquid fuels.
- Workers at Liquefied Natural Gas (LNG) and Compressed Natural Gas (CNG) facilities.
- Workers at natural gas, propane, natural gas liquids, liquified natural gas, liquid fuel storage facilities, underground facilities, and processing plants and other related facilities, including construction, maintenance, and support operations personnel.
- Natural gas processing plants workers and those who deal with natural gas liquids.
- Workers who staff natural gas, propane, natural gas liquids, and other liquid fuel security operations centers, operations dispatch and control rooms and centers, and emergency response and customer emergencies (including leak calls) operations.
- Workers supporting drilling, production, processing, refining, and transporting natural gas, propane, natural gas liquids, and other liquid fuels for use as end-use fuels, feedstocks for chemical manufacturing, or use in electricity generation.
- Workers supporting propane gas service maintenance and restoration, including call centers.
- Workers supporting propane, natural gas liquids, and other liquid fuel distribution centers.
- Workers supporting propane gas storage, transmission, and distribution centers.
- Workers supporting new and existing construction projects, including, but not limited to, pipeline construction.
- Workers supporting ethanol and biofuel production, refining, and distribution.
- Workers in fuel sectors (including, but not limited to nuclear, coal, and gas types and liquid fuels) supporting the mining, manufacturing, logistics, transportation, permitting, operation, maintenance, and monitoring of support for resources.
- Workers ensuring, monitoring, and engaging in the physical security of assets and locations associated with natural gas, propane, natural gas liquids, and other liquid fuels.
- Workers involved in the manufacturing and distribution of equipment, supplies, and parts necessary to maintain production, maintenance, restoration, and service of natural gas, propane, natural gas liquids, and other liquid fuels operations and use, including end-users.

WATER AND WASTEWATER

Workers needed to operate and maintain drinking water and wastewater and drainage infrastructure, including:

- Operational staff at water authorities.

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- Operational staff at community water systems.
- Operational staff at wastewater treatment facilities.
- Workers repairing water and wastewater conveyances and performing required sampling or monitoring, including field staff.
- Operational staff for water distribution and testing.
- Operational staff at wastewater collection facilities.
- Operational staff and technical support for SCADA Control systems.
- Chemical equipment and personal protection suppliers to water and wastewater system.
- Workers who maintain digital systems infrastructure supporting water and wastewater operations.

TRANSPORTATION AND LOGISTICS

- Workers supporting or enabling transportation and logistics functions, including truck drivers, bus drivers, dispatchers, maintenance and repair technicians, warehouse workers, truck stop and rest area workers, driver training and education centers, Department of Motor Vehicle (DMV) workers, enrollment agents for federal transportation worker vetting programs, towing and recovery services, roadside assistance workers, intermodal transportation personnel, and workers that construct, maintain, rehabilitate, and inspect infrastructure, including those that require cross-jurisdiction travel.).
- Workers supporting the distribution of food, fuels, pharmaceuticals and medical material (including materials used in radioactive drugs), and chemicals needed for water or water treatment and energy maintenance.
- Workers supporting operation of essential highway infrastructure, including roads, bridges, and tunnels (e.g., traffic operations centers and moveable bridge operators).
- Workers of firms providing services, supplies, and equipment that enable warehouse and operations, including cooling, storing, packaging, and distributing products for wholesale or retail sale or use, including cold- and frozen-chain logistics for food and critical biologic products.
- Mass transit workers providing critical transit services and performing critical or routine maintenance to mass transit infrastructure or equipment.
- Workers supporting personal and commercial transportation services including taxis, delivery services, vehicle rental services, bicycle maintenance and car-sharing services, and transportation network providers.
- Workers, including police, responsible for operating and dispatching passenger, commuter, and freight trains and maintaining rail infrastructure and equipment.
- Maritime transportation workers, including port authority and commercial facility personnel, dredgers, port workers, security personnel, mariners, ship crewmembers, ship pilots, tugboat operators, equipment operators (to include maintenance and repair, and maritime-specific medical providers), ship supply workers, chandlers, and repair company workers. Refer to the United States Coast Guard's Marine Safety Information Bulletin "Maintaining Maritime Commerce and Identification of Essential Maritime Critical Infrastructure Workers" for more information.
- Workers, including truck drivers, railroad employees, maintenance crews, and cleaners, supporting transportation of chemicals, hazardous, medical, and waste materials that support critical infrastructure, capabilities, functions, and services, including specialized carriers, crane and rigging industry workers.
- Bus drivers and workers who provide or support intercity, commuter, and charter bus service in support of other essential services or functions.

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- Automotive repair, maintenance, and transportation equipment manufacturing and distribution facilities (including those who repair and maintain electric vehicle charging stations).
- Transportation safety inspectors, including hazardous material inspectors and accident investigator inspectors.
- Manufacturers and distributors (to include service centers and related operations) of lighting and communication systems, specialized signage and structural systems, emergency response equipment and support materials, printers, printed materials, packaging materials, pallets, crates, containers, and other supplies needed to support manufacturing, packaging staging and distribution operations, and other critical infrastructure needs.
- Postal Service, parcel, courier, last-mile delivery, and shipping and related workers, to include private companies, who accept, process, transport, and deliver information and goods.
- Workers who supply equipment and materials for maintenance of transportation equipment.
- Workers who repair and maintain vehicles, aircraft, rail equipment, marine vessels, bicycles, and the equipment and infrastructure that enables operations that encompass movement of cargo and passengers.
- Workers who support air transportation for cargo and passengers, including operation distribution, maintenance, and sanitation. This includes air traffic controllers, flight dispatchers, maintenance personnel, ramp workers, fueling agents, flight crews, airport safety inspectors and engineers, airport operations personnel, aviation and aerospace safety workers, security, commercial space personnel, operations personnel, accident investigators, flight instructors, and other on- and off-airport facilities workers.
- Workers supporting transportation via inland waterways, such as barge crew, dredging crew, and river port workers for essential goods.
- Workers critical to the manufacturing, distribution, sales, rental, leasing, repair, and maintenance of vehicles and other transportation equipment (including electric vehicle charging stations) and the supply chains that enable these operations to facilitate continuity of travel-related operations for essential workers.
- Warehouse operators, including vendors and support personnel critical for business continuity (including heating, ventilation, and air conditioning (HVAC) and electrical engineers, security personnel, and janitorial staff), e-commerce or online commerce, and customer service for essential functions.

PUBLIC WORKS AND INFRASTRUCTURE SUPPORT SERVICES

- Workers who support the construction, maintenance, or rehabilitation of critical infrastructure.
- Workers supporting construction materials production, testing laboratories, material delivery services, and construction inspection.
- Workers who support the operation, inspection, and maintenance of essential public works facilities and operations, including bridges, water and sewer main breaks, fleet maintenance personnel, construction of critical or strategic infrastructure, traffic signal maintenance, emergency location services for buried utilities, maintenance of digital systems infrastructure supporting public works operations, and other emergent issues.
- Workers such as plumbers, electricians, exterminators, builders (including building and insulation), contractors, HVAC Technicians, landscapers, and other service providers who provide services, including temporary construction, that are necessary to maintaining the safety, sanitation, and essential operation

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of residences, businesses and buildings, such as hospitals and senior living facilities.

- Workers personnel, who support operations that ensure, the availability of and access to needed facilities, transportation, energy, and communications through activities such as road and line clearing.
- Workers who support the effective removal, storage, and disposal of residential, industrial, and commercial solid waste and hazardous waste, including at landfill operations.
- Workers who support the operation, inspection, and maintenance of essential dams, locks, and levees.
- Workers who support the inspection and maintenance of aids to navigation and other government-provided services that ensure continued maritime commerce.

COMMUNICATIONS AND INFORMATION TECHNOLOGY

Communications

- Maintenance of communications infrastructure, -- including privately owned and maintained communication systems, -- supported by technicians, operators, call centers, wireline and wireless providers, cable service providers, satellite operations, Internet Exchange Points, Points of Presence, Network Access Points, back haul and front haul facilities, and manufacturers and distributors of communications equipment.
- Government and private sector workers, including government contractors, with work related to undersea cable infrastructure and support facilities, including cable landing sites, beach manhole vaults and covers, submarine cable depots, and submarine cable ship facilities.
- Government and private sector workers, including government contractors, supporting Department of Defense internet and communications facilities.
- Network Operations staff, engineers, and technicians to include IT managers and staff, HVAC and electrical engineers, security personnel, software and hardware engineers, and database administrators that manage the network or operate facilities.
- Workers responsible for infrastructure construction and restoration, including but not limited to engineers, technicians, and contractors for construction and engineering of fiber optic cables, buried conduit, small cells, other wireless facilities, and other communications sector-related infrastructure. This includes permitting, construction of new facilities, and deployment of new technology as required to address congestion or customer usage due to unprecedented use of remote services.
- Installation, maintenance, and repair technicians that establish, support, or repair service as needed.
- Central office personnel to maintain and operate central office, data centers, and other network office facilities, including critical support personnel assisting front line workers.
- Customer service and support staff, including managed and professional services, as well as remote providers of support to transitioning workers to set up and maintain home offices, who interface with customers to manage or support service environments and security issues including payroll, billing, fraud, logistics, and troubleshooting.
- Workers providing electronic security, fire, monitoring, and life safety services, and who ensure physical security, cleanliness, and the safety of facilities and personnel, including those who provide temporary licensing waivers for security personnel to work in other States or Municipalities.
- Dispatchers involved with service repair and restoration.
- Retail customer service personnel at critical service center locations to address customer needs, including new customer processing, distributing and repairing equipment, and addressing customer issues, in order to support individuals' remote emergency communications needs

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- Supply chain and logistics personnel to ensure goods and products are available to provision these front-line workers.
- External Affairs personnel to assist in coordinating with local, state, and federal officials to address communications needs supporting COVID-19 response, public safety, and national security.
- Workers responsible for ensuring that persons with disabilities have access to and the benefits of various communications platforms, including those involved in the provision of telecommunication relay services, closed captioning of broadcast television for the deaf, video relay services for deaf citizens who prefer communication via American Sign Language over text, and audio-description for television programming.

Information Technology

- Workers who support command centers, including, but not limited to, Network Operations Command Centers, Broadcast Operations Control Centers, and Security Operations Command Centers.
- Data center operators, including system administrators, HVAC and electrical engineers, security personnel, IT managers and purchasers, data transfer solutions engineers, software and hardware engineers, and database administrators for all industries, including financial services.
- Workers who support client service centers, field engineers, and other technicians and workers supporting critical infrastructure, as well as manufacturers and supply chain vendors that provide hardware and software, support services, research and development, information technology equipment (to include microelectronics and semiconductors), HVAC and electrical equipment for critical infrastructure, and test labs and certification agencies that qualify such equipment (to include microelectronics, optoelectronics, and semiconductors) for critical infrastructure, including data centers.
- Workers needed to preempt and respond to cyber incidents involving critical infrastructure, including medical facilities; state, local, tribal, and territorial (SLTT) governments and federal facilities; energy and utilities; banks and financial institutions; securities and other exchanges; other entities that support the functioning of capital markets, public works, critical manufacturing, food, and agricultural production; transportation; and other critical infrastructure categories and personnel, in addition to all cyber defense workers who can't perform their duties remotely.
- Suppliers, designers, transporters, and other workers supporting the manufacture, distribution, provision, and construction of essential global, national, and local infrastructure for computing services (including cloud computing services and telework capabilities), business infrastructure, financial transactions and services, web-based services, and critical manufacturing.
- Workers supporting communications systems, information technology, and work from home solutions used by law enforcement, public safety, medical, energy, public works, critical manufacturing, food and agricultural production, financial services, education, and other critical industries and businesses.
- Workers required in person to support Software as a Service businesses that enable remote working, performance of business operations, distance learning, media services, and digital health offerings, or required for technical support crucial for business continuity and connectivity.

OTHER COMMUNITY- OR GOVERNMENT-BASED OPERATIONS AND ESSENTIAL FUNCTIONS

- Workers to ensure continuity of building functions, including but not limited to security and environmental controls (e.g., HVAC), the manufacturing and distribution of the products required for these functions, and the permits and inspections for construction supporting essential infrastructure.

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- Elections personnel to include both public and private sector elections support.
- Workers supporting the operations of the judicial system, including judges, lawyers, and others providing legal assistance.
- Workers who support administration and delivery of unemployment insurance programs, income maintenance, employment service, disaster assistance, workers' compensation insurance and benefits programs, and pandemic assistance.
- Federal, State, and Local, Tribal, and Territorial government workers who support Mission Essential Functions and communications networks.
- Trade Officials (FTA negotiators; international data flow administrators).
- Workers who support radio, print, internet and television news and media services, including, but not limited to front line news reporters, studio, and technicians for newsgathering, reporting, and publishing news.
- Workers supporting Census 2020.
- Weather forecasters.
- Clergy for essential support.
- Workers who maintain digital systems infrastructure supporting other critical government operations.
- Workers who support necessary permitting, credentialing, vetting, and licensing for essential critical infrastructure workers and their operations.
- Customs and immigration workers who are critical to facilitating trade in support of the national emergency response supply chain.
- Educators supporting public and private K-12 schools, colleges, and universities for purposes of facilitating distance learning or performing other essential functions.
- Workers at testing centers for emergency medical services and other healthcare workers.
- Staff at government offices who perform title search, notary, and recording services in support of mortgage and real estate services and transactions.
- Residential and commercial real estate services, including settlement services.
- Workers supporting essential maintenance, manufacturing, design, operation, inspection, security, and construction for essential products, services, supply chain, and COVID-19 relief efforts.
- Workers performing services to animals in human care, including zoos and aquariums.

CRITICAL MANUFACTURING

- Workers necessary for the manufacturing of metals (including steel and aluminum), industrial minerals, semiconductors, materials and products needed for medical supply chains and for supply chains associated with transportation, aerospace, energy, communications, information technology, food and agriculture, chemical manufacturing, nuclear facilities, wood products, commodities used as fuel for power generation facilities, the operation of dams, water and wastewater treatment, processing and reprocessing of solid waste, emergency services, and the defense industrial base. Additionally, workers needed to maintain the continuity of these manufacturing functions and associated supply chains, and workers necessary to maintain a manufacturing operation in warm standby.
- Workers necessary for the manufacturing of materials and products needed to manufacture medical equipment and PPE.
- Workers necessary for mining and production of critical minerals, materials and associated essential supply chains, and workers engaged in the manufacture and maintenance of equipment and other

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infrastructure necessary for mining production and distribution.

- Workers who produce or manufacture parts or equipment that supports continued operations for any essential services and increase in remote workforce, including computing and communication devices, semiconductors, and equipment such as security tools for Security Operations Centers (SOCs) or data centers.
- Workers manufacturing or providing parts and equipment that enable the maintenance and continued operation of essential businesses and facilities.

HAZARDOUS MATERIALS

- Workers who manage hazardous materials associated with any other essential activity, including but not limited to healthcare waste (medical, pharmaceuticals, medical material production, and testing operations from laboratories processing and testing kits) and energy (including nuclear facilities).
- Workers who support hazardous materials response and cleanup.
- Workers who maintain digital systems infrastructure supporting hazardous materials management operations.

FINANCIAL SERVICES

- Workers who are needed to provide, process, and maintain systems for processing, verification, and recording of financial transactions and services, including payment, clearing, and settlement; wholesale funding; insurance services; consumer and commercial lending; public accounting; and capital markets activities.
- Workers who are needed to maintain orderly market operations to ensure the continuity of financial transactions and services.
- Workers who are needed to provide business, commercial, and consumer access to bank and non-bank financial services and lending services, including ATMs, lending and money transmission, lockbox banking, and to move currency, checks, securities, and payments (e.g., armored cash carriers).
- Workers who support financial operations and those staffing call centers, such as those staffing data and security operations centers, managing physical security, or providing accounting services.
- Workers supporting production and distribution of debit and credit cards.
- Workers providing electronic point of sale support personnel for essential businesses and workers.

CHEMICAL

- Workers supporting the chemical and industrial gas supply chains, including workers at chemical manufacturing plants, laboratories, distribution facilities, and workers who transport basic raw chemical materials to the producers of industrial and consumer goods, including hand sanitizers, food and food additives, pharmaceuticals, paintings and coatings, textiles, building materials, plumbing, electrical, and paper products.
- Workers supporting the safe transportation of chemicals, including those supporting tank truck cleaning facilities and workers who manufacture packaging items.
- Workers supporting the production of protective cleaning and medical solutions, PPE, chemical consumer and institutional products, disinfectants, fragrances, and packaging that prevents the contamination of food, water, medicine, among others essential products.

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- Workers supporting the operation and maintenance of facilities (particularly those with high risk chemicals and sites that cannot be shut down) whose work cannot be done remotely and requires the presence of highly trained personnel to ensure safe operations, including plant contract workers who provide inspections.
- Workers (including those in glass container manufacturing) who support the production and transportation of chlorine and alkali manufacturing, single-use plastics, and packaging that prevents the contamination or supports the continued manufacture of food, water, medicine, and other essential products.

DEFENSE INDUSTRIAL BASE

- Workers who support the essential services required to meet national security commitments to the federal government and U.S. Military, including, but are not limited to, space and aerospace workers, nuclear matters workers, mechanical and software engineers (various disciplines), manufacturing and production workers, IT support, security staff, security personnel, intelligence support, aircraft and weapon system mechanics and maintainers, and sanitary workers who maintain the hygienic viability of necessary facilities.
- Personnel working for companies, and their subcontractors, who perform under contract or sub-contract to the Department of Defense (DoD) and the Department of Energy (DoE) (on nuclear matters), as well as personnel at government-owned/contractor operated facilities, and who provide materials and services to the DoD and DoE (on nuclear matters), including support for weapon systems, software systems and cybersecurity, defense and intelligence communications, surveillance, sale of U.S. defense articles and services for export to foreign allies and partners (as authorized by the U.S. government), and space systems and other activities in support of our military, intelligence, and space forces.

COMMERCIAL FACILITIES

- Workers who support the supply chain of building materials from production through application and installation, including cabinetry, fixtures, doors, cement, hardware, plumbing (including parts and services), electrical, heating and cooling, refrigeration, appliances, paint and coatings, and workers who provide services that enable repair materials and equipment for essential functions.
- Workers supporting ecommerce through distribution, warehouse, call center facilities, and other essential operational support functions, that accept, store, and process goods, and that facilitate their transportation and delivery.
- Workers in hardware and building materials stores necessary to provide access to essential supplies, consumer electronics, technology and appliances retail, and related merchant wholesalers and distributors.
- Workers distributing, servicing, repairing, installing residential and commercial HVAC systems, boilers, furnaces and other heating, cooling, refrigeration, and ventilation equipment.
- Workers supporting the operations of commercial buildings that are critical to safety, security, and the continuance of essential activities, such as on-site property managers, building engineers, security staff, fire safety directors, janitorial personnel, and service technicians (e.g., mechanical, HVAC, plumbers, electricians, and elevator).
- Management and staff at hotels and other temporary lodging facilities that provide for COVID-19 mitigation, containment, and treatment measures or provide accommodations for essential workers.

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RESIDENTIAL/SHELTER FACILITIES AND SERVICES

- Workers providing dependent care services, particularly those whose services ensure essential workers can continue to work.
- Workers who support food, shelter, and social services, and other necessities of life for needy groups and individuals, including in-need populations and COVID-19 responders including travelling medical staff.
- Workers in animal shelters.
- Workers responsible for the leasing of residential properties to provide individuals and families with ready access to available housing.
- Workers responsible for handling property management, maintenance, and related service calls who can coordinate the response to emergency “at-home” situations requiring immediate attention, as well as facilitate the reception of deliveries, mail, and other necessary services.
- Workers performing housing and commercial construction related activities, including those supporting government functions related to the building and development process, such as inspections, permitting, and plan review services that can be modified to protect the public health, but fundamentally should continue and enable the continuity of the construction industry (e.g., allow qualified private third-party inspections in case of federal government shutdown).
- Workers performing services in support of the elderly and disabled populations who coordinate a variety of services, including health care appointments and activities of daily living.
- Workers responsible for the movement of household goods.

HYGIENE PRODUCTS AND SERVICES

- Workers who produce hygiene products.
- Workers in laundromats, laundry services, and dry cleaners.
- Workers providing personal and household goods, repair, and maintenance.
- Workers providing disinfection services for all essential facilities and modes of transportation and who support the sanitation of all food manufacturing processes and operations from wholesale to retail.
- Workers necessary for the installation, maintenance, distribution, and manufacturing of water and space heating equipment and its components.
- Support required for continuity of services, including commercial disinfectant services, janitorial and cleaning personnel, and support personnel functions that need freedom of movement to access facilities in support of front-line workers.
- Workers supporting the production of home cleaning, pest control, and other essential products necessary to clean, disinfect, sanitize, and ensure the cleanliness of residential homes, shelters, and commercial facilities.
- Workers supporting agriculture irrigation infrastructure.
- Workers supporting the production of home cleaning and pest control products.

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Coronavirus Relief Fund
Guidance for State, Territorial, Local, and Tribal Governments
April 22, 2020

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). The CARES Act established the Coronavirus Relief Fund (the “Fund”) and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.¹

The guidance that follows sets forth the Department of the Treasury’s interpretation of these limitations on the permissible use of Fund payments.

Necessary expenditures incurred due to the public health emergency

The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be “necessary.” The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

Costs not accounted for in the budget most recently approved as of March 27, 2020

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost

¹ See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The “most recently approved” budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

A cost is “incurred” when the responsible unit of government has expended funds to cover the cost.

Nonexclusive examples of eligible expenditures

Eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:
 - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
 - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
 - Costs of providing COVID-19 testing, including serological testing.
 - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
 - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
2. Public health expenses such as:
 - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
 - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
 - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
 - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
 - Expenses for public safety measures undertaken in response to COVID-19.
 - Expenses for quarantining individuals.
3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
 - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
 - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
 - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
 - Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
 - COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
 - Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
 - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
 - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
 - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

Nonexclusive examples of ineligible expenditures²

The following is a list of examples of costs that would *not* be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.³
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

² In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

³ See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.

**Coronavirus Relief Fund
Frequently Asked Questions
Updated as of May 4, 2020**

The following answers to frequently asked questions supplement Treasury’s Coronavirus Relief Fund (“Fund”) Guidance for State, Territorial, Local, and Tribal Governments, dated April 22, 2020, (“Guidance”).¹ Amounts paid from the Fund are subject to the restrictions outlined in the Guidance and set forth in section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”).

Eligible Expenditures

Are governments required to submit proposed expenditures to Treasury for approval?

No. Governments are responsible for making determinations as to what expenditures are necessary due to the public health emergency with respect to COVID-19 and do not need to submit any proposed expenditures to Treasury.

The Guidance says that funding can be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. How does a government determine whether payroll expenses for a given employee satisfy the “substantially dedicated” condition?

The Fund is designed to provide ready funding to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise.

The Guidance says that a cost was not accounted for in the most recently approved budget if the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. What would qualify as a “substantially different use” for purposes of the Fund eligibility?

Costs incurred for a “substantially different use” include, but are not necessarily limited to, costs of personnel and services that were budgeted for in the most recently approved budget but which, due entirely to the COVID-19 public health emergency, have been diverted to substantially different functions. This would include, for example, the costs of redeploying corrections facility staff to enable compliance with COVID-19 public health precautions through work such as enhanced sanitation or enforcing social distancing measures; the costs of redeploying police to support management and enforcement of stay-at-home orders; or the costs of diverting educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty’s ordinary responsibilities.

Note that a public function does not become a “substantially different use” merely because it is provided from a different location or through a different manner. For example, although developing online

¹ The Guidance is available at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>.

instruction capabilities may be a substantially different use of funds, online instruction itself is not a substantially different use of public funds than classroom instruction.

May a State receiving a payment transfer funds to a local government?

Yes, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act. Such funds would be subject to recoupment by the Treasury Department if they have not been used in a manner consistent with section 601(d) of the Social Security Act.

May a unit of local government receiving a Fund payment transfer funds to another unit of government?

Yes. For example, a county may transfer funds to a city, town, or school district within the county and a county or city may transfer funds to its State, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, a transfer from a county to a constituent city would not be permissible if the funds were intended to be used simply to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure.

Is a Fund payment recipient required to transfer funds to a smaller, constituent unit of government within its borders?

No. For example, a county recipient is not required to transfer funds to smaller cities within the county's borders.

Are recipients required to use other federal funds or seek reimbursement under other federal programs before using Fund payments to satisfy eligible expenses?

No. Recipients may use Fund payments for any expenses eligible under section 601(d) of the Social Security Act outlined in the Guidance. Fund payments are not required to be used as the source of funding of last resort. However, as noted below, recipients may not use payments from the Fund to cover expenditures for which they will receive reimbursement.

Are there prohibitions on combining a transaction supported with Fund payments with other CARES Act funding or COVID-19 relief Federal funding?

Recipients will need to consider the applicable restrictions and limitations of such other sources of funding. In addition, expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds, are not eligible uses of Fund payments.

Are States permitted to use Fund payments to support state unemployment insurance funds generally?

To the extent that the costs incurred by a state unemployment insurance fund are incurred due to the COVID-19 public health emergency, a State may use Fund payments to make payments to its respective state unemployment insurance fund, separate and apart from such State's obligation to the unemployment insurance fund as an employer. This will permit States to use Fund payments to prevent expenses related to the public health emergency from causing their state unemployment insurance funds to become insolvent.

Are recipients permitted to use Fund payments to pay for unemployment insurance costs incurred by the recipient as an employer?

Yes, Fund payments may be used for unemployment insurance costs incurred by the recipient as an employer (for example, as a reimbursing employer) related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.

The Guidance states that the Fund may support a “broad range of uses” including payroll expenses for several classes of employees whose services are “substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” What are some examples of types of covered employees?

The Guidance provides examples of broad classes of employees whose payroll expenses would be eligible expenses under the Fund. These classes of employees include public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Payroll and benefit costs associated with public employees who could have been furloughed or otherwise laid off but who were instead repurposed to perform previously unbudgeted functions substantially dedicated to mitigating or responding to the COVID-19 public health emergency are also covered. Other eligible expenditures include payroll and benefit costs of educational support staff or faculty responsible for developing online learning capabilities necessary to continue educational instruction in response to COVID-19-related school closures. Please see the Guidance for a discussion of what is meant by an expense that was not accounted for in the budget most recently approved as of March 27, 2020.

In some cases, first responders and critical health care workers that contract COVID-19 are eligible for workers’ compensation coverage. Is the cost of this expanded workers compensation coverage eligible?

Increased workers compensation cost to the government due to the COVID-19 public health emergency incurred during the period beginning March 1, 2020, and ending December 30, 2020, is an eligible expense.

If a recipient would have decommissioned equipment or not renewed a lease on particular office space or equipment but decides to continue to use the equipment or to renew the lease in order to respond to the public health emergency, are the costs associated with continuing to operate the equipment or the ongoing lease payments eligible expenses?

Yes. To the extent the expenses were previously unbudgeted and are otherwise consistent with section 601(d) of the Social Security Act outlined in the Guidance, such expenses would be eligible.

May recipients provide stipends to employees for eligible expenses (for example, a stipend to employees to improve telework capabilities) rather than require employees to incur the eligible cost and submit for reimbursement?

Expenditures paid for with payments from the Fund must be limited to those that are necessary due to the public health emergency. As such, unless the government were to determine that providing assistance in the form of a stipend is an administrative necessity, the government should provide such assistance on a reimbursement basis to ensure as much as possible that funds are used to cover only eligible expenses.

May Fund payments be used for COVID-19 public health emergency recovery planning?

Yes. Expenses associated with conducting a recovery planning project or operating a recovery coordination office would be eligible, if the expenses otherwise meet the criteria set forth in section 601(d) of the Social Security Act outlined in the Guidance.

Are expenses associated with contract tracing eligible?

Yes, expenses associated with contract tracing are eligible.

To what extent may a government use Fund payments to support the operations of private hospitals?

Governments may use Fund payments to support public or private hospitals to the extent that the costs are necessary expenditures incurred due to the COVID-19 public health emergency, but the form such assistance would take may differ. In particular, financial assistance to private hospitals could take the form of a grant or a short-term loan.

May payments from the Fund be used to assist individuals with enrolling in a government benefit program for those who have been laid off due to COVID-19 and thereby lost health insurance?

Yes. To the extent that the relevant government official determines that these expenses are necessary and they meet the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance, these expenses are eligible.

May recipients use Fund payments to facilitate livestock depopulation incurred by producers due to supply chain disruptions?

Yes, to the extent these efforts are deemed necessary for public health reasons or as a form of economic support as a result of the COVID-19 health emergency.

Would providing a consumer grant program to prevent eviction and assist in preventing homelessness be considered an eligible expense?

Yes, assuming that the recipient considers the grants to be a necessary expense incurred due to the COVID-19 public health emergency and the grants meet the other requirements for the use of Fund payments under section 601(d) of the Social Security Act outlined in the Guidance. As a general matter, providing assistance to recipients to enable them to meet property tax requirements would not be an eligible use of funds, but exceptions may be made in the case of assistance designed to prevent foreclosures.

May recipients create a “payroll support program” for public employees?

Use of payments from the Fund to cover payroll or benefits expenses of public employees are limited to those employees whose work duties are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May recipients use Fund payments to cover employment and training programs for employees that have been furloughed due to the public health emergency?

Yes, this would be an eligible expense if the government determined that the costs of such employment and training programs would be necessary due to the public health emergency.

May recipients use Fund payments to provide emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency?

Yes, if a government determines such assistance to be a necessary expenditure. Such assistance could include, for example, a program to assist individuals with payment of overdue rent or mortgage payments to avoid eviction or foreclosure or unforeseen financial costs for funerals and other emergency individual needs. Such assistance should be structured in a manner to ensure as much as possible, within the realm of what is administratively feasible, that such assistance is necessary.

The Guidance provides that eligible expenditures may include expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. What is meant by a “small business,” and is the Guidance intended to refer only to expenditures to cover administrative expenses of such a grant program?

Governments have discretion to determine what payments are necessary. A program that is aimed at assisting small businesses with the costs of business interruption caused by required closures should be tailored to assist those businesses in need of such assistance. The amount of a grant to a small business to reimburse the costs of business interruption caused by required closures would also be an eligible expenditure under section 601(d) of the Social Security Act, as outlined in the Guidance.

The Guidance provides that expenses associated with the provision of economic support in connection with the public health emergency, such as expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, would constitute eligible expenditures of Fund payments. Would such expenditures be eligible in the absence of a stay-at-home order?

Fund payments may be used for economic support in the absence of a stay-at-home order if such expenditures are determined by the government to be necessary. This may include, for example, a grant program to benefit small businesses that close voluntarily to promote social distancing measures or that are affected by decreased customer demand as a result of the COVID-19 public health emergency.

May Fund payments be used to assist impacted property owners with the payment of their property taxes?

Fund payments may not be used for government revenue replacement, including the provision of assistance to meet tax obligations.

May Fund payments be used to replace foregone utility fees? If not, can Fund payments be used as a direct subsidy payment to all utility account holders?

Fund payments may not be used for government revenue replacement, including the replacement of unpaid utility fees. Fund payments may be used for subsidy payments to electricity account holders to the extent that the subsidy payments are deemed by the recipient to be necessary expenditures incurred due to the COVID-19 public health emergency and meet the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, if determined to be a necessary expenditure, a government could provide grants to individuals facing economic hardship to allow them to pay their utility fees and thereby continue to receive essential services.

Could Fund payments be used for capital improvement projects that broadly provide potential economic development in a community?

In general, no. If capital improvement projects are not necessary expenditures incurred due to the COVID-19 public health emergency, then Fund payments may not be used for such projects.

However, Fund payments may be used for the expenses of, for example, establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity or improve mitigation measures, including related construction costs.

The Guidance includes workforce bonuses as an example of ineligible expenses but provides that hazard pay would be eligible if otherwise determined to be a necessary expense. Is there a specific definition of “hazard pay”?

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19.

The Guidance provides that ineligible expenditures include “[p]ayroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” Is this intended to relate only to public employees?

Yes. This particular nonexclusive example of an ineligible expenditure relates to public employees. A recipient would not be permitted to pay for payroll or benefit expenses of private employees and any financial assistance (such as grants or short-term loans) to private employers are not subject to the restriction that the private employers’ employees must be substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May counties pre-pay with CARES Act funds for expenses such as a one or two-year facility lease, such as to house staff hired in response to COVID-19?

A government should not make prepayments on contracts using payments from the Fund to the extent that doing so would not be consistent with its ordinary course policies and procedures.

Questions Related to Administration of Fund Payments

Do governments have to return unspent funds to Treasury?

Yes. Section 601(f)(2) of the Social Security Act, as added by section 5001(a) of the CARES Act, provides for recoupment by the Department of the Treasury of amounts received from the Fund that have not been used in a manner consistent with section 601(d) of the Social Security Act. If a government has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the Department of the Treasury.

What records must be kept by governments receiving payment?

A government should keep records sufficient to demonstrate that the amount of Fund payments to the government has been used in accordance with section 601(d) of the Social Security Act

May recipients deposit Fund payments into interest bearing accounts?

Yes, provided that if recipients separately invest amounts received from the Fund, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. If a government deposits Fund payments in a government’s general account, it may use those funds to meet immediate cash management needs provided that the full amount of the payment is used to cover necessary

expenditures. Fund payments are not subject to the Cash Management Improvement Act of 1990, as amended.

May governments retain assets purchased with payments from the Fund?

Yes, if the purchase of the asset was consistent with the limitations on the eligible use of funds provided by section 601(d) of the Social Security Act.

What rules apply to the proceeds of disposition or sale of assets acquired using payments from the Fund?

If such assets are disposed of prior to December 30, 2020, the proceeds would be subject to the restrictions on the eligible use of payments from the Fund provided by section 601(d) of the Social Security Act.

2020 Regular Session

ACT No. 255

HOUSE BILL NO. 307

BY REPRESENTATIVE ZERINGUE

1 AN ACT

2 To appropriate funds and to make certain reductions from certain sources to be allocated to
3 designated agencies and purposes in specific amounts for the making of
4 supplemental appropriations and reductions for said agencies and purposes for Fiscal
5 Year 2019-2020; to provide for an effective date; and to provide for related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. The following sums are hereby appropriated from the sources specified for
8 the purpose of making supplemental appropriations for Fiscal Year 2019-2020. Reductions
9 are denoted in parentheses.

10 EXECUTIVE DEPARTMENT

11 01-109 COASTAL PROTECTION & RESTORATION AUTHORITY

12 Payable out of the State General Fund by
13 Interagency Transfers from the Louisiana Oil
14 Spill Coordinator's Office to the Implementation
15 Program for vegetative plantings on Lost Lake \$ 175,000

16 Payable out of the State General Fund by
17 Interagency Transfers from the Office of
18 Community Development to the Implementation
19 Program for watershed projects \$ 2,200,000

20 01-111 GOVERNOR'S OFFICE OF HOMELAND SECURITY AND
21 EMERGENCY PREPAREDNESS

22 Payable out of the State General Fund (Direct)
23 to the Administrative Program for scheduled debt
24 payments to FEMA \$ 7,400,000

25 Payable out of the State General Fund (Direct)
26 to the Administrative Program for emergency
27 response efforts related to Tropical Storm Barry \$ 693,521

28 Payable out of the State General Fund (Direct)
29 to the Administrative Program for emergency
30 response efforts related to the cybersecurity state
31 of emergency \$ 2,375,283

1 Payable out of Federal Funds to the Administrative
 2 Program for payments to state agencies for eligible
 3 expenses related to COVID-19 response efforts \$ 429,032,610

4 Payable out of the State General Fund by Statutory
 5 Dedications out of the Coronavirus Local Recovery
 6 Allocation Fund to the Administrative Program
 7 for payments to local governments for eligible
 8 expenses related to COVID-19 response efforts \$ 100,000,000

9 **01-112 DEPARTMENT OF MILITARY AFFAIRS**

10 Payable out of Federal Funds to the Military Affairs
 11 Program for maintenance and sustainment of
 12 Louisiana National Guard facilities \$ 5,049,126

13 **01-124 LOUISIANA STADIUM AND EXPOSITION DISTRICT**

14 Payable out of the State General Fund (Direct)
 15 to the Administrative Program for payments to
 16 the Office of Risk Management \$ 3,107,238

17 The commissioner of administration is hereby authorized and directed to adjust the means
 18 of finance for the Administrative Program, as contained in Act No. 10 of the 2019 Regular
 19 Session of the Legislature, by reducing the appropriation out of the State General Fund by
 20 Fees and Self-generated Revenues by (\$3,107,238).

21 **01-129 LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE**
 22 **ADMINISTRATION OF CRIMINAL JUSTICE**

23 Payable out of the State General Fund by
 24 Statutory Dedications out of the Innocence
 25 Compensation Fund to the State Program for
 26 payments related to recent judgments \$ 185,000

27 **01-254 LOUISIANA STATE RACING COMMISSION**

28 Payable out of the State General Fund (Direct)
 29 to the Louisiana State Racing Commission Program
 30 for replacement of lost revenue due to COVID-19 \$ 480,000

31 The commissioner of administration is hereby authorized and directed to adjust the means
 32 of finance for the Louisiana State Racing Commission Program, as contained in Act No. 10
 33 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State
 34 General Fund by Fees and Self-generated Revenues by (\$480,000).

35 **DEPARTMENT OF VETERANS AFFAIRS**

36 **03-130 DEPARTMENT OF VETERANS AFFAIRS**

37 Payable out of Federal Funds to the Contact
 38 Assistance Program for operating expenses \$ 255,000

39 The commissioner of administration is hereby authorized and directed to adjust the means
 40 of finance for the Contact Assistance Program, as contained in Act No. 10 of the 2019
 41 Regular Session of the Legislature, by reducing the appropriation out of the State General
 42 Fund by Fees and Self-generated Revenues by (\$255,000).

03-131 LOUISIANA VETERANS HOME

Payable out of Federal Funds to the Louisiana
Veterans Home Program for operating expenses \$ 7,301

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Louisiana Veterans Home Program, as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$7,301).

03-132 NORTHEAST LOUISIANA VETERANS HOME

Payable out of Federal Funds to the Northeast
Louisiana Veterans Home Program for
operating expenses \$ 2,462

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Northeast Louisiana Veterans Home Program, as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$2,462).

03-134 SOUTHWEST LOUISIANA VETERANS HOME

Payable out of Federal Funds to the Southwest
Louisiana Veterans Home Program for
operating expenses \$ 5,033

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Southwest Louisiana Veterans Home Program, as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$5,033).

03-135 NORTHWEST LOUISIANA VETERANS HOME

Payable out of Federal Funds to the Northwest
Louisiana Veterans Home Program for
operating expenses \$ 4,840

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Northwest Louisiana Veterans Home Program, as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$4,840).

03-136 SOUTHEAST LOUISIANA VETERANS HOME

Payable out of Federal Funds to the Southeast
Louisiana Veterans Home Program for
operating expenses \$ 44,037

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Southeast Louisiana Veterans Home Program, as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$44,037).

1 ELECTED OFFICIALS

2 DEPARTMENT OF STATE

3 04-139 SECRETARY OF STATE

4 Payable out of the State General Fund by
5 Statutory Dedications out of the Help Louisiana
6 Vote Fund to the Elections Program for
7 implementing the emergency election plan and
8 protective measures for 2020 elections \$ 6,212,616

9 DEPARTMENT OF ECONOMIC DEVELOPMENT

10 05-252 OFFICE OF BUSINESS DEVELOPMENT

11 Payable out of Federal Funds to the Business
12 Development Program for the State Trade
13 Expansion Program (STEP) \$ 200,000

14 Payable out of Federal Funds to the Business
15 Incentives Program for the State Small
16 Business Credit Initiative Program \$ 779,626

17 DEPARTMENT OF CULTURE, RECREATION AND TOURISM

18 06-263 OFFICE OF STATE MUSEUM

19 Payable out of the State General Fund by Interagency
20 Transfers from the Office of Tourism to the Office of
21 State Museum for museum operations \$ 200,000

22 The commissioner of administration is hereby authorized and directed to adjust the means
23 of finance for the Office of Tourism Program, as contained in Act No. 10 of the 2019
24 Regular Session of the Legislature, by reducing the appropriation out of the State General
25 Fund by Fees and Self-generated Revenues by (\$200,000).

26 06-265 OFFICE OF CULTURAL DEVELOPMENT

27 Payable out of Federal Funds to the Arts Program
28 for grants to arts organizations \$ 250,000

29 DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

30 07-276 ENGINEERING AND OPERATIONS

31 Payable out of the State General Fund by Statutory
32 Dedications out of the New Orleans Ferry Fund to the
33 Operations Program for ferry service operations in
34 New Orleans \$ 1,140,000

35 Payable out of the State General Fund by Statutory
36 Dedications out of the Regional Maintenance and
37 Improvement Fund to the Operations Program for
38 state highway maintenance and improvements in
39 Jefferson Parish \$ 973,023

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

CORRECTIONS SERVICES

08-400 CORRECTIONS - ADMINISTRATION

Payable out of the State General Fund (Direct) to the Office of the Secretary Program for operating services	\$	244,625
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The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Office of Management and Finance Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$2,890,330).

Payable out of the State General Fund (Direct) to the Office of Adult Services Program for operating services	\$	6,249,034
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Payable out of the State General Fund by Interagency Transfers from the Governor's Office of Homeland Security and Emergency Preparedness to the Office of Adult Services Program for eligible expenses related to COVID-19 response efforts	\$	581,264
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Payable out of the State General Fund (Direct) to the Board of Pardons and Parole Program for operating services	\$	231,041
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08-402 LOUISIANA STATE PENITENTIARY

Payable out of the State General Fund by Interagency Transfers from the Governor's Office of Homeland Security and Emergency Preparedness to the Administration Program for eligible expenses related to COVID-19 response efforts	\$	1,623,233
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Payable out of the State General Fund by Interagency Transfers from the Governor's Office of Homeland Security and Emergency Preparedness to the Incarceration Program for eligible expenses related to COVID-19 response efforts	\$ 27,566,615
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The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Administration Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$1,471,148).

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Incarceration Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$24,902,546).

08-405 RAYMOND LABORDE CORRECTIONAL CENTER

Payable out of the State General Fund by Interagency Transfers from the Governor's Office of Homeland Security and Emergency Preparedness to the Administration Program for eligible expenses related to COVID-19 response efforts	\$	307,481
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The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Administration Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$286,481).

Payable out of the State General Fund by Interagency	
Transfers from the Governor's Office of Homeland	
Security and Emergency Preparedness to the	
Incarceration Program for eligible expenses related	
to COVID-19 response efforts	\$ 6,849,249

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Incarceration Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$4,946,476).

08-406 LOUISIANA CORRECTIONAL INSTITUTE FOR WOMEN

Payable out of the State General Fund by Interagency	
Transfers from the Governor's Office of Homeland	
Security and Emergency Preparedness to the	
Administration Program for eligible expenses related	
to COVID-19 response efforts	\$ 106,049

Payable out of the State General Fund by Interagency	
Transfers from the Governor's Office of Homeland	
Security and Emergency Preparedness to the	
Incarceration Program for eligible expenses related	
to COVID-19 response efforts	\$ 5,154,159

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Administration Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$331,554).

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Incarceration Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$3,325,482).

08-407 WINN CORRECTIONAL CENTER

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Administration Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$127,747).

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Purchase of Correctional Services Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$12,207,285).

08-408 ALLEN CORRECTIONAL CENTER

Payable out of the State General Fund by Interagency	
Transfers from the Governor's Office of Homeland	
Security and Emergency Preparedness to the	
Administration Program for eligible expenses related	
to COVID-19 response efforts	\$ 370,039

1 Payable out of the State General Fund by Interagency
 2 Transfers from the Governor's Office of Homeland
 3 Security and Emergency Preparedness to the
 4 Incarceration Program for eligible expenses related
 5 to COVID-19 response efforts \$ 2,940,403

6 The commissioner of administration is hereby authorized and directed to adjust the means
 7 of finance for the Administration Program as contained in Act No. 10 of the 2019 Regular
 8 Session of the Legislature, by reducing the appropriation out of the State General Fund
 9 (Direct) by (\$676,781).

10 The commissioner of administration is hereby authorized and directed to adjust the means
 11 of finance for the Incarceration Program as contained in Act No. 10 of the 2019 Regular
 12 Session of the Legislature, by reducing the appropriation out of the State General Fund
 13 (Direct) by (\$2,212,607).

14 **08-409 DIXON CORRECTIONAL INSTITUTE**

15 Payable out of the State General Fund (Direct) to
 16 the Administration Program for operating services \$ 135,110

17 Payable out of the State General Fund by Interagency
 18 Transfers from the Governor's Office of Homeland
 19 Security and Emergency Preparedness to the
 20 Administration Program for eligible expenses related
 21 to COVID-19 response efforts \$ 198,268

22 Payable out of the State General Fund by Interagency
 23 Transfers from the Governor's Office of Homeland
 24 Security and Emergency Preparedness to the
 25 Incarceration Program for eligible expenses related
 26 to COVID-19 response efforts \$ 9,336,813

27 The commissioner of administration is hereby authorized and directed to adjust the means
 28 of finance for the Incarceration Program as contained in Act No. 10 of the 2019 Regular
 29 Session of the Legislature, by reducing the appropriation out of the State General Fund
 30 (Direct) by (\$5,274,663).

31 **08-413 ELAYN HUNT CORRECTIONAL CENTER**

32 Payable out of the State General Fund by Interagency
 33 Transfers from the Governor's Office of Homeland
 34 Security and Emergency Preparedness to the
 35 Administration Program for eligible expenses related
 36 to COVID-19 response efforts \$ 603,229

37 Payable out of the State General Fund by Interagency
 38 Transfers from the Governor's Office of Homeland
 39 Security and Emergency Preparedness to the
 40 Incarceration Program for eligible expenses related
 41 to COVID-19 response efforts \$ 12,594,403

42 The commissioner of administration is hereby authorized and directed to adjust the means
 43 of finance for the Administration Program as contained in Act No. 10 of the 2019 Regular
 44 Session of the Legislature, by reducing the appropriation out of the State General Fund
 45 (Direct) by (\$957,663).

46 The commissioner of administration is hereby authorized and directed to adjust the means
 47 of finance for the Incarceration Program as contained in Act No. 10 of the 2019 Regular
 48 Session of the Legislature, by reducing the appropriation out of the State General Fund
 49 (Direct) by (\$11,177,142).

1 **08-414 DAVID WADE CORRECTIONAL CENTER**

2	Payable out of the State General Fund (Direct) to		
3	the Administration Program for operating services	\$	162,290

4	Payable out of the State General Fund by Interagency	
5	Transfers from the Governor's Office of Homeland	
6	Security and Emergency Preparedness to the	
7	Administration Program for eligible expenses related	
8	to COVID-19 response efforts	\$ 223,276

9	Payable out of the State General Fund by Interagency	
10	Transfers from the Governor's Office of Homeland	
11	Security and Emergency Preparedness to the	
12	Incarceration Program for eligible expenses related	
13	to COVID-19 response efforts	\$ 6,041,736

14 The commissioner of administration is hereby authorized and directed to adjust the means
15 of finance for the Incarceration Program as contained in Act No. 10 of the 2019 Regular
16 Session of the Legislature, by reducing the appropriation out of the State General Fund
17 (Direct) by (\$4,150,418).

18 **08-415 ADULT PROBATION AND PAROLE**

19	Payable out of the State General Fund (Direct) to		
20	the Administration Program for operating services	\$	138,164

21	Payable out of the State General Fund by Interagency		
22	Transfers from the Governor's Office of Homeland		
23	Security and Emergency Preparedness to the		
24	Administration Program for eligible expenses related		
25	to COVID-19 response efforts	\$	364,639

26	Payable out of the State General Fund by Interagency	
27	Transfers from the Governor's Office of Homeland	
28	Security and Emergency Preparedness to the Field	
29	Services Program for eligible expenses related to	
30	COVID-19 response efforts	\$ 16,407,973

31 The commissioner of administration is hereby authorized and directed to adjust the means
32 of finance for the Field Services Program as contained in Act No. 10 of the 2019 Regular
33 Session of the Legislature, by reducing the appropriation out of the State General Fund
34 (Direct) by (\$7,054,213).

35 08-416 RAYBURN CORRECTIONAL CENTER

36	Payable out of the State General Fund by Interagency		
37	Transfers from the Governor's Office of Homeland		
38	Security and Emergency Preparedness to the		
39	Administration Program for eligible expenses related		
40	to COVID-19 response efforts	\$	214,968

41	Payable out of the State General Fund by Interagency	
42	Transfers from the Governor's Office of Homeland	
43	Security and Emergency Preparedness to the	
44	Incarceration Program for eligible expenses related	
45	to COVID-19 response efforts	\$ 5,660,665

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Administration Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$133,216).

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Incarceration Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund (Direct) by (\$3,766,562).

PUBLIC SAFETY SERVICES

08-418 OFFICE OF MANAGEMENT AND FINANCE

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the
Management and Finance Program for eligible expenses
related to COVID-19 response efforts \$ 1,280,480

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Management and Finance Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$1,280,480).

08-419 OFFICE OF STATE POLICE

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Traffic
Enforcement Program for eligible expenses related
to COVID-19 response efforts \$ 18,458,392

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Traffic Enforcement Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$7,165,589) and out of the State General Fund by Statutory Dedications out of the Riverboat Gaming Enforcement Fund by (\$11,292,803).

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Criminal
Investigation Program for eligible expenses related to
COVID-19 response efforts \$ 600,468

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Criminal Investigation Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$600,468).

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the
Operational Support Program for eligible expenses
related to COVID-19 response efforts \$ 7,232,669

The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Operational Support Program as contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$7,232,669).

1 Payable out of the State General Fund by Interagency
 2 Transfers from the Governor's Office of Homeland
 3 Security and Emergency Preparedness to the Gaming
 4 Enforcement Program for eligible expenses related to
 5 COVID-19 response efforts \$ 2,456,097

6 The commissioner of administration is hereby authorized and directed to adjust the means
 7 of finance for the Gaming Enforcement Program as contained in Act No. 10 of the 2019
 8 Regular Session of the Legislature, by reducing the appropriation out of the State General
 9 Fund by Statutory Dedications out of the Riverboat Gaming Enforcement Fund by
 10 (\$2,456,097).

11 **08-420 OFFICE OF MOTOR VEHICLES**

12 Payable out of the State General Fund by Interagency
 13 Transfers from the Governor's Office of Homeland
 14 Security and Emergency Preparedness to the
 15 Licensing Program for eligible expenses related to
 16 COVID-19 response efforts \$ 7,782,090

17 The commissioner of administration is hereby authorized and directed to adjust the means
 18 of finance for the Licensing Program as contained in Act No. 10 of the 2019 Regular Session
 19 of the Legislature, by reducing the appropriation out of the State General Fund by Fees and
 20 Self-generated Revenues by (\$7,782,090).

21 Payable out of the State General Fund by Fees and
 22 Self-generated Revenues out of the Trucking Research
 23 and Education Council Fund Account to the Licensing
 24 Program \$ 900,000

25 Provided however, and notwithstanding any law to the contrary, prior year Fees and
 26 Self-generated Revenues shall be carried forward and shall be available for expenditure.

27 **08-422 OFFICE OF STATE FIRE MARSHAL**

28 Payable out of the State General Fund by Interagency
 29 Transfers from the Governor's Office of Homeland
 30 Security and Emergency Preparedness to the Fire
 31 Prevention Program for eligible expenses related to
 32 COVID-19 response efforts \$ 2,189,804

33 The commissioner of administration is hereby authorized and directed to adjust the means
 34 of finance for the Fire Prevention Program as contained in Act No. 10 of the 2019 Regular
 35 Session of the Legislature, by reducing the appropriation out of the State General Fund by
 36 Statutory Dedications out of the Louisiana Fire Marshal Fund by (\$2,189,804).

37 **YOUTH SERVICES**

38 **08-403 OFFICE OF JUVENILE JUSTICE**

39 Payable out of the State General Fund by Interagency
 40 Transfers from the Governor's Office of Homeland
 41 Security and Emergency Preparedness to the
 42 Administration Program for eligible expenses related to
 43 COVID-19 response efforts \$ 1,492,720

44 Payable out of the State General Fund by Interagency
 45 Transfers from the Governor's Office of Homeland
 46 Security and Emergency Preparedness to the North
 47 Region Program for eligible expenses related to
 48 COVID-19 response efforts \$ 6,184,571

1 Payable out of the State General Fund by Interagency
2 Transfers from the Governor's Office of Homeland
3 Security and Emergency Preparedness to the
4 Central/Southwest Region Program for eligible
5 expenses related to COVID-19 response efforts \$ 3,593,485

6 Payable out of the State General Fund by Interagency
7 Transfers from the Governor's Office of Homeland
8 Security and Emergency Preparedness to the
9 Southeast Region Program for eligible expenses
10 related to COVID-19 response efforts \$ 4,733,999

11 Payable out of the State General Fund by Interagency
12 Transfers from the Governor's Office of Homeland
13 Security and Emergency Preparedness to the Contract
14 Services Program for eligible expenses related to
15 COVID-19 response efforts \$ 1,500,000

16 The commissioner of administration is hereby authorized and directed to adjust the means
17 of finance for the Administration Program as contained in Act No. 10 of the 2019 Regular
18 Session of the Legislature, by reducing the appropriation out of the State General Fund
19 (Direct) by (\$1,492,720).

20 The commissioner of administration is hereby authorized and directed to adjust the means
21 of finance for the North Region Program as contained in Act No. 10 of the 2019 Regular
22 Session of the Legislature, by reducing the appropriation out of the State General Fund
23 (Direct) by (\$6,184,571).

24 The commissioner of administration is hereby authorized and directed to adjust the means
25 of finance for the Central/Southwest Region Program as contained in Act No. 10 of the 2019
26 Regular Session of the Legislature, by reducing the appropriation out of the State General
27 Fund (Direct) by (\$3,593,485).

28 The commissioner of administration is hereby authorized and directed to adjust the means
29 of finance for the Southeast Region Program as contained in Act No. 10 of the 2019 Regular
30 Session of the Legislature, by reducing the appropriation out of the State General Fund
31 (Direct) by (\$4,733,999).

32 The commissioner of administration is hereby authorized and directed to adjust the means
33 of finance for the Contract Services Program as contained in Act No. 10 of the 2019 Regular
34 Session of the Legislature, by reducing the appropriation out of the State General Fund
35 (Direct) by (\$5,500,000).

DEPARTMENT OF HEALTH

09-300 JEFFERSON PARISH HUMAN SERVICE AUTHORITY

38 Payable out of the State General Fund by Interagency
39 Transfers from the Governor's Office of Homeland
40 Security and Emergency Preparedness to the Jefferson
41 Parish Human Services Authority Program for expenses
42 related to COVID-19 response efforts \$ 5,084,876

43 The commissioner of administration is hereby authorized and directed to adjust the means
44 of finance for Jefferson Parish Human Service Authority Program, as contained in Act No.
45 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the
46 State General Fund (Direct) by (\$5,084,876).

09-301 FLORIDA PARISHES HUMAN SERVICES AUTHORITY

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Florida
Parishes Human Services Authority Program for expenses
related to COVID-19 response efforts \$ 4,777,039

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Florida Parishes Human Services Authority Program, as contained in Act
No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of
the State General Fund (Direct) by (\$4,777,039).

09-302 CAPITAL AREA HUMAN SERVICES DISTRICT

Payable out of the State General Fund (Direct)
to the Capital Area Human Services District
Program for relocation costs \$ 1,109,577

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Capital
Area Human Services District Program for expenses
related to COVID-19 response efforts \$ 5,599,691

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Capital Area Human Services District Program, as contained in Act No.
10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the
State General Fund (Direct) by (\$5,599,691).

09-304 METROPOLITAN HUMAN SERVICES DISTRICT

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Metropolitan
Human Services District Program for expenses related to
COVID-19 response efforts \$ 6,138,167

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Metropolitan Human Services District Program, as contained in Act No.
10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the
State General Fund (Direct) by (\$6,138,167).

09-305 MEDICAL VENDOR ADMINISTRATION

Payable out of Federal Funds to the Medical
Vendor Administration Program for qualifying
expenditures \$ 7,800,000

09-306 MEDICAL VENDOR PAYMENTS

Payable out of the State General Fund by
Statutory Dedications out of the Health
Trust Fund to the Payments to Private
Providers Program for operating expenses \$ 5,333,333

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Payments to Private Providers Program, as contained in Act No. 10 of the
2019 Regular Session of the Legislature, by reducing the appropriation out of the State
General Fund (Direct) by (\$5,333,333).

1 Payable out of the State General Fund by Interagency
 2 Transfers to the Payments to the Private Providers
 3 Program for expenses related to COVID-19 \$ 32,235,351

4 Payable out of Federal Funds to the Payments to
 5 the Private Providers Program for expenses related
 6 to COVID-19 \$ 294,694,516

7 The commissioner of administration is hereby authorized and directed to adjust the means
 8 of finance for the Payments to Private Providers Program, as contained in Act No. 10 of the
 9 2019 Regular Session of the Legislature, by reducing the appropriation out of the State
 10 General Fund (Direct) by (\$4,361,856), by reducing the appropriation out of the State
 11 General Fund by Fees and Self-generated Revenues by (\$30,664,000), and by reducing the
 12 appropriation out of the State General Fund by Statutory Dedications out of the Medical
 13 Assistance Trust Fund by (\$206,121,477).

14 The commissioner of administration is hereby authorized and directed to adjust the means
 15 of finance for the Payments to Public Providers Program, as contained in Act No. 10 of the
 16 2019 Regular Session of the Legislature, by reducing the appropriation out of the State
 17 General Fund by Statutory Dedications out of the Medical Assistance Trust Fund by
 18 (\$1,625,244), and Federal Funds by (\$4,407,583).

19 Payable out of the State General Fund (Direct)
 20 to the Medicare Buy-Ins and Supplements Program
 21 for expenses related to COVID-19 \$ 4,361,856

22 Payable out of Federal Funds to the Medicare Buy-Ins
 23 and Supplements Program for expenses related to
 24 COVID-19 \$ 11,829,148

25 **09-307 OFFICE OF THE SECRETARY**

26 Payable out of the State General Fund (Direct) to
 27 the Management and Finance Program for LaGov
 28 conversion and implementation \$ 1,050,000

29 Payable out of the State General Fund by Interagency
 30 Transfers from the Governor's Office of Homeland
 31 Security and Emergency Preparedness to the
 32 Management and Finance Program for expenses
 33 related to COVID-19 response \$ 16,530,818

34 The commissioner of administration is hereby authorized and directed to adjust the means
 35 of finance for the Management and Finance Program, as contained in Act No. 10 of the 2019
 36 Regular Session of the Legislature, by reducing the appropriation out of the State General
 37 Fund (Direct) by (\$16,530,818).

38 **09-309 SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY**

39 Payable out of the State General Fund by Interagency
 40 Transfers from the Governor's Office of Homeland
 41 Security and Emergency Preparedness to the South
 42 Central Human Services Authority Program for
 43 expenses related to COVID-19 response efforts \$ 5,241,618

44 The commissioner of administration is hereby authorized and directed to adjust the means
 45 of finance for South Central Human Services Authority Program, as contained in Act No.
 46 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the
 47 State General Fund (Direct) by (\$5,241,618).

09-310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Northeast
Delta Human Services Authority Program for expenses
related to COVID-19 response efforts \$ 3,469,005

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for Northeast Delta Human Services Authority Program, as contained in Act No.
10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the
State General Fund (Direct) by (\$3,469,005).

09-320 OFFICE OF AGING AND ADULT SERVICES

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the
Administration Protection and Support Program for
expenses related to COVID-19 response efforts \$ 4,258,552

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Administration Protection and Support Program, as contained in Act No.
10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the
State General Fund (Direct) by (\$4,258,552).

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Villa
Feliciana Program for expenses related to COVID-19
response efforts \$ 56,171

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Villa Feliciana Program, as contained in Act No. 10 of the 2019 Regular
Session of the Legislature, by reducing the appropriation out of the State General Fund
(Direct) by (\$56,171).

09-324 LOUISIANA EMERGENCY RESPONSE NETWORK

Payable out of the State General Fund by Fees and
Self-generated Revenues to the Louisiana Emergency
Response Network Program for a pediatric trauma
and intervention course \$ 5,996

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Louisiana
Emergency Response Network Program for expenses
related to COVID-19 response efforts \$ 590,486

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Louisiana Emergency Response Network Program, as contained in Act No.
10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the
State General Fund (Direct) by (\$590,486).

09-325 ACADIANA AREA HUMAN SERVICES DISTRICT

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Acadiana
Human Services District Program for expenses related
to COVID-19 response \$ 4,897,133

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Acadiana Human Services District Program, as contained in Act No. 10
of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State
General Fund (Direct) by (\$4,897,133).

09-326 OFFICE OF PUBLIC HEALTH

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Public
Health Services Program for expenses related to
COVID-19 response \$ 18,562,342

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Public Health Services Program, as contained in Act No. 10 of the 2019
Regular Session of the Legislature, by reducing the appropriation out of the State General
Fund (Direct) by (\$18,562,342).

09-330 OFFICE OF BEHAVIORAL HEALTH

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Behavioral
Health Administration and Community Oversight
Program for expenses related to COVID-19 response \$ 2,373,161

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Behavioral Health Administration and Community Oversight Program, as
contained in Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the
appropriation out of the State General Fund (Direct) by (\$2,373,161).

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Hospital
Based Treatment Program for expenses related to
COVID-19 response \$ 30,949,258

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Hospital Based Treatment Program, as contained in Act No. 10 of the 2019
Regular Session of the Legislature, by reducing the appropriation out of the State General
Fund (Direct) by (\$30,949,258).

09-340 OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES**EXPENDITURES:**

Community Based Program for Early Steps \$ 87,274

TOTAL EXPENDITURES \$ 87,274

1 MEANS OF FINANCE:

2 State General Fund by:

3 Fees and Self-generated Revenue \$ 65,000

4 Federal Funds \$ 22,274

5 TOTAL MEANS OF FINANCE \$ 87,274

6 Payable out of the State General Fund by Interagency

7 Transfers to the Central Louisiana Supports and

8 Services Center Program for facility renovations

9 and upgrades \$ 380,000

10 Payable out of the State General Fund by Interagency

11 Transfers from the Governor's Office of Homeland

12 Security and Emergency Preparedness to the

13 Administration Program for expenses related to

14 COVID-19 response \$ 340,220

15 The commissioner of administration is hereby authorized and directed to adjust the means
 16 of finance for the Administration Program, as contained in Act No. 10 of the 2019 Regular
 17 Session of the Legislature, by reducing the appropriation out of the State General Fund
 18 (Direct) by (\$340,220).

19 Payable out of the State General Fund by Interagency

20 Transfers from the Governor's Office of Homeland

21 Security and Emergency Preparedness to the Pinecrest

22 Supports and Services Program for expenses related to

23 COVID-19 response \$ 2,807,167

24 The commissioner of administration is hereby authorized and directed to adjust the means
 25 of finance for the Pinecrest Supports and Services Center, as contained in Act No. 10 of the
 26 2019 Regular Session of the Legislature, by reducing the appropriation out of the State
 27 General Fund (Direct) by (\$2,807,167).

28 **09-375 IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY**

29 Payable out of the State General Fund by Interagency

30 Transfers from the Governor's Office of Homeland

31 Security and Emergency Preparedness to the Imperial

32 Calcasieu Human Services Authority Program for

33 expenses related to COVID-19 response \$ 2,762,735

34 The commissioner of administration is hereby authorized and directed to adjust the means
 35 of finance for the Imperial Calcasieu Human Services Authority Program, as contained in
 36 Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out
 37 of the State General Fund (Direct) by (\$2,762,735).

38 **09-376 CENTRAL LOUISIANA HUMAN SERVICES DISTRICT**

39 Payable out of the State General Fund by Interagency

40 Transfers from the Governor's Office of Homeland

41 Security and Emergency Preparedness to the Central

42 Louisiana Human Services District Program for

43 expenses related to COVID-19 response \$ 3,309,950

44 The commissioner of administration is hereby authorized and directed to adjust the means
 45 of finance for the Central Louisiana Human Services District Program, as contained in Act
 46 No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of
 47 the State General Fund (Direct) by (\$3,309,950).

1 09-377 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT

2	Payable out of the State General Fund by Interagency	
3	Transfers from the Governor's Office of Homeland	
4	Security and Emergency Preparedness to the Northwest	
5	Louisiana Human Services District Program for expenses	
6	related to COVID-19 response	\$ 2,995,976

7 The commissioner of administration is hereby authorized and directed to adjust the means
8 of finance for the Northwest Louisiana Human Services District Program, as contained in
9 Act No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out
10 of the State General Fund (Direct) by (\$2,995,976).

11 DEPARTMENT OF CHILDREN AND FAMILY SERVICES

12 10-360 OFFICE OF CHILDREN AND FAMILY SERVICES

13	Payable out of Federal Funds to the Division of		
14	Management and Finance Program for contracts	\$	3,855,920

15	Payable out of Federal Funds to the Division of		
16	Child Welfare Program for projected expenditures	\$	7,131,886

17	Payable out of Federal Funds to the Division of	
18	Family Support Program for contracts related to	
19	the Supplemental Nutrition Assistance Program	
20	and Temporary Assistance for Needy	
21	Families program	\$ 18,734,581

22	Payable out of the State General Fund (Direct)	
23	to the Division of Management and	
24	Finance Program for contracts	\$ 6,869,749

25	Payable out of Federal Funds to the Division of		
26	Management and Finance Program for contracts	\$	6,869,749

27 DEPARTMENT OF NATURAL RESOURCES

28 11-435 OFFICE OF COASTAL MANAGEMENT

29	Payable out of the State General Fund by Statutory		
30	Dedications out of the Coastal Resources Trust		
31	Fund to the Coastal Management Program for the		
32	Cameron-Creole Marsh Creation project	\$	800,000

33 DEPARTMENT OF ENVIRONMENTAL QUALITY

34 13-856 OFFICE OF ENVIRONMENTAL QUALITY

35 The commissioner of administration is hereby authorized and directed to adjust the means
36 of finance for the Office of Management and Finance Program, as contained in Act No. 10
37 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State
38 General Fund by Statutory Dedications out of the Environmental Trust Fund by
39 (\$1,255,000).

40	Payable out of the State General Fund by Statutory		
41	Dedications out of the Hazardous Waste Site		
42	Cleanup Fund to the Office of Management and		
43	Finance Program for administrative expenses	\$	1,200,000

1	Payable out of the State General Fund by Statutory		
2	Dedications out of the Lead Hazard Reduction Fund		
3	to the Office of Management and Finance Program		
4	for administrative expenses	\$	55,000

5 **LOUISIANA WORKFORCE COMMISSION**

6 **14-474 WORKFORCE SUPPORT AND TRAINING**

7	Payable out of the State General Fund by Interagency		
8	Transfers to the Office of Workforce Development		
9	Program for the Jobs for America's Graduates (JAG)		
10	program	\$	1,244,209

11 **DEPARTMENT OF WILDLIFE AND FISHERIES**

12 **16-513 OFFICE OF WILDLIFE**

13	Payable out of the State General Fund by Statutory		
14	Dedications out of the Louisiana Alligator Resource		
15	Fund to the Wildlife Program for compensation to		
16	nuisance control wildlife operators	\$	130,000

17	Payable out of the State General Fund by		
18	Statutory Dedications out of the Louisiana Alligator		
19	Resource Fund to the Wildlife Program for		
20	activities related to the promotion and protection of		
21	the Louisiana alligator industry	\$	670,000

22 **RETIREMENT SYSTEMS**

23 In accordance with Constitution Article VII, Section 10(D)(2)(b)(iii), funding to the

24 Louisiana State Employees' Retirement System and the Teachers' Retirement System of

25 Louisiana for application to the balance of the unfunded accrued liability of such systems

26 existing as of June 30, 1988, in proportion to the balance of such unfunded accrued liability

27 of each such system as of June 30, 2019.

28 **18-585 LOUISIANA STATE EMPLOYEES' RETIREMENT SYSTEM -**

29 **CONTRIBUTIONS**

30	EXPENDITURES:		
31	To the Louisiana State Employees' Retirement System	\$	<u>16,661,555</u>

32	TOTAL EXPENDITURES	\$	<u><u>16,661,555</u></u>
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33	MEANS OF FINANCE:		
34	State General Fund (Direct) from the FY 2018-2019		
35	surplus certified by the commissioner of administration		
36	at the January 31, 2020, meeting of the Joint Legislative		
37	Committee on the Budget and recognized by the		
38	Revenue Estimating Conference	\$	<u>16,661,555</u>

39	TOTAL MEANS OF FINANCING	\$	<u><u>16,661,555</u></u>
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40 **18-586 TEACHERS' RETIREMENT SYSTEM-CONTRIBUTIONS**

41	EXPENDITURES:		
42	To the Teachers' Retirement System of Louisiana	\$	<u>36,789,397</u>

43	TOTAL EXPENDITURES	\$	<u><u>36,789,397</u></u>
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MEANS OF FINANCE:

State General Fund (Direct) from the FY 2018-2019
surplus certified by the commissioner of administration
at the January 31, 2020, meeting of the Joint Legislative
Committee on the Budget and recognized by the
Revenue Estimating Conference

\$ 36,789,397

TOTAL MEANS OF FINANCING

\$ 36,789,397

HIGHER EDUCATION**19-671 BOARD OF REGENTS**

The commissioner of administration is hereby authorized and directed to adjust the means
of finance for the Office of Student Financial Assistance Program, as contained in Act No.
10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the
State General Fund (Direct) by (\$2,708,900) and by reducing the appropriation out of the
State General Fund by Statutory Dedications from the TOPS Fund by (\$791,100).

Payable out of the State General Fund (Direct)
to the Office of Student Financial Assistance
Program for the START Saving Program

\$ 500,000

19-600 LOUISIANA STATE UNIVERSITY BOARD OF SUPERVISORS

Payable out of the State General Fund by Fees
and Self-generated Revenues to the Louisiana State
University Board of Supervisors due to changes in
enrollment

\$ 23,300,000

Provided, however, that the amount appropriated above from Fees and Self-generated
Revenues shall be allocated as follows:

Louisiana State University - A&M College
Louisiana State University - Alexandria
Louisiana State University - Shreveport
Louisiana State University - Health Sciences Center -
Shreveport

\$ 7,500,000

\$ 1,800,000

\$ 13,000,000

\$ 1,000,000

Payable out of the State General Fund by Interagency
Transfers from the Minimum Foundation Program
to the Louisiana State University - A & M College
for the Louisiana State University Laboratory School

\$ 44,692

Payable out of the State General Fund by Statutory
Dedications out of the Education Excellence Fund
to the Louisiana State University - A & M College
for the LSU Laboratory School

\$ 25,811

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Louisiana
State University Board of Supervisors for expenses
related to COVID-19 response efforts

\$ 29,358,450

Provided, however, that the amount appropriated above in Interagency Transfers shall be
allocated as follows:

Louisiana State University - A&M College
Louisiana State University - Alexandria

\$ 5,361,800

\$ 2,576,300

1	Louisiana State University Health Sciences Center -		
2	New Orleans	\$	5,350,000
3	Louisiana State University Health Sciences Center -		
4	Shreveport	\$	7,277,700
5	Louisiana State University - Eunice	\$	3,076,600
6	Louisiana State University - Shreveport	\$	781,100
7	Louisiana State University - Agricultural Center	\$	3,434,950
8	Pennington Biomedical Research Center	\$	1,500,000

9 **19-615 SOUTHERN UNIVERSITY BOARD OF SUPERVISORS**

10 The commissioner of administration is hereby authorized and directed to adjust the means
 11 of finance for Southern University - Agricultural & Mechanical College, as contained in Act
 12 No. 10 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of
 13 the State General Fund by Interagency Transfers by (\$97,128) to adjust for Minimum
 14 Foundation Program transfers to the Southern University Laboratory School.

15 Payable out of the State General Fund by
 16 Statutory Dedications out of the Education
 17 Excellence Fund to the Southern University -
 18 Agricultural & Mechanical College for the
 19 Southern University Laboratory School \$ 9,325

20 Payable out of the State General Fund by
 21 Interagency Transfers from the Governor's Office
 22 of Homeland Security and Emergency Preparedness
 23 to the Southern University Board of Supervisors
 24 for expenses related to COVID-19 response efforts \$ 3,431,312

25 Provided, however, that the amount appropriated above in Interagency Transfers shall be
 26 allocated as follows:

27	Southern University - Agricultural & Mechanical College	\$	1,668,983
28	Southern University - Law Center	\$	417,291
29	Southern University - New Orleans	\$	750,736
30	Southern University - Shreveport	\$	594,302

31 **19-620 UNIVERSITY OF LOUISIANA BOARD OF SUPERVISORS**

32 Payable out of the State General Fund by Fees and
 33 Self-generated Revenues to Grambling State
 34 University due to changes in enrollment \$ 1,500,000

35 Payable out of the State General Fund by Interagency
 36 Transfers from the Governor's Office of Homeland
 37 Security and Emergency Preparedness to the
 38 University of Louisiana Board of Supervisors for
 39 expenses related to COVID-19 response efforts \$ 47,927,356

40 Provided, however, that the amount appropriated above in Interagency Transfers shall be
 41 allocated as follows:

42	Nicholls State University	\$	2,994,071
43	Grambling State University	\$	3,115,386
44	Louisiana Tech University	\$	6,396,237
45	McNeese State University	\$	4,760,441
46	University of Louisiana at Monroe	\$	5,153,206
47	Northwestern State University	\$	3,652,546
48	Southeastern State University	\$	5,077,968
49	University of Louisiana at Lafayette	\$	8,260,596
50	University of New Orleans	\$	8,516,905

**19-649 LOUISIANA COMMUNITY AND TECHNICAL COLLEGES
BOARD OF SUPERVISORS**

Payable out of the State General Fund by Fees and
Self-generated Revenues to SOWELA Technical
Community College due to changes in enrollment \$ 500,000

Payable out of the State General Fund by Interagency
Transfers from the Governor's Office of Homeland
Security and Emergency Preparedness to the Louisiana
Community and Technical Colleges Board of Supervisors
for expenses related to COVID-19 response efforts \$ 15,954,000

Provided, however, that the amount appropriated above in Interagency Transfers shall be
allocated as follows:

Baton Rouge Community College	\$ 1,650,000
Delgado Community College	\$ 4,180,000
Nunez Community College	\$ 645,000
Bossier Parish Community College	\$ 2,265,000
South Louisiana Community College	\$ 2,076,000
River Parishes Community College	\$ 900,000
Louisiana Delta Community College	\$ 521,000
Northwest Louisiana Technical Community College	\$ 931,000
SOWELA Technical Community College	\$ 900,000
L.E. Fletcher Technical Community College	\$ 390,000
Northshore Technical Community College	\$ 960,000
Central Louisiana Technical Community College	\$ 536,000

SPECIAL SCHOOLS AND COMMISSIONS

**19-657 JIMMY D. LONG SR. LOUISIANA SCHOOL FOR MATH, SCIENCE,
AND THE ARTS**

Payable out of the State General Fund by Interagency
Transfers to the Living and Learning Community
Program for an increase in the Minimum Foundation
Program allocation \$ 142,839

19-658 THRIVE ACADEMY

Payable out of the State General Fund by Interagency
Transfers to the Instruction Program for an increase in
the Minimum Foundation Program allocation \$ 138,696

Payable out of the State General Fund by Interagency
Transfers to the Instruction Program for personal
services and supplies \$ 72,724

Payable out of the State General Fund by Statutory
Dedications out of the Education Excellence Fund
to the Instruction Program for supplies \$ 78,090

Payable out of the State General Fund by Interagency
Transfers to the Instruction Program from the Louisiana
Department of Education Subgrantee Assistance Program
from the Elementary and Secondary Schools Emergency
Relief (ESSER) Fund as provided in the CARES Act
for the reimbursement of COVID-19 related expenditures \$ 69,553

1 19-662 LOUISIANA EDUCATIONAL TELEVISION AUTHORITY

2	Payable out of the State General Fund by Statutory		
3	Dedications out of the Education Excellence Fund		
4	to the Broadcasting Program for educational		
5	programming	\$	75,000

6 19-673 NEW ORLEANS CENTER FOR CREATIVE ARTS

7	Payable out of the State General Fund by Interagency		
8	Transfers to the Instruction Program for an increase in		
9	the Minimum Foundation Program allocation	\$	100,222

10	Payable out of the State General Fund by Interagency		
11	Transfers to the Instruction Program for expenses		
12	related to the cybersecurity incident	\$	10,449

13 DEPARTMENT OF EDUCATION

14 19-678 STATE ACTIVITIES

15	Payable out of Federal Funds to the District Support		
16	Program for new federal grants	\$	378,000

17	Payable out of the State General Fund by Fees and	
18	Self-generated Revenues to the District Support	
19	Program for the Content Leader Initiative	\$ 3,706,000

20	Payable out of the State General Fund by Interagency		
21	Transfers to the District Support Program for expenses		
22	related to the cybersecurity incident	\$	64,834

23 **19-681 SUBGRANTEE ASSISTANCE**

24	Payable out of the State General Fund by Interagency		
25	Transfers to the Student-Centered Goals Program for		
26	LA-4 reimbursements to Local Education Agencies	\$	7,776,056

27	Payable out of Federal Funds to the School & District	
28	Supports Program to Local Education Agencies for	
29	reimbursement of eligible expenses	\$ 117,349,560

30	Payable out of Federal Funds to the School & District		
31	Innovations Program to Local Education Agencies for		
32	reimbursement of eligible expenses	\$	8,356,393

33	Payable out of Federal Funds to the Student-Centered		
34	Goals Program to Local Education Agencies for		
35	reimbursement of eligible expenses	\$	213,673

36 19-682 RECOVERY SCHOOL DISTRICT

37	Payable out of the State General Fund by Interagency	
38	Transfers to the Recovery School District - Instruction	
39	Program for an increase in the Minimum Foundation	
40	Program allocation	\$ 1,706,244

1	Payable out of the State General Fund by Interagency	
2	Transfers to the Instruction Program from the Louisiana	
3	Department of Education Subgrantee Assistance Program	
4	from the Individuals with Disabilities Education Act (IDEA)	
5	Funds and Every Student Succeeds Act (ESSA) Funds	\$ 1,258,253

6 **19-695 MINIMUM FOUNDATION PROGRAM**

7	Payable out of the State General Fund (Direct)	
8	to the Minimum Foundation Program to fund	
9	updated student counts	\$ 19,784,118

10	Payable out of the State General Fund (Direct)	
11	to the Minimum Foundation Program to fully	
12	fund the FY20 formula	\$ 15,170,243

13	Payable out of the State General Fund by Statutory	
14	Dedications out of the Lottery Proceeds Fund to	
15	the Minimum Foundation Program	\$ 4,785,332

16 The commissioner of administration is hereby authorized and directed to adjust the means
 17 of finance for the Minimum Foundation Program, as contained in Act No. 10 of the 2019
 18 Regular Session of the Legislature, by reducing the appropriation out of the State General
 19 Fund by Statutory Dedications out of the Support Education in Louisiana First (SELF) Fund
 20 by (\$19,955,575).

21	Payable out of the State General Fund (Direct)	
22	to the Minimum Foundation Program	\$ 74,162,707

23 The commissioner of administration is hereby authorized and directed to adjust the means
 24 of finance for the Minimum Foundation Program, as contained in Act No. 10 of the 2019
 25 Regular Session of the Legislature, by reducing the appropriation out of the State General
 26 Fund by Statutory Dedications out of the Lottery Proceeds Fund by (\$74,162,707).

27 **LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER**
 28 **HEALTH CARE SERVICES DIVISION**

29 **19-610 LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER**
 30 **HEALTH CARE SERVICES DIVISION**

31	Payable out of the State General Fund by Fees and	
32	Self-generated Revenues to the Lallie Kemp Regional	
33	Medical Center for medical services	\$ 4,876,297

34 **OTHER REQUIREMENTS**

35 **20-451 LOCAL HOUSING OF STATE ADULT OFFENDERS**

36	Payable out of the State General Fund (Direct) to	
37	the Local Housing of Adult Offenders Program for	
38	increased per diem paid to local sheriffs	\$ 5,635,668

39	Payable out of the State General Fund by Interagency	
40	Transfers from the Governor's Office of Homeland	
41	Security and Emergency Preparedness to the Local	
42	Housing of Adult Offenders Program for eligible	
43	expenses related to COVID-19 response efforts	\$ 46,632,666

1 Payable out of the State General Fund by Interagency
 2 Transfers from the Governor's Office of Homeland
 3 Security and Emergency Preparedness to the Transitional
 4 Work Program for eligible expenses related to
 5 COVID-19 response efforts \$ 2,440,958

6 Payable out of the State General Fund (Direct)
 7 to the Reentry Services Program for reentry
 8 services and day reporting centers \$ 717,824

9 The commissioner of administration is hereby authorized and directed to adjust the means
 10 of finance for the Local Housing of Adult Offenders Program, as contained in Act No. 10
 11 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State
 12 General Fund (Direct) by (\$37,287,767).

13 The commissioner of administration is hereby authorized and directed to adjust the means
 14 of finance for the Transitional Work Program, as contained in Act No. 10 of the 2019
 15 Regular Session of the Legislature, by reducing the appropriation out of the State General
 16 Fund (Direct) by (\$9,489,455).

17 **20-901 SALES TAX DEDICATIONS**

18 Payable out of the State General Fund by Statutory
 19 Dedications out of the St. Tammany Parish Fund in
 20 accordance with R.S. 47:302.26(C) \$ 739,000

21 **20-931 LOUISIANA ECONOMIC DEVELOPMENT - DEBT SERVICE AND**
 22 **STATE COMMITMENTS**

23 Payable out of the State General Fund (Direct) to
 24 the Debt Service and State Commitments Program
 25 for existing state commitments and economic
 26 initiatives \$ 2,753,769

27 Payable out of the State General Fund by Statutory
 28 Dedications out of the Rapid Response Fund to the
 29 Debt Service and State Commitments Program for
 30 existing state commitments and economic initiatives \$ 7,200,000

31 **20-966 SUPPLEMENTAL PAYMENTS TO LAW ENFORCEMENT**
 32 **PERSONNEL**

33 Payable out of the State General Fund (Direct)
 34 to the Municipal Police Officers Program for
 35 eligible recipients \$ 400,000

36 Payable out of the State General Fund (Direct)
 37 to the Firefighters' Program for eligible recipients \$ 950,000

38 The commissioner of administration is hereby authorized and directed to adjust the means
 39 of finance for the Deputy Sheriffs' Supplemental Pay Program, as contained in Act No. 10
 40 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State
 41 General Fund (Direct) by (\$1,750,000).

42 **20-XXX FUNDS**

43 The state treasurer is hereby authorized and directed to transfer monies from the State
 44 General Fund (Direct) in the amount of \$163,810 into the Innocence Compensation Fund
 45 and \$1,100,000 into the State Emergency Response Fund.

ANCILLARY APPROPRIATIONS

21-815 OFFICE OF TECHNOLOGY SERVICES

Payable out of the State General Fund by Interagency Transfers to the Technology Services Program for cybersecurity services	\$	2,300,000
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21-829 OFFICE OF AIRCRAFT SERVICES

Payable out of the State General Fund by Interagency Transfers to the Flight Maintenance Program for projected expenditures	\$	500,000
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The commissioner of administration is hereby authorized and directed to adjust the means of finance for the Flight Maintenance Program, as contained in Act No. 40 of the 2019 Regular Session of the Legislature, by reducing the appropriation out of the State General Fund by Fees and Self-generated Revenues by (\$300,000).

JUDICIAL EXPENSE

23-949 LOUISIANA JUDICIARY

Payable out of the State General Fund by Interagency Transfers from the Governor's Office of Homeland Security and Emergency Preparedness to the Louisiana Judicial Budgetary Control Board for eligible expenses related to the COVID-19 response efforts	\$	3,000,000
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LEGISLATIVE EXPENSE

24-954 LEGISLATIVE AUDITOR

Payable out of the State General Fund by Statutory Dedications out of the Coronavirus Local Recovery Allocation Fund to the Legislative Auditor to carry out the provisions of the Act that originated as Senate Bill No. 189 of the 2020 Regular Session of the Legislature	\$	2,555,893
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24-960 LEGISLATIVE BUDGETARY CONTROL COUNCIL

Payable out of the State General Fund by Interagency Transfers from the Governor's Office of Homeland Security and Emergency Preparedness to the Legislative Budgetary Control Council for eligible expenses related to the COVID-19 response efforts	\$ 4,894,266
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Section 2A. Notwithstanding any provisions of law to the contrary, any appropriation contained in Other Requirements, Schedule 20-901 Sales Tax Dedications or Schedule 20-945 State Aid to Local Governmental Entities, in Act No. 10 of the 2019 Regular Session of the Legislature which appropriation has a valid Cooperative Endeavor Agreement on June 30, 2020, shall be deemed a bona fide obligation through December 31, 2020 and all other provisions of the Cooperative Endeavor Agreements, including but not limited to, the reporting requirements, shall be performed as agreed.

1 Section 2B. Notwithstanding any provision of law to the contrary, any appropriation
2 contained in Other Requirements, Schedule 20-901 Sales Tax Dedications in Act 50 of the
3 2019 Regular Session of the Legislature for the Town of Delhi which has a valid
4 Cooperative Endeavor Agreement on June 30, 2020, shall be deemed a bona fide obligation
5 through December 31, 2020 and all provisions of the Cooperative Endeavor Agreement
6 executed between the Town of Delhi and the Department of the Treasury, including but not
7 limited to the requirements shall be performed as agreed.

8 Section 3. Notwithstanding any provision of law to the contrary, any appropriation
9 contained in this Act shall be deemed a bona fide obligation through June 30, 2020.

10 Section 4. The provisions of Section 2 of Act 10 of the 2019 Regular Session of the
11 Legislature are hereby amended and reenacted to read as follows:

12 Section 2. All money from federal, interagency, statutory dedications, or self-
13 generated revenues shall be available for expenditure in the amounts herein appropriated.
14 Any increase in such revenues shall be available for allotment and expenditure by an
15 agency on approval of an increase in the appropriation by the commissioner of
16 administration and the Joint Legislative Committee on the Budget. Any increase in such
17 revenues for an agency without an appropriation from the respective revenue source shall
18 be incorporated into the agency's appropriation on approval of the commissioner of
19 administration and the Joint Legislative Committee on the Budget. In the event that
20 these revenues should be less than the amount appropriated, the appropriation shall be
21 reduced accordingly. To the extent that such funds were included in the budget on a
22 matching basis with state funds, a corresponding decrease in the state matching funds
23 may be made. Any federal funds which are classified as disaster or emergency under the
24 Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C.A. §1521
25 et seq., may be expended prior to approval of a BA-7 by the Joint Legislative Committee
26 on the Budget upon the secretary's certifying to the governor that any delay would be
27 detrimental to the state. The Joint Legislative Committee on the Budget shall be notified
28 in writing of such declaration and shall meet to consider such action, but if it is found
29 by the committee that such funds were not needed for an emergency expenditure, such
30 approval may be withdrawn and any balance remaining shall not be expended.

1 Section 5. This Act shall take effect and become operative if and when the Act which
2 originated as Senate Bill No. 189 of this 2020 Regular Session of the Legislature is enacted
3 and becomes effective.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____



Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

Updated Feb. 19, 2021

[Print](#)

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of the date of posting.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the [CDC website](#) periodically for updated interim guidance.

This document provides interim guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. Recommendations may need to be revised as more information becomes available.

A revision was made on 1/19/2021 to reflect the following:

- Clarification that correctional and detention facilities should continue to use a 14-day quarantine period.
[Recommendations for quarantine duration in correctional and detention facilities](#)

A revision was made 12/3/2020 to reflect the following:

- Updated language on quarantine recommendations

A revision was made 12/3/2020 to reflect the following:

- Updated language on quarantine recommendations

A revision was made 10/21/2020 to reflect the following:

- Updated language for the close contact definition.

A revision was made 10/7/2020 to reflect the following:

- Updated criteria for releasing individuals with confirmed COVID-19 from medical isolation (symptom-based approach).
- Added link to CDC Guidance for Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings
- Reorganized information on Quarantine into 4 sections: Contact Tracing, Testing Close Contacts, Quarantine Practices, and Cohorted Quarantine for Multiple Close Contacts

A revision was made 7/14/20 to reflect the following:

- Added testing and contact tracing considerations for incarcerated/detained persons (including testing newly incarcerated or detained persons at intake; testing close contacts of cases; repeated testing of persons in cohorts of quarantined close contacts; testing before release). Linked to more detailed Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities.
- Added recommendation to consider testing and a 14-day quarantine for individuals preparing for release or transfer to another facility.

- Added recommendation that confirmed COVID-19 cases may be medically isolated as a cohort. (Suspected cases should be isolated individually.)
- Reduced recommended frequency of symptom screening for quarantined individuals to once per day (from twice per day).
- Added recommendation to ensure that PPE donning/doffing stations are set up directly outside spaces requiring PPE. Train staff to move from areas of lower to higher risk of exposure if they must re-use PPE due to shortages.
- Added recommendation to organize staff assignments so that the same staff are assigned to the same areas of the facility over time, to reduce the risk of transmission through staff movements.
- Added recommendation to suspend work release programs, especially those within other congregate settings, when there is a COVID-19 case in the correctional or detention facility.
- Added recommendation to modify work details so that they only include incarcerated/detained persons from a single housing unit.
- Added considerations for safely transporting individuals with COVID-19 or their close contacts.
- Added considerations for release and re-entry planning in the context of COVID-19.

Intended Audience

This document is intended to provide guiding principles for healthcare and non-healthcare administrators of correctional and detention facilities (including but not limited to federal and state prisons, local jails, and detention centers), law enforcement agencies that have custodial authority for detained populations (i.e., U.S. Immigration and Customs Enforcement and U.S. Marshals Service), and their respective health departments, to assist in preparing for potential introduction, spread, and mitigation of SARS-CoV-2 (the virus that causes Coronavirus Disease 2019, or COVID-19) in their facilities. In general, the document uses terminology referring to correctional environments but can also be applied to civil and pre-trial detention settings.

This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies’ authorities or processes.

The guidance may need to be adapted based on individual facilities’ physical space, staffing, population, operations, and other resources and conditions. Facilities should contact CDC or their state, local, territorial, and/or tribal public health department if they need assistance in applying these principles or addressing topics that are not specifically covered in this guidance.

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Guidance Overview

The guidance below includes detailed recommendations on the following topics related to COVID-19 in correctional and detention settings:

- ✓ Operational and communications preparations for COVID-19
- ✓ Enhanced cleaning/disinfecting and hygiene practices
- ✓ Social distancing strategies to increase space between individuals in the facility
- ✓ Strategies to limit transmission from visitors
- ✓ Infection control, including recommended personal protective equipment (PPE) and potential alternatives during PPE shortages

- ✓ Verbal screening and temperature check protocols for incoming incarcerated/detained individuals, staff, and visitors
- ✓ Testing considerations for SARS-CoV-2
- ✓ Medical isolation of individuals with confirmed and suspected COVID-19 and quarantine of close contacts, including considerations for cohorting when individual spaces are limited
- ✓ Healthcare evaluation for individuals with suspected COVID-19
- ✓ Clinical care for individuals with confirmed and suspected COVID-19
- ✓ Considerations for people who are at [increased risk for severe illness from COVID-19](#)

Definitions of Commonly Used Terms

Close contact of someone with COVID-19 – Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

Cohorting – In this guidance, cohorting refers to the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells. While cohorting those with confirmed COVID-19 is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals. See [Quarantine](#) and [Medical Isolation](#) sections below for specific details about ways to implement cohorting as a harm reduction strategy to minimize the risk of disease spread and adverse health outcomes.

Community transmission of SARS-CoV-2 – Community transmission of SARS-CoV-2 occurs when individuals are exposed to the virus through contact with someone in their local community, rather than through travel to an affected location. When community transmission is occurring in a particular area, correctional facilities and detention centers are more likely to start seeing infections inside their walls. Facilities should consult with local public health departments if assistance is needed to determine how to define “local community” in the context of SARS-CoV-2 spread. However, because all states have reported cases, all facilities should be vigilant for introduction of the virus into their populations.

Confirmed vs. suspected COVID-19 – A person has **confirmed COVID-19** when they have received a positive result from a COVID-19 [viral test](#) (antigen or PCR test) but they may or may not have symptoms. A person has **suspected COVID-19** if they show symptoms of COVID-19 but either have not been tested via a viral test or are awaiting test results. If their test result is positive, suspected COVID-19 is reclassified as confirmed COVID-19.


Incarcerated/detained persons – For the purpose of this document, “incarcerated/detained persons” refers to persons held in a prison, jail, detention center, or other custodial setting. The term includes those who have been sentenced (i.e., in prisons) as well as those held for pre-trial (i.e., jails) or civil purposes (i.e., detention centers). Although this guidance does not specifically reference individuals in every type of custodial setting (e.g., juvenile facilities, community confinement facilities), facility administrators can adapt this guidance to apply to their specific circumstances as needed.

Masks – [Masks](#) cover the nose and mouth and are intended to help prevent people who have the virus from transmitting it to others, even if they do not have symptoms. [CDC recommends](#) wearing cloth masks in public settings where social distancing measures are difficult to maintain. Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control. If everyone wears a mask in congregate settings, the risk of exposure to SARS-CoV-2 can be reduced. Anyone who has trouble breathing or is unconscious, incapacitated, younger than 2 years of age or otherwise unable to remove the mask without assistance should not wear a mask (for more details see [How to Wear Masks](#)). **CDC does not recommend use of masks for source control if they have an exhalation valve or vent**. Individuals working under conditions that require PPE should not use a cloth mask when a surgical mask or N95 respirator is indicated (see Table 1). Surgical masks and N95 respirators should be reserved for situations where the wearer needs PPE. Detailed recommendations for wearing a mask can be found [here](#).

Medical isolation – Medical isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established [criteria for release from isolation](#), in consultation with clinical providers and public health officials. In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion, and should [ensure that the conditions in medical isolation spaces are distinct from those in punitive isolation](#).

Quarantine – Quarantine refers to the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. Quarantine for COVID-19 should last for 14 days after the exposure has ended. Ideally, each quarantined individual should be housed in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, and/or a quarantined individual receives a positive viral test result for SARS-CoV-2, the individual should be placed under medical isolation and evaluated by a healthcare professional. If symptoms do not develop during the 14-day period and the individual does not receive a positive viral test result for SARS-CoV-2, quarantine restrictions can be lifted. (NOTE: Some facilities may also choose to implement a “routine intake quarantine,” in which individuals newly incarcerated/detained are housed separately or as a group for 14 days before being integrated into general housing. This type of quarantine is conducted to prevent introduction of SARS-CoV-2 from incoming individuals whose exposure status is unknown, rather than in response to a known exposure to someone infected with SARS-CoV-2.)

- The best way to protect incarcerated/detained persons, staff, and visitors is to have the individual [quarantine for 14 days](#). For more information, please see [Recommendations for quarantine duration in correctional and detention facilities](#).

Social distancing – Social distancing is the practice of increasing the space between individuals and decreasing their frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals would be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Social distancing can be challenging to practice in correctional and detention environments; [examples](#) of potential social distancing strategies for correctional and detention facilities are detailed in the guidance below. Social distancing is vital for the prevention of respiratory diseases such as COVID-19, especially because people who have been infected with SARS-CoV-2 but do not have symptoms can still spread the infection. Additional information about social distancing, including information on its use to reduce the spread of other viral illnesses, is available in this [CDC publication](#)  [\[900 KB, 36 pages\]](#).

Staff – In this document, “staff” refers to all public or private-sector employees (e.g., contracted healthcare or food service workers) working within a correctional facility. Except where noted, “staff” does not distinguish between healthcare, custody, and other types of staff, including private facility operators.

Symptoms – [Symptoms of COVID-19](#) include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell. This list is not exhaustive. Other less common symptoms have been reported, including nausea and vomiting. Like other respiratory infections, COVID-19 can vary in severity from mild to severe, and pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations at [increased risk for severe illness](#) are not yet fully understood. Monitor the CDC website for updates on symptoms.

Facilities with Limited Onsite Healthcare Services

Although many large facilities such as prisons and some jails employ onsite healthcare staff and have the capacity to evaluate incarcerated/detained persons for potential illness within a dedicated healthcare space, many smaller facilities do not. Some of these facilities have access to on-call healthcare staff or providers who visit the facility every few days. Others have neither onsite healthcare capacity nor onsite medical isolation/quarantine space and must transfer ill patients to other correctional or detention facilities or local hospitals for evaluation and care.

The majority of the guidance below is designed to be applied to any correctional or detention facility, either as written or with modifications based on a facility's individual structure and resources. However, topics related to healthcare evaluation and clinical care of persons with confirmed and suspected COVID-19 infection and their close contacts may not apply directly to facilities with limited or no onsite healthcare services. It will be especially important for these types of facilities to coordinate closely with their state, local, tribal, and/or territorial health department when they identify incarcerated/detained persons or staff with confirmed or suspected COVID-19, in order to ensure effective medical isolation and quarantine, necessary medical evaluation and care, and medical transfer if needed. The guidance makes note of strategies tailored to facilities without onsite healthcare where possible.

Note that all staff in any sized facility, regardless of the presence of onsite healthcare services, should observe guidance on [recommended PPE](#) in order to ensure their own safety when interacting with persons with confirmed or suspected COVID-19 infection.

COVID-19 Guidance for Correctional Facilities

Guidance for correctional and detention facilities is organized into 3 sections: Operational Preparedness, Prevention, and Management of COVID-19. Recommendations across these sections should be applied simultaneously based on the progress of the outbreak in a particular facility and the surrounding community.

- **Operational Preparedness.** This guidance is intended to help facilities prepare for potential SARS-CoV-2 transmission in the facility. Strategies focus on operational and communications planning, training, and personnel practices.
- **Prevention.** This guidance is intended to help facilities prevent spread of SARS-CoV-2 within the facility and between the community and the facility. Strategies focus on reinforcing hygiene practices; intensifying cleaning and disinfection of the facility; regular symptom screening for new intakes, visitors, and staff; continued communication with incarcerated/detained persons and staff; social distancing measures; as well as testing symptomatic and asymptomatic individuals in correctional and detention facilities. Refer to the [Interim Guidance on Testing for SARS-CoV-2 in Correctional and Detention Facilities](#) for additional considerations regarding testing in correctional and detention settings.
- **Management.** This guidance is intended to help facilities clinically manage persons with confirmed or suspected COVID-19 inside the facility and prevent further transmission of SARS-CoV-2. Strategies include medical isolation and care of incarcerated/detained persons with COVID-19 (including considerations for cohorting), quarantine and testing of close contacts, restricting movement in and out of the facility, infection control practices for interactions with persons with COVID-19 and their quarantined close contacts or contaminated items, intensified social distancing, and cleaning and disinfecting areas where infected persons spend time.

Operational Preparedness

Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the [symptoms of COVID-19](#) and the importance of reporting those symptoms if they develop. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with public health and correctional partners, training staff on proper use of personal protective equipment (PPE) that may be needed in the course of their duties, and communicating clearly with staff and incarcerated/detained persons about these preparations and how they may temporarily alter daily life.

Communication and Coordination

✓ **Develop information-sharing systems with partners.**

- Identify points of contact in relevant [state, local, tribal, and/or territorial public health departments](#) before SARS-CoV-2 infections develop. Actively engage with the health department to understand in advance which entity has jurisdiction to

implement public health control measures for COVID-19 in a particular correctional or detention facility.

- Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.
- Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
- Where possible, put plans in place with other jurisdictions to prevent individuals with [confirmed or suspected COVID-19 and their close contacts](#) from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.
- Stay informed about updates to CDC guidance via the [CDC COVID-19 website](#) as more information becomes known.

✓ **Review existing influenza, all-hazards, and disaster plans, and revise for COVID-19.**

- Train staff on the facility's COVID-19 plan. All personnel should have a basic understanding of COVID-19, how the disease is thought to spread, what the symptoms of the disease are, and what measures are being implemented and can be taken by individuals to prevent or minimize the transmission of SARS-CoV-2.
- Ensure that **separate** physical locations (dedicated housing areas and bathrooms) have been identified to 1) isolate individuals with confirmed COVID-19 (individually or cohorted), 2) isolate individuals with suspected COVID-19 (individually – do not cohort), and 3) quarantine close contacts of those with confirmed or suspected COVID-19 (ideally individually; cohorted if necessary). The plan should include contingencies for multiple locations if numerous infected individuals and/or close contacts are identified and require medical isolation or quarantine simultaneously. See [Medical Isolation](#) and [Quarantine](#) sections below for more detailed cohorting considerations.
- [Facilities without onsite healthcare capacity](#) should make a plan for how they will ensure that individuals with suspected COVID-19 will be isolated, evaluated, tested, and provided necessary medical care.
- Make a list of possible [social distancing strategies](#) that could be implemented as needed at different stages of transmission intensity.
- Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the disease transmission patterns change.

✓ **Coordinate with local law enforcement and court officials.**

- Identify legally acceptable alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of SARS-CoV-2
- Consider options to prevent overcrowding (e.g., diverting new intakes to other facilities with available capacity, and encouraging alternatives to incarceration and other decompression strategies where allowable).

✓ **Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signs throughout the facility and communicate this information verbally on a regular basis. Sample [signage and other communications materials](#) are available on the CDC website.** Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low-vision.

For all:

- Practice good [cough and sneeze etiquette](#): Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
- Practice good [hand hygiene](#): Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating; before and after preparing food; before taking medication; and after touching garbage.
- Wear masks, unless PPE is indicated.
- Avoid touching your eyes, nose, or mouth without cleaning your hands first.
- Avoid sharing eating utensils, dishes, and cups.
- Avoid non-essential physical contact.

For incarcerated/detained persons:

- the importance of reporting symptoms to staff
- [Social distancing](#) and its importance for preventing COVID-19
- Purpose of [quarantine](#) and [medical isolation](#)

For staff:

- Stay at home when sick
- If symptoms develop while on duty, leave the facility as soon as possible and follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#) including self-isolating at home, contacting a healthcare provider as soon as possible to determine whether evaluation or testing is needed, and contacting a supervisor.

Personnel Practices

✓ Review the sick leave policies of each employer that operates within the facility.

- Review policies to ensure that they are flexible, non-punitive, and actively encourage staff not to report to work when sick.
- Determine which officials will have the authority to send symptomatic staff home.

✓ Identify duties that can be performed remotely. Where possible, allowing staff to work from home can be an effective social distancing strategy to reduce the risk of SARS-CoV-2**✓ Plan for staff absences.** Staff should stay home when they are sick, or they may need to stay home to care for a sick household member or care for children in the event of school and childcare dismissals.

- Identify critical job functions and plan for alternative coverage.
- Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.
- Review [CDC guidance](#) on safety practices for critical infrastructure workers (including correctional officers, law enforcement officers, and healthcare workers) who continue to work after a potential exposure to SARS-CoV-2.
- Consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.


✓ Consider offering revised duties to staff who are at [increased risk for severe illness from COVID-19](#). Persons at increased risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, moderate to severe asthma, heart disease, chronic kidney disease, severe obesity, and diabetes. See CDC's website for a complete list and check regularly for updates as more data become available.

- Consult with occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to SARS-CoV-2.



✓ Make plans in advance for how to change staff duty assignments to prevent unnecessary movement between housing units during a COVID-19

- If there are people with COVID-19 inside the facility, it is **essential** for staff members to maintain a consistent duty assignment in the same area of the facility across shifts to prevent transmission across different facility areas.
- Where feasible, consider the use of telemedicine to evaluate persons with COVID-19 symptoms and other health conditions to limit the movement of healthcare staff across housing units.

✓ Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season. [Symptoms of COVID-19](#) are similar to those of influenza. Preventing influenza in a facility can speed the detection of COVID-19 and reduce pressure on healthcare resources.

- ✓ Reference the [Occupational Safety and Health Administration website](#)  for recommendations regarding worker health.
- ✓ Review CDC's [guidance for businesses and employers](#) to identify any additional strategies the facility can use within its role as an employer, or share with others.

Operations, Supplies, and PPE Preparations

- ✓ Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available and have a plan in place to restock as needed.
 - Standard medical supplies for daily clinic needs
 - Tissues
 - Liquid or foam soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing. Ensure a sufficient supply of soap for each individual.
 - Hand drying supplies, such as paper towels or hand dryers
 - Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
 - Cleaning supplies, including [EPA-registered disinfectants effective against SARS-CoV-2](#) , the virus that causes COVID-19
 - Recommended PPE (surgical masks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls). See [PPE section](#) and [Table 1](#) for more detailed information, including recommendations for extending the life of all PPE categories in the event of shortages, and when surgical masks are acceptable alternatives to N95s. Visit CDC's website for a [calculator](#) to help determine rate of PPE usage.
 - [Cloth face masks](#) for source control
 - SARS-CoV-2 [specimen collection and testing supplies](#)
- ✓ Make contingency plans for possible PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers.
 - See CDC guidance [optimizing PPE supplies](#).
- ✓ Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting, where security concerns allow. If soap and water are not available, [CDC recommends](#) cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty, and place dispensers at facility entrances/exits and in PPE donning/doffing stations.
- ✓ Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing. (See [Hygiene](#) section below for additional detail regarding recommended frequency and protocol for hand washing.)
 - Provide liquid or foam soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing, and ensure that individuals do not share bars of soap.
- ✓ If not already in place, employers operating within the facility should establish a [respiratory protection program](#) as appropriate, to ensure that staff and incarcerated/detained persons are fit-tested for any respiratory protection they will need within the scope of their responsibilities.
- ✓ Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.
 - See [Table 1](#) for recommended PPE for incarcerated/detained persons and staff with varying levels of contact with persons with COVID-19 or their close contacts.
 - Visit CDC's website for [PPE donning and doffing training videos](#) and [job aids](#)  [2.9 MB, 3 pages].
- ✓ Prepare to set up designated PPE donning and doffing areas outside all spaces where PPE will be used. These spaces should include:

- A dedicated trash can for disposal of used PPE
- A hand washing station or access to alcohol-based hand sanitizer
- A [poster](#) demonstrating correct PPE donning and doffing procedures

✓ Review CDC and EPA guidance for [cleaning and disinfecting](#) of the facility.

Prevention

Cases of COVID-19 have been documented in all 50 US states. Correctional and detention facilities can prevent introduction of SARS-CoV-2 and reduce transmission if it is already inside by reinforcing good hygiene practices among incarcerated/detained persons, staff, and visitors (including increasing access to soap and paper towels), intensifying cleaning/disinfection practices, and implementing social distancing strategies.

Because many individuals infected with SARS-CoV-2 do not display symptoms, the virus could be present in facilities before infections are identified. Good hygiene practices, vigilant symptom screening, wearing [cloth face masks](#) (if not [contraindicated](#)), and social distancing are critical in preventing further transmission.

[Testing](#) symptomatic and asymptomatic individuals and initiating medical isolation for suspected and confirmed cases and quarantine for close contacts, can help prevent spread of SARS-CoV-2.

Operations

✓ Stay in communication with partners about your facility's current situation.

- State, local, territorial, and/or tribal health departments
- Other correctional facilities

✓ Communicate with the public about any changes to facility operations, including visitation programs.

✓ Limit transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.

If a transfer is absolutely necessary:

- Perform verbal screening and a temperature check as outlined in the [Screening](#) section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the [protocol for suspected COVID-19 infection](#) – including giving the individual a [cloth face mask \(unless contraindicated\)](#), if not already wearing one, immediately placing them under medical isolation, and evaluating them for SARS-CoV-2
- Ensure that the receiving facility has capacity to properly quarantine or isolate the individual upon arrival.
- See [Transportation](#) section below on precautions to use when transporting an individual with confirmed or suspected COVID-19.

✓ Make every possible effort to modify staff assignments to minimize movement across housing units and other areas of the facility. For example, ensure that the same staff are assigned to the same housing unit across shifts to prevent cross-contamination from units where infected individuals have been identified to units with no infections.

✓ Consider suspending work release and other programs that involve movement of incarcerated/detained individuals in and out of the facility, especially if the work release assignment is in another congregate setting, such as a food processing plant.

✓ Implement lawful alternatives to in-person court appearances where permissible.

✓ Where relevant, consider suspending co-pays for incarcerated/detained persons seeking medical evaluation for possible COVID-19 symptoms, to remove possible barriers to symptom reporting.

✓ Limit the number of operational entrances and exits to the facility.

✓ Limit the number of operational entrances and exits to the facility.

✓ Where feasible, consider establishing an on-site laundry option for staff so that they can change out of their uniforms, launder them at the facility, and wear street clothes and shoes home. If on-site laundry for staff is not feasible, encourage them to change clothes before they leave the work site, and provide a location for them to do so. This practice may help minimize the risk of transmitting SARS-CoV-2 between the facility and the community.

Cleaning and Disinfecting Practices

✓ Even if COVID-19 has not yet been identified inside the facility or in the surrounding community, implement intensified cleaning and disinfecting procedures according to the recommendations below. These measures can help prevent spread of SARS-CoV-2 if introduced, and if already present through asymptomatic infections.

✓ Adhere to [CDC recommendations for cleaning and disinfection during the COVID-19 response](#). Monitor these recommendations for updates.

- Visit the CDC website for a [tool](#) to help implement cleaning and disinfection.
- Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, and computer equipment).
- Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs) several times per day and when the use of the equipment has concluded.
- Use household cleaners and [EPA-registered disinfectants effective against SARS-CoV-2, the virus that causes COVID-19](#) [↗](#) as appropriate for the surface.
- Follow label instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use, and around people. Clean according to label instructions to ensure safe and effective use, appropriate product dilution, and contact time. Facilities may consider lifting restrictions on undiluted disinfectants (i.e., requiring the use of undiluted product), if applicable.

✓ Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.

✓ Ensure adequate supplies to support intensified cleaning and disinfection practices, and have a plan in place to restock rapidly if needed.

Hygiene

✓ Encourage all staff and incarcerated/detained persons to wear a [cloth face mask](#) as much as safely possible, to prevent transmission of SARS-CoV-2 through respiratory droplets that are created when a person talks, coughs, or sneezes (“source control”).

- Provide masks at no cost to incarcerated/detained individuals and launder them routinely.
- Clearly explain the purpose of [masks](#) and when their use may be [contraindicated](#). Because many individuals with COVID-19 do not have symptoms, it is important for everyone to wear masks in order to protect each other: “My mask protects you, your mask protects me.”
- Ensure staff know that cloth masks should not be used as a substitute for surgical masks or N95 respirators that may be required based on an individual’s scope of duties. Cloth masks are not PPE but are worn to protect others in the surrounding area from respiratory droplets generated by the wearer.
- Surgical masks may also be used as source control but should be conserved for situations requiring PPE.

✓ Reinforce [healthy hygiene practices](#), and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).

✓ Provide incarcerated/detained persons and staff no-cost access to:

- **Soap** – Provide liquid or foam soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing, and ensure that individuals are not sharing bars of soap.
- **Running water, and hand drying machines or disposable paper towels** for hand washing
- **Tissues** and (where possible) no-touch trash receptacles for disposal
- Face masks

✓ Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions. Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.

✓ Communicate that sharing drugs and drug preparation equipment can spread SARS-CoV-2 due to potential contamination of shared items and close contact between individuals.

Testing for SARS-CoV-2

Correctional and detention facilities are high-density congregate settings that present unique challenges to implementing testing for SARS-CoV-2, the virus that causes COVID-19. Refer to [Testing guidance](#) for details regarding testing strategies in correctional and detention settings.

Prevention Practices for Incarcerated/Detained Persons

✓ Provide cloth face masks (unless [contraindicated](#)) and perform pre-intake symptom screening and temperature checks for all new entrants in order to identify and immediately place individuals with symptoms under medical isolation. Screening should take place in an outdoor space prior to entry, in the sally port, or at the point of entry into the facility immediately upon entry, before beginning the intake process. See [Screening section](#) below for the wording of screening questions and a recommended procedure to safely perform a temperature check. Staff performing temperature checks should wear recommended PPE (see [PPE section](#) below).

If an individual has [symptoms of COVID-19](#):

- Require the individual to wear a mask (as much as possible, use cloth masks in order to reserve surgical masks for situations requiring PPE). Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask.
- Ensure that staff who have direct contact with the symptomatic individual wear [recommended PPE](#).
- Place the individual under [medical isolation](#) and refer to healthcare staff for further evaluation. (See [Infection Control](#) and [Clinical Care](#) sections below.)
- Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care. See [Transport](#) section and coordinate with the receiving facility.

If an individual is an asymptomatic [close contact](#) of someone with COVID-19:

- Quarantine the individual and monitor for symptoms at least once per day for 14 days. (See [Quarantine](#) section below.)
- The best way to protect incarcerated/detained persons, staff, and visitors is to have the individual [quarantine for 14 days](#). For more information, please see [Recommendations for quarantine duration in correctional and detention facilities](#).
- Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care. See [Transport](#) section and coordinate with the receiving facility.

✓ Consider strategies for [testing](#) asymptomatic incarcerated/detained persons without known SARS-CoV-2 exposure for early identification of SARS-CoV-2 in the facility.

Implement **social distancing** strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of symptoms), and to minimize mixing of individuals from different housing units.

Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:

Common areas:

- Enforce increased space between individuals in holding cells as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area).

Recreation:

- Choose recreation spaces where individuals can spread out
- Stagger time in recreation spaces (clean and disinfect between groups).
- Restrict recreation space usage to a single housing unit per space (where feasible).

Meals:

- Stagger meals in the dining hall (one housing unit at a time; clean and disinfect between groups).
- Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table).
- Provide meals inside housing units or cells.

Group activities:

- Limit the size of group activities.
- Increase space between individuals during group activities.
- Suspend group programs where participants are likely to be in closer contact than they are in their housing environment.
- Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out.

Housing:

- If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are **cleaned** thoroughly if assigned to a new occupant.)
- Arrange bunks so that individuals sleep head to foot to increase the distance between their faces.
- Minimize the number of individuals housed in the same room as much as possible.
- Rearrange scheduled movements to minimize mixing of individuals from different housing areas.

Work details:

- Modify work detail assignments so that each detail includes only individuals from a single housing unit.

Medical:

- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering individuals' sick call visits.

- Stagger pill line, or stage pill line within individual housing units.
- Identify opportunities to implement telemedicine to minimize the movement of healthcare staff across multiple housing units and to minimize the movement of ill individuals through the facility.
- Designate a room near the intake area to evaluate new entrants who are flagged by the intake symptom screening process before they move to other parts of the facility.

✓ **Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.**

✓ **Provide [up-to-date information about COVID-19](#) to incarcerated/detained persons on a regular basis.** As much as possible, provide this information in person and allow opportunities for incarcerated/detained individuals to ask questions (e.g., town hall format if social distancing is feasible, or informal peer-to-peer education). Updates should address:

- [Symptoms of COVID-19](#) and its health risks
- Reminders to report COVID-19 symptoms to staff at the first sign of illness
 - Address concerns related to reporting symptoms (e.g., being sent to medical isolation), explain the need to report symptoms immediately to protect everyone, and explain the differences between medical isolation and solitary confinement.
- Reminders to use masks as much as possible
- Changes to the daily routine and how they can contribute to risk reduction

Prevention Practices for Staff

✓ **When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an individual with [COVID-19 symptoms](#) while interviewing, escorting, or interacting in other ways, and to wear [recommended PPE](#) if closer contact is necessary.**

✓ **Ask staff to keep interactions with individuals with COVID-19 symptoms as brief as possible.**

✓ **Remind staff to stay at home if they are sick.** Ensure staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.

✓ **Consider strategies for [testing](#) asymptomatic staff without known SARS-CoV-2 exposure** for early identification of SARS-CoV-2 in the facility.

Follow guidance from the [Equal Employment Opportunity Commission](#) [↗](#) when offering testing to staff. **Any time a positive test result is identified, relevant employers should:**

- Ensure that the individual is rapidly notified, connected to appropriate medical care, and advised how to [self-isolate](#).
- Inform other staff about their possible exposure in the workplace but should maintain the infected employee's confidentiality as required by the [Americans with Disabilities Act](#) [↗](#) .

✓ **Perform verbal screening and temperature checks for all staff daily on entry.** See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.

- In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).
- Send staff home who do not clear the screening process, and advise them to follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).

✓ **Provide staff with [up-to-date information about COVID-19](#) and about facility policies on a regular basis, including:**

- [Symptoms of COVID-19](#) and its health risks

- Employers' sick leave policy
- ✓ If staff develop a fever or other [symptoms of COVID-19](#) while at work, they should immediately put on a mask (if not already wearing one), inform their supervisor, leave the facility, and follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
- ✓ Staff identified as close contacts of someone with COVID-19 should self-quarantine at home for 14 days, unless a shortage of critical staff precludes quarantine.
- Staff identified as close contacts should self-monitor for symptoms and seek testing.
 - Refer to [CDC guidelines](#) for further recommendations regarding home quarantine.
 - The best way to protect incarcerated/detained persons, staff, and visitors is to have the individual [quarantine for 14 days](#). For more information, please see [Recommendations for quarantine duration in correctional and detention facilities](#).
 - To ensure continuity of operations, [critical infrastructure workers](#) (including corrections officers, law enforcement officers, and healthcare staff) may be permitted to continue work following potential exposure to SARS-CoV-2, provided that they remain *asymptomatic* and additional precautions are implemented to protect them and others.
 - **Screening:** The facility should ensure that temperature and symptom screening takes place daily before the staff member enters the facility.
 - **Regular Monitoring:** The staff member should self-monitor under the supervision of their employer's occupational health program. If symptoms develop, they should follow CDC guidance on isolation with COVID-19 symptoms.
 - **Wear a Mask:** The staff member should wear a [mask](#) (unless [contraindicated](#)) at all times while in the workplace for 14 days after the last exposure (if not already wearing one due to universal use of masks).
 - **Social Distance:** The staff member should maintain 6 feet between themselves and others and practice social distancing as work duties permit.
 - **Disinfect and Clean Workspaces:** The facility should continue enhanced cleaning and disinfecting practices in all areas including offices, bathrooms, common areas, and shared equipment.
- ✓ Staff with confirmed or suspected COVID-19 should inform workplace and personal contacts immediately. These staff should be required to meet CDC criteria for [ending home isolation](#) before returning to work. Monitor [CDC guidance on discontinuing home isolation](#) regularly, as circumstances evolve rapidly.

Prevention Practices for Visitors

- ✓ Restrict non-essential vendors, volunteers, and tours from entering the facility.
- ✓ If possible, communicate with potential visitors to discourage contact visits in the interest of their own health and the health of their family members and friends inside the facility.
- ✓ Require visitors to wear [masks](#) (unless [contraindicated](#)), and perform verbal screening and temperature checks for all visitors and volunteers on entry. See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.
- Staff performing temperature checks should wear [recommended PPE](#).
 - Exclude visitors and volunteers who do not clear the screening process or who decline screening.
- ✓ Provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas.
- ✓ Provide visitors and volunteers with information to prepare them for screening.
- Instruct visitors to postpone their visit if they have [COVID-19 symptoms](#).
 - If possible, inform potential visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19 (including a temperature check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening.

- Display [signage](#) outside visiting areas explaining the COVID-19 symptom screening and temperature check process. Ensure that materials are understandable for non-English speakers and those with low literacy.

✓ **Promote non-contact visits:**

- Encourage incarcerated/detained persons to limit in-person visits in the interest of their own health and the health of their visitors.
- Consider reducing or temporarily eliminating the cost of phone calls for incarcerated/detained persons.
- Consider increasing incarcerated/detained persons' telephone privileges to promote mental health and reduce exposure from direct contact with community visitors.

✓ **Consider suspending or modifying visitation programs, if legally permissible. For example, provide access to virtual visitation options where available.**

- If moving to virtual visitation, clean electronic surfaces regularly after each use. (See [Cleaning](#) guidance below for instructions on cleaning electronic surfaces.)
- Inform potential visitors of changes to, or suspension of, visitation programs.
- Clearly communicate any visitation program changes to incarcerated/detained persons, along with the reasons for them (including protecting their health and their family and community members' health).
- If suspending contact visits, provide alternate means (e.g., phone or video visitation) for incarcerated/detained individuals to engage with legal representatives, clergy, and other individuals with whom they have legal right to consult.

NOTE: Suspending visitation should only be done in the interest of incarcerated/detained persons' physical health and the health of the general public. Visitation is important to maintain mental health. If visitation is suspended, facilities should explore alternative ways for incarcerated/detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them.

Management

If there is an individual with suspected COVID-19 inside the facility (among incarcerated/detained persons, staff, or visitors who have recently been inside), begin implementing Management strategies while test results are pending. Essential Management strategies include placing individuals with suspected or confirmed COVID-19 under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and [environmental disinfection](#) protocols and wearing recommended PPE.

[Testing](#) symptomatic and asymptomatic individuals (incarcerated or detained individuals and staff) and initiating medical isolation for suspected and confirmed cases and quarantine for close contacts, can help prevent spread of SARS-CoV-2 in correctional and detention facilities. Continue following recommendations outlined in the Preparedness and Prevention sections above.

Operations

✓ [Coordinate with state, local, tribal, and/or territorial health departments](#). When an individual has suspected or confirmed COVID-19, notify public health authorities and request any necessary assistance with medical isolation, evaluation, and clinical care, and contact tracing and quarantine of close contacts. See [Medical Isolation](#), [Quarantine](#) and [Clinical Care](#) sections below.

✓ **Implement alternate work arrangements deemed feasible in the [Operational Preparedness](#) section.**

✓ **Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, or to prevent overcrowding.**

✓ **Set up PPE donning/doffing stations as described in the Preparation section.**

- ✓ If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (separately from other individuals who are quarantined due to contact with someone who has COVID-19). This practice is referred to as routine intake quarantine.
- ✓ Consider [testing](#) all newly incarcerated/detained persons before they join the rest of the population in the correctional or detention facility.
- ✓ Minimize interactions between incarcerated/detained persons living in different housing units, to prevent transmission from one unit to another. For example, stagger mealtimes and recreation times, and consider implementing broad movement restrictions.
- ✓ Ensure that work details include only incarcerated/detained persons from a single housing unit, supervised by staff who are normally assigned to the same housing unit.
 - If a work detail provides goods or services for other housing units (e.g., food service or laundry), ensure that deliveries are made with extreme caution. For example, have a staff member from the work detail deliver prepared food to a set location, leave, and have a staff member from the delivery location pick it up. Clean and disinfect all coolers, carts, and other objects involved in the delivery.
- ✓ Incorporate COVID-19 prevention practices into release planning.
 - Consider implementing a release quarantine (ideally in single cells) for 14 days prior to individuals' projected release date.
 - The best way to protect incarcerated/detained persons, staff, and visitors is to have the individual [quarantine for 14 days](#). For more information, please see [Recommendations for quarantine duration in correctional and detention facilities](#).
 - Screen all releasing individuals for [COVID-19 symptoms](#) and perform a temperature check (see [Screening](#) section below.)
 - If an individual does not clear the screening process, follow the [protocol for suspected COVID-19](#) – including giving the individual a mask, if not already wearing one, immediately placing them under medical isolation, and evaluating them for SARS-CoV-2 testing.
 - If the individual is released from the facility before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct linkages to community resources to ensure proper medical isolation and access to medical care.
 - Before releasing an incarcerated/detained individual who has confirmed or suspected COVID-19, or who is a close contact of someone with COVID-19, contact [local public health](#) officials to ensure they are aware of the individual's release and anticipated location. If the individual will be released to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation or quarantine as needed.
- ✓ Incorporate COVID-19 prevention practices into re-entry programming.
 - Ensure that facility re-entry programs include information on accessing housing, social services, mental health services, and medical care within the context of social distancing restrictions and limited community business operations related to COVID-19.
 - Provide individuals about to be released with COVID-19 prevention information, hand hygiene supplies, and masks.
 - Link individuals who need medication-assisted treatment for opioid use disorder to [substance use, harm reduction, and/or recovery support systems](#) [↗](#). If the surrounding community is under movement restrictions due to COVID-19, ensure that referrals direct releasing individuals to programs that are continuing operations.
 - Link releasing individuals to Medicaid enrollment and [healthcare resources](#) [↗](#), including continuity of care for chronic conditions that may place an individual at increased risk for severe illness from COVID-19.
 - When possible, encourage releasing individuals to seek housing options among their family or friends in the community, to prevent crowding in other congregate settings such as homeless shelters. When linking individuals to shared housing, link preferentially to accommodations with the greatest capacity for social distancing.

Hygiene

- ✓ Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility (see [above](#)).
- ✓ Continue to emphasize practicing good hand hygiene and cough etiquette (see [above](#)).

Cleaning and Disinfecting Practices

- ✓ Continue adhering to recommended cleaning and disinfection procedures for the facility at large (see [above](#)).
- ✓ Reference specific cleaning and disinfection procedures for areas where individuals with COVID-19 spend time (see [below](#)).

Management of Incarcerated/Detained Persons with COVID-19 Symptoms

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity or without sufficient space for medical isolation should coordinate with local public health officials to ensure that individuals with suspected COVID-19 will be effectively isolated, evaluated, tested (if indicated), and given care.

- ✓ Staff interacting with incarcerated/detained individuals with COVID-19 symptoms should wear recommended PPE (see [Table 1](#)).
- ✓ If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.
- ✓ Incarcerated/detained individuals with COVID-19 symptoms should wear a [mask](#) (if not already wearing one, and unless [contraindicated](#)) and should be placed under medical isolation immediately. See [Medical Isolation](#) section below.
- ✓ Medical staff should evaluate symptomatic individuals to determine whether SARS-CoV-2 testing is indicated. Refer to CDC guidelines for information on [evaluation](#) and [testing](#). See [Infection Control](#) and [Clinical Care](#) sections below as well. Incarcerated/detained persons with symptoms are included in the high-priority group for testing in [CDC's recommendations](#) due to the high risk of transmission within congregate settings.
 - If the individual's SARS-CoV-2 test is positive, continue medical isolation. (See [Medical Isolation](#) section below.)
 - If the SARS-CoV-2 [test](#) is negative, the individual can be returned to their prior housing assignment unless they require further medical assessment or care or if they need to be quarantined as a close contact of someone with COVID-19.
- ✓ Work with public health or private labs, as available, to access [testing](#) supplies or services.

Medical Isolation of Individuals with Confirmed or Suspected COVID-19

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. [Facilities without onsite healthcare capacity](#), or without sufficient space to implement effective medical isolation, should coordinate with local public health officials to ensure that individuals with confirmed or suspected COVID-19 will be appropriately isolated, evaluated, tested, and given care.

- ✓ As soon as an individual develops symptoms of COVID-19 or tests positive for SARS-CoV-2 they should be given a [mask](#) (if not already wearing one and [if it can be worn safely](#)), immediately placed under medical isolation in a separate environment from other individuals, and [medically evaluated](#).
- ✓ Ensure that medical isolation for COVID-19 is distinct from punitive solitary confinement of incarcerated/detained individuals, both in name and in practice.

Because of limited individual housing spaces within many correctional and detention facilities, infected individuals are often placed in the same housing spaces that are used for solitary confinement. To avoid being placed in these conditions, incarcerated/detained individuals may be hesitant to report COVID-19 symptoms, leading to continued transmission within

shared housing spaces and, potentially, lack of health care and adverse health outcomes for infected individuals who delay reporting symptoms. Ensure that medical isolation is *operationally* distinct from solitary confinement, even if the same housing spaces are used for both. For example:

- Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.
- Make efforts to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in individuals' regular housing units.
- Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.
- Communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.

✓ **Keep the individual's movement outside the medical isolation space to an absolute minimum.**

- Provide medical care to isolated individuals inside the medical isolation space, unless they need to be transferred to a healthcare facility. See [Infection Control](#) and [Clinical Care](#) sections for additional details.
- Serve meals inside the medical isolation space.
- Exclude the individual from all group activities.
- Assign the isolated individual(s) a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result. Clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation.

✓ **Ensure that the individual is wearing a mask if they must leave the medical isolation space for any reason, and whenever another individual enters.** Provide clean masks as needed. Masks should be washed routinely and changed when visibly soiled or wet.

✓ **If the facility is housing individuals with confirmed COVID-19 as a cohort:**

- Only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, with close contacts of individuals with confirmed or suspected COVID-19, or with those with undiagnosed respiratory infection who do not meet the criteria for suspected COVID-19.
- Ensure that cohorted groups of people with confirmed COVID-19 wear masks whenever anyone else (including staff) enters the isolation space. (Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask.)
- When choosing a space to cohort groups of people with confirmed COVID-19, use a well-ventilated room with solid walls and a solid door that closes fully.
- Use one large space for cohorted medical isolation rather than several smaller spaces. This practice will conserve PPE and reduce the chance of cross-contamination across different parts of the facility.

✓ **If possible, avoid transferring infected individual(s) to another facility unless necessary for medical care. If transfer is necessary, see [Transport](#) section for safe transport guidance.**

✓ **Staff assignments to isolation spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility as much as possible.** These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation (see [PPE](#) section below) and should limit their own movement between different parts of the facility.

- If staff must serve multiple areas of the facility, ensure that they change PPE when leaving the isolation space. If a shortage of PPE supplies necessitates reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination. For example, start in a housing unit where no one is known to be infected, then move to a space used as quarantine for close contacts, and end in an isolation unit. Ensure that staff are highly trained in [infection control practices](#), including use of [recommended PPE](#).

✓ **Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle.** Instruct them to:

them to:

- **Cover** their mouth and nose with a tissue when they cough or sneeze
- **Dispose** of used tissues immediately in the lined trash receptacle
- **Wash hands** immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that [hand washing supplies](#) are continually restocked.

✓ **Maintain medical isolation at least until CDC criteria for discontinuing home-based isolation have been met. These criteria have changed since CDC corrections guidance was originally issued and may continue to change as new data become available. Monitor the sites linked below regularly for updates.** This content will not be outlined explicitly in this document due to the rapid pace of change.

- CDC's recommended strategy for release from home-based isolation can be found in the [Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings Interim Guidance](#).
- Detailed information about the data informing the symptom-based strategy, and considerations for extended isolation periods for persons in congregate settings including corrections, can be found [here](#).
- If persons will require ongoing care by medical providers, discontinuation of transmission-based precautions (PPE) should be based on similar criteria found [here](#).


Cleaning Spaces where Individuals with COVID-19 Spend Time

✓ **Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE.** (See [PPE](#) section below.)

✓ **Thoroughly and frequently [clean and disinfect](#) all areas where individuals with confirmed or suspected COVID-19 spend time.**

- After an individual has been medically isolated for COVID-19, close off areas that they have used prior to isolation. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions ([consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions](#)) before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
- Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see [list above in Prevention section](#)).
- Clean and disinfect areas used by infected individuals on an ongoing basis during medical isolation.

✓ **Hard (non-porous) surface cleaning and disinfection**

- If surfaces are soiled, they should be cleaned using a detergent or soap and water prior to disinfection.
- Consult [the list of products that are EPA-approved for use against the virus that causes COVID-19](#)[external icon](#)  . Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- If EPA-approved disinfectants are not available, diluted household bleach solutions can be used if appropriate for the surface. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Use bleach containing 5.25%–8.25% sodium hypochlorite. Do not use a bleach product if the percentage is not in this range or is not specified.
 - Follow the manufacturer's application instructions for the surface, ensuring a contact time of at least 1 minute.
 - Ensure proper ventilation during and after application.
 - Check to ensure the product is not past its expiration date.
 - Never mix household bleach with ammonia or any other cleanser. This can cause fumes that may be very dangerous to breathe in.

- Prepare a bleach solution by mixing:

- 5 tablespoons (1/3rd cup) of 5.25%–8.25% bleach per gallon of room temperature water

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OR

4 teaspoons of 5.25%–8.25% bleach per quart of room temperature water

- Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.

✓ Soft (porous) surface cleaning and disinfection

- For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19](#)^{external icon} and are suitable for porous surfaces.

✓ Electronics cleaning and disinfection

- For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Additional information on cleaning and disinfection of communal facilities such can be found on [CDC's website](#).

✓ **Check light icon Food service items.** Individuals under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed following food safety requirements. Individuals handling used food service items should clean their hands immediately after removing gloves.

✓ [Laundry from individuals with COVID-19](#) can be washed with other's laundry.

- Individuals handling laundry from those with COVID-19 should wear a mask, disposable gloves, and a gown, discard after each use, and clean their hands immediately after.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air. Ensure that individuals performing cleaning wear recommended PPE (see [PPE](#) section below).
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

Transporting Individuals with Confirmed and Suspected COVID-19 and Quarantined Close Contacts

✓ Refer to CDC [guidance for Emergency Medical Services \(EMS\)](#) on safely transporting individuals with confirmed or suspected COVID-19. This guidance includes considerations for vehicle type, air circulation, communication with the receiving facility, and cleaning the vehicle after transport.

- If the transport vehicle is not equipped with the features described in the EMS guidance, at minimum drive with the windows down and ensure that the fan is set to high, in non-recirculating mode. If the vehicle has a ceiling hatch, keep it open.


✓ Use the same precautions when transporting individuals under quarantine as close contacts of someone with COVID-19.

✓ See [Table 1](#) for the recommended PPE for staff transporting someone with COVID-19.

Managing Close Contacts of Individuals with COVID-19

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. [Facilities without onsite healthcare capacity](#) or without sufficient space to implement effective quarantine should coordinate with local public health officials to ensure that close contacts of individuals with COVID-19 will be effectively quarantined and medically monitored.

Contact Tracing


✓ To determine who is considered a close contact of an individual with COVID-19, see definition of [close contact](#) and the [Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan](#)  [12 Kb, 1 page] for more information.

✓ Contact tracing can be a useful tool to help contain disease outbreaks. When deciding whether to perform contact tracing, consider the following:

Have a plan in place for how close contacts of individuals with COVID-19 will be managed, including quarantine logistics.


- Contact tracing can be especially impactful when:
 - There is a small number of infected individuals in the facility or in a particular housing unit. Aggressively tracing close contacts can help curb transmission before many other individuals are exposed.
 - The infected individual is a staff member or an incarcerated/detained individual who has had close contact with individuals from other housing units or with other staff. Identifying those close contacts can help prevent spread to other parts of the facility.
 - The infected individual is a staff member or an incarcerated/detained individual who has recently visited a community setting. In this situation, identifying close contacts can help reduce transmission from the facility into the community.
- Contact tracing may be more feasible and effective in settings where incarcerated/detained individuals have limited contact with others (e.g., celled housing units), compared to settings where close contact is frequent and relatively uncontrolled (e.g., open dormitory housing units).
- If there is a large number of individuals with COVID-19 in the facility, contact tracing may become difficult to manage. Under such conditions, consider [broad-based testing](#) in order to identify infections and prevent further transmission.
- Consult CDC recommendations for [Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings](#) for further information regarding selecting a testing location, ensuring proper ventilation and PPE usage, setting up testing stations and supplies, and planning test-day operations.

Testing Close Contacts

✓ [Testing](#) is recommended for [all close contacts](#)  [12 KB, 1 page] of persons with SARS-CoV-2 infection, regardless of whether the close contacts have symptoms.

- Medically isolate those who test positive to prevent further transmission (see [Medical Isolation](#) section above).
- Asymptomatic close contacts testing negative should be placed under quarantine precautions for 14 days from their last exposure.

Quarantine for Close Contacts (who test negative)

✓ Incarcerated/detained persons who are close contacts of someone with [confirmed or suspected COVID-19](#) (whether the infected individual is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days. (Refer to the [Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan](#)  [12 KB, 1 page] for more information):

- If a quarantined individual is tested again during quarantine and they remain negative, they should continue to quarantine for the full 14 days after last exposure and follow all recommendations of local public health authorities.
- If an individual is quarantined due to contact with someone with suspected COVID-19 who is subsequently tested and receives a negative result, they can be released from quarantine. See [Interim Guidance on Testing for SARS-CoV-2 in](#)

[Correctional and Detention Facilities](#) for more information about testing strategies in correctional and detention settings.

- The best way to protect incarcerated/detained persons, staff, and visitors is to have the individual [quarantine for 14 days](#). For more information, please see [Recommendations for quarantine duration in correctional and detention facilities](#).

✓ **Quarantined individuals should be monitored for COVID-19 symptoms at least once per day including temperature checks.**

- See [Screening](#) section for a procedure to perform temperature checks safely on asymptomatic close contacts of someone with COVID-19.
- If an individual develops symptoms for SARS-CoV-2, they should be considered a suspected COVID-19 case, given a mask (if not already wearing one), and moved to medical isolation immediately (individually, and separately from those with confirmed COVID-19 and others with suspected COVID-19) and further evaluated. (See [Medical Isolation](#) section above.) If the individual is tested and receives a positive result, they can then be cohorted with other individuals with confirmed COVID-19.

✓ **Quarantined individuals can be released from quarantine restrictions if they have not developed COVID-19 symptoms and have not tested positive for SARS-CoV-2 for 14 days since their last exposure to someone who tested positive.**

✓ **Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.**

- Provide medical evaluation and care inside or near the quarantine space when possible.
- Serve meals inside the quarantine space.
- Exclude the quarantined individual from all group activities.
- Assign the quarantined individual a dedicated bathroom when possible. When providing a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result.

✓ **Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.**

✓ **If a quarantined individual leaves the quarantine space for any reason, they should wear a [mask](#) (unless [contraindicated](#)) as source control, if not already wearing one.**

- Quarantined individuals housed as a cohort should wear masks at all times (see cohorted quarantine section below).
- Quarantined individuals housed alone should wear a mask whenever another individual enters the quarantine space.
- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask.

✓ **Meals should be provided to quarantined individuals in their quarantine spaces.** Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands immediately after removing gloves.

✓ **Laundry from quarantined individuals can be washed with others' laundry.**

- Individuals handling laundry from quarantined persons should wear a mask, disposable gloves, and a gown, discard after each use, and clean their hands immediately after.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

✓ **Staff assignments to quarantine spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility.** These staff should wear recommended PPE based on their level of contact with the individuals under quarantine (see [PPE](#) section below).

- If staff must serve multiple areas of the facility, ensure that they change PPE when leaving the quarantine space. If a shortage of PPE supplies necessitates reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination.
- Staff supervising asymptomatic incarcerated/detained persons under [routine intake quarantine](#) (with no known exposure to someone with COVID-19) do not need to wear PPE but should still wear a [mask](#) as source control.

Cohorted Quarantine for Multiple Close Contacts (who test negative)

✓ **Facilities should make every possible effort to individually quarantine close contacts of individuals with confirmed or suspected COVID-19.** [Cohorting](#) multiple quarantined close contacts could transmit SARS-CoV-2 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.

✓ **In order of preference, multiple quarantined individuals should be housed:**

- **IDEAL:** Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
- Separately, in single cells with solid walls but without solid doors
- As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions
- As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door
- As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
- As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ [social distancing strategies related to housing in the Prevention section](#) to maintain at least 6 feet of space between individuals housed in the same cell.
- As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed – referred to as “quarantine in place”). Employ [social distancing strategies related to housing in the Prevention section above](#) to maintain at least 6 feet of space between individuals.
- Safely transfer to another facility with capacity to quarantine in one of the above arrangements. (See [Transport](#)) (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

If the ideal choice does not exist in a facility, use the next best alternative as a harm reduction approach.

✓ **If cohorting close contacts is absolutely necessary, be especially mindful of [those who are at increased risk for severe illness from COVID-19](#).** Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure for the individuals with increased risk of severe illness. (For example, intensify [social distancing strategies](#) for individuals with increased risk.)

✓ **If single cells for isolation (of those with suspected COVID-19) and quarantine (of close contacts) are limited, prioritize them in rank order as follows to reduce the risk of further SARS-CoV-2 transmission and adverse health outcomes:**

- Individuals with suspected COVID-19 who are at [increased risk for severe illness from COVID-19](#)
- Others with suspected COVID-19
- Quarantined close contacts of someone with COVID-19 who are themselves at increased risk for severe illness from COVID-19

✓ **If a facility must cohort quarantined close contacts, all cohorted individuals should be monitored closely for symptoms of COVID-19, and those with symptoms should be placed under [medical isolation](#) immediately.**

✓ If an individual who is part of a quarantined cohort becomes symptomatic:

- If the individual is tested for SARS-CoV-2 and receives a positive result: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
- If the individual is tested for SARS-CoV-2 and receives a negative result: the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantine cohort for the remainder of the quarantine period as their symptoms and diagnosis allow.
- If the individual is not tested for SARS-CoV-2: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.

✓ Consider [re-testing](#) all individuals in a quarantine cohort every 3-7 days, and immediately place those who test positive under medical isolation. This strategy can help identify and isolate infected individuals early and minimize continued transmission within the cohort.

✓ Consider testing all individuals quarantined as close contacts of someone with suspected or confirmed COVID-19 at the end of the 14-day quarantine period, before releasing them from quarantine precautions.

✓ Do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started. Doing so would complicate the calculation of the cohort's quarantine period, and potentially introduce new sources of infection.

✓ Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to someone with COVID-19). Under this scenario, do not mix individuals undergoing routine intake quarantine with those who are quarantined due to COVID-19 exposure.

Management Strategies for Incarcerated/Detained Persons without COVID-19 Symptoms

✓ Provide [clear information](#) to incarcerated/detained persons about the presence of COVID-19 within the facility, and the need to increase social distancing and maintain hygiene precautions.

- As much as possible, provide this information in person and allow opportunities for incarcerated/detained individuals to ask questions (e.g., town hall format if social distancing is feasible, or informal peer-to-peer education).
- Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf or hard-of-hearing, blind, or have low-vision.


✓ If individuals with COVID-19 have been identified among staff or incarcerated/detained persons anywhere in a facility, consider implementing regular symptom screening and temperature checks in housing units that have *not* yet identified infections, until no additional infections have been identified in the facility for 14 days. Because some incarcerated/detained persons are hesitant to report symptoms, it is very important to monitor for symptoms closely even though doing so is resource intensive. See [Screening](#) section for a procedure to safely perform a temperature check.

✓ Consider additional options to intensify [social distancing](#) within the facility.

Management Strategies for Staff

✓ Provide clear information to staff about the presence of COVID-19 within the facility, and the need to enforce universal use of [masks](#) (unless [contraindicated](#)) and social distancing and to encourage hygiene precautions.

- As much as possible, provide this information in person (if social distancing is feasible) and allow opportunities for staff to ask questions.

✓ Staff identified as close contacts of someone with COVID-19 should be tested for SARS-CoV-2 and self-quarantine at home for 14 days, unless a shortage of critical staff precludes quarantine of those who are asymptomatic (see [considerations for critical infrastructure workers](#)). Refer to the [Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan](#)  [12 KB, 1 page] for more information about contact tracing.

- The best way to protect incarcerated/detained persons, staff, and visitors is to have the individual [quarantine for 14 days](#). For more information, please see [Recommendations for quarantine duration in correctional and detention facilities](#).
- Close contacts should self-monitor for symptoms and seek testing.
- Refer to [CDC guidelines](#) for further recommendations regarding home quarantine.

✓ Staff who have confirmed or suspected COVID-19 should meet CDC criteria for [ending home isolation](#) before returning to work. Monitor [CDC guidance on discontinuing home isolation](#) regularly, as circumstances evolve rapidly.

Infection Control

Infection control guidance below is applicable to all types of correctional and detention facilities. Individual facilities should assess their unique needs based on the types of exposure staff and incarcerated/detained persons may have with someone with confirmed or suspected COVID-19.

✓ All individuals who have the potential for direct or indirect exposure to someone with COVID-19 or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). Monitor these guidelines regularly for updates.

- Implement the above guidance as fully as possible within the correctional/detention context. Some of the specific language may not apply directly to healthcare settings within correctional facilities and detention centers, or to facilities without onsite healthcare capacity, and may need to be adapted to reflect facility operations and custody needs.
- Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).

✓ Staff should exercise caution and wear [recommended PPE](#) when in contact with individuals showing COVID-19 symptoms. Contact should be minimized to the extent possible until the infected individual is wearing a [mask](#) (if not already wearing one and if not [contraindicated](#)) and staff are wearing PPE.

✓ Refer to [PPE](#) section to determine recommended PPE for individuals in contact with individuals with COVID-19, their close contacts, and potentially contaminated items.

✓ Remind staff about the importance of limiting unnecessary movements between housing units and through multiple areas of the facility, to prevent cross-contamination.

✓ Ensure that staff and incarcerated/detained persons are trained to doff PPE after they leave a space where PPE is required, as needed within the scope of their duties and work details. Ideally, staff should don clean PPE before entering a different space within the facility that also requires PPE.

- If PPE shortages make it impossible for staff to change PPE when they move between different spaces within the facility, ensure that they are trained to move from areas of low exposure risk (“clean”) to areas of higher exposure risk (“dirty”) while wearing the same PPE, to minimize the risk of contamination across different parts of the facility.

Clinical Care for Individuals with COVID-19

✓ Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.

- If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another facility or local hospital (including notifying the facility/hospital in advance). See [Transport](#) section. The initial medical evaluation should determine whether a symptomatic individual is at [increased risk for severe illness from COVID-19](#). Persons at increased risk may include older adults and persons of any age with serious [underlying medical conditions](#), including chronic kidney disease, serious heart conditions, and Type-2 diabetes. See CDC’s website for a complete [list](#) and check regularly for updates as more data become available to inform this issue.

- Based on available information, pregnant people seem to have the same risk of COVID-19 as adults who are not pregnant. However, much remains unknown about the risks of COVID-19 to the pregnant person, the pregnancy, and the unborn child. Prenatal and postnatal care is important for all pregnant people, including those who are incarcerated/detained. Visit the CDC website for more information on [pregnancy](#) and [breastfeeding](#) in the context of COVID-19.
- ✓ Staff evaluating and providing care for individuals with confirmed or suspected COVID-19 should follow the [CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and monitor the guidance website regularly for updates to these recommendations.
- ✓ Healthcare staff should evaluate persons with COVID-19 symptoms and those who are close contacts of someone with COVID-19 in a separate room, with the door closed if possible, while wearing [recommended PPE](#) and ensuring that the individual being evaluated is wearing a [mask](#).
- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.
- ✓ Clinicians are strongly [encouraged to test for other causes of respiratory illness](#) (e.g., influenza). However, presence of another illness such as influenza does not rule out COVID-19.
- ✓ When evaluating and treating persons with symptoms of COVID-19 who do not speak English, use a language line or provide a trained interpreter when possible.

Recommended PPE and PPE Training for Staff and Incarcerated/Detained Persons

- ✓ Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with individuals with confirmed and suspected COVID-19. Ensure strict adherence to OSHA PPE requirements.
- Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95 respirator) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's [respiratory protection program](#). If individuals wearing N95 respirators have facial hair, it should not protrude under the respirator seal, or extend far enough to interfere with the device's valve function (see [OSHA regulations](#) [↗](#)).
 - For PPE training materials and posters, visit the [CDC website on Protecting Healthcare Personnel](#).
- ✓ Ensure that all staff are trained to perform hand hygiene after removing PPE.
- ✓ Ensure that PPE is readily available where and when needed, and that PPE donning/doffing/disposal stations have been set up as described in the Preparation section.
- ✓ Recommended PPE for incarcerated/detained individuals and staff in a correctional facility will vary based on the type of contact they have with someone with COVID-19 and their close contacts (see [Table 1](#)). Each type of recommended PPE is defined below. **As above, note that PPE shortages are anticipated in every category during the COVID-19 response.**
- **N95 respirator**
N95 respirators should be prioritized when staff anticipate contact with infectious aerosols or droplets from someone with COVID-19. See below for guidance on when surgical masks are acceptable alternatives for N95s. Individuals working under conditions that require an N95 respirator should not use a cloth mask when an N95 is indicated.
 - **Surgical mask**
Worn to protect the wearer from splashes, sprays, and respiratory droplets generated by others. (NOTE: Surgical masks are distinct from cloth masks, which are not PPE but are worn to protect others in the surrounding area from respiratory droplets generated by the wearer. Individuals working under conditions that require a surgical mask should not use a cloth mask when a surgical mask is indicated.)

- **Eye protection**
Goggles or disposable face shield that fully covers the front and sides of the face.
- **A single pair of disposable patient examination gloves**
Gloves should be changed if they become torn or heavily contaminated.
- **Disposable medical isolation gown or single-use/disposable coveralls, when feasible**
 - If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with an individual with confirmed or suspected COVID-19, and that clothing is changed as soon as possible and laundered. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, activities where splashes and sprays are anticipated, and high-contact activities that provide opportunities for transfer of pathogens to the hands and clothing of the wearer.

✓ **Note that shortages of all PPE categories have been seen during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category (including strategies to reuse PPE safely) can be found on CDC’s website:**

- **Strategies for optimizing the supply of N95 respirators**
 - Based on local and regional situational analysis of PPE supplies, **surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand.** During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.
- **Strategies for optimizing the supply of surgical masks**
 - Reserve surgical masks for individuals who need PPE. Issue cloth masks to incarcerated/detained persons and staff as source control, in order to preserve surgical mask supply (see **recommended PPE**).
- **Strategies for optimizing the supply of eye protection**
- **Strategies for optimizing the supply of gowns/coveralls**
- **Strategies for optimizing the supply of disposable medical gloves**

Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional or Detention Facility during the COVID–19 Response

Classification of Individual Wearing PPE	N95 respirator	Surgical mask	Eye Protection	Gloves	Gown/ Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of someone with COVID-19)	Use cloth masks as source control (NOTE: cloth face coverings are NOT PPE and may not protect the wearer. Prioritize cloth masks for source control among all persons who do not meet criteria for N95 or surgical masks, and to conserve surgical masks for situations that require PPE.)				
Incarcerated/detained persons who have confirmed or suspected COVID-19, or showing symptoms of COVID-19					
Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X

Classification of Individual Wearing PPE	N95 respirator	Surgical mask	Eye Protection	Gloves	Gown/ Coveralls
Incarcerated/detained persons cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of someone with COVID-19* (but not performing temperature checks or providing medical care)		Surgical mask, eye protection, and gloves as local supply and scope of duties allow.			
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X	X	
Staff having direct contact with (including transport) or offering medical care to individuals with confirmed or suspected COVID-19 (See CDC infection control guidelines). For recommended PPE for staff performing collection of specimens for SARS-CoV-2 testing see the Standardized procedure for SARS-CoV-2 testing in congregate settings .	X**		X	X	X
Staff present during a procedure on someone with confirmed or suspected COVID-19 that may generate infectious aerosols (See CDC infection control guidelines)	X		X	X	X
Staff handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Staff cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

Classification of Individual Wearing PPE

* A NIOSH-approved N95 respirator is preferred. However, based on local and regional situational analysis of PPE supplies, surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors

The guidance above recommends verbal screening and temperature checks for incarcerated/detained persons, staff,

COVID-19

✓ Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:

- *Today or in the past 24 hours, have you had any of the following symptoms?*
 - *Fever, felt feverish, or had chills?*
 - *Cough?*
 - *Difficulty breathing?*
- *In the past 14 days, have you had [close contact](#) with a person known to be infected with the novel coronavirus (COVID-19)?*

✓ **The following is a protocol to safely check an individual's temperature:**

- Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.
- Put on a surgical mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves
- Check individual's temperature
- **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
- Remove and discard PPE
- Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol

✓ **If a physical barrier or partition is used to protect the screener rather than a PPE-based approach, the following protocol can be used.** (During screening, the screener stands behind a physical barrier, such as a glass or plastic window or partition, that can protect the screener's face and mucous membranes from respiratory droplets that may be produced when the person being screened sneezes, coughs, or talks.)

- Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.
- Put on a single pair of disposable gloves.
- Check the individual's temperature, reaching around the partition or through the window. Make sure the screener's face stays behind the barrier at all times during the screening.
- **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
- Remove and discard gloves.

Last Updated Feb. 19, 2021



EXECUTIVE DEPARTMENT

PROCLAMATION NUMBER 43 JBE 2020

***COVID-19 STATE OF EMERGENCY
PROVISIONS FOR EMERGENCY UNEMPLOYMENT AND
NECESSARY STATE EMPLOYEES***

- WHEREAS,** pursuant to the Louisiana Homeland Security and Emergency Assistance and Disaster Act, La. R.S. 29:721, *et seq.*, the Governor declared a public health emergency on in Proclamation Number 25 JBE 2020 in response to the threat posed by COVID-19;
- WHEREAS,** on March 11, 2020, in Proclamation Number 25 JBE 2020, the Governor declared that a statewide public health emergency existed in the State of Louisiana because of COVID-19 and expressly empowered the Governor's Office of Homeland Security and Emergency Preparedness and the Secretary of the Department of Health and/or the State Health Officer to take all actions authorized under state law;
- WHEREAS,** on March 13, 2020, in Proclamation Number 27 JBE 2020, the Governor supplemented the measures taken in his declaration of a Public Health Emergency with additional restrictions and suspensions of deadlines and regulations in order to protect the health and safety of the public because of COVID-19;
- WHEREAS,** the original proclamation was further supplemented on March 14, 2020, March 16, 2020, March 19, 2020, March 22, 2020, March 26, 2020, and March 31, 2020, in order to protect the health and safety of the public because of the extraordinary threat posed by COVID-19;
- WHEREAS,** in the days since the declaration of the public health emergency, the COVID-19 outbreak in Louisiana has expanded significantly;
- WHEREAS,** after declaration of a public health emergency, the Governor is authorized by La. R.S. 29:766(D)(1) to suspend the provisions of any regulatory statute prescribing procedures for the conducting of state business, or the orders, rules, or regulations of any state agency, if strict compliance with the provisions of any statute, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency;
- WHEREAS,** the secretary of the Workforce Commission has requested, due to the massive amount of office closures in our state and our nation, that portions of La. R.S. 23:1123 regarding the assistant secretary scheduling an independent medical examination, La. R.S. 23:1124 regarding consequences for failure to timely submit to a medical examination be suspended, and La. R.S. 23:1201.1 regarding hearing requests for suspension or termination of benefits from missed appointments be suspended;
- WHEREAS,** it is also necessary to renew sections regarding unemployment provisions of Proclamations 27 JBE 2020 and 29 JBE 2020;
- WHEREAS,** further, on March 18, 2020, the Families First Coronavirus Response Act (the "FFCRA") was signed into law to provide additional paid leave to employees in light of the COVID-19 pandemic;
- WHEREAS,** on April 1, 2020, the U.S. Department of Labor (USDOL) posted a temporary rule relating to the paid leave provisions of the FFCRA;

- WHEREAS,** the USDOL’s rule provides that a public employer may exclude employees who are health care providers or emergency responders from leave requirements under the Act;
- WHEREAS,** an employer's exercise of this option to exclude employees from this benefit does not impact an employee's earned or accrued sick, annual, compensatory, or other employer-provided leave under the employer's established policies and further does not prevent an employee who is a health care provider or emergency responder from taking earned or accrued leave in accordance with established employer policies;
- WHEREAS,** given the unique and necessary role that health care workers and first responders are playing in response to this emergency, it is necessary to ensure that those state employees who are health care workers and first responders remain available for service to the public;
- WHEREAS,** further, it is necessary to amend dates in Proclamation 41 JBE 2020; and
- WHEREAS,** these measures are necessary to protect the health and safety of the people of Louisiana.

NOW THEREFORE, I, JOHN BEL EDWARDS, Governor of the State of Louisiana, by virtue of the authority vested by the Constitution and the laws of the State of Louisiana, do hereby order and direct as follows:

- SECTION 1:** For the purpose of this proclamation, "emergency-related claims" shall mean claims for unemployment compensation filed by persons whose unemployment is directly due to the impact of COVID-19 or due to their inability to get to their job or worksite because they are sick, isolated or quarantined, caring for a sick family member, or when an employees’ child’s school is closed as determined by the administrator of the state's unemployment compensation program, i.e., the Secretary of the Louisiana Workforce Commission. Emergency-related claims will not necessarily include all claims in all parishes included in COVID-19 proclamations, declarations or orders.
- SECTION 2:** The following statutes relating to unemployment insurance are hereby further suspended to the extent and in the manner described below:
- A. La. R.S. 23:1533, which provides for claimants' benefits to be charged against base period employers for purposes of employers' tax experience rating and the protesting of such charges by employers, shall be suspended for emergency-related claims made during the effective period of this Proclamation.
 - B. La. R.S. 23:1552, which provides for the charging of claimants' benefits to certain employers, shall be suspended for emergency-related claims made during the effective period of this Proclamation.
 - C. La. R.S. 23:1600(2) and (3) shall be suspended while this Proclamation is in effect for emergency-related claims to the extent that they require claimants to register and search for work, but the requirements in La. R.S. 23:1600(2) that claimants continue to report at an employment office in the manner prescribed by the administrator, and in La. R.S. 23:1600(3) that claimants be able to work and be available for work, are not waived. The requirement to continue to report at an employment office, which is accomplished through either an automated telephone system or the Internet, is not impractical and avoids overpayments, which claimants would be liable to repay. Such activities are not practical by an individual who is impacted by COVID-19.
 - D. La. R.S. 23:1600(4) shall be suspended while this proclamation is in effect for emergency-related claims to the extent that claimants are required to wait a period of one week before receiving benefits.

- E. La. R.S. 23:1601(1) and (2), which provide certain disqualifications for otherwise eligible claimants. Such disqualifications include reasons for separation from employment, including a substantial change in employment by the employer or intentional misconduct connected with employment by the claimant. Separations that are the direct result of the impact caused by COVID-19 are not the fault of either the employer or the claimant. Administration of these separation issues with regard to such claims places an unnecessary burden on the state's unemployment system. Otherwise eligible claimants shall not be disqualified based on R.S. 23:1601(1) or (2).

SECTION 3:

The following statutes relating to unemployment are hereby suspended to the extent and in the manner described below:

- A. La. R.S. 23:1123, which authorizes the Assistant Secretary in a Workers' Compensation case to schedule a medical examination when there is a dispute as to the capacity to work shall be suspended during the effective period of this Proclamation. Any examination scheduled pursuant to this provision prior to the effective date of the Proclamation shall be null and void and shall be rescheduled with notice reissued to the party in accordance with existing statutory requirements.
- B. La. R.S. 23:1124, which suspends an employee's right to Workers' Compensation benefits for failure to timely submit to a medical examination shall be suspended during the effective period of this Proclamation.
- C. La. R.S. 23:1201.1 relative to the right to request a hearing for the suspension or termination of benefits for failure to attend a medical appointment shall be suspended during the effective period of this Proclamation.

SECTION 4:

Pursuant to 29 CFR Part 826.30, the following employees of the State of Louisiana are excluded from receiving paid sick leave under "The Emergency Paid Sick Leave Act" or expanded family and medical leave under "The Emergency Family and Medical Leave Expansion Act". For purposes herein, the state employees excluded from these provisions include:

- A. Healthcare providers, defined as any employee of the State of Louisiana employed at a hospital, veterans' home, health care center, clinic, local health department or agency, or any facility that performs laboratory or medical testing, as well as those employees who work in such facilities whose work is necessary to maintain the operation of the facility; and
- B. Emergency responders, defined as any employee of the State of Louisiana necessary for the provision of transport, care, healthcare, comfort and nutrition of such patients, or others needed for the response to COVID-19. This includes, but is not limited to military or national guard personnel, law enforcement officers, correctional institution personnel, fire fighters, emergency medical services personnel, physicians, nurses, public health personnel, emergency medical technicians, paramedics and emergency management personnel, as well as those employees who work in such facilities whose work is necessary to maintain the operation of the facility.

SECTION 5:

Section 5(H)(1)(introductory paragraph) in 41 JBE 2020 is hereby amended to read as follows:

- 1) Legal deadlines, including liberative prescription and preemptive periods applicable to legal proceedings in all courts, administrative agencies, and boards, are hereby suspended until at least Thursday, April 30, 2020, including, but not limited to, any such deadlines set forth by law within the following:

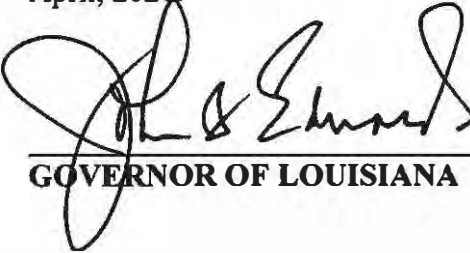
SECTION 6: Section 5(H)(2) in 41 JBE 2020 is hereby amended to read as follows:

- 2) In addition, all other deadlines in legal proceedings in all courts, administrative agencies, and boards shall remain suspended until Thursday, April 30, 2020.

SECTION 7: These provisions extend retroactively from the initial declaration of emergency from Tuesday, April 7, 2020 to Thursday, April 30, 2020, unless terminated sooner.



IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana in the City of Baton Rouge, on this 7th day of April, 2020.


GOVERNOR OF LOUISIANA

**ATTEST BY THE
SECRETARY OF STATE**


SECRETARY OF STATE

Public Health Response to COVID-19 Cases in Correctional and Detention Facilities — Louisiana, March–April 2020

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On May 8, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

Correctional and detention facilities face unique challenges in the control of infectious diseases, including coronavirus disease 2019 (COVID-19) (1–3). Among >10 million annual admissions to U.S. jails, approximately 55% of detainees are released back into their communities each week (4); in addition, staff members at correctional and detention facilities are members of their local communities. Thus, high rates of COVID-19 in correctional and detention facilities also have the potential to influence broader community transmission. In March 2020, the Louisiana Department of Health (LDH) began implementing surveillance for COVID-19 among correctional and detention facilities in Louisiana and identified cases and outbreaks in many facilities. In response, LDH and CDC developed and deployed the COVID-19 Management Assessment and Response (CMAR) tool to guide technical assistance focused on infection prevention and control policies and case management with correctional and detention facilities. This report describes COVID-19 prevalence in correctional and detention facilities detected through surveillance and findings of the CMAR assessment. During March 25–April 22, 489 laboratory-confirmed COVID-19 cases, including 37 (7.6%) hospitalizations and 10 (2.0%) deaths among incarcerated or detained persons, and 253 cases, including 19 (7.5%) hospitalizations and four (1.6%) deaths among staff members were reported. During April 8–22, CMAR telephone-based assessments were conducted with 13 of 31 (42%) facilities with laboratory-confirmed cases and 11 of 113 (10%) facilities without known cases. Administrators had awareness and overall understanding of CDC guidance for prevention of transmission in these facilities but reported challenges in implementation, related to limited space to quarantine close contacts of COVID-19 patients and inability of incarcerated and detained persons to engage in social distancing, particularly in dormitory-style housing. CMAR was a useful tool that helped state and federal public health officials assist multiple correctional and detention facilities to better manage COVID-19 patients and guide control activities to prevent or mitigate transmission.

On March 25, 2020, approximately 2 weeks after the first case of COVID-19 was reported in Louisiana, a case was reported in an incarcerated person. To assess COVID-19–associated morbidity in this population, LDH epidemiologists contacted and enrolled correctional and detention facilities in an active surveillance system, in which a daily email requested a tally of laboratory-confirmed and suspected cases among detained and incarcerated persons and staff members, as well as the daily facility census for incarcerated and detained persons. The total number of facility staff members was not requested. On April 4, 2020, after preliminary analysis of surveillance data, LDH contacted CDC to request onsite technical assistance to describe the scope of the outbreaks, determine the degree of awareness and implementation of CDC COVID-19 guidance, and train regional epidemiologists to provide technical assistance to facilities. A CDC team arrived at LDH on April 6, 2020.

Because multiple outbreaks were identified across the state, LDH and CDC developed a telephone-based assessment tool to facilitate technical assistance to facilities with COVID-19 cases. CDC and LDH modeled the CMAR tool on an infection prevention and control assessment tool for health care facilities previously created by CDC.* CMAR guided telephone conversations with facility health administrators through important components of the CDC interim guidance on COVID-19 management in correctional and detention facilities (5). Recommended measures in the CDC guidance include 1) suspension of transfers of incarcerated and detained persons and visitation; 2) access to hand hygiene supplies, including running water, for both incarcerated or detained persons and staff members; 3) symptom screening and 14-day quarantine of incarcerated or detained persons upon intake to the facility before joining the general facility population; 4) symptom screening for staff members at the beginning of each shift; 5) dedication of space for medical isolation and quarantine; 6) symptom screening and coordination with local public health officials before release of incarcerated or detained persons; 7) personal protective equipment (PPE) use by staff members and incarcerated or detained persons who have duties

* <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>.

that could involve exposure to an incarcerated or detained person with COVID-19; and 8) assignment of staff members to specific housing units. CMAR also provided prompts to facilitate discussion of challenges and lessons learned when implementing CDC guidance.

LDH epidemiologists invited health administrators and facility leadership from all facilities reporting cases among incarcerated or detained persons and a convenience sample of those that had not reported cases among incarcerated or detained persons to participate in technical assistance telephone calls using CMAR. To train LDH epidemiologists to perform technical assistance calls with facilities, a brief description of the recommended management strategy was provided after each question or section in CMAR. Responses to CMAR questions were transcribed during interviews. Facility characteristics, frequency of quantitative responses (e.g., ability to implement recommendations), and captured qualitative information are reported.

During March 25–April 22, 489 laboratory-confirmed COVID-19 cases among incarcerated or detained persons and an additional 253 cases among staff members were reported across 46 (32%) of 144 correctional and detention facilities in Louisiana through active surveillance. There were 37 (7.6%) hospitalizations and 10 (2.0%) deaths related to COVID-19 among incarcerated or detained persons and 19 (7.5%) hospitalizations and four (1.6%) deaths among staff members. Among the 46 facilities with confirmed COVID-19 cases, 17 (37%) reported cases in both incarcerated or detained persons and staff members, 15 (33%) reported cases only in staff members, and 14 (30%) reported cases only in incarcerated or detained persons. Facilities with cases were located in all nine Louisiana health regions and ranged in population size from 12 to >5,000 incarcerated or detained persons, housed juvenile and adult populations, and included 31 local jails, and 11 state, one federal, and three private facilities. Among the 31 facilities with cases in incarcerated or detained persons, the median period prevalence of confirmed COVID-19 cases among the facility population was 3% (range = <0.01%–50%; interquartile range = 1%–11%).

During April 8–22, 2020, CDC and LDH conducted 24 CMAR (Supplementary Material, <https://stacks.cdc.gov/view/cdc/87561>) telephone-based assessments with health administrators and facility leadership (i.e., the sheriff or warden) including at 13 of 31 (42%) facilities with laboratory-confirmed cases in incarcerated or detained persons and 11 of 113 (10%) facilities without known cases in incarcerated or detained persons. The populations housed in these facilities included men and women, adults and juveniles, and ranged in size from 14 to >1,500 incarcerated and detained persons. Dormitory-style housing was reported in 92% of facilities

with cases and 64% of facilities without cases. Nine of 13 facilities reporting cases and six of 11 facilities without cases in incarcerated or detained persons also reported cases among staff members.

All 24 facilities reported implementing CDC recommendations for suspending visitation, providing appropriate hand hygiene supplies, and performing symptom screening of new intakes (Table). All but one facility reported performing symptom checks on staff members at shift change. Facility health administrators and leadership had awareness and overall understanding of the guidance but also reported challenges in implementation, primarily lack of space to individually quarantine close contacts of COVID-19 patients and the inability of incarcerated and detained persons to engage in social distancing, particularly in dormitory-style housing. Among 23 facilities that could implement medical isolation, most (eight of 12 facilities reporting cases and nine of 11 not reporting cases in incarcerated and detained persons) reported that they could medically isolate patients with suspected and confirmed COVID-19 individually, and the remaining facilities medically isolated confirmed COVID-19 patients in cohorts (i.e., in group housing situations instead of individual cells). Among 23 facilities that could implement quarantine, 10 of 12 facilities reporting cases, and six of 11 not reporting cases described limited capacity to individually quarantine asymptomatic close contacts of cases, and instead quarantined close contacts in cohorts.

Among 13 facilities reporting cases, 11 had suspended transfers to and from the facility; fewer (five of 11) facilities not reporting cases had suspended transfers. Among facilities continuing transfers, all reported decreasing their frequency. Symptom screening before release of incarcerated or detained persons was reported by six of 13 facilities reporting cases and two of 11 not reporting cases. The use of face masks or cloth face coverings for all incarcerated or detained persons was reported in nine of 13 facilities reporting cases, but in only three of 11 of those not reporting cases. Facilities often reported that staff members needed to work across multiple units, making it not feasible to assign staff members to a single housing unit; seven of 13 facilities reporting cases and three of 11 facilities not reporting cases had assigned staff members to specific units.

Facilities reported that disincentives to illness reporting by incarcerated or detained persons included an opposition to medical isolation, and that, in some instances, there was a cost attached to medical visits. Two facilities reported that daily symptom screening revealed persons with fever who were unaware of, or had not yet disclosed, their symptoms.

Some facilities implemented additional mitigation strategies, not currently described in CDC guidance, such as

TABLE. Characteristics of facilities participating in the COVID-19 Management Assessment and Response (CMAR) (N = 24), by presence of COVID-19 cases among incarcerated or detained persons — Louisiana, April 2020

Characteristic	No. (%)	
	Facilities that reported COVID-19 cases (n = 13)	Facilities that did not report COVID-19 cases (n = 11)
Population		
Male	13 (100)	10 (91)
Female	6 (46)	8 (73)
Juvenile	3 (23)	3 (27)
Facility description		
Management		
Local jail	8 (62)	10 (91)
State	3 (23)	0 (—)
Federal	1 (8)	0 (—)
Private	1 (8)	1 (9)
Reported cases in staff members	9 (69)	6 (55)
Dormitory-style housing	12 (92)	7 (64)
Interventions		
Suspension of visitation	13 (100)	11 (100)
Access to hand hygiene supplies	13 (100)	11 (100)
Symptom screening of new intakes	13 (100)	11 (100)
Quarantine of new intakes for 14 days	9 (69)	7 (64)
In individual cells	3 (23)	5 (45)
Symptom screening for staff members at entry	13 (100)	10 (91)
Medical isolation of cases		
In individual cells	8 (62)	9 (82)
Cohorting	4 (31)	2 (18)
No separate space available	1 (8)	0 (—)
Quarantine of close contacts		
In individual cells	2 (15)	5 (45)
Cohorting	10 (77)	6 (54)
No separate space available	1 (8)	0 (—)
Suspension of transfers	11 (85)	5 (45)
Symptom screening before release from facility	6 (46)	2 (18)
Universal masking of staff members and inmates	9 (69)	3 (27)
Staff members assigned to single units	7 (54)	3 (27)

Abbreviation: COVID-19 = coronavirus disease 2019.

decompression (i.e., early release and lowering bail to facilitate release), confirmation of a negative real-time reverse transcription–polymerase chain reaction (RT-PCR) test result before discontinuation of quarantine, and transport of COVID-19 patients to other facilities with more space for medical isolation. Facility staff members voiced concerns about asymptomatic transmission and potential for viral shedding after isolation, with implications for decisions regarding whom to test and when persons could be released from isolation or quarantine into general facility housing.

Two facilities reported that RT-PCR testing of asymptomatic close contacts of incarcerated and detained persons with COVID-19 for SARS-CoV-2, the virus that causes

COVID-19, at the end of their initial 14-day quarantine period resulted in positive test results for six of 10 contacts in one facility and nine of 19 in the other facility. Two facilities reported patients with COVID-19 who continued to have positive test results for SARS-CoV-2 at what would have been the end of their symptom-based medical isolation periods, and facility staff members voiced concern that patients released from isolation based on absence of symptoms might be infectious. To address this, these facilities described moving persons with positive SARS-CoV-2 test results into group “step-down” units, in which persons who had COVID-19 are cohorted together for an additional 7 days upon completion of their initial symptom-based medical isolation period.[†]

Discussion

Interrupting SARS-CoV-2 transmission in confined, congregate settings creates unique prevention challenges (6–8). Louisiana has the second highest incarceration rate in the United States, with 144 correctional and detention facilities and an estimated daily correctional census of 45,400.[§] In Louisiana, staff members responding to interviews guided by the CMAR tool revealed awareness and overall understanding of CDC guidance. However, physical, logistical, and security constraints inherent to such settings make it difficult to fully implement the recommendations. The reported inability of some facilities to individually quarantine close contacts of incarcerated or detained persons with COVID-19 could result in spread among persons within the quarantine units.

CDC guidance currently recommends a 14-day quarantine for close contacts of a COVID-19 patient. If symptoms do not develop within those 14 days, movement restrictions can be lifted. However out of an abundance of caution, some facilities decided, in addition, to test quarantined persons before their release back into the general facility population. Some of these asymptomatic persons had positive SARS-CoV-2 test results at the end of quarantine, although it is not known if viable virus was present. Asymptomatic and presymptomatic persons have been shown to contribute to transmission in long-term care facilities (9). More research is needed to understand the role of asymptomatic and presymptomatic transmission in other

[†] Symptom-based release strategy refers to release from isolation occurring at least 3 days (72 hours) after recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), and at least 7 days since symptoms first appeared. On April 30, 2020, this period was extended to at least 10 days since symptoms first appeared. Test-based release strategy refers to release from isolation when there has been a resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms and negative test results of a Food and Drug Administration Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive upper respiratory tract swab specimens collected ≥24 hours apart.

[§] <https://www.bjs.gov/content/pub/pdf/cpus16.pdf>.

congregate settings like correctional and detention facilities. If facilities choose to test asymptomatic persons in quarantine, or use the test-based approach (i.e., two negative test results at least 24 hours apart after resolution of symptoms) for release from isolation, additional medical isolation capacity might need to be secured. Facilities should be aware when using the test-based strategy for release from isolation that positive test results have been reported for longer than 14 days (up to 36 days) after symptom onset, although it is unknown if the persons with these test results are still infectious (10).

The findings in this report are subject to at least five limitations. First, the number of COVID-19 cases among staff members was not available for all facilities, so the total number of cases reported among staff members is likely an underestimate. Second, case finding is dependent on the facility's surveillance and testing practices, which might differ among facilities. Third, CMAR participation was voluntary and therefore might not be representative of all facilities in Louisiana. Fourth, the CMAR tool was being tested and revised throughout the investigation; thus, available information might differ slightly by facility. Finally, because CMAR is telephone based, the described interventions could not be directly evaluated by observation.

Correctional and detention facilities face unique challenges to the control of infectious diseases such as COVID-19 (1–3). Incarcerated and detained persons largely rely on the correctional or detention system for infection control and prevention within the facility. Correctional and detention facilities differ in size, population, facility layout, and operations, and no uniform approach will address the specific needs of all facilities. CMAR provides a systematic, accessible means to facilitate technical assistance by public health officials regarding CDC's interim guidance on management of COVID-19 in correctional and detention facilities and to build local capacity to serve the needs of such facilities within their jurisdictions (5). LDH staff members continue to conduct CMARs with facilities in the state. CMAR can be used by local, state, and federal public health agencies to assist correctional and detention facilities to better manage COVID-19 cases and guide control activities to prevent or mitigate SARS CoV-2 transmission. Preventing and mitigating transmission in these facilities not only protects the health of staff members and incarcerated and detained persons, it also protects the health of members of communities where these facilities are located.

Acknowledgments

Correctional and detention facility health services administrators and wardens; Liesl Hagan; Mary Ann Kirkconnell Hall; Katherine Hendricks; Dale Rose; Samantha P. Williams.

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Summary

What is already known about this topic?

COVID-19 can spread rapidly in correctional and detention facilities, where options for social distancing, isolation, and quarantine are limited.

What is added by this report?

In Louisiana, 46 facilities have reported 489 COVID-19 cases among incarcerated or detained persons and 253 cases among staff members. A COVID-19 Management Assessment and Response (CMAR) tool used to assess 24 facilities identified awareness and understanding of guidance. However, limited capacity to individually quarantine exposed persons and inability to engage in social distancing likely contributed to illness spread.

What are the implications for public health practice?

Interrupting COVID-19 transmission in correctional and detention facilities is challenging. The CMAR tool could be used to assess COVID-19 management practices and guide strategies to address gaps.

¹Epidemic Intelligence Service, CDC; ²CDC COVID-19 Emergency Response Team; ³Louisiana Department of Health.

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

References

1. Bick JA. Infection control in jails and prisons. *Clin Infect Dis* 2007;45:1047–55. <https://doi.org/10.1086/521910>
2. Leung J, Elson D, Sanders K, et al. Notes from the field: mumps in detention facilities that house detained migrants—United States, September 2018–August 2019. *MMWR Morb Mortal Wkly Rep* 2019;68:749–50. <https://doi.org/10.15585/mmwr.mm6834a4>
3. Maruschak LM, Sabol WJ, Potter RH, Reid LC, Cramer EW. Pandemic influenza and jail facilities and populations. *Am J Public Health* 2009;99(Suppl 2):S339–44. <https://doi.org/10.2105/AJPH.2009.175174>
4. Bureau of Justice Statistics. Jail inmates in 2016. Washington, DC: US Department of Justice, Bureau of Justice Statistics; 2018. <https://www.bjs.gov/content/pub/pdf/ji16.pdf>
5. CDC. Interim guidance on management of coronavirus disease 2019 (COVID-19) in correctional and detention facilities. Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
6. Moriarty LF, Plucinski MM, Marston BJ, et al.; CDC Cruise Ship Response Team; California Department of Public Health COVID-19 Team; Solano County COVID-19 Team. Public health responses to COVID-19 outbreaks on cruise ships—worldwide, February–March 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:347–52. <https://doi.org/10.15585/mmwr.mm6912e3>
7. McMichael TM, Currie DW, Clark S, et al. Epidemiology of COVID-19 in a long-term care facility in King County, Washington. *N Engl J Med* 2020.Epub March 27, 2020.
8. Tobolowsky FA, Gonzales E, Self JL, et al. COVID-19 outbreak among three affiliated homeless service sites—King County, Washington, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:523–6. <https://doi.org/10.15585/mmwr.mm6917e2>

9. Arons MM, Hatfield KM, Reddy SC, et al. Presymptomatic SARS-CoV-2 infections and transmission in a skilled nursing facility. *N Eng J Med* 2020. Epub April 24, 2020. <https://doi.org/10.1056/NEJMoa2008457>
10. Kujawski SA, Wong KK, Collins JP, et al.; COVID-19 Investigation Team. Clinical and virologic characteristics of the first 12 patients with coronavirus disease 2019 (COVID-19) in the United States. *Nat Med* 2020. Epub April 23, 2020. <https://www.ncbi.nlm.nih.gov/pubmed/32327757?dopt=Abstract>

Coronavirus Relief Fund
Guidance for State, Territorial, Local, and Tribal Governments
Updated September 2, 2020¹

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). The CARES Act established the Coronavirus Relief Fund (the “Fund”) and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.²

The guidance that follows sets forth the Department of the Treasury’s interpretation of these limitations on the permissible use of Fund payments.

Necessary expenditures incurred due to the public health emergency

The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be “necessary.” The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

¹ On June 30, 2020, the guidance provided under “Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020” was updated. On September 2, 2020, the “Supplemental Guidance on Use of Funds to Cover Payroll and Benefits of Public Employees” and “Supplemental Guidance on Use of Funds to Cover Administrative Costs” sections were added.

² See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

Costs not accounted for in the budget most recently approved as of March 27, 2020

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The “most recently approved” budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

Finally, the CARES Act provides that payments from the Fund may only be used to cover costs that were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020 (the “covered period”). Putting this requirement together with the other provisions discussed above, section 601(d) may be summarized as providing that a State, local, or tribal government may use payments from the Fund only to cover previously unbudgeted costs of necessary expenditures incurred due to the COVID-19 public health emergency during the covered period.

Initial guidance released on April 22, 2020, provided that the cost of an expenditure is incurred when the recipient has expended funds to cover the cost. Upon further consideration and informed by an understanding of State, local, and tribal government practices, Treasury is clarifying that for a cost to be considered to have been incurred, performance or delivery must occur during the covered period but payment of funds need not be made during that time (though it is generally expected that this will take place within 90 days of a cost being incurred). For instance, in the case of a lease of equipment or other property, irrespective of when payment occurs, the cost of a lease payment shall be considered to have been incurred for the period of the lease that is within the covered period but not otherwise. Furthermore, in all cases it must be necessary that performance or delivery take place during the covered period. Thus the cost of a good or service received during the covered period will not be considered eligible under section 601(d) if there is no need for receipt until after the covered period has expired.

Goods delivered in the covered period need not be used during the covered period in all cases. For example, the cost of a good that must be delivered in December in order to be available for use in January could be covered using payments from the Fund. Additionally, the cost of goods purchased in bulk and delivered during the covered period may be covered using payments from the Fund if a portion of the goods is ordered for use in the covered period, the bulk purchase is consistent with the recipient’s usual procurement policies and practices, and it is impractical to track and record when the items were used. A recipient may use payments from the Fund to purchase a durable good that is to be used during the current period and in subsequent periods if the acquisition in the covered period was necessary due to the public health emergency.

Given that it is not always possible to estimate with precision when a good or service will be needed, the touchstone in assessing the determination of need for a good or service during the covered period will be reasonableness at the time delivery or performance was sought, *e.g.*, the time of entry into a procurement contract specifying a time for delivery. Similarly, in recognition of the likelihood of supply chain disruptions and increased demand for certain goods and services during the COVID-19 public health emergency, if a recipient enters into a contract requiring the delivery of goods or performance of services by December 30, 2020, the failure of a vendor to complete delivery or services by December 30, 2020,

will not affect the ability of the recipient to use payments from the Fund to cover the cost of such goods or services if the delay is due to circumstances beyond the recipient's control.

This guidance applies in a like manner to costs of subrecipients. Thus, a grant or loan, for example, provided by a recipient using payments from the Fund must be used by the subrecipient only to purchase (or reimburse a purchase of) goods or services for which receipt both is needed within the covered period and occurs within the covered period. The direct recipient of payments from the Fund is ultimately responsible for compliance with this limitation on use of payments from the Fund.

Nonexclusive examples of eligible expenditures

Eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:
 - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
 - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
 - Costs of providing COVID-19 testing, including serological testing.
 - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
 - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
2. Public health expenses such as:
 - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
 - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
 - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
 - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
 - Expenses for public safety measures undertaken in response to COVID-19.
 - Expenses for quarantining individuals.
3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
 - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
 - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
 - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
 - Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
 - COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
 - Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
 - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
 - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
 - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

Nonexclusive examples of ineligible expenditures³

The following is a list of examples of costs that would not be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.⁴
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

³ In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

⁴ See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.

Supplemental Guidance on Use of Funds to Cover Payroll and Benefits of Public Employees

As discussed in the Guidance above, the CARES Act provides that payments from the Fund must be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. As reflected in the Guidance and FAQs, Treasury has not interpreted this provision to limit eligible costs to those that are incremental increases above amounts previously budgeted. Rather, Treasury has interpreted this provision to exclude items that were already covered for their original use (or a substantially similar use). This guidance reflects the intent behind the Fund, which was not to provide general fiscal assistance to state governments but rather to assist them with COVID-19-related necessary expenditures. With respect to personnel expenses, though the Fund was not intended to be used to cover government payroll expenses generally, the Fund was intended to provide assistance to address increased expenses, such as the expense of hiring new personnel as needed to assist with the government's response to the public health emergency and to allow recipients facing budget pressures not to have to lay off or furlough employees who would be needed to assist with that purpose.

Substantially different use

As stated in the Guidance above, Treasury considers the requirement that payments from the Fund be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020, to be met if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost is for a *substantially different use* from any expected use of funds in such a line item, allotment, or allocation.

Treasury has provided examples as to what would constitute a substantially different use. Treasury provided (in FAQ A.3) that costs incurred for a substantially different use would include, for example, the costs of redeploying educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty's ordinary responsibilities.

Substantially dedicated

Within this category of substantially different uses, as stated in the Guidance above, Treasury has included payroll and benefits expenses for public safety, public health, health care, human services, and similar employees whose services are *substantially dedicated* to mitigating or responding to the COVID-19 public health emergency. The *full amount* of payroll and benefits expenses of substantially dedicated employees may be covered using payments from the Fund. Treasury has not developed a precise definition of what "substantially dedicated" means given that there is not a precise way to define this term

across different employment types. The relevant unit of government should maintain documentation of the “substantially dedicated” conclusion with respect to its employees.

If an employee is not substantially dedicated to mitigating or responding to the COVID-19 public health emergency, his or her payroll and benefits expenses may not be covered *in full* with payments from the Fund. A *portion* of such expenses may be able to be covered, however, as discussed below.

Public health and public safety

In recognition of the particular importance of public health and public safety workers to State, local, and tribal government responses to the public health emergency, Treasury has provided, as an administrative accommodation, that a State, local, or tribal government may presume that public health and public safety employees meet the substantially dedicated test, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise. This means that, if this presumption applies, work performed by such employees is considered to be a substantially different use than accounted for in the most recently approved budget as of March 27, 2020. All costs of such employees may be covered using payments from the Fund for services provided during the period that begins on March 1, 2020, and ends on December 30, 2020.

In response to questions regarding which employees are within the scope of this accommodation, Treasury is supplementing this guidance to clarify that public safety employees would include police officers (including state police officers), sheriffs and deputy sheriffs, firefighters, emergency medical responders, correctional and detention officers, and those who directly support such employees such as dispatchers and supervisory personnel. Public health employees would include employees involved in providing medical and other health services to patients and supervisory personnel, including medical staff assigned to schools, prisons, and other such institutions, and other support services essential for patient care (*e.g.*, laboratory technicians) as well as employees of public health departments directly engaged in matters related to public health and related supervisory personnel.

Not substantially dedicated

As provided in FAQ A.47, a State, local, or tribal government may also track time spent by employees related to COVID-19 and apply Fund payments on that basis but would need to do so consistently within the relevant agency or department. This means, for example, that a government could cover payroll expenses allocated on an hourly basis to employees’ time dedicated to mitigating or responding to the COVID-19 public health emergency. This result provides equitable treatment to governments that, for example, instead of having a few employees who are substantially dedicated to the public health emergency, have many employees who have a minority of their time dedicated to the public health emergency.

Covered benefits

Payroll and benefits of a substantially dedicated employee may be covered using payments from the Fund to the extent incurred between March 1 and December 30, 2020.

Payroll includes certain hazard pay and overtime, but not workforce bonuses. As discussed in FAQ A.29, hazard pay may be covered using payments from the Fund if it is provided for performing hazardous duty or work involving physical hardship that in each case is related to COVID-19. This means that, whereas payroll and benefits of an employee who is substantially dedicated to mitigating or responding to the COVID-19 public health emergency may generally be covered in full using payments from the Fund, hazard pay specifically may only be covered to the extent it is related to COVID-19. For example, a recipient may use payments from the Fund to cover hazard pay for a police officer coming in close

contact with members of the public to enforce public health or public safety orders, but across-the-board hazard pay for all members of a police department regardless of their duties would not be able to be covered with payments from the Fund. This position reflects the statutory intent discussed above: the Fund was intended to be used to help governments address the public health emergency both by providing funds for incremental expenses (such as hazard pay related to COVID-19) and to allow governments not to have to furlough or lay off employees needed to address the public health emergency but was not intended to provide across-the-board budget support (as would be the case if hazard pay regardless of its relation to COVID-19 or workforce bonuses were permitted to be covered using payments from the Fund).

Relatedly, both hazard pay and overtime pay for employees that are not substantially dedicated may only be covered using the Fund if the hazard pay and overtime pay is for COVID-19-related duties. As discussed above, governments may allocate payroll and benefits of such employees with respect to time worked on COVID-19-related matters.

Covered benefits include, but are not limited to, the costs of all types of leave (vacation, family-related, sick, military, bereavement, sabbatical, jury duty), employee insurance (health, life, dental, vision), retirement (pensions, 401(k)), unemployment benefit plans (federal and state), workers compensation insurance, and Federal Insurance Contributions Act (FICA) taxes (which includes Social Security and Medicare taxes).

Supplemental Guidance on Use of Funds to Cover Administrative Costs

General

Payments from the Fund are not administered as part of a traditional grant program and the provisions of the Uniform Guidance, 2 C.F.R. Part 200, that are applicable to indirect costs do not apply. Recipients may not apply their indirect costs rates to payments received from the Fund.

Recipients may, if they meet the conditions specified in the guidance for tracking time consistently across a department, use payments from the Fund to cover the portion of payroll and benefits of employees corresponding to time spent on administrative work necessary due to the COVID-19 public health emergency. (In other words, such costs would be eligible direct costs of the recipient). This includes, but is not limited to, costs related to disbursing payments from the Fund and managing new grant programs established using payments from the Fund.

As with any other costs to be covered using payments from the Fund, any such administrative costs must be incurred by December 30, 2020, with an exception for certain compliance costs as discussed below. Furthermore, as discussed in the Guidance above, as with any other cost, an administrative cost that has been or will be reimbursed under any federal program may not be covered with the Fund. For example, if an administrative cost is already being covered as a direct or indirect cost pursuant to another federal grant, the Fund may not be used to cover that cost.

Compliance costs related to the Fund

As previously stated in FAQ B.11, recipients are permitted to use payments from the Fund to cover the expenses of an audit conducted under the Single Audit Act, subject to the limitations set forth in 2 C.F.R. § 200.425. Pursuant to that provision of the Uniform Guidance, recipients and subrecipients subject to the Single Audit Act may use payments from the Fund to cover a reasonably proportionate share of the costs of audits attributable to the Fund.

To the extent a cost is incurred by December 30, 2020, for an eligible use consistent with section 601 of the Social Security Act and Treasury's guidance, a necessary administrative compliance expense that relates to such underlying cost may be incurred after December 30, 2020. Such an expense would include, for example, expenses incurred to comply with the Single Audit Act and reporting and recordkeeping requirements imposed by the Office of Inspector General. A recipient with such necessary administrative expenses, such as an ongoing audit continuing past December 30, 2020, that relates to Fund expenditures incurred during the covered period, must report to the Treasury Office of Inspector General by the quarter ending September 2021 an estimate of the amount of such necessary administrative expenses.

SENATE BILL NO. 189

BY SENATORS WHITE AND CLOUD

1 AN ACT

2 To enact Subpart M of Part II-A of Chapter 1 of Subtitle 1 of Title 39 of the Louisiana
3 Revised Statutes of 1950, to be comprised of R.S. 39:100.41 through 100.47 and R.S.
4 47:1508(B)(43), relative to special funds; to create special funds for the deposit of
5 certain federal monies; to create the Coronavirus Local Recovery Allocation Fund,
6 the Louisiana Main Street Recovery Fund, and the State Coronavirus Relief Fund;
7 to create and to provide relative to the Coronavirus Local Recovery Allocation
8 Program and the Louisiana Main Street Recovery Programs relative to the use of
9 monies in the funds; to provide relative to the allocation, use, and disbursement of
10 the monies in the funds; to provide relative to the powers and duties of the
11 commissioner of administration, the Governor's Office of Homeland Security and
12 Emergency Preparedness, the treasurer, and the legislative auditor with respect to
13 such monies; to provide for legislative intent; to provide for the dedication of certain
14 revenues and for the deposit of and use of monies in the fund; to provide for an
15 effective date; and to provide for related matters.

16 Be it enacted by the Legislature of Louisiana:

17 Section 1. Subpart M of Part II-A of Chapter 1 of Subtitle 1 of Title 39 of the
18 Louisiana Revised Statutes of 1950, comprised of R.S. 39:100.41 through 100.47, are hereby
19 enacted to read as follows:

20 **SUBPART M. COVID -19 DISASTER FUNDS**

21 **§100.41. Legislative Intent**

22 **It is the intent of the Legislature to provide economic support to**
23 **Louisiana political subdivisions and businesses for costs incurred for and**
24 **continued response to the Coronavirus disease (COVID-19) pandemic from**
25 **federal funds provided pursuant to Section 5001 of the CARES Act, which**

1 created the Coronavirus Relief Fund from which the State received over one
2 billion eight hundred million dollars (CARES Act), of which the State's portion
3 is over nine hundred ninety-one million dollars. The State desires to use a
4 portion of the remaining portion of the CARES Fund monies in the amount of
5 five hundred eleven million one hundred seventy-eight thousand seven hundred
6 four dollars for economic support through the Coronavirus Local Recovery
7 Program for local government units to be administered by the division of
8 administration and the Governor's Office of Homeland Security and
9 Emergency Preparedness. The State further desires to use a portion of the
10 CARES Fund monies in the amount of three hundred million dollars for the
11 Louisiana Main Street Recovery Program for economic support for eligible
12 businesses to be administered by the State Treasurer, all as established in this
13 Subpart.

14 §100.42. Definitions

15 For the purposes of this Subpart, the following terms shall have the
16 following meanings:

17 (1) "Allocation Fund" shall mean the Coronavirus Local Recovery
18 Allocation Fund.

19 (2) "Allocation Program" shall mean the Local Recovery Allocation
20 Program administered by the commissioner of administration and GOHSEP.

21 (3) "CARES Act" shall mean the Coronavirus Aid, Relief, and Economic
22 Security Act, Public Law 116-136 and any guidance or regulations issued by the
23 United State Treasury as of the date of this Act or thereafter relative to the
24 CARES Act.

25 (4) "CARES Fund" for the purposes of this Subpart, shall mean the
26 monies received by the state from the federal government pursuant to the
27 CARES Act for in the amount of one billion eight hundred two million six
28 hundred nineteen thousand three hundred forty-two dollars.

29 (5) "Commissioner" shall mean the Commission of the division of
30 administration of the State.

1 (6) "COVID-19" means the Coronavirus disease 2019.

2 (7) "Eligible business" means a for profit corporation, a limited liability
3 company, a partnership, or a sole proprietorship that meets all of the following
4 criteria:

5 (a) Was domiciled in Louisiana as of March 1, 2020.

6 (b) Is in good standing with the Secretary of State, if applicable.

7 (c) Suffered an interruption of business caused by forced or voluntary
8 closures or restricted operations due to social distancing measures, decreased
9 customer demand, cleaning or disinfection expenses, and providing personal
10 protective equipment.

11 (d) Has at least fifty percent owned by one or more Louisiana residents,
12 whether individual resident citizens or Louisiana domestic business entities.

13 (e) Filed Louisiana taxes for tax year 2018 or 2019, or, if an eligible
14 business formed on or after January 1, 2020, intends to file Louisiana taxes for
15 tax year 2020.

16 (f) Has customers or employees coming to its physical premises.

17 (g) Had no more than fifty full-time equivalent employees as of March
18 1, 2020.

19 (h) Is not a subsidiary of a business with more than fifty full-time
20 equivalent employees, is not part of a larger business enterprise with more than
21 fifty full-time equivalent employees, and is not owned by a business with more
22 than fifty full-time equivalent employees.

23 (i) Does not exist for the purpose of advancing partisan political activity.
24 Does not directly lobby federal or state officials.

25 (j) Does not derive income from passive investments without active
26 participation in business operations.

27 (8) "Grant" means an award by the Treasurer to an eligible business.

28 (9) "GOHSEP" shall mean the Governor's Office of Homeland Security
29 and Emergency Preparedness.

30 (10) "Interruption of business" means business interruption caused by

1 forced or voluntary closures or restricted operations, including but not limited
2 to social distancing measures, decreased customer demand, cleaning or
3 disinfection expenses, and providing personal protective equipment, related to
4 COVID -19.

5 (11) "Louisiana taxes" means all taxes administered by the secretary of
6 the Department of Revenue pursuant to Title 47 of the Louisiana Revised
7 Statutes of 1950, as amended.

8 (12) "Local government unit" means a parish, municipality, town,
9 township, village or other unit of general government below the State level with
10 parishwide jurisdiction including, but not limited to, sheriffs, coroners, and
11 district attorneys. Entities which do not fit within the definition of political
12 subdivision as used in this Subpart, shall have the parish with which they are
13 affiliated submit the application.

14 (13) "Minority business enterprise" means a small business organized
15 for profit performing a commercially useful function which is at least fifty
16 percent owed by one or more minority individuals, women, or veterans, who
17 also control and operate the business. In addition to the requirements of this
18 Subparagraph, if more than one person owns the enterprise, at least fifty
19 percent of the owners must be resident citizens of the State. For the purposes
20 of this Subparagraph, "control" means exercising the power to make policy
21 decisions and "operate" means being actively involved in the day-to-day
22 management of the business.

23 (14) "Recovery Program" means the Louisiana Main Street Recovery
24 Program.

25 (15) "State" means the state of Louisiana.

26 (16) "Treasurer" means the state treasurer of Louisiana.

27 §100.43. Coronavirus Local Recovery Allocation Program

28 A. There is hereby created the Coronavirus Local Recovery Allocation
29 Program to be administered by the commissioner of the division of
30 administration, in consultation with the Governor's Office of Homeland

1 Security and Emergency Preparedness, in accordance with the provisions of this
2 Subpart.

3 B. There is hereby created and established in the state treasury, as a
4 special fund, the Coronavirus Local Recovery Allocation Fund, hereinafter
5 referred to as the "Allocation Fund" for the purpose of providing monies to
6 local governments for the expenditures incurred and in response to the COVID-
7 19 pandemic.

8 C. Pursuant to legislative appropriation, the treasurer is hereby
9 authorized and directed to deposit in and credit to the Allocation Fund five
10 hundred eleven million one hundred seventy-eight thousand seven hundred four
11 dollars pursuant to Section 5001 of the CARES Act. The monies in the
12 Allocation Fund shall be invested in the same manner as monies in the state
13 general fund. Interest earned on the investment of monies in the Recovery Fund
14 shall be deposited in and credited to the Allocation Fund. Except as provided
15 in this Section and if applicable under federal guidelines, unexpended and
16 unencumbered monies in the Allocation Fund shall remain the Allocation Fund.
17 Monies in the Allocation Fund shall be appropriated and used solely as
18 provided in this Section.

19 D. From the initial amount deposited into and credited to the Allocation
20 Fund, one-half of one percent shall be available for appropriation to GOHSEP
21 to be used for administering the program. GOHSEP is hereby authorized to use
22 staff as necessary from the office of Community Development for administrative
23 and technical support. One-half of one percent shall be available to be
24 appropriated to the legislative auditor for the costs of reviewing the program.
25 The remaining monies in the Allocation Fund shall be available to GOHSEP to
26 provide funds to political subdivisions in Fiscal Years 2020 and 2021 pursuant
27 to the Allocation Program as established in this Section.

28 E. The commissioner of administration, in consultation with GOHSEP
29 and the Office of Community Development in the division of administration,
30 shall develop procedures to govern the administration of the program, and

1 determine the maximum allocation of monies in the Allocation Fund available
2 for each parish to submit eligible applications for funds. The commissioner may
3 promulgate emergency rules, as necessary for the administration of this
4 program. The commissioner shall institute the program no later than June 5,
5 2020. The commissioner shall cause information regarding the program to be
6 published on the websites of the State, the division of administration, and
7 GOHSEP. The commissioner shall notify each parish of the provisions herein.

8 F. The commissioner of administration shall develop a method to
9 determine the maximum allocation for each parish based on total population of
10 the parish and the number of confirmed cases of COVID-19 within the parish.
11 The commissioner shall notify each applicant that there is no guarantee that the
12 amount of funds received by the local government units of a parish shall equal
13 the maximum amount allocated to the parish. If on November 1, 2020, any
14 parish has an unobligated portion of their allocation, the unobligated portion
15 may be moved by the commissioner of administration to other parishes which
16 have used all of their allocation and have remaining submissions, subject to
17 approval of the Joint Legislative Committee on the Budget.

18 G. The monies allocated to local government units in each parish shall
19 only be for eligible expenses as provided in the CARES Act.

20 H. Within fifteen calendar days after receiving a submission for
21 reimbursement pursuant to this Section, GOHSEP and the division of
22 administration shall review and, if eligible, approve the submission, and
23 forward the approved eligible expenditures to GOHSEP for disbursement.
24 Funds for verified claims shall be disbursed by GOHSEP within five business
25 days of receipt by GOSHEP.

26 I. Any claims for expenses incurred after December 30, 2020, or
27 submitted to the division of administration after January 31, 2021, shall be
28 ineligible for payment pursuant to the provisions of the CARES Act.

29 J. No later than the fifteenth day of each month, the director of GOHSEP
30 and the commissioner of administration jointly shall submit a report to the

1 Joint Legislative Committee on the Budget detailing by parish the amounts
2 requested for reimbursement pursuant to this Section, the amounts actually
3 reimbursed, and the average time for disbursing funds to each parish.

4 K. Each local governmental unit shall provide a certification, on a form
5 developed by the commissioner of administration and GOHSEP, signed by the
6 authorized chief executive of the local government that the proposed uses of the
7 funds are consistent with the CARES Act. The certification shall also provide
8 that the local government unit shall hold the State harmless and indemnify the
9 State in the event that payments were misappropriated, converted, and/or spent
10 for any purpose other than those authorized by and in accordance with the
11 CARES Act as determined by any executive, administrative, or judicial body of
12 competent jurisdiction.

13 L. Any unobligated balance in the fund on December 1, 2020, shall be
14 transferred to the State Coronavirus Relief Fund.

15 §100.44. Louisiana Main Street Recovery Program

16 A. There is hereby created the Louisiana Main Street Recovery Program
17 to be administered by the state treasurer in accordance with the provisions of
18 this Subpart.

19 B. There is hereby created in the state treasury, as a special fund, the
20 Louisiana Main Street Recovery Fund, hereinafter referred to as the "Recovery
21 Fund", to provide economic support to eligible Louisiana businesses for costs
22 incurred in connection with COVID-19, including business interruptions caused
23 by forced closures or restricted operations resulting from voluntary closures
24 instituted to promote social distancing, and resulting decreased customer
25 demand, cleaning or disinfection, and providing personal protective equipment.
26 Expenses reimbursed by business interruption insurance or disallowed by the
27 CARES Act or any guidance or regulation issued by the United States
28 Department of the Treasury shall not be an eligible expense.

29 C. Pursuant to legislative appropriation, the treasurer is hereby
30 authorized and directed to deposit in and credit to the Recovery Fund three

1 hundred million dollars of the federal monies allocated to Louisiana pursuant
2 to Section 5001 of the CARES Act. The monies in the Recovery Fund shall be
3 invested in the same manner as monies in the state general fund. Interest earned
4 on the investment of monies in the Recovery Fund shall be deposited in and
5 credited to the Recovery Fund. Except as provided in this Section and
6 applicable under federal guidelines, unexpended and unencumbered monies in
7 the Recovery Fund shall remain in the Recovery Fund. Monies in the Recovery
8 Fund shall be appropriated and used solely as provided in this Section.

9 D. Up to five percent of the monies initially deposited in the Recovery
10 Fund shall be appropriated to the treasurer for use in Fiscal Years 2020 and
11 2021 to develop procedures for the administration of and for the costs of
12 administering the Louisiana Main Street Recovery Program. Such expenses
13 may include costs for the treasurer and the legislative auditor for work
14 performed in execution of the program. Notwithstanding any provision of law
15 to the contrary, the treasurer may enter into a consulting services contract as
16 an emergency procurement, to expedite the distribution of the funds
17 appropriated for the Recovery Program. The cost of such contract shall be an
18 administrative expense of the Recovery Program.

19 E. All remaining monies in the Recovery Fund, after providing for
20 administrative expenses, shall be appropriated for grants to eligible businesses
21 that submit applications pursuant to this Section provided that any grant
22 programs have been approved by the Joint Legislative Committee on the
23 Budget.

24 F.(1) No later than June 20, 2020, the treasurer shall submit a proposal
25 for distribution of grants available through the Louisiana Main Street Recovery
26 Program to the Joint Legislative Committee on the Budget for approval prior
27 to any disbursement. The proposal shall contain recommendations from the
28 treasurer and shall reflect the work product of any contract consultants and the
29 legislative auditor. The proposal shall include details of the program, including
30 the amount of each grant, the purpose of the grant, the category of recipients

1 of each grant, the number of eligible recipients, documentation required for
2 receipt of a grant and the planned method of distribution. Any proposal
3 submitted to the Joint Legislative Committee on the Budget shall contain
4 recommended proposals to address, within the first twenty-one days, the needs
5 of eligible businesses that meet all of the following criteria:

6 (a) The eligible business did not receive a United States Small Business
7 Administration-Guaranty Paycheck Protection Program loan or a United States
8 Small Business Administration Economic Injury Disaster Loan Emergency
9 Advance.

10 (b) The eligible business did not receive and has not been awarded
11 reimbursement under any other federal program for the expenses that will be
12 reimbursed by a grant under this Section.

13 (c) The eligible business did not received compensation from an
14 insurance company for the interruption of business.

15 (2) The proposal shall next address the needs of eligible businesses after
16 the initial twenty-one day period.

17 G. The treasurer shall develop application forms to be used in operation
18 of the Recovery Program.

19 H. In no event shall any grant exceed fifteen thousand dollars.

20 I. The treasurer shall work with the Department of Revenue to verify
21 applicant tax information and with the Department of Education to promote
22 applications by childcare organizations.

23 J. Notwithstanding any provision of this Section to the contrary, the
24 treasurer shall ensure that within the first sixty days of the Recovery Program
25 no less than forty million dollars in grants, exclusive of administrative expenses,
26 shall be awarded to minority business enterprises.

27 K. Each recipient of a grant shall provide a certification, on a form
28 developed by the treasurer, signed by the authorized chief executive of the
29 eligible business, as defined in the program approved by the Joint Legislative
30 Committee on the Budget, that the proposed use of the funds are consistent with

1 the CARES Act. The certification shall also provide that the business shall hold
2 the State harmless and indemnify the State in the event that payments were
3 misappropriated, converted, and/or spent for any purpose other than those
4 authorized by and in accordance with th CARES Act as determined by any
5 executive, administrative, or judicial body of competent jurisdiction.

6 L. Within fifteen calendar days after receiving a submission pursuant to
7 this Section, the treasurer shall review and, if the grant is eligible under the
8 provisions of this Section and the procedures developed by the treasurer and
9 approved by the Joint Legislative Committee on the Budget, the treasurer may
10 approve the grant, funds appropriated for verified claims shall be disbursed by
11 the treasurer within five business days of the approval.

12 M. Any claims for expenses incurred after December 30, 2020, or
13 submitted to the treasurer after January 31, 2021, shall be ineligible for
14 payment pursuant to the provisions of the CARES Act.

15 N. No later than the fifteenth day of each month, the treasurer shall
16 submit a report to the Joint Legislative Committee on the Budget detailing the
17 number of grant submissions, the number of grants awarded, the amount of
18 each grant awarded, the purpose of the grant, the recipient of each grant, the
19 number of eligible recipients who have requested a grant and have not received
20 an award, and the obligated and unobligated balances in the Recovery Fund,
21 and the average time for disbursing funds to each recipient of a grant.

22 O. No later than July 1, 2020, the treasurer shall announce the date the
23 program shall begin.

24 P. Notice of the Recovery Program, and the availability of awards from
25 the Recovery Fund shall be provided to the commissioner to be published on the
26 web pages of each department in the executive branch, the main pages for the
27 legislative website, and in statewide news outlets at least ten days to the
28 beginning of the program.

29 Q. Any unobligated balance in the fund on December 1, 2020, shall be
30 transferred to the State Coronavirus Relief Fund.

1 **§100.45. State Coronavirus Relief Fund**

2 **A. There is hereby created and established in the state treasury, as a**
3 **special fund, the State Coronavirus Relief Fund, hereinafter the "Relief Fund".**
4 **The treasurer is authorized and directed to deposit monies appropriated by the**
5 **legislature from the CARES Fund to the Relief Fund. On December 1, 2020, the**
6 **treasurer is authorized and directed to transfer any unobligated monies in the**
7 **Coronavirus Local Recovery Allocation Fund and the Louisiana Main Street**
8 **Recovery Fund to the Relief Fund. Monies in the Relief Fund may be used by**
9 **the State, subject to appropriation, for the purposes of providing monies to local**
10 **government units, eligible businesses, or the state in accordance with the**
11 **provisions of this Subpart and the CARES Act.**

12 **B. The monies in the Relief Fund shall be invested in the same manner**
13 **as monies in the state general fund. Interest earned on the investment of monies**
14 **in the Relief Fund shall be deposited in and credited to the Relief Fund. If**
15 **applicable under federal guidelines, unexpended and unencumbered monies in**
16 **the Relief Fund shall remain in the Relief Fund.**

17 **§100.46. Changes in federal legislation**

18 **If federal legislation introduced and enacted which authorizes federal**
19 **disaster funds to be used for revenue loss, the Joint Legislative Committee on**
20 **the Budget is authorized to transfer any remaining funds to the Coronavirus**
21 **Local Recovery Allocation Fund for disbursement.**

22 **§100.47. Duties of the legislative auditor**

23 **For purposes of this Subpart, the legislative auditor is hereby authorized**
24 **to review all applications for compliance with the provisions of the programs**
25 **established in this Subpart. The treasurer's office and the Governor's Office of**
26 **Homeland Security and Emergency Preparedness shall be responsible for**
27 **providing the legislative auditor all claims and necessary documentation to**
28 **carry out his reviews. The legislative auditor shall report any findings to the**
29 **Legislative Audit Advisory Council and the Joint Legislative Committee on the**
30 **Budget.**

1 Section 2. R.S. 47:1508(B)(43) is hereby enacted to read as follows:

2 §1508. Confidentiality of tax records

3 * * *

4 B. Nothing herein contained shall be construed to prevent:

5 * * *

6 (43) The sharing or furnishing, in the discretion of the secretary, of
 7 information to the Department of the Treasury to be used solely for the
 8 purposes of administering the Louisiana Main Street Recovery Program and
 9 Fund as provided in R.S. 39:100.44. The secretary shall not disclose any data
 10 from returns or reports provided by the Internal Revenue Service. Any
 11 information shared or furnished shall be considered and held confidential and
 12 privileged by the Department of the Treasury to the same extent provided for
 13 in Subsection A of this Section.

14 * * *

15 Section 3. This Act shall become effective upon signature of the governor or, if not
 16 signed by the governor, upon expiration of the time for bills to become law without signature
 17 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
 18 vetoed by the governor and subsequently approved by the legislature, this Act shall become
 19 effective on the day following such approval.

 PRESIDENT OF THE SENATE

 SPEAKER OF THE HOUSE OF REPRESENTATIVES

 GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____