

Dear Peg,

10/8/20

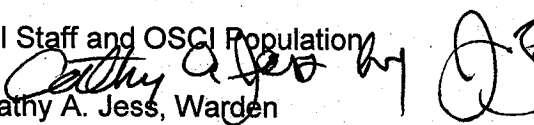
Hello! How are you doing? I hope you're doing good in both health and spirit for I haven't received an email from you in a long time now. As you can see on T.V. we're not doing good here at good old OSC1. Now do you want to see how they really care for us about this Covid-19 crap. Here is a paper they gave us for we're on isolation but get this on. Where ALL using the SAME bathroom 6 at a time plus where showering 4 at a time. 2 people per Shower tree so that shows they don't give a shit about us. Plus some of the guards still don't cover their nose like they are supposed to. This is not right and we should be able to sue this place cause they are messing with our lives. Tony Evers needs to start letting us out before these guys start killing us. This is ONLY the start. Can you please make a copy of the paper I sent and give it to the news so they know what is really going on in here.

Thank you!

Sincerely,
Ralph Nickel

MEMORANDUM

Oshkosh Correctional Institution

Date: October 3, 2020
To: All Staff and OSCI Population
From: Cathy A. Jess, Warden 
RE: COVID-19 Operations – On Unit Isolations

COVID-19 is present in the housing unit; some patients will be placed in Isolation. Isolated persons and non-isolated persons will share the housing unit and facilities.

It will be of great importance to follow guidelines on masks, hygiene, and social distancing.

Restrictions are necessary to provide needed services and avoid potential exposure.

Movement within the unit is to be avoided whenever possible.

This plan was developed with the Bureau of Health Services guidance. Effective **today (October 3rd, 2020)** – please adhere to these instructions to best protect health and avoid future infection. Please note that this supersedes any previous direction.

DAYROOM TIME

There will not be any dayroom time.

FORMS (BLUE SLIPS, GREEN SLIPS, INTERVIEW REQUESTS, ETC.)

Forms will be delivered under the door, once a day – time will be determined by the Unit Supervisor. Please keep doors closed during delivery.

HSU

Each unit will have a designated room for HSU to do assessments for isolation inmates. This room will be identified with a "Restricted Access" sign. This room should not be used by any other staff at this time. This room should have plastic chairs for sanitation purposes. The designated times for HSU to complete assessments of isolation inmates on the units will be 8:00 am to 10:30 am; 1:00 pm to 3:30 pm; and 6:00 pm to 9:00 pm.

KIOSKS

There will not be any kiosk access at this time.

LAUNDRY

All laundry is on hold at this time. A plan is being developed to safely handle laundry and linen exchange.

MASKS / FACE COVERINGS

All inmates must wear their surgical masks at this time. All inmates will be issued two masks every ten days, and are expected to make them last.

MEALS

Isolation inmates will have their meals served in a Styrofoam tray, along with a milk carton. Inmates not on isolation will continue to get a tray. If the tray supply is low – Styrofoam may be used.

Process will be as follows:

1. Non-isolation inmates should be released (in a controlled manner) to pick up their trays and return to their rooms to eat. They must remain in their cells until released to dump their trays.
2. Once non-isolated inmates have **all** returned to their cells – isolated inmates will be released to pick up their Styrofoam tray from a designated area and return to their rooms to eat. They must remain in their cells until released to dump their trays.
3. The non-isolated inmates will then be released to dump their trays – they may bring one cup for ice and one cup for hot water at this time and return to their cells.
4. Once non-isolated inmates have **all** returned to their cells – isolated inmates will then be released to dump their trays – they may bring one cup for ice and one cup for hot water at this time and return to their cells.

Strong effort must be made to keep isolated and non-isolated inmates separate.

MEDICATIONS

Medication will be delivered in a controlled manner at the Officer's desk, maintaining social distancing. HSU Controlled medication will be done on the unit. Inmates that are not in isolation should be done first; and then isolation inmates. Ensure you are utilizing the plexi glass partitions on the unit.

MOVEMENT

There will be no free movement within the unit. If you need something from a staff member, stand outside your cell with the door closed. A staff member will check on you to see what you need. This process also includes bathroom usage. If housed on a wet cell – you will use your emergency call button to ask for staff assistance instead of standing outside of the cell door. Movement should be kept to a minimum and every effort must be made to keep isolated and non-isolated as separate as possible.

PHONE CALLS

There will not be any phone calls at this time.

OFF UNIT ACTIVITIES

There will not be any off-unit activities.

SANITATION

In addition to regular sanitation; any time there is access to the same areas (meals, showers, etc.) between isolated and non-isolated inmates – sanitation must be completed.

SHOWERS

There will only be showers twice a week. Unit workers may be allowed additional showers at the Unit Supervisor's discretion. The Unit Supervisor will develop a plan based on unit layout and circumstances to avoid any interaction between isolated and non-isolated inmates. Shower plans are being developed and will not begin prior to Monday, October 5th, 2020.

UNIT WORKERS

Only essential unit workers will be utilized. Workers will be screened (temperature check and questionnaire) prior to being allowed to work.

DISBURSEMENT REQUEST
SOLICITUD DE DESEMBOLSO

210

OFFENDER REQUEST - To be completed by the offender. Please print or type all items except your signature
SOLICITUD DE OFENSOR - Debe ser completado por el ofensor. Por favor imprima todo excepto su firma

OFFENDER LAST NAME / APELLIDO DEL OFENSOR: <i>Nickel</i>	OFFENDER FIRST NAME / PRIMER NOMBRE DEL OFENSOR: <i>Ralph</i>	DOC NUMBER NUMERO: <i>320916</i>	FACILITY NAME (Abbreviate) NOMBRE-INSTALACION (Abrevie): <i>0303</i>	HOUSING UNIT/FLOOR/CELL UNIDAD / PISO / CELDA: <i>0210</i>
PAY TO NAME / NOMBRE A QUIEN SE PAGUE: <i>Delora Nickel</i>	STREET ADDRESS / DIRECCION DE CALLE: <i>P.O. Box 451</i>	CITY / CIUDAD: <i>Eden</i>	STATE ESTADO: <i>WI</i>	ZIP / CODIGO POSTAL: <i>53019</i>

REQUEST FOR: SOLICITUD PARA:

<input type="checkbox"/> 1 - Copies / Copias	<input type="checkbox"/> 4 - Photos Fotos	<input type="checkbox"/> 8 - Savings Withdrawal / Desembolso de Ahorros
<input type="checkbox"/> 2 - Shipping/Freight Envío /Carga	<input type="checkbox"/> 5 - State ID Photo / ID con foto del Estado	<input type="checkbox"/> 9 - Property Purchase (reason required)* / Compra de Propiedad (requiere razón)*
<input checked="" type="checkbox"/> 3 - Postage Posta de Correo	<input type="checkbox"/> 6 - Savings Bond Purchase / Compra Bonos de Ahorro	<input type="checkbox"/> 10 - Other (reason required)* Otro (requiere razón)*
	<input type="checkbox"/> 7 - Savings Deposit / Deposito Ahorros	<input type="checkbox"/> 11 - Route Check to: Envíe cheque a:

FUNDING SOURCE / FUENTE DE FONDOS:

REG - Regular Account Cuenta Regular WR - Work Release Account Cuenta de Trabajo REL - Release Account Cuenta de Liberación Legal Loan Préstamo Legal

*REASON FOR REQUEST (Must complete if you choose 9 or 10 above)
*RAZON POR LA SOLICITUD (Debe completar si escoge casillas 9 o 10 arriba)

INDIVIDUAL ITEMS REQUESTED Artículos Individuales Solicitados	AMOUNT / CANTIDAD
<i>Postage Parcel</i>	\$
	\$
	\$
	\$
	\$
	\$

OFFENDER SIGNATURE / FIRMA OFENSOR(A): <i>Ralph Nickel</i>	DATE SIGNED / FECHA DE FIRMA: <i>10/1/20</i>	OFFENDER ID VERIFIED / ID DE OFENSOR CONFIRMADA Staff Initials: <i>ML</i>	Total Amount Requested / Suma Total Solicitada: <i>4.60</i>
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DECISION - To be Completed by Department Staff Only / DECISION- Debe ser Completada por Empleados Solamente

DISBURSEMENT APPROVED BY SIGNATURE: <i>Sgt. M. King</i>	DATE SIGNED: <i>10/1/2020</i>	No Check: <input type="checkbox"/> DMV Acct. <input type="checkbox"/> Other: _____
SUPERVISOR APPROVAL SIGNATURE (if required)	DATE SIGNED	Deliver Check to: _____
		Release Date (if REL acct is requested): _____
REQUEST DENIED BY SIGNATURE	DATE SIGNED	CHECK# _____ DATE PAID: <i>10-7-2020</i>
		REASON REQUEST WAS DENIED _____

DISTRIBUTION: Original (White) - Business Office; Copy (Yellow) - Inmate

Here is a paper that you can see it took
them over a week just to send out
my letter for postage to my mom
So I had to miss her Birthday.
Kinda sad!!
~

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