

ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

Monica Stinson ID# [REDACTED]

MONICA [REDACTED]

March, 24 2026

Board Services Unit Coordinator
 California Public Employee's Retirement System
 Post office Box 942701
 Email Board @ CalPERS ca.gov
 facsimile: (916) 795-3972

Honorable Calper's Board Members,

RE: PETITION FOR RECONSIDERATION IN THE MATTER OF
 EARLIER EFFECTIVE DATE OF INDUSTRIAL DISABILITY
 RETIREMENT OF MONICA C. STINSON, Respondent AND
 FOLSOM STATE PRISON, CALIFORNIA DEPARTMENT OF
 CORRECTIONS AND REHABILITATION, DEPARTMENT OF
 STATE HOSPITALS, COALINDA SECURE TREATMENT FACILITY,
 RESPONDENTS OF THE BOARD'S DECISION

I am writing to request the Board to relook at my
 file. There is some falsefied information by the
 legal departⁿ in their court documents.

On the list of ~~Ex~~ Exhibits produced by the legal
 Council page A145-148 - Document 18, Appeal dated
 20, November, 2022. This document does not exist.

The Appeal letter ~~in~~ in the court documents dated
 11/10/2022 from me ^{to} Calper's Disability Department ~~was~~
~~was~~ was rejected by Calper's letter dated March 24, 2023

(2)

Monica Stinson ID # [REDACTED]

from Mr. Keith Riddle, Chief which gave me permission to appeal to the OAH. I was out of the country so I did not get the letter in time. When I returned, I was asked to prove my absence, so I wrote to Galper's on September 27, 2023 and attached my travel tickets. (Exhibit 3, 4, 5, 15)

On October 19, 2023 from Linda Ha of Galper's giving me 30 days to appeal to the OAH (Exhibit 15)

On October 14, 2023 I sent in my official appeal to Mr. Keith Riddle, chief (6 pages) Exhibit # 6 and proof of fax from New Jersey (Exhibit 8)

On November 29, 2023 received a letter from Mr. Greg Neill acknowledging receipt of the same Exhibit # 7

The legal department was trying to play around with the issues that why they used the wrong document. I did not know of the switch until after the hearing when I mailed me the hearing documents, this was at noon through Fed-ex overnight. The hearing which was one sided but happened on the morning of December 8, 2025 and the file was sent that afternoon.

We had agreed with the Galper's attorney, so I thought through email that we needed to fix the issues and the date, this was Grand May 2025. I did not hear from the attorney until December right before the hearing. There was no exchange of documents

Monica Stinson ID # [REDACTED]

(3)

The documents she sent me after the hearing were supposed to be sent before the hearing so as they can be useful.

I now think she did not want me to attend the hearing because of the falsified letter of appeal. I would have found out what she did.

I am pleading with the Court that since the appeal was falsified it affected the issues, it would not be fair for the Honorable Board members to agree with the Judge's decision which was based on lies knowingly or unknowingly.

It would only be fair to me if I am given a chance to go to court. I have been waiting a long time and it is for the same reason. They do not want the information in the correct appeal letter of 14th October, 2023 to come out. (Exhibit 6)

As for Carlinga, I did not really work there. I was rejected during (NEO) New employee orientation (see Exhibit 9) of the New Employee Orientation and (Exhibit 10) the NEO ISI. Also attached is the Separation Report (Exhibit 11) Half almost of my salary here was taken by Folson.

On August 2, 2017 I wrote to the Executive Director pleading to be retained. To allow me to come back after seeing the doctor. I was desperate I did not have any money. (Exhibit 12) because of how my work compensation was handled. I should not have been working at Carlinga. I ended up with a second diagnosis because I was on my feet 24/7.

(4)

Monica Stinson ID # [REDACTED]

After leaving Folsom on 7/1/2015 (Resignation) due to retaliation and harassment after my injury. Ms. Mashad the Director of Nursing at the time granted the limited duty order from the worker's Compensation but did not honor them. Nothing was changed on my schedule. Disciplinary while on limited duty for not responding to an emergency. Exhibit #22

Attached are some of the write ups I received even while I was off duty they would still discipline me Exhibit 13, also See Exhibit 16.

My Exhibit 17 gives a nutshell of what I was experiencing and will expand on them when given a chance to a hearing.

While on worker's comp and still working at Folsom State fund was giving me a hard time and seemed to be conspiring with Folsom. My IDL packet was sent to the wrong address intentionally and even when the post office returned as undeliverable they sat on it for almost a year Exhibit 18. I got so depressed and ended up taking SDI SDI this through off my retirement. It was so messed that the OME Dr. Kirby order in 2015 that state fund pays me retroactively to 2015 when I was forced to resign.

There has been a lot of collusion between state fund Folsom and Calpers as a result the checks and balances failed.

Monica Stinson 18 # [REDACTED]

(5)

I have gone through alot and I have paid the price. Just as a side note so you will have an idea of why all the bullying harrasment stemmed from a whistle blower report I made back in 2010 when I worked for Centinela State prison, still follows me to this day.

Attached are some of the documents for and Stationary status but was not being implemented (Exhibit 19, 20) Also see letter after state fund was billing my insurance (private) without my knowledge. (Exhibit 21)

State fund tried to claim or include the retroactive money I am claiming now ^{from Calpers} on their compromise and release documents when I found out the compromise and release was cancelled.

As Calpers is trying to deny me benefits using all tactics like swapping my appeal, state fund is doing the same. They complicate my treatment and yet I have a Doctor on my record that I have never seen or talked to. (Exhibit 22) error

Thank you. Looking forward to a favorable outcome.

Monica

Monica C. Stinson

Dear Ms. Stinson:

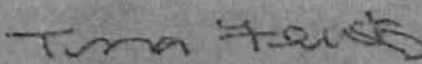
You have been approved for Industrial Disability Leave (IDL) benefits effective 05/22/14. Federal and state tax will not be withheld from your IDL pay. After serving the 24-hour waiting period, you will receive your full-net pay for the first 22 working days of disability. Thereafter, you will receive two-thirds (2/3) of your monthly gross pay for the remaining time that you are approved for IDL, not to exceed 52 weeks with a two year period from the date of injury. You will continue to earn leave credits and state service credits while on IDL.

We will deduct your retirement contribution and your employee co-pay for health, vision, and dental benefits from your IDL pay. If you are enrolled in the Flex Cash Option plan, the cash option will remain in effect during your IDL eligibility. Your voluntary deductions will continue, except for pre-taxed deductions (e.g., medical and dependent care reimbursement accounts), unless you cancel them. If you decide to supplement your IDL pay with available leave credits then your pre-tax deductions may be deducted from the supplementation pay provided the pay is sufficient to cover the deductions.

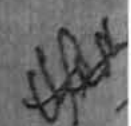
You may choose to use available leave credits to supplement your IDL pay, which would begin on the 23rd working day of disability. Supplementation is taxed and reported as income. You can supplement up to an amount that will approximate your full-net pay. Based on your current salary, if you were on IDL for an entire pay period, you would need to use 53 hours to receive your approximate full-net pay. You may decrease the supplementation amount or terminate supplementation at any time. The effective date of any change will be the first day of the month after our office receives the form.

Please read the enclosed "Industrial Disability Leave with Supplementation Benefits Information and Option Selection Form" (STD 618S). This form provides you information regarding your supplementation options. If you wish to supplement you must sign and return the selection for (STD 618S, page 2) to our office by 04/15/2014. If you do not make an election by this date, you will not be allowed to supplement your IDL pay at a later date.

For additional information read the enclosed handout entitled, "Supplementing Industrial Disability Leave." You may also contact me at (916) 985-2561 x 4789.


TINA FEUTZ
Workers' Compensation Payroll Services
Office of Human Resources

Enclosures: "Industrial Disability Leave with Supplementation Benefits Information and Option Selection Form".



(18)

EXHIBIT
294
18

INDUSTRIAL DISABILITY LEAVE - BENEFIT OPTION COMPARISON

NAME Monica Stinson		CBID R20	SOCIAL SECURITY NO. [REDACTED]	All computerized Salary for: 03/2014 pay period	
POSITION NUMBER 71-213-8257-038	SALARY RATE \$4382.00	RETIREMENT RATE 1S (10%)	TAX FILING STATUS Federal S99 State S99	ADDITIONAL TAX	

1. REGULAR MONTHLY SALARY/INDUSTRIAL DISABILITY LEAVE - FIRST 22 WORKING DATES			2. INDUSTRIAL DISABILITY LEAVE - AFTER FIRST 22 WORKING DATES						
			DATES	04/01/2014	BASIC IDL				
GROSS SALARY			\$	4382.00	GROSS SALARY	\$	4382.00		
PERS/STRS			-	406.50	LESS 1/3 ADJUSTMENT	-	1460.64		
FEDERAL INCOME TAX			-	0	GROSS IDL BENEFIT PAYMENT	\$	2921.33		
SOCIAL SECURITY/MEDICARE			-	63.54	PERS/STRS RETIREMENT	-	406.50		
STATE INCOME TAX			-	0	2/3 OF NET PAY	\$	2514.83		
FULL NET PAY			\$	3868.14	CODE	ORGANIZATION	AMOUNT		
					same as otherside				
LESS MISCELLANEOUS DEDUCTIONS	CODE	ORGANIZATION	AMOUNT						
	078		3.35						
	077		2.00						
	088/116		65.73						
	339/006		100.00						
	350/146		63.78						
			TOTAL MISCELLANEOUS DEDUCTIONS				236.36		
			338				1.50		
TOTAL MISCELLANEOUS DEDUCTIONS			-	236.36	NET IDL BENEFIT PAY			\$	2278.47

3. IDL WITH SUPPLEMENTATION				
GROSS SUPPLEMENTATION PAY			+	1373.22
FEDERAL INCOME TAX			-	0
STATE INCOME TAX			-	0
SOCIAL SECURITY/MEDICARE			-	19.91
NET SUPPLEMENTATION PAY			\$	1353.31
NET IDL BENEFIT PAY (from # 2 above column)			\$	2278.47
ADDITIONAL MISCELLANEOUS DEDUCTIONS			-	0
TOTAL NET IDL/S BENEFIT PAY			\$	3631.78

HOURS OF CREDIT NEEDED FOR SUPPLEMENTATION IN A 21 22 (Check one) DAY PAY PERIOD ARE 53

PLEASE NOTE: ALL CALCULATIONS ARE BASED ON THE PAY PERIOD INDICATED ABOVE. LEAVE CREDITS NEEDED FOR SUPPLEMENTAL PAY WILL VARY DEPENDING ON THE NUMBER OF WORK DATES IN THE PAY PERIOD.

Please indicate your benefit selection in the space below and return letter to your Personnel Office within 15 calendar days, or no later than the date indicated above. Failure to respond in the allowed time will result in you being placed on IDL without supplementation.

Industrial Disability Leave (IDL) without supplementation

Industrial Disability Leave with supplementation (IDL/S)

If you select IDL/S please indicate the level of supplementation desired. Please be advised that the Personnel Office may be required to change this supplementation level because of changes in your monthly pay status and available leave credits.

If you select IDL/S please indicate the level of supplementation desired. Please be advised that the Personnel Office may be required to change this supplementation level because of changes in your monthly pay status and available leave credits.

- SPECIAL IDL CONDITIONS & RESTRICTIONS**
- For the first 22 days on Industrial Leave, if time is lost for any part of a day, it shall be considered as a full day of disability and count as one date towards the first 22 dates.
 - Deductions for Deferred Compensation cannot be taken on the basic Industrial disability benefit. Deductions for Deferred Compensation can only be taken on Industrial disability leave with supplementation (IDL/S) and only if there is enough money generated by the supplementation pay to cover the deduction.
 - Employees must keep their personnel office informed of any industrial disability benefits received from other programs.

EMPLOYEE CERTIFICATION AND SIGNATURE

I have received a copy of the Industrial Disability Leave Benefit Option Comparison (form STD. 618-S) and I understand that the selection I made above regarding my choices related to IDL and IDL/S are subject to the restrictions outlined in this form.

EMPLOYEE'S SIGNATURE _____ DATE SIGNED _____

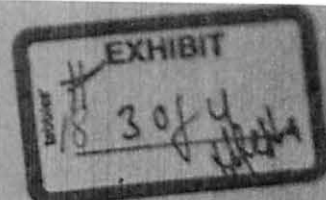
PERSONNEL SPECIALIST'S SIGNATURE _____ DATE SIGNED 04/01/2014

Contact the Personnel Office if you have questions regarding this form. Please contact the Return to Work Coordinator if you have questions regarding your disability benefits.

INDUSTRIAL DISABILITY LEAVE WITH SUPPLEMENTATION BENEFITS INFORMATION AND OPTION SELECTION FORM

STD 898 (REV. 9-94) (FRONT)

18



EMPLOYEE NAME Monica Stinson	DATE MAILED TO EMPLOYEE 04/01/2014
EFFECTIVE DATE Unknown	DATE OF INJURY 05/21/13
CSIS R20	RESPONSE DUE DATE 04/15/2014

It has been determined that you have been industrially injured and that you are eligible for an income continuation program.

You have a choice of receiving Industrial Disability Leave payments with or without supplementation of your available leave credits. Also, all medical treatment reasonably required to assist you will be paid in full.

Review this information carefully because the choice is an irrevocable one. The reverse side of this form provides you with detailed information based on your own salary, voluntary deductions and available leave credits.

You must sign the form and return it to your departmental personnel office within 15 days. Failure to respond will result in you being placed on Basic IDL without supplementation.

DESCRIPTION OF BENEFITS

Question	Industrial Disability Leave	Industrial Disability Leave Using Available Leave Credits
Is there a waiting period before benefits start?	Yes, three days. This is waived if you are hospitalized, disabled as a result of a criminal act of violence, or off more than 14 days.	
How much may I receive?	Amount varies and is limited to 52 weeks of payments within a two-year period beginning on the first day of disability. Your regular monthly net pay for 1st 22 working days*; 2/3 gross pay thereafter less voluntary deductions for up to an additional 11 months. NONE OF YOUR LEAVE CREDITS ARE USED. *For the first 22 working days on Industrial Disability Leave, if time is lost for any part of a day, it shall be considered as a full date of disability and counted as one date towards the first 22 working days	For the first 22 dates of disability, you will receive your regular monthly net pay. Beginning on the 23rd date you may supplement the 2/3 gross pay with accrued leave credits in an amount necessary to approximate normal net pay. Once the level of supplementation is chosen it cannot be increased but maybe decreased on a prospective basis at your discretion.
What leave credits may be used?	N/A	Sick leave, CTO-compensating time off, vacation or annual leave, or other leave credits such as personal leave.
Instead of Industrial Disability Leave may I opt to supplement a workers' compensation payment such as temporary disability?	No. This option is no longer available to you as long as you are eligible to receive Industrial Disability Leave. Once IDL is exhausted you may supplement the workers' compensation payment with available leave credits.	
Does the State contribution for my health, dental and other insurance premiums continue?	State contribution continues.	
Do I continue to earn annual leave, vacation, and sick leave credits?	You continue to receive full credit.	
Do I continue to earn personal leave credit?	This depends on how much time is lost in any one pay period. If you are off the entire pay period on IDL with or without supplementation no reduction is made in your pay so no personal leave credit is earned.	
Do I continue to make my PERS/STRS contribution and earn full retirement credit?	Yes, you continue to make your full PERS/STRS contribution and you continue to earn full retirement credit.	
Will disability payments from other sources affect my IDL benefits?	Your benefits may be reduced if you receive Social Security disability payments. Any benefit that you pay for yourself will not be affected.	

In order to continue to receive IDL or IDL/S employees are required to participate in a vocational rehabilitation plan when offered by the State.

We recommend that you keep a copy of this notice. You can then refer to it if you need further information or any questions answered. The rules governing employees of the State University system may be slightly different from those described. If you are an employee of that system please check with your Personnel Department.

Handwritten signature and date: 7/1/20

EXHIBIT
19
1971

STINSON MONICA
DOB: [REDACTED]
PT AG: [REDACTED]
E F: [REDACTED]
WK PH: [REDACTED]
SUB: [REDACTED]
GARRISON DPM, MATTHEW C 18377
DATE: 03/11/2016 V#: 21205892

Work Status
2:15

DATE: 03/11/16

PATIENT: [REDACTED]

DOB: [REDACTED]
HISTORY NO: [REDACTED]

EMPLOYER: State of CA
INSURER: State Long
ADDRESS: PO Box 3111
Sacramento, CA 95833

DIAGNOSIS: [REDACTED]

Treatment Today: First Report Initial Exam Follow-Up Other

Patient's Condition Today:
 First Aid Not Work Related Other
 Resolved Improving Satisfactorily Not Improving Worsened Permanent & Stationary

Work Status: Return to Full Duty Return to Modified Duty
NOTE: If modified duty is not available, patient is off work until next appointment.

Frequency	Never	Occasionally	Frequently	Constantly	Activity	Yes	No	Limit/Restrict
Hours/day	0	Up to 3 hrs.	3 - 6 hrs.	6 - 8 hrs.	Dangerous machinery OK?			
Waist-Bend/Twist					Wound-clean and dry			
Stand					Sit/stand for comfort			
Walk					Climb			
Sit					Simple Grasp			
Keyboard/10 Key					Firm Grasp			
Reach above shoulders					Precision/manipulation			
Push/pull					Wear splint at work			
Kneel/squat					Other:			

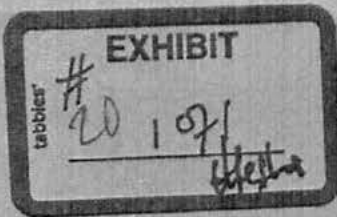
NOT WORKING CURRENTLY

Weight limits for lifting/carrying/pushing/pulling

Frequency	Never	Occasionally	Frequently	Constantly
Hours/day	0	Up to 3 hrs.	3 - 6 hrs.	6 - 8 hrs.
0 - 10 lbs.				
11 - 25 lbs.				
26 - 50 lbs.				
> 50 lbs.				

Other: _____

Referred for: _____ Evaluated by: _____ Physical Therapy _____ CT Scan _____ MRI _____ Other _____
NEXT APPOINTMENT: PRN _____ MD Signature _____



(20)

Duty/Work Status

DATE: 4/20/16 TIME IN: 1:30 TIME OUT: _____

PATIENT: Ann Marie CASE NO.: [REDACTED]

DOB: [REDACTED] EMPLOYER: state of CA

HISTORY NO.: [REDACTED] INSURER: _____

DOI: US/2/15 ADDRESS: state capitol

DIAGNOSIS: PLANTAR FASCIITIS (R)

Treatment Today: First Report Initial Exam Follow-Up Other _____

Patient's Condition Today:

First Aid Not Work Related Other: _____

Resolved Improving Satisfactorily Not Improving Worsened Permanent & Stationary

Work Status: Return to Full Duty: _____ Return to Modified Duty:

Unable to Work Until: _____

NOTE: If modified duty is not available, patient is off work until next appointment.

Frequency	Never	Occasionally	Frequently	Constantly	Activity	Yes	No	Limit/Restrict
Hours/day	0	Up to 3 hrs.	3 - 6 hrs.	6 - 8 hrs.	Dangerous machinery OK?			
Waist-Bend/Twist					Wound-clean and dry			
Stand					Sit/stand for comfort			
Walk					Climb			
Sit					Simple Grasp			
Keyboard/10 Key					Firm Grasp			
Reach above shoulders					Precision/manipulation			
Push/pull					Wear splint at work			
Kneel/squat					Other: _____			

NOT WORKING
LUMBARLY

Weight limits for lifting/carrying/pushing/pulling

Frequency	Never	Occasionally	Frequently	Constantly
Hours/day	0	Up to 3 hrs.	3 - 6 hrs.	6 - 8 hrs.
0 - 10 lbs.				
11 - 25 lbs.				
26 - 50 lbs.				
> 50 lbs.				

Other: _____

Referred for: _____ Evaluated by: _____ Physical Therapy _____ CT Scan _____ MRI _____ Other _____

NEXT APPOINTMENT: PRN _____ MD Signature

Mercy Medical Group

- Mercy Medical Group Occupational Health Dept., 3000 Q Street, Sacramento 4th fl., CA 95816, (916) 733-3390
- Mercy Medical Group - Elk Grove, 9394 Big Horn Blvd., Elk Grove, CA 95758, (916) 691-8505
- Mercy Medical Group - Colusa, 4700 Davis City Rd., Colusa, CA 95630, (916) 351-4801

Stinson, Monica@CDCR

EXHIBIT

23 1075
Jed

From: Stinson, Monica@CDCR
Sent: Tuesday, July 30, 2013 10:56 PM
To: Masbad, Kimberly@CDCR
Cc: Burnett-Hampson, Susan@CDCR; Deeds, Lynette@CDCR
Subject: RE: FWF TTA

This is in response to the other two issues you raised in the Memo you wrote me.

On 7/16/13 at around 1320, we had a patient brought in on a wheelchair by custody complaining of generalized body aches and fever. She had a high temp of less than 102.0. The Dr. was called by RN Briard and Ibuprofen was ordered. Pt. was medicated and we kept her in the TTA for monitoring. I did cooling measures and the temp started to come down.

At around 1415, they announced a woman down and the officer said that the inmate was down on the floor and medical was summoned to go.

One person had to stay at the clinic and one person had to respond. RN Briard asked me to go but I said to him I think he should go and this is why:-

1. The patient at the clinic was stable.
2. This was the first time we ever had someone actually down on the floor at FWF and the officers did not give any more details. In my mind I thought this must really be serious because previously we have had even chest pains brought into the clinic walking.
3. The way I have always understood it is when we LVNs respond to any emergency, if we get there first then we do whatever is necessary within our scope of practice e.g. first, CPR while we wait for the RN to get there for further instruction. It does not always have to be the LVN getting their first, it could be the RN arriving at the scene first, sometimes you can get there at the same time and it also depends on who is closest to the incident.
4. If I had responded, and I needed further instruction, the RN would not have been able to leave the patient alone at the clinic and come to the scene of the incident.
5. The RN can make all the decisions during an emergency without the LVN but the LVN is not allowed to make all the decisions during an emergency independently. The policy states that "ALL DISPOSITIONS FOR URGENT CONDITIONS SHALL BE MADE AT THE RN LEVEL OF LICENSURE OR HIGHER".

When I said to RN Briard that I thought it would be better if went, I was thinking about saving a life, and not whether I was insubordinate. It did not even occur to me at the time that it would come up this way.

I was actually surprised that RN Briard would even ask me to go and he stays. He wanted to do what was easy instead of what was important. If we did not have a patient in the clinic, we would have both responded.

Nursing is all about PRIORITIZATION. The policy also states " At least one RN shall be available on-site within the institution 24 hours a day, 7 days a week for emergency Health care. THE HIGHEST PRIORITY FOR THE RN SHALL BE EMERGENCY CARE". The FWF RN is both the RN/TTA RESPONDER. IF RN Briard had taken this policy seriously and knew what was required of him, I would not be in this situation trying to explain myself.

Jed
23/3/26

(22)

One can say no and be justified, everything has to be put into context.

In the normal circumstances, I would have done what was asked and reported later but in this circumstance I did not want to take a chance on someone's life so I decided to error on the side of caution.

You also mentioned in the letter that I talked in a demeaning way about RNs. First of all, I did not say RNs were lazy. If there is anything I try to do, is be truthful. This is what I said and this was in connection with the same issue of responding to emergencies, I had said to you that this problem of RNs not wanting to respond is taking place at FSP too. They have a mind set of expecting the LVN every single time to respond and bring the patients to the TTA. The only time they respond is during first watch when there is no LVNs. This is the truth, you do not have to take my word for it, ask the LVNs at FSP. When I said this, you concluded that I had a grudge on RNs. Why would I do that?

I looked at the policy (LOP) on emergencies and it was confusing to me, there were some contradictions and room for misinterpretation.

By a copy of this email I am asking the CNE to please kindly look at the policy again and clarify. Why do the RNs not respond to the emergencies? Are they supposed to wait in TTA? How about the TTA RESPONDER? His/her job description states that he/she will respond to ALL EMERGENCIES In the whole institution and that this is THE FIRST AND THEIR MOST IMPORTANT DUTY. How do they manage to get away with this. The most important decisions in life saving happen at the place of the incident. Not every patient in an emergency is to be picked up and taken to TTA, so other decisions have to be made like mode of transport, some may need oxygen and the policy does not allow LVNs to determine that an oxygen deficit exist (SEE LVN SCOPE OF PRACTICE), the outside ambulance may need to be called right there and then. So if the RN who is the right person with the knowledge and expertise to make these decisions is at the scene it would save time and life.

I am hoping that I have explained everything in detail and have convinced you that I had good intentions. I take my work very seriously and I know how important responding to emergencies is to CDCR. I would not jeopardize my job in this way. I always try to familiarize myself with the policies, so that I can know what is expected of me.

I hope I have given you enough reasons to withdraw that memo from my file.

Thank you.

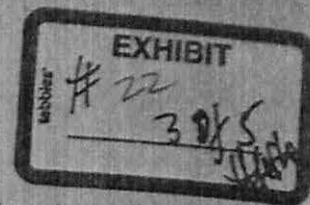
Monica Stinson (LVN)

-----Original Message-----

From: Masbad, Kimberly@CDCR
 Sent: Tuesday, July 30, 2013 12:29 PM
 To: Stinson, Monica@CDCR
 Cc: Burnett-Hampson, Susan@CDCR; Deeds, Lynette@CDCR
 Subject: RE: FWF TTA

Ms Stinson

You were not issued a Letter of Instruction. I simply gave you a Memo of Expectations, which is not disciplinary in nature. I mentioned that in the beginning of the meeting with you on July 25, 2013. There were only three things addressed in the Memo of Expectations:



- (27)
1. Obligations as a staff member for responding to medical emergencies.
 2. What Safety options are available to all staff working for the Department.
 3. Not referring to any one classification in a demeaning manner.

I have always had an open door policy and all staff have been encouraged to utilize it at any point and time. We do have morning "Huddles" as required by our Primary Care/Care Management policy. These are held every morning (M-F) to discuss I/P care and concerns, labs, X-rays, dental issues, new arrivals and processes. We all have mandatory staff meetings with the CNE on a monthly bases in which all nurses are emailed the date and times, the most recent one was done via teleconferencing.

My shift overlaps with your shift by 1 hour, when I see you I always say hello and ask how you are doing. You have utilized this time to ask questions at times and I have used this time to also let you know of any issues/processes. We have discussed vaccines, refills, KOP's and DOT/NA meds to name a few things.

I do appreciate the ownership you have taken of the vaccines at FWF. I also appreciate the organization you have done with the supplies in order to make room for the Omni Cell. You are a valuable member of the FSP/FWF staff. As I mentioned before the Letter of Expectations is not of disciplinary nature.

Kimberly Masbad
 Supervising Registered Nurse II
 Folsom State Prison / Folsom Women's Facility Work 916-985-2561 Ext 4053 Cell 916-616-5631

This communication and its attachments are confidential to the California Correctional Healthcare System and to the intended recipient (s). Information contained in this communication may be subject to the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act. If you have received this email in error, please advise the sender immediately and delete the entire message together with all attachments. All unintended recipients are hereby notified that any use, distribution, copying or any other action regarding this email is strictly prohibited.

From: Stinson, Monica@CDCR
 Sent: Monday, July 29, 2013 6:40 PM
 To: Masbad, Kimberly@CDCR
 Cc: Burnett-Hampson, Susan@CDCR; Deeds, Lynette@CDCR
 Subject: RE: FWF TTA

#3

You have over emphasized the safety issue to the point of even giving me a Letter Of Instruction. Does it mean every time we express our concerns, we get a letter of instruction? Is this a way of shutting us down. My email to you (below) was harmless and just for your information and no one was being blamed in it. You did not even have to respond but because you choose to respond, you should address the real issue and not go around it.

The emphasis in my email was on the possibility of inmates making false allegations of being inappropriately handled and the need to have 2 people when we undress or take them to the restroom (witness). I did not say, I did not feel safe. I said I was not comfortable, there is a difference there.

(22)

As for the whistle, alarm and unhooking the phone, I have always known how to use them and I did not need to be reminded with a letter of instruction. My whistle is always attached to my CDCR ID Card and the alarm is always on person (you can confirm with control, they always have to call FWF TTA during alarm testing and we always test 2 alarms (one for the RN and one for me).

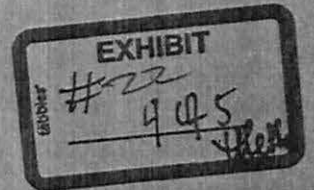
As for the whistle, to prove to you that I already knew how to use it, I last blew it on 6/10/2013 while working in Administration Segregation Bld. 4. I am attaching a copy of the report I sent to SRN II - Gobourne on that incident. I blew my whistle to alert custody, so the letter of instruction on this matter was uncalled for and I ask that it be dismissed.

This is the first time I have raised any concern to you in the 7 months I have been here and you write me up? For the whole 7 months I have been here at FWF, we have never had any staff meeting or even minutes of any meetings that we hear you sometimes hold. You have never even cared to find out if we have anything to say (on 3rd watch). These meetings are reserved just for the special few who matter.

How do you expect us to share our experiences, ask questions or raise concerns? If I had raised this concern in a general meeting your perception and the response would have been different. You would not have felt attacked. You do not have to be afraid if you are not guilty of anything.

I know I am a good nurse and I always try to do the right thing but sometimes it rubs others the wrong way and that I cannot help. I will continue to stand with the truth.

Monica Stinson (LVN)



-----Original Message-----

From: Masbad, Kimberly@CDCR
Sent: Wednesday, July 24, 2013 4:11 PM
To: Stinson, Monica@CDCR
Cc: Burnett-Hampson, Susan@CDCR; Deeds, Lynette@CDCR
Subject: RE: FWF TTA

I hear your concerns however Bargaining unit 6 (custody's union) already negotiated gender restricted post and the Health Care Access officers were not included. The Health Care Access officers are a part of post and bid. Please keep in mind you should have your personal alarm, and whistle on you at all times. You also have an off hook alarm for the phone system as well as the ability to give an inmate a direct order. If at any time you feel your safety is jeopardized please use your alarm and or whistle as appropriate. There are many classification that do not have a custody staff member assigned to be with them for their shift, teachers to name one. I would be happy to speak with you in more detail later this week or sooner if you feel necessary.

Kimberly Masbad
Supervising Registered Nurse II
Folsom State Prison / Folsom Women's Facility Work 916-985-2561 Ext 4053 Cell 916-616-5631

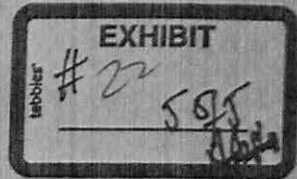
This communication and its attachments are confidential to the California Correctional Healthcare System and to the intended recipient (s). Information contained in this

Handwritten signature and date: 23/3/26

(22)

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From: Stinson, Monica@CDCR
Sent: Monday, July 22, 2013 7:51 PM
To: Masbad, Kimberly@CDCR
Cc: Burnett-Hampson, Susan@CDCR; Deeds, Lynette@CDCR
Subject: FWF TTA



This memo is for your information only.

Here at FWF we have only male officers manning the TTA clinic. When we have had to do 7219s, because I am the female I end up doing them which I do not mind. The problem comes when the male RN and the male officer leave me in the clinic with the door closed for the inmate's privacy (I am sure other female nurses can attest to this). This has happened to me many times. Twice I have also had to take patients in the wheel chair to the restroom by myself because they were too weak to walk, in both cases the officer stayed outside (case in point, last week).

Nothing bad has happened so far but I do not feel comfortable being left with the inmate by myself (I am surprised no one has said anything yet). I still consider them inmates like any other. Would a male nurse at FSP be left alone with a male inmate with the door closed without custody for whatever reason, because they are both males?

I think we should not underestimate what can happen. These are also inmates serving time on whatever level. A part from the obvious reason of safety they can come up with all kinds of allegations. In my opinion I think we all need to have a witness (especially when we have to undress or take them to the restroom).

The easiest and cheapest way to solve this problem in my opinion would be to have Female TTA Clinic Officers at FWF on all shifts. I stand to be corrected.

Prevention is always better than cure.

Thank you.

Monica Stinson (LVN)

Monica
23/3/26