**Facility Survey**

1. Interviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Entity that owns the facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Entity that operates the facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Level of security (check all that apply): [ ] Minimum [ ] Medium [ ] High
7. Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Respondent Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staffing**

1. Total number of staff,by category

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Employees (n) | Contractors (n) | Total (n) |
| Corrections |  |  |  |
| Administrative staff |  |  |  |
| Kitchen staff |  |  |  |
| Maintenance staff |  |  |  |
| Healthcare |  |  |  |
| Doctors |  |  |  |
| Physician assistants |  |  |  |
| Nurse practitioners |  |  |  |
| Nurses |  |  |  |
| Pharmacy |  |  |  |
| Laboratory staff |  |  |  |
| Dental staff |  |  |  |
| Radiology |  |  |  |
| Administrative staff |  |  |  |
| **Sum** |  |  |  |

**Incarcerated Population and Capacity**

1. What were the characteristics of the incarcerated population in January 2020 vs. the incarcerated population now?

|  |  |  |
| --- | --- | --- |
|  | **January 2020** | **Currently** |
| Inmate population (estimated average): |  |  |
|  Proportion low security (estimated): | % | % |
|  Proportion medium security (estimated): | % | % |
|  Proportion high security (estimated): | % | % |
| Average daily intakes: |  |  |
| Average daily transfers to this facility: |  |  |
| Average daily transfers to other facilities: |  |  |
| Average daily releases to community: |  |  |

1. Maximum occupant capacity per original facility design: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Maximum occupants at full capacity (as currently functioning): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have general visitation been restricted or suspended? [ ] Yes [ ] No [ ] Unknown
	1. If yes, when did this go into effect? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
4. Have transfers to/from other prisons been suspended? [ ] Yes [ ] No [ ] Unknown
	1. If yes, when did this go into effect? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
5. Have transfers to/from other jails been suspended? [ ] Yes [ ] No [ ] Unknown
	1. If yes, when did this go into effect? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
6. Have restrictions been put in place with regard to in person legal appointments/attorney access? [ ] Yes [ ] No [ ] Unknown
	1. If yes, when did this go into effect? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

**Health Facilities**

1. How many hours per day is the health clinic currently staffed? [ ] 8 hours [ ] 16 hours [ ] 24 hours [ ] Other:\_\_\_\_ [ ] Unknown
2. Number of individuals that can currently be treated at the clinic per day? \_\_\_\_\_\_\_\_
3. Number of inpatient beds?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Services currently provided:

|  |  |
| --- | --- |
| [ ] Mental health care | [ ] Laboratory and diagnostic care |
| [ ] Dental Care | [ ] Substance abuse treatment |
| [ ] Preventative care | [ ] Nurse sick call |
| [ ] Nursing treatments | [ ] Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Medical provider visits | [ ] Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. If inmates need additional care during the response, are they sent to a healthcare facility? [ ] Yes [ ] No [ ] Unknown
	1. If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Services and Staffing**

1. Who provided the following services in January 2020 and who are they currently performed by?

|  |  |  |
| --- | --- | --- |
| **Service** | **January 2020** | **Currently** |
| Kitchen | [ ] Inmates [ ] Contractor [ ] Jail Staff | [ ] Inmates [ ] Contractor [ ] Jail Staff |
| Cleaning | [ ] Inmates [ ] Contractor [ ] Jail Staff | [ ] Inmates [ ] Contractor [ ] Jail Staff |
| Education | [ ] Inmates [ ] Contractor [ ] Jail Staff | [ ] Inmates [ ] Contractor [ ] Jail Staff |
| Laundry  | [ ] Inmates [ ] Contractor [ ] Jail Staff | [ ] Inmates [ ] Contractor [ ] Jail Staff |
| Transportation  |  [ ] Contractor [ ] Jail Staff |  [ ] Contractor [ ] Jail Staff |
| Groundskeeping | [ ] Inmates [ ] Contractor [ ] Jail Staff | [ ] Inmates [ ] Contractor [ ] Jail Staff |

**Coronavirus - General**

1. When was the first positive COVID-19 case identified at your facility (staff or inmate)?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy) 0Unknown

1. How many suspected (individuals with fever, cough, or shortness of breath) or confirmed COVID-19 cases have been identified at your facility since January 2020? (Write “unknown” if value not known).

|  |  |  |
| --- | --- | --- |
|  | **Among Inmates** | **Among Staff** |
| Suspected COVID-19 Cases (PUIs) |  |  |
| Confirmed COVID-19 Cases |  |  |
| Suspected Hospitalized COVID-19 Cases (PUIs) |  |  |
| Confirmed Hospitalized COVID-19 Cases  |  |  |
| Any death  |  |  |
| COVID-19-related Deaths  |  |  |

1. Are confirmed COVID-19 cases currently being reported to the local health department? [ ] Yes [ ] No [ ] Unknown
2. Are you aware of CDC guidance for managing COVID-19 in correctional facilities? [ ] Yes [ ] No
	1. If yes, have you incorporated the guidance in your protocols/processes? [ ] Yes [ ] No [ ] Unknown
		1. If yes, when were these measures adopted? ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
3. Are staff or inmates tested for coronavirus? [ ] Yes [ ] No [ ] Unknown
	1. If yes, what test is being used? (check all that apply) [ ] OP Swab (PCR) [ ] NP Swab (PCR) [ ] Blood (serology) [ ] Unknown If known, specify name of test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Who is currently being tested? (check all that apply) [ ] Symptomatic inmates [ ] Symptomatic staff [ ] Inmates exposed to a laboratory-confirmed COVID-19 case [ ] Staff exposed to a laboratory-confirmed COVID-19 case [ ]  New inmates to the facility [ ]  Random screening for at-risk inmates [ ] Random screening for at-risk staff [ ]  All staff [ ]  All inmates [ ] Upon staff request [ ] Upon inmate request [ ] Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Unknown
	3. Is testing done on individuals once, or repeatedly over time? [ ] Repeatedly [ ]  Once
	4. Where are test results being processed? [ ] Public Health Lab [ ] Commercial lab [ ] Hospital lab [ ] Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Unknown
	5. What is the average turnaround time from the time of testing to the result? \_\_\_\_\_\_\_\_\_\_\_\_\_ (days)[ ] Unknown
	6. How many tests can be processed a day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coronavirus – Staff** *(Write “unknown” if value or date not known).*

1. Are staff checked daily for symptoms prior to shift start? [ ] Yes [ ] No [ ] Unknown
	1. If yes, when were these measures implemented? ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
	2. What is the threshold for a fever? \_\_\_\_\_\_\_\_F
	3. What happens if a staff member has symptoms?
2. Does a staff member have to disclose if they had a positive test? [ ] Yes [ ] No [ ] Unknown
3. If a staff member has a positive test, are they temporarily furloughed? [ ] Yes [ ] No [ ] Unknown
	1. If yes, for how long are they furloughed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Are they paid during the furlough? [ ] Yes [ ] No [ ] Unknown
4. Would it be possible to have staff assigned to work in a single inmate housing unit (or limit the amount of buildings they work in or work assignments they supervise)? [ ] Yes [ ] No [ ] Unknown
	1. If yes, is this currently being done? [ ] Yes [ ] No [ ] Unknown
	2. If yes, when were these measures implemented? ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

**Coronavirus - Inmates**

1. Are all inmates checked daily for symptoms of coronavirus? [ ] Yes [ ] No [ ] Unknown
	1. If yes, when did this start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
2. Are all new inmate intakes quarantined for 14 days before entering the facility general population?

[ ] Yes [ ] No [ ] Unknown

* 1. If yes, when did this start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
	2. Are they quarantined: [ ] Individually [ ] As a cohort [ ] Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Are quarantined inmates checked daily for symptoms of coronavirus? [ ] Yes [ ] No [ ] Unknown
		1. If yes, when did this start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
		2. Is their temperature checked? [ ] Yes [ ] No [ ] Unknown
1. Are inmates who have laboratory-confirmed COVID-19 isolated from other inmates? [ ] Yes [ ] No [ ] Unknown
	1. If yes, how many laboratory-confirmed COVID-19 cases could you isolate before isolation capacity would be exhausted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How are these individuals isolated: [ ] Individually [ ] As a cohort [ ] Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Are confirmed COVID-19 cases separated from suspected cases (PUIs) as well? [ ] Yes [ ] No [ ] Unknown
2. Are inmates who are suspected cases (PUIs) isolated from other inmates? [ ] Yes [ ] No [ ] Unknown
3. When would an inmate without symptoms be quarantined for 14 days? (check all that apply)

 [ ]  If exposed / had contact with a confirmed COVID-19 case [ ]  If exposed / had contact with a suspected COVID-19 case

* 1. How is exposure or contact with a COVID-19 case defined? (e.g., any close contact, part of the same unit, sleeps in same room) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How many times per day are these individuals monitored for symptoms? \_\_\_\_\_\_\_ x per day
	3. What PPE is worn by the people who perform these checks? Check all that apply.

[ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls [ ] Unknown

1. Are inmates screened for COVID-19 symptoms before being released from the facility? [ ] Yes [ ] No [ ] Unknown
	1. What happens if they have COVID-19 symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the release of inmates who are under isolation or quarantine coordinated with the regional public health department? [ ] Yes [ ] No [ ] Unknown

**Personal Protective Equipment**

1. What level of PPE is worn/has available to each level of staff? Check all that apply.

|  |  |  |
| --- | --- | --- |
| Correctional officers | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Transport Services | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Legal | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Administrative | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Doctors | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Nurses | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Pharmacy | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Clinic Admin | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Maintenance | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Kitchen | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |
| Dental staff | [ ] Gloves [ ] Face Mask [ ] Eye protection [ ] N95 [ ] Gown/Coveralls | [ ] Unknown |

1. Are all staff who have direct contact with confirmed cases wearing N95 respirators, eye protection, gloves, and a gown? [ ] Yes [ ] No [ ] Unknown
2. Are all staff who have direct contact with suspected cases (PUIs) wearing N95 respirators, eye protection, gloves, and a gown? [ ] Yes [ ] No [ ] Unknown
3. Have cleaning and disinfection protocols changed since January 2020? [ ] Yes [ ] No [ ] Unknown
	1. If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
	2. If yes, how so? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are inmates given cleaning supplies to clean their cells? [ ] Yes [ ] No [ ] Unknown

**Unit Survey [Complete this survey for each unit of the facility assessed.]**

1. Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Location (building, floor, room, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Level of security (check all that apply): [ ] Minimal [ ] Medium [ ] High
5. Respondent Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Interviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unit Characteristics**

1. Number of inmates currently in the unit: \_\_\_\_\_\_\_
2. Full capacity of unit: \_\_\_\_\_\_
3. Unit type: [ ] Single cells [ ] Dormitory (communal) housing
	1. How many beds per room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of floors: \_\_\_\_\_\_

**Facilities**

1. Identify which facilities/items inmates currently have access to and who uses the facilities.

|  |  |  |
| --- | --- | --- |
|  | **Access Level** | **Individual vs Shared** |
| Lavatory | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Showers | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Dining Area | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Recreation Area | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Phone Access | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Computer Access | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Common area with tables/chairs | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Games | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Television | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Library | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |

1. How many of the following items are present within the unit:
	1. Toilets: \_\_\_\_\_\_
	2. Sinks/handwashing area: \_\_\_\_\_\_\_
	3. Showers:\_\_\_\_\_\_\_\_
2. In the last two weeks, have inmates in this unit:

|  |  |
| --- | --- |
| **Exposure** | **Answer** |
| …been to the dormitory yard?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days) On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …been to a common area to eat? (*if food delivered to cell, select no*)If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …used the common area phone?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …been to the recreation area?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …used the common area computer?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …been transported off of the jail campus (e.g. medical or legal appointments)?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …had a visitor from outside the jail who you were able to meet in person with?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …visited the clinic?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …been to the library?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …been to the education center?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …been to the commissary?If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |
| …been to another part of the facility? (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)If yes, days per week?\_\_\_\_\_\_\_\_\_ (1-14 days)On those days, how many hours per day? \_\_\_\_\_\_\_ (hours) | [ ]  Yes [ ]  No [ ]  Unknown |

**Infrastructure**

1. What type of heating does this unit have? [ ]  Forced air [ ]  Radiator [ ] Other, specify:\_\_\_\_\_\_\_\_\_ [ ] Unknown
2. Does this unit have windows? [ ] Yes [ ] No [ ] Unknown
3. Does this unit have windows that open? [ ] Yes [ ] No [ ] Unknown
4. Does this unit have air conditioning? [ ] Yes [ ] No [ ] Unknown
5. Since the index COVID-19 case developed symptoms on [*insert date of symptom onset, only ask questions relative to those above*]:
	1. Has air conditioning been used? [ ] Yes [ ] No [ ] Unknown
	2. Have any windows been opened for ventilation? [ ] Yes [ ] No [ ] Unknown
	3. Has any other form of ventilation (e.g. ceiling fans or portable fans) been used? [ ] Yes [ ] No [ ] Unknown

**Sanitation**

1. Which of the following items have inmates been provided: [ ] Hand Sanitizer [ ] Soap [ ] Face Masks [ ] Unknown
	1. If masks are provided, how often are they replaced or washed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. If soap is provided, is it unlimited? [ ] Yes [ ] No [ ] Unknown
		1. If no, quantity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Could an inmate in this unit wash their hands at all times of the day: [ ] Yes [ ] No [ ] Unknown

**Work Units**

1. Do any inmates in this unit perform duties or services (e.g. work at the facility)? [ ] Yes [ ] No [ ] Unknown
	1. If yes, do they work in, [ ] Their unit only [ ]  Other common areas [ ]  Both
		1. [*if in other common areas*] Do they work with inmates from other units? [ ] Yes, at the same time/shift [ ] Yes, same areas but different shifts [ ] No [ ] Unknown
2. Which jobs are performed by inmates in this unit? [ ] Kitchen [ ] Library [ ] Education [ ] Laundry [ ] Groundskeeping [ ] Unknown [ ] Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staffing**

1. How many staff members are assigned to work in this unit? (extended time in this unit, or working with inmates from this unit) \_\_\_\_\_\_\_\_\_ (estimate if exact number not known)

*by category,*

* 1. Corrections: \_\_\_\_\_\_\_\_
	2. Environmental/maintenance: \_\_\_\_\_\_\_
	3. Admin: \_\_\_\_\_\_\_\_
	4. Healthcare: \_\_\_\_\_\_\_\_
	5. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify job class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
1. How many staff members potentially are within 6ft of the inmates for any length of time in this unit for their regular duties? \_\_\_\_\_\_\_\_\_ (estimate if exact number not known)

*by category,*

* 1. Corrections: \_\_\_\_\_\_\_\_
	2. Environmental/maintenance: \_\_\_\_\_\_\_
	3. Admin: \_\_\_\_\_\_\_\_
	4. Healthcare: \_\_\_\_\_\_\_\_
	5. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify job class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Coronavirus**

1. How many suspected (individuals with fever, cough, or shortness of breath) or confirmed COVID-19 cases have been identified in this unit since January 2020? (Write “unknown” if value not known).

|  |  |  |
| --- | --- | --- |
|  | **Among Inmates** | **Among Staff** |
| Suspected COVID-19 Cases (PUI) |  |  |
| Confirmed COVID-19 Cases |  |  |
| Suspected Hospitalized COVID-19 Cases (PUI) |  |  |
| Confirmed Hospitalized COVID-19 Cases  |  |  |
| Any Death  |  |  |
| COVID-19-related Deaths  |  |  |

1. When was the first positive COVID-19 case identified at this unit (staff or inmate)?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)