**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)