

(Correctional Facility Transmission Investigation)

Facility Survey

1.	Interviewer:	Date Co	ompleted:	
2.	Facility Name:			
			ZIP Code: _	
	Entity that operates the fa			
		that apply): Minimum	Medium High	
	•			
Staffing	,			
	Total number of staff, by o	rategory		
7.		Employees (n)	Contractors (n)	Total (n)
	Category Corrections	Employees (II)	Contractors (II)	TOTAL (II)
	Administrative staff			
	Kitchen staff			
	Maintenance staff			
	Healthcare			
	Doctors			
	Physician assistants			
	Nurse practitioners			
	Nurses			
	Pharmacy			
	Laboratory staff			
	Dental staff			
	Radiology			
	Administrative staff			
	Sum			
	rated Population and Capa What were the characteris	-	oulation in January 2020 vs. tl	
			January 2020	Currently
	Inmate population (estim	<u>-</u>		
	Proportion low securit	• •	%	%
	Proportion medium se		%	%
	Proportion high securi	ty (estimated):	%	%
	Average daily intakes:			
	Average daily transfers to	-		
	Average daily transfers to			
	Average daily releases to	community:		
11.	Maximum occupant capac	ity per original facility desig	gn:	
12.	Maximum occupants at fu	II capacity (as currently fund	ctioning):	
13.	Have general visitation be	en restricted or suspended?	? Yes No Unknown	
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a. If yes, when did this go i	nto effect?			(m	m/dd/v\	/vv)		
14. Have transfers to/from other pri								
b. If yes, when did this go i		-			_			
15. Have transfers to/from other jail						, , , ,		
						^		
c. If yes, when did this go i							2	h. 🖂
16. Have restrictions been put in pla	ce with rega	ard to ir	person I	egal appoir	ntments,	/attorr	ney access?	Yes
NoUnknown				_				
d. If yes, when did this go i	nto effect? _			(m	m/dd/yy	/уу)		
Health Facilities								
17. How many hours per day is the h	nealth clinic	current	ly staffed	? 8 hou	rs 16	hours	24 hours	
Other:Unknown								
18. Number of individuals that can c	urrently be	treated	at the cli	nic per day	?			
19. Number of inpatient beds?	-			' '				
20. Services currently provided:								
Mental health care		Lah	oratory a	nd diagnost	tic care	٦		
Dental Care		_		use treatm		1		
Preventative care			se sick ca			1		
Nursing treatments				y:		1		
Medical provider visits				y:		1		
21. If inmates need additional care of	during the re					_ re faci∣	lity? Yes	No
Unknown								
e. If yes, specify:								
c. II yes, specify.								
Facility Services and Staffing								
22. Who provided the following serv	ices in Janu	arv 202	0 and wh	o are they	currently	v nerfo	ormed by?	
Service	111 34114	Januar		- ure triey		, perio	Currently	
Kitchen	Inmates		ractor	Jail Staff	Inm	ates	Contractor	Jail Staff
Cleaning	Inmates		ractor	Jail Staff		ates	Contractor	Jail Staff
Education	Inmates	_	ractor	Jail Staff		ates	Contractor	Jail Staff
Laundry	Inmates		ractor	Jail Staff		ates	Contractor	Jail Staff
Transportation			ractor	Jail Staff			Contractor	Jail Staff
Groundskeeping	Inmates		ractor	Jail Staff	Inm	ates	Contractor	Jail Staff
Coronavirus - General								
23. When was the first positive COV	/ID-19 case i	dentifie	d at your	facility (sta	aff or inr	nate)?		
(mm/dd/yy	yy) 0Unknov	vn						
24. How many suspected (individual					-			cases
have been identified at your faci	lity since Jar	nuary 20				lue no		
			Am	ong Inmat	es		Among Staf	f
Suspected COVID-19 Cases (DLI	lc1							

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Confirmed COVID-19 Cases



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5	buspected Hospitalized COVID-19 Cases (PUIs)
(Confirmed Hospitalized COVID-19 Cases
	Any death
	COVID-19-related Deaths
	re confirmed COVID-19 cases currently being reported to the local health department? Yes No
	e you aware of CDC guidance for managing COVID-19 in correctional facilities? Yes No
20. AI	f. If yes, have you incorporated the guidance in your protocols/processes? Yes No Unknown i. If yes, when were these measures adopted? (mm/dd/yyyy)
27. Aı	re staff or inmates tested for coronavirus? Yes No Unknown
	g. 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:
	h. Who is currently being tested? (check all that apply) Symptomatic inmates Symptomatic staf
	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
	i. Is testing done on individuals once, or repeatedly over time? Repeatedly Once
	j. Where are test results being processed? Public Health Lab Commercial lab Hospital lab
	Other, specify Unknown
	k. What is the average turnaround time from the time of testing to the result? (days)
	-
	Unknown
	I. How many tests can be processed a day?
C	Chaff () Aluita "contraction" if contract to a contraction contraction
	us - Staff (Write "unknown" if value or date not known).
28. Ai	re staff checked daily for symptoms prior to shift start? Yes No Unknown
	m. If yes, when were these measures implemented? (mm/dd/yyyy)
	n. What is the threshold for a fever?F
	o. What happens if a staff member has symptoms?
	pes a staff member have to disclose if they had a positive test? Yes No Unknown
30. If	a staff member has a positive test, are they temporarily furloughed?YesNoUnknown
	a. If yes, for how long are they furloughed?
	b. Are they paid during the furlough? Yes No Unknown
	ould it be possible to have staff assigned to work in a single inmate housing unit (or limit the amount of
bı	uildings they work in or work assignments they supervise)?YesNoUnknown
	p. If yes, is this currently being done? Yes Unknown
	q. If yes, when were these measures implemented? (mm/dd/yyyy)
Coronavir	us - Inmates
32. Aı	re all inmates checked daily for symptoms of coronavirus? Yes No Unknown
	r. If yes, when did this start?(mm/dd/yyyy)
33. Aı	re all new inmate intakes quarantined for 14 days before entering the facility general population?
	Yes No Unknown
	s. If yes, when did this start? (mm/dd/yyyy)
	t. Are they quarantined: Individually As a cohort Other, specify:
	u. Are quarantined inmates checked daily for symptoms of coronavirus? Yes No Unknown
	i. If yes, when did this start? (mm/dd/yyyy)
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	ii. Is the	eir te	emperatu	re checked?	YesNoUn	known		_	
34.	Are inmates who hav	e lal	boratory-	confirmed CO	VID-19 isolated fro	m other	inmates? Yes	_No	၁ 🔃
	Unknown								
	v. If yes, how m would be exh	-		-	COVID-19 cases cou 	ıld you is	solate before isolati	on	capacity
	w. How are thes	se in	dividuals	isolated: In	dividually As a d	ohort 🗌	Other, specify:		
	x. Are confirme Unknown	d CC	OVID-19 c	ases separated	d from suspected c	ases (PU	lls) as well? Yes		No
35.	Are inmates who are	susi	pected ca	ses (PUIs) isola	ated from other in	nates?	Yes No Un	kno	wn
	When would an inma					_			
			-			-	ed / had contact wit	h a	suspected
	COVID-19 case					·			·
	y. How is expos	ure	or contac	t with a COVID	0-19 case defined?	(e.g., an	y close contact, par	t of	f the same
	unit, sleeps ii	n sai	me room)						
	z. How many ti	mes	per day a	are these indiv	iduals monitored f	or sympt	toms? x pe	r da	ay
		_	_		rfor <u>m</u> these checks				
			_		onN95Gow				
37.	Are inmates screened	d for	r COVID-1	9 symptoms b	efore being release	ed from	the facility?Yes		No
	Unknown				_				
	a. What happer	าร if	they have	e COVID-19 syr	nptoms?				
00									1. 1 1.1
38.	Is the release of inma				n or quarantine coc	rdinated	d with the regional i	pub	ilic nealth
	department? Yes	i	NOOH	cnown					
rcon	al Protective Equipme	nt							
	What level of PPE is w		n/has avai	ilable to each l	evel of staff? Chec	k all that	annly		
57.	Correctional	VOIT	_		Eye protection		_		Unknown
	officers		Gloves	i dee Mask _			Gowii, coveraiis		Johnnowh
	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
40.	Are all staff who have	e dir						tior	
	and a gown? Yes						, - , - , - ,		., 0,
41.	Are all staff who have				ted cases (PUIs) we	earing N	95 respirators, eye	pro [.]	tection,
	gloves, and a gown?					Ū			
42.	Have cleaning and dis				d since January 20:	20? Y	es No Unkno	wn	
	a. If yes, when?	,			(mm/	dd/yyyy)			
	b. If yes, how so	ว? _							
43.	Are inmates given cle	anir	ng supplie	es to clean thei	ir cells? Yes	No U	nknown		
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Public reporting burden of this collection of information is estimated to average 120 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).

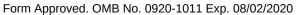


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Unit Survey [Complete this survey for each unit of the facility assessed.] Facility Name: 2. Unit Name: 3. Location (building, floor, room, etc): 4. Level of security (check all that apply): | Minimal | Medium | High 5. Respondent Name and Title: _____ 6. Interviewer:_____ Date Completed: _____ **Unit Characteristics** 7. Number of inmates currently in the unit: _____ 8. Full capacity of unit: ___ 9. Unit type: Single cells Dormitory (communal) housing a. How many beds per room: 10. Number of floors: _____ **Facilities** 11. Identify which facilities/items inmates currently have access to and who uses the facilities. Access Level **Individual vs Shared** Lavatory None Unknown time | Multiple units same time All the time | Restricted | | Cell only | Unit only | Multiple units different Showers None Unknown time | Multiple units same time Dining Area None Unknown time | Multiple units same time All the time | Restricted | | Cell only | Unit only | Multiple units different **Recreation Area** None Unknown time | Multiple units same time All the time | Restricted | | Cell only | Unit only | Multiple units different **Phone Access** None Unknown time | Multiple units same time All the time Restricted Cell only Unit only Multiple units different **Computer Access** None Unknown time | Multiple units same time Common area with All the time | Restricted | | Cell only | Unit only | Multiple units different tables/chairs None Unknown time | Multiple units same time Games None Unknown time | Multiple units same time Television All the time | Restricted | | Cell only | Unit only | Multiple units different time | Multiple units same time None Unknown All the time Restricted Cell only Unit only Multiple units different Library time | Multiple units same time None Unknown Other: None Unknown Multiple units same time time 12. How many of the following items are present within the unit: a. Toilets: b. Sinks/handwashing area: ___

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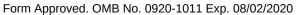
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c.	Showers:

13. In the last two weeks, have inmates in this unit:

Exposure	Answer
been to the dormitory yard?	Yes No Unknown
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	
been to a common area to eat? (if food delivered to cell,	Yes No Unknown
select no)	
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	
used the common area phone?	Yes No Unknown
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	
been to the recreation area?	Yes No Unknown
, , , , , , , , , , , , , , , , , , ,	
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	
used the common area computer?	Yes No Unknown
12 (4.44.1)	
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	Va Na Hulusuu
been transported off of the jail campus (e.g. medical or	Yes No Unknown
legal appointments)?	
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	Ves Ne Halmann
had a visitor from outside the jail who you were able to meet in person with?	Yes No Unknown
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	
visited the clinic?	Yes No Unknown
visited the clinic:	
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	
been to the library?	Yes No Unknown
insecti to the library.	Tes Tito Titolowii
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	
been to the education center?	Yes No Unknown
insecti to the education editor.	
If yes, days per week? (1-14 days)	
On those days, how many hours per day? (hours)	
been to the commissary?	Yes No Unknown
,	

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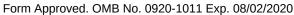




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If yes, d	ys per week? (1-14 days)
On thos	e days, how many hours per day? (hours)
been t	o another part of the facility?
(Specify)
If yes, d	ys per week? (1-14 days)
On thos	e days, how many hours per day? (hours)
	·
<u>Infrastru</u>	<u>ture</u>
14. V	hat type of heating does this unit have? Forced air Radiator Other, specify:
ι	nknown
15. E	oes this unit have windows? Yes Ves Vnknown
16. E	oes this unit have windows that open? Yes No Unknown
17. C	oes this unit have air conditioning?YesNoUnknown
	nce the index COVID-19 case developed symptoms on [insert date of symptom onset, only ask questions
r	lative to those above]:
	a. Has air conditioning been used? Yes No Unknown
	b. Have any windows been opened for ventilation? Yes No Unknown
	c. Has any other form of ventilation (e.g. ceiling fans or portable fans) been used? Yes No
C:1-1'-	Unknown
Sanitatio	
	'hich of the following items have inmates been provided:Hand SanitizerSoapFace Masks nknown
,	a. If masks are provided, how often are they replaced or washed?
	b. If soap is provided, is it unlimited? Yes No Unknown
	i. If no, quantity?
20 (buld an inmate in this unit wash their hands at all times of the day: Yes No Unknown
Work Un	
	o any inmates in this unit perform duties or services (e.g. work at the facility)? Yes No Unknown
21. 2	a. If yes, do they work in, Their unit only Other common areas Both
	i. [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
22. V	hich jobs are performed by inmates in this unit? Kitchen Library Education Laundry
	roundskeeping Unknown Other, specify:
<u>Staffing</u>	
23. F	ow many staff members are assigned to work in this unit? (extended time in this unit, or working with
i	mates from this unit) (estimate if exact number not known)
k	v category,
	a. Corrections:
	b. Environmental/maintenance:
	c. Admin:
	d. Healthcare:
2/ L	e. Other:(specify job class:) ow many staff members potentially are within 6ft of the inmates for any length of time in this unit for their
	egular duties? (estimate if exact number not known)
	category,
L	

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a.	Corrections:		
b.	Environmental/maintenance:		
c.	Admin:		
d.	Healthcare:		
e.	Other: (specify job cla	SS:)
<u>irus</u>			
How m	any suspected (individuals with fever, cou	ugh, or shortness of breath) o	r confirmed COVID-19
have b	een identified in this unit since January 20	20? (Write "unknown" if valu	ie not known).
		Among Inmates	Among Staff
Suspe	cted COVID-19 Cases (PUI)		
Confi	med COVID-19 Cases		
Suspe	cted Hospitalized COVID-19 Cases (PUI)		
Confi	med Hospitalized COVID-19 Cases		
Any D	eath		
COVIE	D-19-related Deaths		
When	was the first positive COVID-19 case ident	ified at this unit (staff or inma	nte)?
	(mm/dd/yyyy)		
	b. c. d. e. irus How maye be Confine Suspee Confine Any D COVIE	b. Environmental/maintenance: c. Admin: d. Healthcare: e. Other: (specify job cla irus How many suspected (individuals with fever, counave been identified in this unit since January 20 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 When was the first positive COVID-19 case identications.	b. Environmental/maintenance: c. Admin: d. Healthcare: e. Other: (specify job class: irus How many suspected (individuals with fever, cough, or shortness of breath) on ave been identified in this unit since January 2020? (Write "unknown" if value

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