

**SARS-CoV-2 Correctional Facility Assessment****V2 rev 4/20/2020**

(Correctional Facility Transmission Investigation)

**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**

9. 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			
<b>Sum</b>			

**Incarcerated Population and Capacity**

10. 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:		

11. Maximum occupant capacity per original facility design: \_\_\_\_\_
12. Maximum occupants at full capacity (as currently functioning): \_\_\_\_\_
13. Have general visitation been restricted or suspended?  Yes  No  Unknown



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- a. If yes, when did this go into effect? \_\_\_\_\_ (mm/dd/yyyy)
- 14. Have transfers to/from other prisons been suspended?  Yes  No  Unknown
  - b. If yes, when did this go into effect? \_\_\_\_\_ (mm/dd/yyyy)
- 15. Have transfers to/from other jails been suspended?  Yes  No  Unknown
  - c. If yes, when did this go into effect? \_\_\_\_\_ (mm/dd/yyyy)
- 16. Have restrictions been put in place with regard to in person legal appointments/attorney access?  Yes  No  Unknown
  - d. If yes, when did this go into effect? \_\_\_\_\_ (mm/dd/yyyy)

### Health Facilities

- 17. How many hours per day is the health clinic currently staffed?  8 hours  16 hours  24 hours  Other: \_\_\_\_\_  Unknown
- 18. Number of individuals that can currently be treated at the clinic per day? \_\_\_\_\_
- 19. Number of inpatient beds? \_\_\_\_\_
- 20. Services currently provided:
 

<input type="checkbox"/> Mental health care	<input type="checkbox"/> Laboratory and diagnostic care
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Substance abuse treatment
<input type="checkbox"/> Preventative care	<input type="checkbox"/> Nurse sick call
<input type="checkbox"/> Nursing treatments	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Medical provider visits	<input type="checkbox"/> Other, specify: _____
- 21. If inmates need additional care during the response, are they sent to a healthcare facility?  Yes  No  Unknown
  - e. If yes, specify: \_\_\_\_\_

### Facility Services and Staffing

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

Service	January 2020			Currently		
	<input type="checkbox"/> Inmates	<input type="checkbox"/> Contractor	<input type="checkbox"/> Jail Staff	<input type="checkbox"/> Inmates	<input type="checkbox"/> Contractor	<input type="checkbox"/> Jail Staff
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Groundskeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Coronavirus - General

- 23. When was the first positive COVID-19 case identified at your facility (staff or inmate)? \_\_\_\_\_ (mm/dd/yyyy)  Unknown
- 24. 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		



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Suspected Hospitalized COVID-19 Cases (PUIs)		
Confirmed Hospitalized COVID-19 Cases		
Any death		
COVID-19-related Deaths		

25. Are confirmed COVID-19 cases currently being reported to the local health department?  Yes  No  Unknown
26. Are you aware of CDC guidance for managing COVID-19 in correctional facilities?  Yes  No
- 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. Are 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 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
- 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
- l. How many tests can be processed a day? \_\_\_\_\_

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

28. Are 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?
29. Does 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?  Yes  No  Unknown
- a. If yes, for how long are they furloughed? \_\_\_\_\_
- b. Are they paid during the furlough?  Yes  No  Unknown
31. 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
- p. If yes, is this currently being done?  Yes  No  Unknown
- q. If yes, when were these measures implemented? \_\_\_\_\_ (mm/dd/yyyy)

#### **Coronavirus - Inmates**

32. Are all inmates checked daily for symptoms of coronavirus?  Yes  No  Unknown
- r. If yes, when did this start? \_\_\_\_\_ (mm/dd/yyyy)
33. Are 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 their temperature checked?  Yes  No  Unknown
- 34. Are inmates who have laboratory-confirmed COVID-19 isolated from other inmates?  Yes  No  Unknown
  - v. If yes, how many laboratory-confirmed COVID-19 cases could you isolate before isolation capacity would be exhausted? \_\_\_\_\_
  - w. How are these individuals isolated:  Individually  As a cohort  Other, specify: \_\_\_\_\_
  - x. Are confirmed COVID-19 cases separated from suspected cases (PUIs) as well?  Yes  No  Unknown
- 35. Are inmates who are suspected cases (PUIs) isolated from other inmates?  Yes  No  Unknown
- 36. 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
  - y. 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) \_\_\_\_\_
  - z. How many times per day are these individuals monitored for symptoms? \_\_\_\_\_ x per day
  - aa. What PPE is worn by the people who perform these checks? Check all that apply.
    - Gloves  Face Mask  Eye protection  N95  Gown/Coveralls  Unknown
- 37. Are inmates screened for COVID-19 symptoms before being released from the facility?  Yes  No  Unknown
  - a. What happens if they have COVID-19 symptoms? \_\_\_\_\_
- 38. Is the release of inmates who are under isolation or quarantine coordinated with the regional public health department?  Yes  No  Unknown

### Personal Protective Equipment

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

Correctional officers	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Transport Services	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Legal	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Administrative	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Doctors	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Nurses	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Pharmacy	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Clinic Admin	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Maintenance	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Kitchen	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown
Dental staff	<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Mask	<input type="checkbox"/> Eye protection	<input type="checkbox"/> N95	<input type="checkbox"/> Gown/Coveralls	<input type="checkbox"/> Unknown

- 40. Are all staff who have direct contact with confirmed cases wearing N95 respirators, eye protection, gloves, and a gown?  Yes  No  Unknown
- 41. Are all staff who have direct contact with suspected cases (PUIs) wearing N95 respirators, eye protection, gloves, and a gown?  Yes  No  Unknown
- 42. Have cleaning and disinfection protocols changed since January 2020?  Yes  No  Unknown
  - a. If yes, when? \_\_\_\_\_ (mm/dd/yyyy)
  - b. If yes, how so? \_\_\_\_\_

43. Are inmates given cleaning supplies to clean their cells?  Yes  No  Unknown



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#### **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**

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.

	<b>Access Level</b>	<b>Individual vs Shared</b>
Lavatory	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Showers	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Dining Area	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Recreation Area	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Phone Access	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Computer Access	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Common area with tables/chairs	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Games	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Television	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Library	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time
Other: _____	<input type="checkbox"/> All the time <input type="checkbox"/> Restricted None <input type="checkbox"/> Unknown	<input type="checkbox"/> Cell only <input type="checkbox"/> Unit only <input type="checkbox"/> Multiple units different time <input type="checkbox"/> Multiple units same time

12. How many of the following items are present within the unit:

- a. Toilets: \_\_\_\_\_
- b. Sinks/handwashing area: \_\_\_\_\_

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c. Showers:\_\_\_\_\_

## 13. 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
...been to a common area to eat? ( <i>if food delivered to cell, select no</i> ) If yes, days per week?_____ (1-14 days) On those days, how many hours per day? _____ (hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
...used the common area phone?  If yes, days per week?_____ (1-14 days) On those days, how many hours per day? _____ (hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
...been to the recreation area?  If yes, days per week?_____ (1-14 days) On those days, how many hours per day? _____ (hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
...used the common area computer?  If yes, days per week?_____ (1-14 days) On those days, how many hours per day? _____ (hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
...visited the clinic?  If yes, days per week?_____ (1-14 days) On those days, how many hours per day? _____ (hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
...been to the library?  If yes, days per week?_____ (1-14 days) On those days, how many hours per day? _____ (hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
...been to the education center?  If yes, days per week?_____ (1-14 days) On those days, how many hours per day? _____ (hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
...been to the commissary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown





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If yes, days per week? _____ (1-14 days) On those days, how many hours per day? _____ (hours)	
...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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

#### Infrastructure

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

#### Sanitation

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

#### Work Units

21. Do any inmates in this unit perform duties or services (e.g. work at the facility)?  Yes  No  Unknown
- If yes, do they work in,  Their unit only  Other common areas  Both
    - [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. Which jobs are performed by inmates in this unit?  Kitchen  Library  Education  Laundry  Groundskeeping  Unknown  Other, specify: \_\_\_\_\_

#### Staffing

23. 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,
- Corrections: \_\_\_\_\_
  - Environmental/maintenance: \_\_\_\_\_
  - Admin: \_\_\_\_\_
  - Healthcare: \_\_\_\_\_
  - Other: \_\_\_\_\_ (specify job class: \_\_\_\_\_)
24. 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,



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- a. Corrections: \_\_\_\_\_
- b. Environmental/maintenance: \_\_\_\_\_
- c. Admin: \_\_\_\_\_
- d. Healthcare: \_\_\_\_\_
- e. Other: \_\_\_\_\_ (specify job class: \_\_\_\_\_)

### Coronavirus

25. 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		

26. When was the first positive COVID-19 case identified at this unit (staff or inmate)?  
\_\_\_\_\_ (mm/dd/yyyy)