**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) |
| **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): |  |  |
| 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)

**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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YY)

**Unit Characteristics**

1. Number of detainees currently in the unit: \_\_\_\_\_\_\_
2. Full capacity of unit: \_\_\_\_\_\_
3. Unit type: [ ] Single cells [ ] Dormitory (communal) housing
	1. How many beds per room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. If dormitory unit, are the sleeping areas: [ ] Cells or rooms with a door [ ] Cubbies or other enclosure without a door [ ] open dormitory [ ]  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of floors: \_\_\_\_\_\_
5. How many of the following items are present within the unit:
	1. Toilets: \_\_\_\_\_\_
	2. Sinks/handwashing area: \_\_\_\_\_\_\_
	3. Showers:\_\_\_\_\_\_\_\_

**Facilities access among detainees in the unit**

1. In the past two weeks, identify which facilities/items detainees have had access to and who uses the facilities/items.

|  |  |  |
| --- | --- | --- |
|  | **Access Level** | **Individual vs Shared** |
| Toilets | [ ] 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 (inside common area) | [ ] All the time [ ] Restricted [ ] None [ ] Unknown | [ ] Cell only [ ] Unit only [ ] Multiple units different time [ ] Multiple units same time |
| Recreation Area or yard (outside) | [ ] 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 |
| Commissary | [ ] 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 |
| Facility Healthcare Clinic | [ ] 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 |

**Sanitation**

1. In the last two weeks, which of the following items have detainees been provided (check all that apply):

[ ] Hand Sanitizer [ ] Soap [ ] Face Masks [ ]  None [ ] Unknown

* 1. If masks are provided, how often are they replaced or washed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. If masks are provided, are they typically being worn:

[ ] Always [ ] Only outside of cell [ ] Only outside of dorm

* 1. If soap is provided, is it unlimited? [ ] Yes [ ] No [ ] Unknown
		1. If no, quantity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Could a detainee in this unit wash their hands at all times of the day: [ ] Yes [ ] No [ ] Unknown

**Work Units**

1. Do any detainees 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 detainees from other units? [ ] Yes, at the same time/shift [ ] Yes, same areas but different shifts [ ] No [ ] Unknown
2. Which jobs are performed by detainees 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 detainees from this unit) Total \_\_\_\_\_\_\_\_\_ (estimate if exact number not known); *by category:*
	1. Corrections: \_\_\_\_\_\_\_\_
	2. Environmental/maintenance: \_\_\_\_\_\_\_
	3. Admin: \_\_\_\_\_\_\_\_
	4. Healthcare: \_\_\_\_\_\_\_\_
	5. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify job class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. How many staff members potentially are within 6ft of the detainees for any length of time in this unit for their regular duties? Total \_\_\_\_\_\_\_\_\_ (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 Detainees** | **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 detainee)?

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

1. When was the most recent positive COVID-19 case identified at this unit (staff or detainee)?

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