SARS-CoV-2 Correctional Facility Assessment
V3 rev 5/06/2020
(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)
Sum			

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):		
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
    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)

Facility Services and Staffing

17. 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

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Transportation		☐ Contractor	☐ Jail Staff		☐ Contractor	☐ Jail Staff	
Groundskeeping	☐ Inmates	☐ Contractor	☐ Jail Staff	☐ Inmates	☐ Contractor	☐ Jail Staff	

Coronavirus - General

18. When was the first positive COVID-19 case identified at your facility (staff or inmate)?
_____ (mm/dd/yyyy) 0Unknown

19. 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		

20. Are staff or inmates tested for coronavirus? ☐ Yes ☐ No ☐ Unknown
    e. 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:_____
    f. 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
    g. Is testing done on individuals once, or repeatedly over time? ☐ Repeatedly ☐ Once
    h. Where are test results being processed? ☐ Public Health Lab ☐ Commercial lab ☐ Hospital lab ☐
    ☐ Other, specify_____ ☐ Unknown
    i. What is the average turnaround time from the time of testing to the result? _____ (days) ☐ Unknown
    j. How many tests can be processed a day? _____

Coronavirus – Staff (Write "unknown" if value or date not known).

21. Are staff checked daily for symptoms prior to shift start? ☐ Yes ☐ No ☐ Unknown
    k. If yes, when were these measures implemented? _____ (mm/dd/yyyy)
    l. What is the threshold for a fever? _____F
    m. What happens if a staff member has symptoms?

22. Does a staff member have to disclose if they had a positive test? ☐ Yes ☐ No ☐ Unknown

23. 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

24. 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
    n. If yes, is this currently being done? ☐ Yes ☐ No ☐ Unknown
    o. If yes, when were these measures implemented? _____ (mm/dd/yyyy)

Coronavirus - Inmates

25. Are all inmates checked daily for symptoms of coronavirus? ☐ Yes ☐ No ☐ Unknown
    p. If yes, when did this start? _____ (mm/dd/yyyy)

26. Are all new inmate intakes quarantined for 14 days before entering the facility general population?

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☐ Yes ☐ No ☐ Unknown

q. If yes, when did this start? _____ (mm/dd/yyyy)

r. Are they quarantined: ☐ Individually ☐ As a cohort ☐ Other, specify:_____

s. Are quarantined inmates checked daily for symptoms of coronavirus? ☐ Yes ☐ No ☐ Unknown

    i. If yes, when did this start? _____ (mm/dd/yyyy)

    ii. Is their temperature checked? ☐ Yes ☐ No ☐ Unknown

27. Are inmates who have laboratory-confirmed COVID-19 isolated from other inmates? ☐ Yes ☐ No ☐ Unknown

    t. If yes, how many laboratory-confirmed COVID-19 cases could you isolate before isolation capacity would be exhausted? _____

    u. How are these individuals isolated: ☐ Individually ☐ As a cohort ☐ Other, specify:_____

    v. Are confirmed COVID-19 cases separated from suspected cases (PUIs) as well? ☐ Yes ☐ No ☐ Unknown

28. Are inmates who are suspected cases (PUIs) isolated from other inmates? ☐ Yes ☐ No ☐ Unknown

29. 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

    w. 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) _____

    x. How many times per day are these individuals monitored for symptoms? _____ x per day

    y. What PPE is worn by the people who perform these checks? Check all that apply.
☐ Gloves ☐ Face Mask ☐ Eye protection ☐ N95 ☐ Gown/Coveralls ☐ Unknown

30. 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? _____ _____

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

Personal Protective Equipment

32. 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

33. Are all staff who have direct contact with confirmed cases wearing N95 respirators, eye protection, gloves, and a gown? ☐ Yes ☐ No ☐ Unknown

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34. Are all staff who have direct contact with suspected cases (PUIs) wearing N95 respirators, eye protection, gloves, and a gown? ☐ Yes ☐ No ☐ Unknown

35. Have cleaning and disinfection protocols changed since January 2020? ☐ Yes ☐ No ☐ Unknown
    a. If yes, when?_____ (mm/dd/yyyy)
    b. If yes, how so? _____
        _____
        _____

36. 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.
6. Respondent Name and Title: _____
7. Interviewer:_____ Date Completed: _____(MM/DD/YY)

Unit Characteristics
8. Number of detainees currently in the unit: _____
9. Full capacity of unit: _____
10. Unit type: ☐ Single cells ☐ Dormitory (communal) housing
    a. How many beds per room:_____
    b. If dormitory unit, are the sleeping areas: ☐ Cells or rooms with a door ☐ Cubbies or other enclosure without a door ☐ open dormitory ☐ Other, specify:_____
11. Number of floors: _____
12. How many of the following items are present within the unit:
    a. Toilets: _____
    b. Sinks/handwashing area: _____
    c. Showers:_____

Facilities access among detainees in the unit
13. 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	☐ Cell only ☐ Unit only ☐ Multiple units

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	☐ None	☐ Unknown	different time	☐ Multiple units same time

Sanitation

14. 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
    a. If masks are provided, how often are they replaced or washed?_____
    b. If masks are provided, are they typically being worn:
    ☐ Always ☐ Only outside of cell ☐ Only outside of dorm
    c. If soap is provided, is it unlimited? ☐ Yes ☐ No ☐ Unknown
        i. If no, quantity?_____
15. Could a detainee in this unit wash their hands at all times of the day: ☐ Yes ☐ No ☐ Unknown

Work Units

16. Do any detainees in this unit perform duties or services (e.g. work at the facility)? ☐ Yes ☐ No ☐ Unknown
    a. If yes, do they work in, ☐ Their unit only ☐ Other common areas ☐ Both
        i. [*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

17. Which jobs are performed by detainees in this unit? ☐ Kitchen ☐ Library ☐ Education ☐ Laundry ☐
    Groundskeeping ☐ Unknown ☐ Other, specify: _____

Staffing

18. *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:*
    a. Corrections: _____
    b. Environmental/maintenance: _____
    c. Admin: _____
    d. Healthcare: _____
    e. Other:_____ (specify job class:_____)

19. *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:*
    a. Corrections: _____
    b. Environmental/maintenance: _____
    c. Admin: _____
    d. Healthcare: _____
    e. Other:_____ (specify job class:_____)

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Coronavirus

20. 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		

21. When was the first positive COVID-19 case identified at this unit (staff or detainee)?
    _____ (mm/dd/yyyy)

22. When was the most recent positive COVID-19 case identified at this unit (staff or detainee)?
    _____ (mm/dd/yyyy)