

COVID-19 Management Assessment and Response Tool (CMAR) for Correctional and Detention Facilities

Purpose

The purpose of this tool is to facilitate communication between staff of public health agencies and correctional and detention facilities that have been identified as high-risk settings for transmission of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). Correctional and detention facilities face unique challenges in the control of COVID-19. Facilities include custody, housing, education, recreation, healthcare, food service, and workplace components in congregate settings, where recommended physical/social distancing may often be impractical. In response, the Centers for Disease Control and Prevention (CDC) developed guiding principles for healthcare and non-healthcare administrators of correctional and detention facilities and their respective health departments, to assist in preparing for potential introduction, transmission, and mitigation of COVID-19 in their facilities. See [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#) for full guidance on the response measures to protect the health and safety of people who are incarcerated and detained, staff, and visitors. Additional guidance regarding testing is described in the [Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities](#).

This tool can help state and local health departments provide technical assistance to correctional and detention facilities during the COVID-19 pandemic. Each question in this document is intended to initiate discussion between the health department interviewer and facility representative(s) about a specific part of CDC's guidance for correctional and detention facilities. Some questions have discrete response options while other are open-ended. A "Notes" column is provided to capture the facility's responses and any needs for follow-up on a particular topic. Use of this tool is voluntary, and health departments can select questions that are most relevant for the facility. If CDC assistance is needed, complete this form and return to EOCEvent366@cdc.gov. Returning the completed form to CDC can also provide perspectives from the field that can inform future CDC guidance.

How to use this tool

Health departments can assist the facility with completing the questions in this tool by phone or remotely instead of in-person during a site visit. To respond to the questions in this tool, correctional facility staff should have knowledge of facility operations, staffing, healthcare, and cleaning procedures.

Section 1 (Interview Details) gathers information on the respondent and facility.

Section 2 (Facility Information) asks how people who are incarcerated or detained are housed. It may be helpful to share and review maps or floor plans before responding to the questions in this section.

Sections 3-5 (COVID-19 Testing and Cases, Screening and Monitoring of Visitors and Facility Staff, and Screening and Monitoring of Incarcerated or Detained People) facilitates discussion around how the facility is testing, screening, and monitoring for COVID-19 infections and outbreaks and how to manage transmission among facility staff and people who are incarcerated or detained.

Section 6 (Environmental Cleaning, Hygiene, and Supplies) allows for discussion on prevention practices including cleaning and disinfecting procedures, hygiene, personal protective equipment (PPE) and face masks, and signage and education efforts.

Section 7 (COVID-19 and Flu Vaccination) asks about the availability of COVID-19 and influenza vaccinations for facility staff and people who are incarcerated or detained.

In each section, introductory text highlighted in light green provides prompts to guide the conversation, if needed. CDC guidance on each topic is provided in italics under the question text, and in some cases is linked to more detailed resources where available.



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Section 1: Interview Details

Interviewer Name: _____ Interview Date: _____

Interview Method: Phone In-Person Other: _____

Good morning/afternoon. My name is _____, and I am from the [health department name]. May I speak with _____ ?

Hi, _____. My name is _____ with the [health department name], thank you for setting up time with me today. This conversation is intended for you to share your experience in managing COVID-19 in your facilities, so that we can better understand your needs and provide additional information that could be helpful. Please feel free to ask questions at any time.

This conversation will probably take around 1 hour but may be longer depending on your needs and questions. Thank you in advance for your time. Let's start with information about your facility.

Respondent Name: _____

Respondent Title: _____

Respondent Phone/email: _____

Facility Name: _____

Facility County: _____ Facility Zip code: _____ Facility State: _____

Type of facility: Federal prison State prison Local jail Immigration and Customs Enforcement

Other, specify: _____

Is the facility operated by a private contractor? Yes No

If yes, what is the name of the contractor that operates the facility? _____

Section 2: Facility Information

This section will ask questions about your facility.

1) Which jurisdictions or entities house populations at your facility? *Select all that apply.*

Your own state

Other states

Your local city or county

Other cities or counties

Immigration & Customs Enforcement (ICE)

Federal Bureau of Prisons

US Marshals Service

Other, specify: _____

2) Does your facility primarily function as a jail (housing people pre-trial or during trial), prison (housing people after sentencing), and/or immigration detention facility? *Select all that apply.*

Jail

Prison

Immigration detention

3) What gender groups are housed at your facility? *Select all that apply.*

Male

Female

Transgender

Other, specify: _____

4) What age groups are housed at your facility? *Select all that apply.*

Adult

Juvenile (Age range: _____)

5) Please describe the security level of your facility. If there are multiple security levels in the facility complex, please describe.

Facility Layout	Notes
<p>6) Does your facility have dorm-based housing? If yes, can you describe how dorms, beds, and bathroom facilities are configured?</p> <p>No dorm-based housing in the facility</p> <p>Yes, fill in the following:</p> <p>Number of dorm-based housing units: _____</p> <p>Number (or range) of people in each dorm: _____</p> <p>Number (or range) of communal spaces in each dorm (e.g., TV room): _____</p>	
<p>7) Does your facility have cell-based housing units? If yes, can you describe how the units are organized and how often and how long people are out of their cells?</p> <p>No cell-based units in the facility</p> <p>Yes, fill in the following:</p> <p>Number of cell-based housing units: _____</p> <p>Number (or range) of people in each cell: _____</p> <p>Do the cells have solid doors and walls, or open bars (or a combination)? Please describe.</p>	

Section 3: COVID-19 Testing and Cases

Now let's talk about COVID-19 testing and COVID-19 cases reported at your facility. You may not have information to respond to all these questions, but please answer as many as you can. A better understanding of testing and cases in your facility will help us determine how best to assist you.

- 8) Total number of staff who work in the facility: _____
- Total number of people who are incarcerated or detained in the facility (as of today): _____
- Total number of people who are incarcerated or detained your facility has capacity to house: _____

For questions below regarding dates that confirmed COVID-19 cases were identified, provide specimen collection date, if available.

- 9) Date the first confirmed¹ case (tested onsite or offsite) was identified among **staff**: _____
- Date the most recent confirmed case (tested onsite or offsite) was identified among **staff**: _____
- 10) Date the first confirmed case was identified among **people who are incarcerated or detained**: _____
- Date the most recent confirmed case was identified among **people who are incarcerated or detained**: _____

¹COVID-19 case definition: <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>

11. COVID-19 Testing Table Data

Note: Number of tests includes repeat testing on a single individual

COVID-19 Testing (NAAT or antigen testing only)	When Tested	NUMBER OF TESTS Asymptomatic	NUMBER OF TESTS Symptomatic ²	NUMBER OF TESTS Total	Positive for SARS-CoV-2
Incarcerated/detained people	Last 30 days				
	Cumulative				
Staff (employer-sponsored testing)	Last 30 days				
	Cumulative				
Staff (non-employer testing, e.g., health department or personal healthcare provider)	Last 30 days				
	Cumulative				

12. COVID-19 Cases

COVID-19 Cases	PROBABLE/ SUSPECTED ³ Current	PROBABLE/ SUSPECTED ³ Total ⁴	LABORATORY- CONFIRMED Current	LABORATORY- CONFIRMED Total	HOSPITALIZED Current	HOSPITALIZED Total	Died
Incarcerated/detained people							
Staff (employer-sponsored testing)							

Elements to discuss	Notes
<p>13) Which of the following groups of people who are incarcerated or detained do you test for COVID-19? <i>Staff testing will be addressed in a separate question. Select all that apply.</i></p> <p>Transfer in/out</p> <ul style="list-style-type: none"> Newly incarcerated/detained people at entry People who are incarcerated or detained before release People who are incarcerated or detained before transfer to another facility <p>Existing population</p> <ul style="list-style-type: none"> Symptomatic people Close contacts of confirmed and suspected cases Before release from quarantine <p>Have you encountered challenges in offering testing to any of these groups?</p> <p><i>Guidance: Testing is recommended for all groups above. An individual is considered a close contact if they a) have been within approximately 6 feet of a person who has COVID-19 for at least 15 minutes or b) have had direct contact with infectious secretions from a person who has COVID-19 (e.g., have shared air space with a person who is coughing).</i></p>	

²For a list of COVID-19 symptoms, visit the CDC website [here](#).

³Probable/suspected = has symptoms of COVID-19 ([see symptoms list](#)) or suspected to have COVID-19, but has not been tested or test results are pending

⁴Total = cumulative including current COVID-19 cases

Elements to discuss	Notes
<p>14) Are you able to provide a COVID-19 test for all people who are incarcerated or detained who show symptoms and to all close contacts of people with COVID-19? If no, what challenges do you face that prevent testing?</p> <ul style="list-style-type: none"> Testing available for all symptomatic and close contacts Testing available for all symptomatic but not close contacts Testing not available for all symptomatic or close contacts <p>If yes, what type(s) of tests do you offer?</p> <ul style="list-style-type: none"> Point-of-care NAAT tests Laboratory-based NAAT tests Antigen test <p><i>Guidance: All people with COVID-19 signs or symptoms should be tested. All close contacts of people with COVID-19 should also be tested regardless of whether they have symptoms.</i></p>	
<p>15) Have you conducted broad-based testing among people who are incarcerated or detained? If so, how many times, and when was the last time? What prompted the decision to conduct broad-based testing? Can you describe how operations or housing arrangements were modified based on results?</p> <ul style="list-style-type: none"> No, have not conducted broad-based testing Yes, conducted broad-based testing <p><i>Guidance: Broad-based testing, which is defined as offering testing to an entire housing unit or facility at the same time regardless of symptoms, can be considered when there are so many close contacts of a person who has COVID-19 that contact tracing and targeted testing are impracticable.</i></p>	
<p>16) Which of the following groups of staff do you test for COVID-19 onsite? <i>Select all that apply.</i></p> <ul style="list-style-type: none"> Symptomatic staff Close contacts of symptomatic people Asymptomatic people (i.e., routine/surveillance testing of staff for prevention) Staff have been included in broad-based testing events No testing has been conducted among staff <p>Have you encountered challenges in offering tests to any of these groups?</p> <p><i>Guidance: Staff should seek testing if they have signs or symptoms consistent with COVID-19, or if they have had a potential exposure to a person who has COVID-19. CDC recommends that staff be included in considerations for broad-based testing (testing all people in a housing unit or facility regardless of symptoms and regardless of known contact with a person who has COVID-19, as prevention).</i></p>	

Any other concerns, questions, or items to discuss regarding COVID-19 testing or cases?

List any next steps for follow up.

Section 4: Screening and Monitoring of Facility Staff and Visitors

This next section will include questions about screening and monitoring of symptoms among staff and visitors at your facility.

Elements to discuss	Notes
<p>17) Have you suspended in-person visitation at your facility? If not, what procedures are in place to prevent transmission of COVID-19 during visitation?</p> <p>Yes, visitation has been suspended</p> <p>No, visitation has <u>not</u> been suspended</p> <p><i>Guidance:</i> CDC recommends that in-person visitation be suspended during the COVID-19 pandemic. Provide access to virtual visitation options where available. If in-person visitation is continuing, further guidance on screening visitors (which will be similar to guidance for screening employees) can be located here.</p>	
<p>18) Do you perform temperature checks and symptom screening of all staff daily when they enter the facility? If yes, can you describe how staff are screened (including the location of screening)?</p> <p>Yes, staff are screened at entry</p> <p>No, staff are not screened at entry</p> <p><i>Guidance:</i> Verbal screening questions and temperature checks should be conducted for anyone entering the facility. Those conducting the screening should wear a surgical mask, eye protection, and disposable gloves. If performing a temperature check on multiple people, ensure that a clean pair of gloves is used for each person and that the thermometer has been thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with a person, gloves do not need to be changed before the next check. Other strategies can include reliance on physical distancing or barriers/partitions. If a person has a fever (temperature of 100.4°F or higher) or other COVID-19 symptoms, they should not be permitted access to the facility and should be advised to seek medical evaluation for possible COVID-19 testing.</p>	

Elements to discuss	Notes
<p>19) What is the facility's policy for staff members who develop symptoms during a shift?</p> <p><i>Guidance:</i> If the employee becomes sick during the day, they should put on a face mask (if not already wearing one), should be sent home immediately, and should consider seeking COVID-19 testing. Employers should inform other staff about possible exposure in the workplace in a manner that is consistent with workplace laws and regulations (e.g., U.S. Equal Employment Opportunity Commission [EEOC] and the Americans with Disabilities Act [ADA])</p>	
<p>20a) What is the facility's policy when a staff member who is <u>not fully vaccinated</u>* is exposed to someone with COVID-19?</p> <p>20b) What is the facility's policy when a staff member who is <u>fully vaccinated</u>* against COVID-19 is exposed to someone with COVID-19?</p> <p><i>*People are considered fully vaccinated for COVID-19 ≥2 weeks after receiving the second dose in a two-dose series [Pfizer-BioNTech or Moderna], or ≥2 weeks after receiving a single-dose vaccine [Johnson and Johnson/Janssen]</i></p> <p><i>Guidance:</i> Fully vaccinated correctional staff who do not have symptoms do not need to quarantine following an exposure; however, testing following an exposure and through routine workplace screening programs (if applicable), as well as symptom monitoring, are still recommended. More details can be found on the Interim Public Health Recommendations for Fully Vaccinated People website.</p> <p><i>If a staff member who is not fully vaccinated is a <u>close contact</u> of someone who has COVID-19, the facility should consider requiring the employee to <u>self-quarantine</u> at home for 14 days and self-monitor for symptoms. If a reduced quarantine duration is implemented for staff, facility management should require staff to continue to self-monitor for symptoms through day 14, immediately self-isolate if symptoms occur during the 14 days after exposure, and adhere to all recommended prevention strategies during the full 14 days (e.g., mask wearing, physical distancing, hand hygiene, cleaning and disinfection, and proper ventilation).</i></p> <p><i>See also Recommendations for Quarantine Duration in Correctional and Detention Facilities.</i></p>	
<p>21) What is the facility's policy when a staff member is <u>confirmed or suspected to have</u> COVID-19?</p> <p><i>Guidance:</i> If a staff member has confirmed or suspected COVID-19, staff should self-isolate and should meet CDC criteria for ending home isolation before returning to work.</p>	

Elements to discuss	Notes
<p>22) What is the facility's sick leave policy for staff employed by the facility? What are the sick leave policies for staff employed by contractors? Do staff sometimes come to work when they have COVID-like symptoms?</p> <p><i>Guidance:</i> Review the sick leave policies of each employer that operates within the facility. Review policies to ensure that they are flexible, non-punitive, and actively encourage staff to stay home when sick. Determine which officials will have the authority to send symptomatic staff home.</p>	
<p>23) In what areas of the facility do staff interact or come in <u>close contact</u> with one another (for example, break rooms, locker rooms, shared offices)? What precautions are you taking to prevent transmission between staff members in these spaces?</p> <p><i>Guidance:</i> Organize staff assignments so that the same staff are assigned to the same areas of the facility over time, to reduce the risk of transmission through staff movements.</p>	

Any other concerns, questions, or items to discuss regarding screening and monitoring of facility staff and visitors?

List any next steps for follow up.

Section 5: Screening and Monitoring of People Who are Incarcerated or Detained

Next, we will ask questions about screening and monitoring of people who are incarcerated or detained for COVID-19 at your facility.

A. Intake, Release, and Transfers

Elements to discuss	Notes
<p>24) Do you perform temperature checks and/or symptom screening for all newly arriving people who are incarcerated or detained at the facility? If yes, can you describe the process?</p> <p>Yes, new intakes are screened at entry</p> <p>No, new intakes are not screened at entry</p> <p><i>Guidance:</i> Verbal screening questions and temperature checks should be conducted for all new incarcerated/detained people at intake. Screening should take place in an outdoor space prior to entry, in the sally port, or at the point of entry into the facility immediately upon entry, before beginning the intake process.</p>	
<p>25) Are new intakes quarantined separately from the general population for 14 days?</p> <p>Yes, new intakes are quarantined separately</p> <p>No, new intakes are not quarantined separately</p> <p><i>Guidance:</i> If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population, <u>separately</u> from other individuals who are quarantined due to contact with a person with COVID-19.</p>	
<p>26) Have you been able to suspend transfers of people who are incarcerated or detained to and from other facilities during the COVID-19 pandemic? If yes, please provide dates of suspension and other relevant details. If no, who is still being transferred in and out and why?</p> <p>Yes, transfers suspended</p> <p>No, transfers not suspended</p> <p><i>Guidance:</i> All transfers should be suspended when there is a COVID-19 case at the facility unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.</p>	
<p>27) Have you suspended work release programs in the community? Please provide dates of work release program suspension and other relevant details. If no, why is work release continuing, and are people in work release programs regularly tested or housed separately from those who remain inside the facility?</p> <p>Yes, work release programs suspended</p> <p>No, work release programs not suspended</p> <p><i>Guidance:</i> All work releases should be suspended when there is a case at the facility. When there are not cases inside the facility but there is transmission in the outside community, consider suspending work release, particularly to work sites that are also congregate settings (e.g., food processing facilities).</p>	

Elements to discuss	Notes
<p>28) How are you handling movements of incarcerated/detained people outside of the facility (e.g., for court appearances or outside medical visits)?</p> <p><i>Guidance: Consider virtual options for court appearances, where allowable. Provide access to virtual visitation options when possible. Consider postponing non-urgent outside medical visits and use telemedicine where possible.</i></p>	

B. Isolation and Quarantine

Elements to discuss	Notes
<p>29) Are you able to individually isolate people with <u>suspected</u> COVID-19? If yes, please describe your isolation procedure and how many people can be isolated individually in the facility.</p> <p>Yes, people with suspected COVID-19 are isolated individually</p> <p>No, people with suspected COVID-19 are housed with people with confirmed COVID-19</p> <p>No, people with suspected COVID-19 are housed with others without confirmed/suspected COVID-19</p> <p><i>Guidance: People with COVID-19 symptoms who have not yet been tested (or whose test results are pending) should be medically isolated, ideally in individual spaces to prevent potential transmission to/from others.</i></p>	
<p>30) Are you able to medically isolate people with confirmed COVID-19 in your facility? If not, why not?</p> <p>Yes, people with confirmed COVID-19 are isolated (either individually or as a cohort)</p> <p>No, people with confirmed COVID-19 are housed with people with suspected COVID-19</p> <p>No, people with confirmed COVID-19 are housed with people without confirmed/suspected COVID-19</p> <p><i>Guidance: People with confirmed COVID-19 infection should be medically isolated from others to prevent transmission. They can be isolated individually or as a cohort but should be separated from suspected cases.</i></p>	

Elements to discuss	Notes
<p>31) How do you determine when to end medical isolation for people who are incarcerated or detained with confirmed or suspected COVID-19?</p> <p><i>Guidance: For people with mild to moderate COVID-19 illness who are not severely immunocompromised, medical isolation can be discontinued when: 1) at least 10 days have passed since symptoms first appeared (or since first positive NAAT or antigen test, if asymptomatic) and 2) at least 24 hours have passed since last fever, without the use of fever-reducing medications and 3) symptoms have improved.</i></p> <p><i>For people with severe illness or who are severely immunocompromised, medical isolation can be discontinued when: 1) at least 20 days have passed since symptoms first appeared (or since first positive NAAT or antigen test, if asymptomatic) and 2) at least 24 hours have passed since last fever, without the use of fever-reducing medications and 3) symptoms have improved. Consider additional testing and consultation with infection control experts. See Duration of isolation for more information.</i></p>	
<p>32) Are you able to quarantine people who are close contacts of a person with COVID-19? If yes, are close contacts quarantined together as a cohort or in individual cells? How many people can be isolated individually in the facility?</p> <p>Yes, close contacts quarantined <u>individually</u></p> <p>Yes, close contacts quarantined <u>as a cohort</u></p> <p>No, close contacts not quarantined</p> <p><i>Guidance: Close contacts among people who are incarcerated or detained should be quarantined for 14 days (ideally individually, to prevent further transmission). If cohorting quarantined close contacts, consider re-testing them every 3–7 days, and immediately isolate any who test positive. Continue quarantine until no additional cases have been identified for 14 days after the last exposure. Consider testing at the end of the 14-day period and requiring a negative result before lifting quarantine precautions.</i></p>	
<p>33) Does the facility restart the 14-day quarantine clock every time a new COVID-19 case is identified in a group of quarantined people housed together as a cohort? If no, why not?</p> <p>Yes, facility restarts the 14-day quarantine clock every time a new case is identified in the cohort</p> <p>No, facility does not restart the 14-day quarantine clock when new cases are identified</p> <p><i>Guidance: If an individual who is part of a quarantine cohort tests positive for COVID-19 (or is symptomatic but is not tested), restart the 14-day quarantine clock for the remainder of the cohort.</i></p>	

Elements to discuss	Notes
<p>34) Do you have a plan to deal with a surge in cases (and close contacts) among people who are incarcerated or detained that is more than the number of cases that you can currently isolate or quarantine? If yes, please describe the plan.</p> <p>Yes, facility has a plan to deal with surge in cases</p> <p>No, facility does not have a plan to deal with surge in cases</p> <p><i>Guidance:</i> Ensure that separate physical locations (dedicated housing areas and bathrooms) have been identified to 1) isolate people with confirmed COVID-19 (individually or cohorted), 2) isolate people with suspected COVID-19 (individually – do not cohort), and 3) quarantine close contacts of those with confirmed or suspected COVID-19 (ideally individually; cohorted if necessary). The plan should include contingencies for multiple locations if numerous infected people and/or close contacts are identified and require medical isolation or quarantine simultaneously.</p>	
<p>35) Do people who are incarcerated or detained have access to onsite clinical staff? How frequently are clinical staff present at the facility?</p> <p>Yes, clinical staff onsite</p> <p>No, clinical staff not onsite</p> <p><i>Guidance:</i> Facilities should ensure that incarcerated/detained people receive medical evaluation and treatment at the first sign or symptom of COVID-19. If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the person to another facility or local hospital (including notifying the facility/hospital in advance).</p>	
<p>36) Do you have a plan to transfer ill people to another facility or local hospital if care is required beyond what the facility can provide onsite? How will the staff involved in transfer/custody be managed if there is an exposure during transfer?</p> <p>Yes, plan for transfer of ill people</p> <p>No, no plan for transfer of ill people</p> <p><i>Guidance:</i> A plan should be developed with state or local health departments to safely transport ill people to another facility or local hospital if care cannot be provided onsite. The plan should include notifying the facility/hospital in advance.</p> <p>Follow CDC guidance on managing asymptomatic critical infrastructure staff who have been exposed to a person who has COVID-19.</p>	

C. Physical Distancing and Limiting Contact

Elements to discuss	Notes
<p>37) What types of indoor common areas do you have in the facility? This refers to any indoor space where people who are incarcerated or detained may spend time together for any purpose.</p> <ul style="list-style-type: none"> Day rooms Cafeteria Library Classrooms Exercise rooms Other (specify): _____ No indoor common areas <p><i>Guidance:</i> Increase space between people in common areas to the extent possible (e.g., stagger times in dining areas [clean between groups], use outdoor spaces when possible, remove alternate chairs, suspend group activities that involve people from different housing units or that bring people together in closer contact than they would be in their housing units). See guidance for additional physical distancing examples.</p>	
<p>38) Has access to indoor common areas been restricted since COVID-19 management protocols began? If yes, please describe the restrictions. If no, please describe why not.</p> <ul style="list-style-type: none"> Yes, indoor common areas restricted No, indoor common areas not restricted <p><i>Guidance:</i> Increase space between individuals in common areas to the extent possible, including suspending group activities that would bring people in closer proximity than they would be in their housing units, or that bring people together from different housing units.</p>	
<p>39) Do separate housing units mix with one another? If yes, under what circumstances, how long and how often?</p> <ul style="list-style-type: none"> No, housing units do not mix Yes, outdoors only Yes, indoors only Yes, both outdoors and indoors <p><i>Guidance:</i> Rearrange scheduled movements to minimize mixing of individuals from different housing areas. Rearrange essential work details so that they include only people from the same housing unit.</p>	
<p>40) Have you been able to incorporate any physical distancing practices or other structural changes to increase physical distancing of at least 6 feet at the facility for people who are incarcerated or detained and staff? If yes, please describe.</p> <ul style="list-style-type: none"> Yes, physical distancing practices incorporated No, physical distancing practices not incorporated <p><i>Guidance:</i> See guidance for further social distancing examples for correctional and detention settings.</p>	

Elements to discuss	Notes
<p>41) Have staff duty assignments been arranged so that the same staff are assigned to specific units over time? If not, what are the factors that make it challenging to do so?</p> <p><i>Guidance:</i> Arrange staff duty assignments to ensure consistency, to minimize staff contact with multiple housing units and prevent transmission across units through staff contact. Where possible, staff assigned to an area where people with confirmed or suspected COVID-19 are medically isolated should only be assigned to that area/unit.</p>	
<p>42) Can you describe how staff are assigned to units where people with confirmed or suspected COVID-19 are medically isolated? Are the same staff assigned to these units across shifts? Do these staff also serve other units that are not designated for isolation or quarantine?</p> <p>Staff consistently assigned only to isolation units</p> <p>Staff consistently assigned to isolation units but serve other units as well</p> <p>Staff <u>not</u> consistently assigned to isolation units</p> <p><i>Guidance:</i> CDC recommends that staff assigned to isolation spaces or quarantine spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility as much as possible. If staff must serve multiple areas of the facility, ensure that they change PPE when leaving the isolation space. If PPE supplies require reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE to prevent cross-contamination. For example, start in a housing unit where no one is known to be infected, then move to a space used as quarantine for close contacts, and end in an isolation unit.</p>	

D. Release Planning

Elements to discuss	Notes
<p>43) If someone with confirmed or suspected COVID-19, or someone quarantined as a close contact of someone with COVID-19, is released before the end of their isolation or quarantine period, does the facility notify public health officials in advance? If no, why not?</p> <p>Yes, public health is notified in advance</p> <p>No, public health is not notified</p> <p><i>Guidance:</i> Local public health departments should be notified of any people under medical isolation or quarantine precautions who are released to the community, so that linkages to community-based resources can be made before release (including housing placements with capacity to continue isolation/quarantine).</p>	

Elements to discuss	Notes
<p>44) Do you currently have any early release policies in place? If yes, for whom and under what circumstances?</p> <p>Yes, we have early release policies</p> <p>No, we do not have early release policies</p> <p><i>Guidance: Consider options to reduce crowding and/or facilitate physical distancing (e.g., diverting new intakes to other facilities with available capacity, and encouraging alternatives to incarceration and other decompression strategies, where allowable).</i></p>	
<p>45) For people being released, are you able to test for COVID-19 and implement a 14-day release quarantine before release? If yes, what is the process? If no, why not?</p> <p>Able to test for COVID-19 before release</p> <p>Able to quarantine for 14 days before release</p> <p>Unable to test or quarantine before release</p> <p><i>Guidance: Consider testing and implementing a 14-day quarantine period for individuals preparing to release.</i></p>	
<p>46) Do you provide any supplies (e.g., masks, hand sanitizer), guidance, or education for people being released on how to protect themselves and others from COVID-19 after release? If yes, what information do you provide?</p> <p>Yes, provide guidance/education</p> <p>Yes, provide supplies</p> <p>No, do not provide guidance/education or supplies</p> <p><i>Guidance: Provide individuals about to be released from custody with COVID-19 prevention information, hand hygiene supplies, and face masks.</i></p> <p><i>Link individuals who need medication-assisted treatment for opioid use disorder to substance use, harm reduction, and/or recovery support systems. If the surrounding community is under movement restrictions due to COVID-19, ensure that referrals direct releasing individuals to programs that are continuing operations.</i></p> <p><i>Link individuals being released to Medicaid enrollment and healthcare resources, including continuity of care for chronic conditions that may place an individual at increased risk for severe illness from COVID-19.</i></p>	

Any other concerns, questions, or items to discuss regarding screening and monitoring of incarcerated or detained staff?

List any next steps for follow up.

Section 6: Environmental Cleaning, Hygiene, and Supplies

Next, I'd like to hear more about how you clean your facility and your access to personal protective equipment, or PPE, you are using and its availability.

Elements to discuss	Notes
<p>47) Can you tell me about how the facility is cleaned and disinfected, particularly any areas where people with confirmed or suspected COVID-19 spend time? How have staff or people who are incarcerated or detained been trained on cleaning procedures and disinfectant products?</p> <p>Select all that apply.</p> <ul style="list-style-type: none"> Facility is cleaned/disinfected as recommended Facility is not cleaned/disinfected as recommended Training is provided for all individuals performing cleaning and disinfecting procedures Training is not provided <p><i>Guidance:</i> Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response. Monitor these recommendations for updates. If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean and disinfect the spaces they occupied. When no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning once a day is usually enough to sufficiently remove virus that may be on surfaces and help maintain a healthy facility. Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs) several times per day and when the use of the equipment has concluded. Follow label instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use, and around people.</p>	
<p>48) Can you tell me how, and how often, your facility distributes or supplies soap to people who are incarcerated or detained? To what extent do people who are incarcerated or detained have access to running water to wash their hands? Have you had challenges in providing enough soap or access to water to people who are incarcerated or detained?</p> <p><i>Guidance:</i> Provide free and unlimited access to soap. Provide liquid soap where possible; if bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing. Also, provide access to running water and hand drying machines or disposable paper towels for hand washing, tissues, and no-touch trash receptacles for disposal.</p>	
<p>49) Is alcohol-based hand sanitizer permitted for staff or people who are incarcerated or detained? If so, where is it used and how is it distributed?</p> <ul style="list-style-type: none"> Staff only Staff and people who are incarcerated or detained Neither staff nor people who are incarcerated or detained <p><i>Guidance:</i> Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions if soap and water are not readily available. Provide alcohol-based hand sanitizer at the entrances and exits of buildings, and in PPE donning/doffing stations.</p>	

Elements to discuss	Notes
<p>50) Where and when are staff in your facility wearing PPE for COVID-19, and what PPE are they wearing? What about PPE for people who are incarcerated or detained where it is recommended?</p> <p><i>Guidance:</i> See table for recommended PPE for people who are incarcerated or detained and staff with varying levels of contact with people with COVID-19 or their close contacts.</p>	
<p>51) How and when are face masks used in the facility by staff and people who are incarcerated or detained? Is universal masking required and enforced?</p> <p><i>Guidance:</i> Staff and people who are incarcerated or detained should be provided with face masks at no cost. Provide enough masks to people who are incarcerated or detained so that they can wear a clean mask each day. Staff and people who are incarcerated or detained should wear face masks as much as possible (unless contraindicated), as source control.</p>	
<p>52) Have you had challenges accessing sufficient PPE supplies? Do you have plans to conserve or acquire more? Have you had difficulties in obtaining PPE? If yes, which PPE?</p> <p>Yes, challenges in accessing sufficient PPE</p> <p>No challenges accessing sufficient PPE</p> <p><i>Guidance:</i> For assistance to plan and optimize the use of PPE, visit CDC's PPE burn rate calculator: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html. See guidance on extended use of all PPE categories when supplies are restricted.</p>	
<p>53) Have you posted signs throughout the facility and communicated with both staff and people who are incarcerated or detained on how to protect themselves and others from COVID-19? How else do you provide information on health messages related to COVID-19? Are the materials available in multiple languages?</p> <p><i>Guidance:</i> Use health messages and materials developed by credible public health sources, such as local and state public health departments or the Centers for Disease Control and Prevention (CDC). Post signs at strategic places providing instruction on hand washing, use of face masks, and physical distancing. Sample signage and other communication materials are available. Consider making materials available in other languages and in accessible formats for people with vision, hearing, cognitive, and learning disabilities.</p>	

Any other concerns, questions, or items to discuss regarding hygiene or supplies?

List any next steps for follow up.

Section 7: COVID-19 and Flu Vaccination

Lastly, I would like to talk to you about plans at your facility for COVID-19 and influenza (flu) vaccination.

Elements to discuss	Notes
<p>54) Do you have plans to provide or are you already providing COVID-19 vaccinations for staff? If no, why not, and do you plan to encourage staff to seek vaccination elsewhere?</p> <p>Yes, already offered or currently offer COVID-19 vaccination on site</p> <p>Yes, plan to offer COVID-19 vaccination on site</p> <p>No plans to offer COVID-19 vaccination on site, but do plan to encourage staff to seek vaccination elsewhere</p> <p>No plans to offer or encourage COVID-19 vaccination</p> <p>What steps is the facility taking to increase vaccine confidence among staff and address questions about the vaccination process?</p> <p><i>Guidance:</i> Correctional and detention facility staff have high risk work-related exposures to SARS-CoV-2 because their work-related duties must be performed on site and involve being in close proximity (<6 feet) to other people. COVID-19 vaccination is especially important for staff at correctional and detention facilities because these staff are at higher risk of exposure to COVID-19 in the workplace.</p> <p><i>For workers employed by contract firms or temporary help agencies, the staffing agency and the host employer are joint employers and, therefore, both are responsible for providing and maintaining a safe work environment. If planning to offer vaccination at the worksite, employers should do whatever is feasible to offer vaccination to everyone working at the worksite, regardless of their status as a contract or temporary employee.</i></p>	
<p>55) Do you have plans to provide or are you already providing COVID-19 vaccination to people who are incarcerated or detained at your facility? If no, why not?</p> <p>Yes, already offered or currently offer COVID-19 vaccination</p> <p>Yes, plan to offer COVID-19 vaccination</p> <p>No plans to offer COVID-19 vaccination</p> <p>What steps is the facility taking to increase vaccine confidence among people who are incarcerated/detained and address questions about the vaccination process?</p> <p><i>Guidance:</i> Outbreaks in correctional and detention facilities are often difficult to control given the inability to physically distance, limited space for isolation or quarantine, and limited testing and personal protective equipment resources. Jurisdictions are encouraged to vaccinate staff and people living in correctional or detention facilities (existing population and new intakes) at the same time because of their shared increased risk of disease. Vaccinating staff and people who are incarcerated or detained at the same time may also be more feasible than sequential vaccination of correctional or detention subpopulations.</p>	

56. COVID-19 vaccination data

COVID-19 vaccination data	Number of people who have received only the first dose of a two-dose series ⁵	Number of people who have received both doses of a two-dose series ⁵ , or one dose of a single-dose product ⁶	Current population as of today
Staff who are currently employed (including contractors)			
People who are currently incarcerated/detained			

⁵Pfizer-BioNTech or Moderna

⁶Johnson and Johnson (J&J)/Janssen

Elements to discuss	Notes
<p>57a) Do you provide community vaccination resources for people being released who are not fully vaccinated against COVID-19? If yes, what information do you provide?</p> <p>Yes, provide resources on COVID-19 vaccination</p> <p>No, do not provide resources</p> <p>57b) Do you provide vaccination cards for people being released who have received at least one COVID-19 vaccine dose?</p> <p>Yes, provide vaccination cards</p> <p>No, do not provide vaccination cards</p> <p><i>Guidance: State/local health officials and correctional and detention facilities should ensure that people who will be released from custody before their second COVID-19 vaccine dose is due are provided with community vaccination resources and have vaccination cards when released. Vaccination cards should be filled out with the date of the first vaccination, vaccine type, and location of vaccination. Correctional facilities should provide this vaccination card upon release and encourage released people to seek vaccination from community vaccination providers. Locations of community COVID-19 vaccine providers will be available on VaccineFinder. Considering the stigma associated with incarceration, CDC recommends that correctional facilities coordinate with local health officials and community health clinics in preparation for the possibility of formerly incarcerated people needing a second dose.</i></p>	
<p>58) Do you schedule a second dose appointment, if indicated, to ensure that people who are incarcerated or detained receive all recommended COVID-19 vaccine doses? If someone will be released/transferred before their second dose is due, how do you follow up to ensure a second dose is administered?</p> <p>Yes, schedule second vaccination dose for people receiving the first dose of a two-dose series (Pfizer-BioNTech or Moderna)</p> <p>No, do not schedule second vaccination dose</p> <p>N/A, do not offer two-dose series vaccines</p> <p><i>Guidance: Current COVID-19 vaccine series consist of two doses, with the second dose administered either 3 weeks (Pfizer) or 4 weeks (Moderna) after the first dose. As part of enumeration and planning, correctional facilities and state/local health officials should plan for second dose vaccination of people who will remain detained or incarcerated when the second dose is due (reminder: the second dose should be the same vaccine type as the first dose). State/local health officials should anticipate potential challenges in second dose vaccination among people who qualify for early release or who are transferred. Additionally, correctional and detention facilities should work with the jurisdiction to use reminder/recall functionality of the electronic immunization recordkeeping tools available to them in their jurisdiction.</i></p>	

Elements to discuss	Notes
<p>59) During flu season, do you provide influenza (flu) vaccination to staff, free of charge? If no, do you plan to encourage staff to seek vaccination elsewhere?</p> <p>Yes, offer flu vaccination to staff</p> <p>No, do not offer flu vaccination, but do encourage staff to seek vaccination elsewhere</p> <p>No plans to offer or encourage flu vaccination</p> <p><i>Guidance:</i> The facility should offer the seasonal influenza vaccine to all staff throughout the influenza season to prevent influenza. Symptoms of COVID-19 are similar to those of influenza. Preventing influenza in a facility can increase the detection of COVID-19 and reduce pressure on healthcare resources. Further guidance on providing workplace influenza vaccination can be found here.</p>	
<p>60) During flu season, do you provide influenza (flu) vaccination to people who are incarcerated or detained? If no, why not?</p> <p>Yes, offer flu vaccination to people who are incarcerated or detained</p> <p>No, do not offer flu vaccination</p> <p><i>Guidance:</i> The facility should offer the seasonal influenza vaccine to all people who are incarcerated or detained (existing population and new intakes) throughout the influenza season to prevent influenza. Symptoms of COVID-19 are similar to those of influenza. Preventing influenza in a facility can increase the detection of COVID-19 and reduce pressure on healthcare resources.</p>	

Summary

Questions raised through conversation

Areas for improvement in alignment with guidance

Further guidance or information needs

Next steps (including by whom and when)

**Are you willing to share these interview responses with CDC to help improve COVID-19 guidance for correctional and detention facilities?
No names from individual agencies or facilities will be used in any reports.**

Yes No

Resources

Would you like me to send you any of the following resources?

Interim Guidance on Management of COVID-19 in Correction and Detention Facilities

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

Interim Considerations for SARS-COV2 Testing in Correctional and Detention Facilities

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html>

Frequently Asked Questions for Correctional and Detention Facilities

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/faq.html>

Frequently Asked Questions for Law Enforcement Agencies and Personnel

<https://www.cdc.gov/coronavirus/2019-ncov/community/law-enforcement-agencies-faq.html>

Recommendations for Quarantine Duration in Correctional and Detention Facilities

<https://www.cdc.gov/coronavirus/2019-ncov/community/quarantine-duration-correctional-facilities.html>

COVID-19 Vaccine FAQs in Correctional and Detention Centers

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/vaccine-faqs.html>

List of COVID-19 Resources for Correctional and Detention Facilities

<https://www.cdc.gov/coronavirus/2019-ncov/community/list-covid-19-resources-for-correctional-and-detention-facilities.html>

Frequently Asked Questions about Coronavirus (COVID-19) for Institutional Food Service Operators

<https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/faq-institutional-food-service-operators.html>