

COVID COMPLIANCE REVIEW TEAM CHECKLIST

LEVEL 3 OPERATIONS – INTENSE MODIFICATIONS

(HEALTH SERVICES DIVISION)

COVID-19 RESPONSE AND MITIGATION STRATEGIES

COMPLETE BOP GUIDANCE FOR COVID-19 IS AVAILABLE ON [SALLYPORT](#).

AREAS OF RESPONSIBILITIES		Yes	No	Comments
A. GENERAL INFECTION PREVENTION AND CONTROL PRACTICES				
1.	Enhanced (frequent and thorough) sanitation/cleaning/disinfection:			
	a. Assign and train inmate orderlies to perform environmental cleaning for the institution.			
	b. Use an EPA-approved product from the N-list (see Sallyport for approved list) for cleaning and disinfection. Back pack sprayers can be utilized with appropriate EPA approved products. - Clean and disinfect according to label instructions, including for pre-cleaning steps, product dilution, contact time, and potable water rinse directions. - Neither fogging machines nor electrostatic misters should be used for cleaning or disinfection.			
	c. High-touch surfaces in all locations: Clean and disinfect frequently throughout the day. Include all areas of the institution where staff work and inmates work/reside.			
	▪ Computers and phones between each use.			
	▪ Light switches, doors and door handles, bathroom fixtures			
	▪ MP3 player charge stations and cables, ice machines, and hot water dispensers			
	d. Housing units, administrative areas and offices, security screening areas, and all entry points for the institution. Includes conference room tables, phones, computers, break rooms, etc.			
	e. Increased intensity and frequency of facility cleaning and disinfection.			
	f. Staff provide oversight during disinfection of the facilities, including bathrooms and common areas			
	g. Transport vehicles and buses			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	h. Health Services Department: Ensure thorough disinfection and cleaning of all surfaces.			
	i. Staff disinfect and clean all shared equipment (e.g. radios, keys, handcuffs, service weapons, perimeter vehicle driver compartment) several times throughout tour of duty and at beginning/end of tour of duty.			
	2. Health hygiene practices for staff and inmates:			
	a. Health and Hygiene practices are displayed on posters throughout the institution for staff and inmates providing education on social distancing, hand hygiene, etc.			
	b. Staff and inmates are educated not to touch their face, or shake hands			
	c. Staff and inmates are educated to cover their cough and sneezes through alternative means. (i.e. crease of elbow)			
	d. Inmates should be encouraged to report symptoms of illness promptly to any available staff member.			
	e. Staff who feel ill are educated not to report to work or leave work if they develop symptoms while on duty. Notification is made to their supervisor and seek medical attention as appropriate.			
	3. Hand hygiene for staff and inmates:			
	a. Staff and inmates are observed washing hands thoroughly with soap and water for 20 seconds regularly throughout the day, and before and after patient care, and use of high-touch surfaces.			
	▪ Ensure all staff and inmates have access to soap for regular use.			
	▪ Ensure soap dispensers are checked regularly and refilled as needed.			
	▪ Ensure inmates are not hoarding soap.			
	▪ Foam soap is refilled/restocked regardless of how often the soap is emptied.			
	▪ Hand soap dispensers must be checked frequently to ensure the dispensers are not empty. Refill supplies should be readily available, including after-hours			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	b. Place hand sanitizer with at least 60% alcohol in high-use and high-touch areas or other areas where hand washing is not available. Install hand sanitizing stations in all staff break areas, at the security screening area, health services, and any other shared staff spaces.			
	4. Face coverings:			
	a. Appropriate universal wearing of face coverings by staff and inmates when in public areas is mandatory and monitored by all staff. Face coverings are worn at all times when less than 6 feet apart. Face coverings should completely cover nose and mouth and not be pulled down to speak. Staff and inmates should be trained on appropriate wear, handling, and laundry care. Face coverings with vents should not be utilized as they do not appropriately contain the respiratory or oral droplets.			
	b. Rare exceptions for face covering removal include (medical reasons for not wearing a face covering should be addressed through HR and the National Reasonable Accommodation Coordinator : - For identification - When the individual is unable to personally remove the covering - The individual has chronic conditions associated with difficulty breathing. - Circumstances that dictate when PPE is required in accordance with CDC guidelines. Staff and inmate workers working in Nursing Care Center units must wear surgical masks at all times when on the unit.			
	5. Social distancing:			
	a. Encourage and enforce maintaining 6 feet of distance between all individuals (staff and inmates) in all locations. To include use of floor or other markers to indicate 6 feet of separation.			
	b. For staff, this includes security screening, COVID screening, key lines, break rooms, smoking areas, and dining rooms, etc.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	c. For inmates, this includes common areas of housing units, dining halls or meal times, and recreation, as well as use of TV, computer, and phone areas. Consider staggering meal times if conducive to institution operations. It also includes inmates participating in group activities such as programming, religious services and recreation.			
	d. For required staff meetings, limit group gatherings to less than 10 people and utilize conference calls whenever possible. Social distancing and face coverings should be maintained during these meetings. Face covering should not be pulled down to talk if other persons are within 6 feet.			
	e. In open/barracks-style housing, bunks should be separated as much as possible and sleeping orientation should alternate head to foot.			
	f. Consider establishing alternative housing areas in other spaces (e.g., gyms or tents) within the secure confines of the institution when social distancing cannot be achieved in barracks-style housing.			
	6. Infectious Disease Staff perform contact investigations on all staff and inmate COVID-19 positive cases, based on CDC guidance.			
B. PERSONAL PROTECTIVE EQUIPMENT				
	1. Improper wearing of PPE can directly expose individuals to COVID-19 and may lead to contamination or infection. Staff wearing PPE are to do so in accordance with established guidelines and in required areas. Refer to guidance on PPE for more complete information			
	a. Ensure that staff are trained on the following: ▪ Correct PPE to wear depending on assigned duties/post. ▪ Different sizes of PPE when applicable (i.e. N95 respirators, gloves, gowns, etc.) ▪ Proper PPE donning procedures (putting on PPE) ▪ Proper PPE doffing procedures (taking off PPE) Staff never take used PPE home upon completing their tour of duty.			
	b. All applicable staff are clean shaven as to not interfere with the seal of N95 respirators.			
	c. Encourage a culture where staff help each other to ensure PPE is properly worn at all times.			
	d. Require staff wear PPE that is assigned to them, according to the potential exposure level of their duties and assigned post			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	e. Ensure sufficient PPE is available to all staff.			
	f. Set up PPE donning/doffing stations outside every area where staff need to wear PPE. These stations should include: PPE supplies in multiple sizes, Alcohol based hand sanitizer, disinfection wipes, a garbage can and clear bags, a container for reusable items prior to cleaning and disinfection. ▪ Separate PPE donning and doffing areas should be set up if space permits. ▪ Signage on proper PPE donning and doffing should be posted to guide staff ▪ Ensure eating and drinking areas are not present and no eating and drinking occur in isolation, quarantine, or any donning and doffing areas.			
	g. Instruct staff to minimize reuse of PPE in accordance with CDC guidelines and availability.			
	h. PPE is doffed when staff exit the area requiring PPE use. ▪ If PPE supplies do not allow staff to change PPE between areas, ensure that staff move from areas of low exposure risk (e.g., a quarantined housing unit) to areas of higher exposure risk (e.g., an isolation unit) while wearing the same PPE.			
	i. Waste receptacles for used PPE are to be utilized.			
	2. PPE is worn during COVID-19 symptom screening/temperature checks, and in quarantine and isolation areas as directed			
	3. PPE donning and doffing areas are cleaned and disinfected regularly.			
	4. PPE inventories are uploaded to the Central Office dashboard on a weekly basis.			
C. SCREENING FOR COVID SYMPTOMS AND TEMPERATURE CHECKS- STAFF				
	1. PPE is required and worn by all staff conducting screening for COVID-19. As long as no contact or other contamination (i.e. droplets from a cough or sneeze) has occurred between the staff members, then changing PPE between screenings is not required.			
	2. Enhanced screening includes questions about COVID-19 symptoms and a temperature check. The institution ensures that staff who work in the areas such as the outside warehouse, garages, or camp are screened for COVID-19 symptoms prior to reporting for duty. This has to be worked out within the institution. The CEO should communicate to all staff that clearing the enhanced screening process is expected of all employees before they report to their assigned post.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	3. All staff are screened upon arrival to the facility in a designated area, prior to starting their shift, using the enhanced staff screening tool. Conducting the screening outdoors is preferable. However, it may <i>not always be feasible or safe</i> due to weather, etc. If conducted inside the front lobby, ensure there is room to social distance. Signage and markings on the floor help with this and are recommended. Persons being screened need to wear facial coverings.			
	a. Staff with a temperature $\geq 100.4^{\circ}\text{F}$ (oral), are not allowed to work at the institution. Equivalent temperatures for tympanic/ear and forehead/non-contact are 101°F and 100°F, respectively. Documentation (the screening tool) only needs to be kept for those individuals who have symptoms or fever that will not allow entrance into the institution.			
	b. If symptoms are consistent with COVID-19 in the last 24 hours (as identified on the staff screening tool), further review by an institution physician is required prior to sending the staff member home.			
	c. Staff stay at home when sick or feeling ill. Staff who become symptomatic while off duty should not come to the institution for COVID-19 evaluation and testing.			
	d. If symptoms develop while on duty, staff notify their supervisor, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home and contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and/or tested for COVID 19.			
D. SCREENING FOR COVID SYMPTOMS AND TEMPERATURE CHECKS- INMATES				
	Institutions have identified local resources to direct staff for voluntary COVID-19 testing.			
	1. All new or returning inmates to the facility are screened upon arrival to the facility.			
	a. If possible, screening should take place prior to entering the facility.			
	b. Fully vaccinated Inmates new to the facility or returning from an overnight stay in the community will not require quarantine, with screening and testing negative. If NOT fully vaccinated, a complete intake quarantine (14 day test in / test out) is necessary. Inmates new to the facility or returning from an overnight stay in the community will be quarantined if asymptomatic or isolated and tested if symptomatic for COVID-19 (see #6 below).			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	2. All inmate contacts of a confirmed or suspected COVID case will be screened for COVID-19.			
	a. In the context of widespread transmission, inmate screening may be expanded to include an entire housing unit or an entire institution.			
	b. Asymptomatic inmates who are fully vaccinated, and who screen and test negative may be housed in general population, and do not require quarantine.			
	c. Asymptomatic inmates who are NOT fully vaccinated, and who screen and test negative will complete 14 day quarantine (test in / test out), and be offered the COVID-19 vaccine.			
	3. Screened inmates who have COVID-19 symptoms or a temperature $\geq 100.4^{\circ}\text{F}$ (oral), should promptly wear a face covering or surgical mask and be moved directly to isolation (see #6 below). Equivalent temperatures for tympanic/ear and forehead/non-contact are 101°F and 100°F , respectively.			
	a. If there are multiple types of isolation or if cohorted medical isolation is being used at the facility, a medical evaluation should occur prior to placement in isolation to determine the most appropriate location, to limit unnecessary movement throughout the facility, and to avoid placement of a COVID-19 suspect case with confirmed cases of COVID-19.			
	b. If rapid COVID-19 testing is available, symptomatic inmates should be tested at the time of placement into medical isolation or cohorted medical isolation.			
E. QUARANTINE PROCEDURES				
	1. Inmates are placed in quarantine for			
	a. Close contacts of a suspected or confirmed case of COVID-19 (Exposure Quarantine), if not fully vaccinated			
	b. New admissions to a BOP facility, who are fully vaccinated, and who screen and test negative may be housed in general population, and do not require quarantine. If NOT fully vaccinated, a complete intake quarantine (14 day test in / test out) is necessary. (Intake Quarantine)			
	c. Inmates returning from the community to a BOP facility after a potential exposure who are fully vaccinated, and who screen and test negative may be housed in general population, and do not require quarantine. If NOT fully vaccinated, a complete intake quarantine (14 day test in / test out) is necessary. (Intake Quarantine)			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	d. Inmates being released back into the community (residential reentry center, home confinement, or full-term release), prior to their release. (Transfer/Release Quarantine)			
	e. Inmates being transferred to another BOP facility or correctional jurisdiction who are fully vaccinated, and who screen (within 24 hours) and test negative (within 72 hours) do not require quarantine prior to their transfer. If NOT fully vaccinated, a complete intake quarantine (14 day test in / test out) is necessary. (Transfer/Release Quarantine)			
	f. Inmates being transferred as a full term release should complete 14 day quarantine (test in / test out) regardless of vaccination status.			
	g. Inmates being transferred as an immediate release will receive screening and POC testing prior to departure.			
	2. Quarantine Housing			
	a. Inmates should be quarantined in individual cells whenever possible. If the facility cannot accommodate this, inmates may be quarantined in a cohort.			
	b. If cohorted, the different types of quarantined inmates should be housed separately based on the types of quarantine listed above (Refer to #1 above).			
	c. If cohorted on a range with single or two-person cells, inmate sub-cohorts are established for shower and recreation and are not mixed with other sub-cohorts.			
	3. Symptom screens and temperature checks in quarantine (the use of non-healthcare staff to perform daily symptom screens and temperature checks is encouraged).			
	a. Inmates in Exposure Quarantine have a COVID-19 symptom screen and temperature check on admission to and discharge from quarantine, and at least once daily between admission and discharge (twice daily is preferred, if feasible).			
	b. Inmates in Intake Quarantine, Release Quarantine, or Transfer Quarantine have a COVID-19 symptom screen and temperature check on admission to and discharge from quarantine. No interval screening is required.			
	c. The symptom screen, temperature check, and lab values on admission and discharge from quarantine are documented in BEMR. No other symptom screens or temperature checks are required to be documented in BEMR unless the inmate is symptomatic or febrile.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	4. A COVID-19 PCR test is performed on admission to and discharge from quarantine.			
	a. Inmates who test positive for COVID-19 should be removed promptly from quarantine and placed in medical isolation.			
	b. Abbott PCR, BinaxNOW, or Commercial PCR test can be used for admission to quarantine. (Take into account commercial PCR turnaround times, as this can lead to longer quarantine times if any initial results are positive and requires reset of quarantine days for remaining cohort)			
	c. Discharge PCR testing should be performed on or after day 14 of quarantine, not before.			
	d. A commercial lab test is required to discharge an inmate from quarantine to general population housing.			
	e. A commercial PCR lab test is preferred to discharge an inmate from quarantine for a BOP intrasystem transfer (i.e. institution to institution). An Abbott ID Now or BinaxNOW test is acceptable when turnaround times are greater than 7 days.			
	f. Commercial PCR lab testing is required for transfers to RRC's or HC. Abbott ID Now tests are not acceptable.			
	g. Abbott ID Now or BinaxNOW tests are only acceptable for immediate releases when a commercial lab test cannot be completed prior to release.			
	5. Face coverings are worn by all inmates quarantined in a cohort.			
	6. Staff wear appropriate PPE (refer to B- Personal Protective Equipment).			
	7. Duration of quarantine			
	a. Quarantine should be maintained for at least 14 days.			
	b. When individuals are held in quarantine (either for routine intake quarantine or as close contacts of a COVID-19 case), the 14-day quarantine clock must start over if an additional person is added to an existing quarantine cohort or if someone in the cohort tests positive for COVID-19.			
	c. An inmate must remain in quarantine until their discharge test results are available. Inmates who are releasing or transferring must remain in quarantine until release or transfer is accomplished even if they have completed 14 days of quarantine and have a negative test.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
F. MEDICAL ISOLATION PROCEDURES (ALL HOUSING UNIT DESIGNS)				
	1. Inmates with confirmed or suspected COVID-19 are placed directly into medical isolation and medically evaluated promptly in the isolation unit.			
	2. Persons in medical isolation for confirmed or suspected COVID-19 should be housed individually to prevent transmission from infected to uninfected individuals, and to prevent other co-occurring illnesses from spreading and increasing the risk of severe illness.			
	3. If individual housing is not possible, inmates are placed in isolation separately based on the following groups:			
	a. Asymptomatic inmates with laboratory-confirmed COVID-19 cases			
	b. Symptomatic individuals awaiting COVID-19 testing or with results pending			
	c. Symptomatic inmates who tested negative for COVID-19, but with symptoms requiring medical care and separation from the housing unit			
	d. Symptomatic individuals with laboratory-confirmed COVID-19 cases			
	4. Inmates in medical isolation are evaluated for symptoms and temperature daily by a clinician and these checks are documented in BEMR.			
	5. The CDC's current release from isolation criteria are used for discharging inmates from isolation and returning them to regular housing.			
	a. Symptomatic inmates are released from isolation based on CDC's symptom-based criteria.			
	b. Asymptomatic inmates are released for isolation utilizing the CDC's time-based criteria.			
	c. Release from isolation is noted in the medical record, and health problem codes are resolved.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
6.	Staff protocols with isolation areas/units: - PPE is worn in accordance with CDC guidance and managed as described in section B above. - Staff do not eat or drink inside any isolation / quarantine spaces, or in adjacent rooms / donning or doffing areas. - When staff working inside isolation or quarantine spaces take a break to eat or drink, they need to leave the isolation/ quarantine space, doff and dispose of their PPE, wash their hands (or use alcohol-based hand sanitizer), and eat in a separate area. - All microwaves, refrigerators, eating utensils, cups, etc., should be removed to ensure inadvertent consumption does not occur in those areas.			
7.	Individuals who experienced deconditioning from prolonged hospitalization from COVID-19 and have met the CDC criteria for ending medical isolation, are placed in a post COVID recovery unit.			
G. LIMITATIONS ON STAFF AND INMATE MOVEMENT				
1.	Under Level 3 Operations, Intense Modifications are needed to reduce the risk of cross-contamination, make all possible efforts to minimize the movement of staff between different areas of the facility – both during a shift and across multiple shifts. Where possible, assign individual staff members to the same area over time, rather than assigning staff to different units on different days.			
	- When staff must move between different areas of the facility, they should do so from areas of low transmission risk (e.g. unaffected housing units) to areas of higher transmission risk (e.g. quarantine followed by isolation units). - This includes staff delivering items to and retrieving items from the units: food service, commissary, and laundry			
2.	Efforts are made to eliminate co-mingling of inmate units and to minimize all inmate movement within the institution.			
	a. Inmates from the same work detail / shift (e.g. food service, laundry, UNICOR, etc...) should be housed together in the same housing unit whenever possible.			
	b. Social distancing and wearing of masks is maintained during inmate movement, and group activities, programming, and work details.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	3. Commissary - Inmates not in isolation or quarantine move in small groups to commissary from the same housing units or cohorts. If the institution is having an outbreak of COVID, staff should deliver commissary items directly to inmates in their housing locations/cells. Staff should also deliver for inmates in isolation or quarantine. This should be done in a manner that limits exposure of both staff and inmates.			
	4. Food Service			
	a. Food service work is performed by inmate details who do not display COVID-19 symptoms. If cases develop within a food service work detail, the entire detail no longer prepares or serves food until they complete testing and quarantine procedures as close contacts. Food service work should be performed by either a different food service work detail or by staff.			
	b. In some facilities, cohorted quarantined inmates may be allowed to go together to meals when they can eat as a separate group and maintain social distancing (i.e., provide more space between individuals in the dining hall by removing every other chair and using only one side of the table). • Cohorted inmates should wear facial coverings (except when they are eating) and maintain social distancing any time they are out of their personal area. • Disposable food service items can be disposed of in regular trash. • Non-disposable food service items should be handled with gloves and washed as normal. • Persons handling used food items from either quarantine or medical isolation should wear a gown or coveralls (to protect clothing from spills) and disposable gloves. Perform hand hygiene after removing gloves. Work details are cohorted within the same housing units to prevent cross-contamination or comingling of inmates.			
	c. Meals should be provided to medically isolated or quarantined individuals in their spaces. . Food trays are delivered directly to the unit doors, and inmates delivering the carts do not enter the unit.			
	d. All surfaces used to prepare and transport food are disinfected and cleaned between each use. Inmates preparing food perform strict hand hygiene and wear face masks.			
	5. Laundry detail			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	a. Because of the potential to transmit COVID-19 via clothing, a cohort of inmates is identified to work the laundry detail similar to that of the food service work detail.			
	b. All individuals handling dirty laundry wear a gown, gloves, and a face covering. Note: inmates handling clean laundry do not need to use a gown or gloves, however they should continue to use the face covering, social distancing, and frequent hand hygiene.			
	6. Recreation, Health Services, and Programs,			
	a. Recreation programs are centered around self-exercise and wellness programs on an individualized basis. If recreation equipment is utilized within housing units or in outdoor settings (i.e. recreation yards) equipment is disinfected and cleaned between uses.			
	b. When clinically appropriate in conjunction with limitations on staff and inmate movement, inmates may receive up to 90 day supplies of self-carry medications. This is not a mandatory requirement however should be considered particularly when health services staff are stretched (i.e. staff dealing with isolation).			
	c. Programming is conducted on an individualized basis. Any shared equipment required as part of programming must be cleaned and disinfected after each use.			
H. COMMUNICATION, COLLABORATION, EDUCATION, TRAINING				
	1. All staff are fit tested and trained on N-95 respirators that are being utilized, unless otherwise medically exempted.			
	2. Staff are trained on use of appropriate face coverings; and the use of PPE for screening, quarantine, isolation, donning, and doffing.			
	3. Communication: - Leadership provides reminders on all COVID-19 prevention and mitigation practices via e-mail, daily conference calls, and use of posters/signage in all common areas. - Staff should encourage each other to follow all established practices and guidance to maximize safety.			
	4. Posters are prominently displayed in all locations throughout the facility:			
	a. At the entrances to all buildings			
	b. Staff break rooms			
	c. Staff bathrooms			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	d. Administrative areas			
	e. Security staff stations within housing units			
	f. In multiple locations within each housing unit including bathrooms; to include high touch areas like the phones, MP3 locations, and computers			
	g. Posters should communicate the following: ▪ Symptoms of COVID-19 ▪ What staff and inmates should do if they have symptoms ▪ Encouraging frequent hand washing and cough etiquette ▪ Social Distancing ▪ Face covering wear			
	5. Town Halls are conducted utilizing appropriate social distancing practices within housing units. Increase the frequency as it relates to COVID-19 cases/outbreaks while permitting time for questions and answers.			
	6. Institution Health Services Administrator, Clinical Director, and Infection prevention and Control Officer, are in communication with the Regional Medical Team regarding:			
	a. Testing strategies – ensure that: ▪ Regional Medical Director concurs and consulted on testing strategies ▪ Abbott ID Now machines and BinaxNOW test cards are appropriately utilized unless otherwise directed by Central Office or Regional Medical Director			
	b. Housing assignments ▪ Quarantine ▪ Isolation ▪ Designations ▪ Post recovery areas			
	7. Collaboration: Institution leadership has established lines of communication and regular contact with community authorities and officials, including community leaders, hospital and health system officials, and local/state health authorities.			
	a. Health services staff report their inmate COVID-19 cases to local health authorities and discuss COVID-19 management strategies with them.			

COVID COMPLIANCE REVIEW TEAM CHECKLIST

(CORRECTIONAL PROGRAMS DIVISION)
COVID-19 RESPONSE AND MITIGATION STRATEGIES
COMPLETE BOP GUIDANCE FOR COVID-19 IS AVAILABLE ON [SALLYPORT](#).

Areas of Responsibilities	Yes	No	Comments
I. CORRECTIONAL SERVICES & SECURITY	Yes	No	Comments
Ensure LTs verify staff qualifications on all armed posts to include emergency trips to outside hospitals.			
(b)(7)(E); (b)(7)(F)			
Physically observe one count in SHU, a housing unit, and a Camp housing.			
Ensure one count has been taken by a Lieutenant.			
Determine if sanitation of institution is at acceptable levels. Note any issues.			
Ensure Area Searches/Cell Searches/ Fence and Roof checks are being completed.			
Ensure trash compactor and UNICOR/Recycle procedures are followed.			
Ensure all cameras are properly working and charged, being readily available to include CCTV.			
Check the incident report log/ DARTS in the Lt's Office to ensure incident reports are logged and Unit Team staff have signed all applicable spaces in the log.			
Ensure rounds of Control, Front Lobby, Perimeters, Tool Room, all housing units, and the Camp have been made.			
Ensure SHU Notifications 292/SRO/30 minute rounds are completed.			
Observe inmate movement to ensure inmate are pat searched, mask enforced and socially distanced.			
Ensure LT's are checking the walk through metal detector and logging discrepancies.			

Ensure Lieutenant has completed the minimum detail census checks of all work details. A monthly Lockdown Accountability completed.			
Ensure Bar Taps and window checks are conducted to ensure completion by Thursdays of each week.			
Ensure Bed Book counts will be conducted at 4:00 p.m. All units will be completed weekly. Annotate bed book counts in the Lt's Logs accordingly.			
Ensure Lieutenants position themselves daily at the grill checking ID's of staff exiting the institution to include facial covering enforcement (only remove for identification).			
Breathalyzer tests are being administered as required			
Ensure UA's are conducted as scheduled and collection procedures are followed.			
J. CORRECTIONAL PROGRAMS; CORRECTIONAL SYSTEMS, & UNIT TEAM	Yes	No	Comments
Ensure Unit Staff are making rounds in housing units and adhering to guidance from the Clinical Director.			
Ensure staff are standing mainline and responding to inmate questions			
Ensure inmates are being provided an opportunity to make legal calls			
Ensure inmates are provided an opportunity to use the phone.			
Ensure inmates are receiving their property from R&D once they arrive			
Ensure inmates have an opportunity to send out legal mail.			
Ensure institution A&O is being completed			
Ensure Unit A&O is being completed.			
Ensure all eligible inmates are reviewed for Home Confinement/Elderly Offender Pilot Program.			
Ensure CMAs for community confinement referrals and denials are entered appropriately.			

Ensure the CMC is tracking community confinement denials and reporting to their region weekly.			
Ensure Unit Management staff are conducting Program Reviews (Team)			
K. CORRECTIONAL PROGRAMS; INTELLIGENCE SECTION	Yes	No	Comments
(b)(7)(E);(b)(7)(F)			
L. GENERAL OBSERVATIONS	Yes	No	Comments
Ensure at least (2) hot meals are served to inmates per day. As long as there are two hot meals, mechanism of feeding does not matter. Inmates with facial coverings should still follow social distancing as much as possible.			
Ensure inmates in SHU and General Population are receiving recreation (fresh air).			
Ensure Wardens are meeting with community leaders and hospital administration in regard to COVID responses.			
Ensure TDY Staff deployed are needed and the staffing shortage verified at the facility.			
Ensure staff are provided changing areas.			
Observe and determine if there is dedicated housing for UNICOR workers.			
Observe and determine if alternative housing units (VT, Gyms, UNICOR, Tents, Med Tents) are being used for quarantine.			
M. FIRST STEP ACT	Yes	No	Comments
Determine if Evidence-Based Recidivism Reduction (EBRR's) programs are offered and operating within the facility. https://www.bop.gov/inmates/fsa/docs/evidence_based_recidivism_reduction_programs.pdf			

COVID COMPLIANCE REVIEW TEAM CHECKLIST

LEVEL 2 OPERATIONS – MODERATE MODIFICATIONS

(HEALTH SERVICES DIVISION)

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	i. Staff disinfect and clean all shared equipment (e.g. radios, keys, handcuffs, service weapons, perimeter vehicle driver compartment) several times throughout tour of duty and at beginning/end of tour of duty.			
	2. Health hygiene practices for staff and inmates:			
	a. Health and Hygiene practices are displayed on posters throughout the institution for staff and inmates providing education on social distancing, hand hygiene, etc.			
	b. Staff and inmates are educated not to touch their face, or shake hands			
	c. Staff and inmates are educated to cover their cough and sneezes through alternative means. (i.e. crease of elbow)			
	d. Inmates should be encouraged to report symptoms of illness promptly to any available staff member.			
	e. Staff who feel ill are educated not to report to work or leave work if they develop symptoms while on duty. Notification is made to their supervisor and seek medical attention as appropriate.			
	3. Hand hygiene for staff and inmates:			
	a. Staff and inmates are observed washing hands thoroughly with soap and water for 20 seconds regularly throughout the day, and before and after patient care, and use of high-touch surfaces.			
	▪ Ensure all staff and inmates have access to soap for regular use.			
	▪ Ensure soap dispensers are checked regularly and refilled as needed.			
	▪ Ensure inmates are not hoarding soap.			
	▪ Foam soap is refilled/restocked regardless of how often the soap is emptied.			
	▪ Hand soap dispensers must be checked frequently to ensure the dispensers are not empty. Refill supplies should be readily available, including after-hours			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	b. Place hand sanitizer with at least 60% alcohol in high-use and high-touch areas or other areas where hand washing is not available. Install hand sanitizing stations in all staff break areas, at the security screening area, health services, and any other shared staff spaces.			
	4. Face coverings:			
	a. Face covering required at all times in all indoor environments. Appropriate universal wearing of face coverings by staff and inmates when in indoor public areas is mandatory and monitored by all staff. All workers (staff/contractors/inmate orderlies) must wear a SURGICAL MASK in all patient care areas, whether or not there are patients in the clinic/area. Face coverings are required when social distancing is not possible outdoors. Face coverings are worn at all times when less than 6 feet apart. Face coverings should completely cover nose and mouth and not be pulled down to speak. Staff and inmates should be trained on appropriate wear, handling, and laundry care. Face coverings with vents should not be utilized as they do not appropriately contain the respiratory or oral droplets.			
	b. Rare exceptions for face covering removal include (medical reasons for not wearing a face covering should be addressed through HR and the National Reasonable Accommodation Coordinator : - For identification - When the individual is unable to personally remove the covering - The individual has chronic conditions associated with difficulty breathing. - Circumstances that dictate when PPE is required in accordance with CDC guidelines. Staff and inmate workers working in Nursing Care Center units must wear surgical masks at all times when on the unit.			
	5. Social distancing:			
	a. Encourage and enforce maintaining 6 feet of distance between all individuals (staff and inmates) in all locations. To include use of floor or other markers to indicate 6 feet of separation.			
	b. For staff, this includes security screening, COVID screening, key lines, break rooms, smoking areas, and dining rooms, etc.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	c. For inmates, this includes common areas of housing units, dining halls or meal times, and recreation, as well as use of TV, computer, and phone areas. Consider staggering meal times if conducive to institution operations. It also includes inmates participating in group activities such as programming, religious services and recreation.			
	d. For required staff meetings, limit group gatherings to less than 10 people and utilize conference calls whenever possible. Social distancing and face coverings should be maintained during these meetings. Face covering should not be pulled down to talk if other persons are within 6 feet.			
	e. In open/barracks-style housing, bunks should be separated as much as possible and sleeping orientation should alternate head to foot.			
	f. Consider establishing alternative housing areas in other spaces (e.g., gyms or tents) within the secure confines of the institution when social distancing cannot be achieved in barracks-style housing.			
	6. Infectious Disease Staff perform contact investigations on all staff and inmate COVID-19 positive cases, based on CDC guidance.			
B. PERSONAL PROTECTIVE EQUIPMENT				
	1. Improper wearing of PPE can directly expose individuals to COVID-19 and may lead to contamination or infection. Staff wearing PPE are to do so in accordance with established guidelines and in required areas. Refer to guidance on PPE for more complete information			
	a. Ensure that staff are trained on the following: ▪ Correct PPE to wear depending on assigned duties/post. ▪ Different sizes of PPE when applicable (i.e. N95 respirators, gloves, gowns, etc.) ▪ Proper PPE donning procedures (putting on PPE) ▪ Proper PPE doffing procedures (taking off PPE) Staff never take used PPE home upon completing their tour of duty.			
	b. All applicable staff are clean shaven as to not interfere with the seal of N95 respirators.			
	c. Encourage a culture where staff help each other to ensure PPE is properly when its use is appropriate.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	d. Require staff wear PPE that is assigned to them, according to the potential exposure level of their duties and assigned post			
	e. Ensure sufficient PPE is available to all staff.			
	f. Set up PPE donning/doffing stations outside every area where staff need to wear PPE. These stations should include: PPE supplies in multiple sizes, Alcohol based hand sanitizer, disinfection wipes, a garbage can and clear bags, a container for reusable items prior to cleaning and disinfection. ▪ Separate PPE donning and doffing areas should be set up if space permits. ▪ Signage on proper PPE donning and doffing should be posted to guide staff ▪ Ensure eating and drinking areas are not present and no eating and drinking occur in isolation, quarantine, or any donning and doffing areas.			
	g. Instruct staff to minimize reuse of PPE in accordance with CDC guidelines and availability.			
	h. PPE is doffed when staff exit the area requiring PPE use. ▪ If PPE supplies do not allow staff to change PPE between areas, ensure that staff move from areas of low exposure risk (e.g., a quarantined housing unit) to areas of higher exposure risk (e.g., an isolation unit) while wearing the same PPE.			
	i. Waste receptacles for used PPE are to be utilized.			
	2. PPE is worn during COVID-19 symptom screening/temperature checks, and in quarantine and isolation areas as directed			
	3. PPE donning and doffing areas are cleaned and disinfected regularly.			
	4. PPE inventories are uploaded to the Central Office dashboard on a weekly basis.			
C. SCREENING FOR COVID SYMPTOMS AND TEMPERATURE CHECKS- STAFF				
	1. Self-monitoring / reporting involves each staff member identifying if they have COVID-19 symptoms, measuring their own temperature, and reporting COVID-19 symptoms and temperature elevations in accordance with Employee Health Care Policy 6701.01.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	a. Staff with a temperature $\geq 100.4^{\circ}\text{F}$ (oral), are not allowed to work at the institution. Equivalent temperatures for tympanic/ear and forehead/non-contact are 101°F and 100°F , respectively. Documentation (the screening tool) only needs to be kept for those individuals who have symptoms or fever that will not allow entrance into the institution.			
	b. If symptoms are consistent with COVID-19 in the last 24 hours (as identified on the staff screening tool), further review by an institution physician is required prior to sending the staff member home.			
	c. Staff stay at home when sick or feeling ill. Staff who become symptomatic while off duty should not come to the institution for COVID-19 evaluation and testing.			
	d. If symptoms develop while on duty, staff notify their supervisor, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home and contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and/or tested for COVID 19.			
D. SCREENING FOR COVID SYMPTOMS AND TEMPERATURE CHECKS- INMATES				
	Institutions have identified local resources to direct staff for voluntary COVID-19 testing.			
	1. All new or returning inmates to the facility are screened upon arrival to the facility.			
	a. If possible, screening should take place prior to entering the facility.			
	b. Fully vaccinated Inmates new to the facility or returning from an overnight stay in the community will not require quarantine, with screening and testing negative. If NOT fully vaccinated, a complete intake quarantine (14 day test in / test out) is necessary. (see #6 below).			
	2. All inmate contacts of a confirmed or suspected COVID case will be screened for COVID-19.			
	a. In the context of widespread transmission, inmate screening may be expanded to include an entire housing unit or an entire institution.			
	b. Asymptomatic inmates who are fully vaccinated, and who screen and test negative may be housed in general population, and do not require quarantine.			
	c. Asymptomatic inmates who are NOT fully vaccinated, and who screen and test negative will complete 14 day quarantine (test in / test out), and be offered the COVID-19 vaccine.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	3. Screened inmates who have COVID-19 symptoms or a temperature $\geq 100.4^{\circ}\text{F}$ (oral), should promptly wear a face covering or surgical mask and be moved directly to isolation (see #6 below). Equivalent temperatures for tympanic/ear and forehead/non-contact are 101°F and 100°F , respectively.			
	a. If there are multiple types of isolation or if cohorted medical isolation is being used at the facility, a medical evaluation should occur prior to placement in isolation to determine the most appropriate location, to limit unnecessary movement throughout the facility, and to avoid placement of a COVID-19 suspect case with confirmed cases of COVID-19.			
	b. If rapid COVID-19 testing is available, symptomatic inmates should be tested at the time of placement into medical isolation or cohorted medical isolation.			
E. QUARANTINE PROCEDURES				
	1. Inmates are placed in quarantine for			
	a. Close contacts of a suspected or confirmed case of COVID-19 (Exposure Quarantine), if not fully vaccinated.			
	b. New admissions to a BOP facility, who are fully vaccinated, and who screen and test negative may be housed in general population, and do not require quarantine. If NOT fully vaccinated, a complete intake quarantine (14 day test in / test out) is necessary. (Intake Quarantine)			
	c. Inmates returning from the community to a BOP facility after a potential exposure who are fully vaccinated, and who screen and test negative may be housed in general population, and do not require quarantine. If NOT fully vaccinated, a complete intake quarantine (14 day test in / test out) is necessary. (Intake Quarantine)			
	d. Inmates being released back into the community (residential reentry center, home confinement, or full-term release), prior to their release. (Transfer/Release Quarantine)			
	e. Inmates being transferred to another BOP facility or correctional jurisdiction who are fully vaccinated, and who screen (within 24 hours) and test negative (within 72 hours) do not require quarantine prior to their transfer. If NOT fully vaccinated, a complete intake quarantine (14 day test in / test out) is necessary. (Transfer/Release Quarantine)			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	f. Inmates being transferred as a full term release should complete 14 day quarantine (test in / test out) regardless of vaccination status.			
	g. Inmates being transferred as an immediate release will receive screening and POC testing prior to departure.			
	2. Quarantine Housing			
	a. Inmates should be quarantined in individual cells whenever possible. If the facility cannot accommodate this, inmates may be quarantined in a cohort.			
	b. If cohorted, the different types of quarantined inmates should be housed separately based on the types of quarantine listed above (Refer to #1 above).			
	c. If cohorted on a range with single or two-person cells, inmate sub-cohorts are established for shower and recreation and are not mixed with other sub-cohorts.			
	3. Symptom screens and temperature checks in quarantine (the use of non-healthcare staff to perform daily symptom screens and temperature checks is encouraged).			
	a. Inmates in Exposure Quarantine have a COVID-19 symptom screen and temperature check on admission to and discharge from quarantine, and at least once daily between admission and discharge (twice daily is preferred, if feasible).			
	b. Inmates in Intake Quarantine, Release Quarantine, or Transfer Quarantine have a COVID-19 symptom screen and temperature check on admission to and discharge from quarantine. No interval screening is required.			
	c. The symptom screen, temperature check, and lab values on admission and discharge from quarantine are documented in BEMR. No other symptom screens or temperature checks are required to be documented in BEMR unless the inmate is symptomatic or febrile.			
	4. A COVID-19 PCR test is performed on admission to and discharge from quarantine.			
	a. Inmates who test positive for COVID-19 should be removed promptly from quarantine and placed in medical isolation.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	b. Abbott PCR, BinaxNOW, or Commercial PCR test can be used for admission to quarantine. (Take into account commercial PCR turnaround times, as this can lead to longer quarantine times if any initial results are positive and requires reset of quarantine days for remaining cohort)			
	c. Discharge PCR testing should be performed on or after day 14 of quarantine, not before.			
	d. A commercial lab test is required to discharge an inmate from quarantine to general population housing.			
	e. A commercial PCR lab test is preferred to discharge an inmate from quarantine for a BOP intrasystem transfer (i.e. institution to institution). An Abbott ID Now or BinaxNOW test is acceptable when turnaround times are greater than 7 days.			
	f. Commercial PCR lab testing is required for transfers to RRC's or HC. Abbott ID Now tests are not acceptable.			
	g. Abbott ID Now or BinaxNOW tests are only acceptable for immediate releases when a commercial lab test cannot be completed prior to release.			
	5. Face coverings are worn by all inmates quarantined in a cohort.			
	6. Staff wear appropriate PPE (refer to B- Personal Protective Equipment).			
	7. Duration of quarantine			
	a. Quarantine should be maintained for at least 14 days.			
	b. When individuals are held in quarantine (either for routine intake quarantine or as close contacts of a COVID-19 case), the 14-day quarantine clock must start over if an additional person is added to an existing quarantine cohort or if someone in the cohort tests positive for COVID-19.			
	c. An inmate must remain in quarantine until their discharge test results are available. Inmates who are releasing or transferring must remain in quarantine until release or transfer is accomplished even if they have completed 14 days of quarantine and have a negative test.			
F. MEDICAL ISOLATION PROCEDURES (ALL HOUSING UNIT DESIGNS)				
	1. Inmates with confirmed or suspected COVID-19 are placed directly into medical isolation and medically evaluated promptly in the isolation unit.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	2. Persons in medical isolation for confirmed or suspected COVID-19 should be housed individually to prevent transmission from infected to uninfected individuals, and to prevent other co-occurring illnesses from spreading and increasing the risk of severe illness.			
	3. If individual housing is not possible, inmates are placed in isolation separately based on the following groups:			
	a. Asymptomatic inmates with laboratory-confirmed COVID-19 cases			
	b. Symptomatic individuals awaiting COVID-19 testing or with results pending			
	c. Symptomatic inmates who tested negative for COVID-19, but with symptoms requiring medical care and separation from the housing unit			
	d. Symptomatic individuals with laboratory-confirmed COVID-19 cases			
	4. Inmates in medical isolation are evaluated for symptoms and temperature daily by a clinician and these checks are documented in BEMR.			
	5. The CDC's current release from isolation criteria are used for discharging inmates from isolation and returning them to regular housing.			
	a. Symptomatic inmates are released from isolation based on CDC's symptom-based criteria.			
	b. Asymptomatic inmates are released for isolation utilizing the CDC's time-based criteria.			
	c. Release from isolation is noted in the medical record, and health problem codes are resolved.			
	6. Staff protocols with isolation areas/units: ▪ PPE is worn in accordance with CDC guidance and managed as described in section B above. ▪ Staff do not eat or drink inside any isolation / quarantine spaces, or in adjacent rooms / donning or doffing areas. ▪ When staff working inside isolation or quarantine spaces take a break to eat or drink, they need to leave the isolation/ quarantine space, doff and dispose of their PPE, wash their hands (or use alcohol-based hand sanitizer), and eat in a separate area. ▪ All microwaves, refrigerators, eating utensils, cups, etc., should be removed to ensure inadvertent consumption does not occur in those areas.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	7. Individuals who experienced deconditioning from prolonged hospitalization from COVID-19 and have met the CDC criteria for ending medical isolation, are placed in a post COVID recovery unit.			
G. LIMITATIONS ON STAFF AND INMATE MOVEMENT				
	1. Under Level 2 Operations, Moderate Modifications are needed to reduce the risk of cross-contamination, make all possible efforts to minimize the movement of staff between different areas of the facility – both during a shift and across multiple shifts. Where possible, assign individual staff members to the same area over time, rather than assigning staff to different units on different days.			
	a. When staff must move between different areas of the facility, they should do so from areas of low transmission risk (e.g. unaffected housing units) to areas of higher transmission risk (e.g. quarantine followed by isolation units). b. This includes staff delivering items to and retrieving items from the units: food service, commissary, and laundry			
	2. Efforts are made to minimize co-mingling of inmate units and to minimize all inmate movement within the institution.			
	b. Social distancing and wearing of masks is maintained during inmate movement, and group activities, programming, and work details.			
	3. Commissary - Inmates not in isolation or quarantine move in small groups to commissary from the same housing units or cohorts. If the institution is having an outbreak of COVID, staff should deliver commissary items directly to inmates in their housing locations/cells. Staff should also deliver for inmates in isolation or quarantine. This should be done in a manner that limits exposure of both staff and inmates.			
	4. Food Service			
	a. Food service work is performed by inmate details who do not display COVID-19 symptoms. If cases develop within a food service work detail, the entire detail no longer prepares or serves food until they are fully vaccinated, or complete testing and quarantine procedures as close contacts. Food service work should be performed by either a different food service work detail or by staff.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	b. There will be no “self service” within the dining hall, and social distancing must be maintained. All patrons are required to wear face covering when not consuming food.			
	c. All surfaces used to prepare and transport food are disinfected and cleaned between each use. Inmates preparing food perform strict hand hygiene and wear face masks.			
	5. Laundry detail			
	a. Capacity limits to allow for social distancing.			
	b. All individuals handling dirty laundry wear a gown, gloves, and a face covering. Note: inmates handling clean laundry do not need to use a gown or gloves, however they should continue to use the face covering, social distancing, and frequent hand hygiene.			
	6. Recreation, Health Services, and Programs,			
	a. Recreation programs are centered around self-exercise and wellness programs on an individualized basis. If recreation equipment is utilized within housing units or in outdoor settings (i.e. recreation yards) equipment is disinfected and cleaned between uses. Limit capacity to allow for social distancing. Normal outdoor capacity participation. Face coverings required when social distancing is not possible.			
	b. When clinically appropriate in conjunction with limitations on staff and inmate movement, inmates may receive up to 90 day supplies of self-carry medications. This is not a mandatory requirement however should be considered particularly when health services staff are stretched (i.e. staff dealing with isolation).			
	c. Programming is conducted on an individualized basis. Any shared equipment required as part of programming must be cleaned and disinfected after each use.			
H. COMMUNICATION, COLLABORATION, EDUCATION, TRAINING				
	1. All staff are fit tested and trained on N-95 respirators that are being utilized, unless otherwise medically exempted.			
	2. Staff are trained on use of appropriate face coverings; and the use of PPE for screening, quarantine, isolation, donning, and doffing.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	3. Communication: - Leadership provides reminders on all COVID-19 prevention and mitigation practices via e-mail, daily conference calls, and use of posters/signage in all common areas. - Staff should encourage each other to follow all established practices and guidance to maximize safety.			
	4. Posters are prominently displayed in all locations throughout the facility:			
	a. At the entrances to all buildings			
	b. Staff break rooms			
	c. Staff bathrooms			
	d. Administrative areas			
	e. Security staff stations within housing units			
	f. In multiple locations within each housing unit including bathrooms; to include high touch areas like the phones, MP3 locations, and computers			
	g. Posters should communicate the following: - Symptoms of COVID-19 - What staff and inmates should do if they have symptoms - Encouraging frequent hand washing and cough etiquette - Social Distancing - Face covering wear			
	5. Town Halls are conducted utilizing appropriate social distancing practices within housing units. Increase the frequency as it relates to COVID-19 cases/outbreaks while permitting time for questions and answers.			
	6. Institution Health Services Administrator, Clinical Director, and Infection prevention and Control Officer, are in communication with the Regional Medical Team regarding:			
	a. Testing strategies – ensure that: - Regional Medical Director concurs and consulted on testing strategies - Abbott ID Now machines and BinaxNOW test cards are appropriately utilized unless otherwise directed by Central Office or Regional Medical Director			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	b. Housing assignments ▪ Quarantine ▪ Isolation ▪ Designations ▪ Post recovery areas			
	7. Collaboration: Institution leadership has established lines of communication and regular contact with community authorities and officials, including community leaders, hospital and health system officials, and local/state health authorities.			
	a. Health services staff report their inmate COVID-19 cases to local health authorities and discuss COVID-19 management strategies with them.			

COVID COMPLIANCE REVIEW TEAM CHECKLIST

(CORRECTIONAL PROGRAMS DIVISION)

COVID-19 RESPONSE AND MITIGATION STRATEGIES

COMPLETE BOP GUIDANCE FOR COVID-19 IS AVAILABLE ON [SALLYPORT](#).

Areas of Responsibilities	Yes	No	Comments
I. CORRECTIONAL SERVICES & SECURITY	Yes	No	Comments
Ensure LTs verify staff qualifications on all armed posts to include emergency trips to outside hospitals.			
(b)(7)(E); (b)(7)(F)			
Physically observe one count in SHU, a housing unit, and a Camp housing.			
Ensure one count has been taken by a Lieutenant.			
Determine if sanitation of institution is at acceptable levels. Note any issues.			
Ensure Area Searches/Cell Searches/ Fence and Roof checks are being completed.			

Ensure trash compactor and UNICOR/Recycle procedures are followed.			
Ensure all cameras are properly working and charged, being readily available to include CCTV.			
Check the incident report log/ DARTS in the Lt's Office to ensure incident reports are logged and Unit Team staff have signed all applicable spaces in the log.			
Ensure rounds of Control, Front Lobby, Perimeters, Tool Room, all housing units, and the Camp have been made.			
Ensure SHU Notifications 292/SRO/30 minute rounds are completed.			
Observe inmate movement to ensure inmate are pat searched, mask enforced and socially distanced.			
Ensure LT's are checking the walk through metal detector and logging discrepancies.			
Ensure Lieutenant has completed the minimum detail census checks of all work details. A monthly Lockdown Accountability completed.			
Ensure Bar Taps and window checks are conducted to ensure completion by Thursdays of each week.			
Ensure Bed Book counts will be conducted at 4:00 p.m. All units will be completed weekly. Annotate bed book counts in the Lt's Logs accordingly.			
Ensure Lieutenants position themselves daily at the grill checking ID's of staff exiting the institution to include facial covering enforcement (only remove for identification).			
Breathalyzer tests are being administered as required			
Ensure UA's are conducted as scheduled and collection procedures are followed.			
J. CORRECTIONAL PROGRAMS; CORRECTIONAL SYSTEMS, & UNIT TEAM	Yes	No	Comments
Ensure Unit Staff are making rounds in housing units and adhering to guidance from the Clinical Director.			
Ensure staff are standing mainline and responding to inmate questions			

Ensure inmates are being provided an opportunity to make legal calls			
Ensure inmates are provided an opportunity to use the phone.			
Ensure inmates are receiving their property from R&D once they arrive			
Ensure inmates have an opportunity to send out legal mail.			
Ensure institution A&O is being completed			
Ensure Unit A&O is being completed.			
Ensure all eligible inmates are reviewed for Home Confinement/Elderly Offender Pilot Program.			
Ensure CMAs for community confinement referrals and denials are entered appropriately.			
Ensure the CMC is tracking community confinement denials and reporting to their region weekly.			
Ensure Unit Management staff are conducting Program Reviews (Team)			
K. CORRECTIONAL PROGRAMS; INTELLIGENCE SECTION	Yes	No	Comments
(b)(7)(E); (b)(7)(F)			
L. GENERAL OBSERVATIONS	Yes	No	Comments
Ensure at least (2) hot meals are served to inmates per day. As long as there are two hot meals, mechanism of feeding does not matter. Inmates with facial coverings should still follow social distancing as much as possible.			
Ensure inmates in SHU and General Population are receiving recreation (fresh air).			
Ensure Wardens are meeting with community leaders and hospital administration in regard to COVID responses.			

Ensure TDY Staff deployed are needed and the staffing shortage verified at the facility.			
Ensure staff are provided changing areas.			
Observe and determine if there is dedicated housing for UNICOR workers.			
Observe and determine if alternative housing units (VT, Gyms, UNICOR, Tents, Med Tents) are being used for quarantine.			
M. FIRST STEP ACT	Yes	No	Comments
Determine if Evidence-Based Recidivism Reduction (EBRR's) programs are offered and operating within the facility. https://www.bop.gov/inmates/fsa/docs/evidence_based_recidivism_reduction_programs.pdf			

COVID COMPLIANCE REVIEW TEAM CHECKLIST

LEVEL 1 OPERATIONS – MINIMAL MODIFICATIONS

(HEALTH SERVICES DIVISION)

COVID-19 RESPONSE AND MITIGATION STRATEGIES

COMPLETE BOP GUIDANCE FOR COVID-19 IS AVAILABLE ON [SALLYPORT](#).

AREAS OF RESPONSIBILITIES		Yes	No	Comments
A. GENERAL INFECTION PREVENTION AND CONTROL PRACTICES				
1.	Enhanced (frequent and thorough) sanitation/cleaning/disinfection:			
a.	Assign and train inmate orderlies to perform environmental cleaning for the institution.			
b.	Use an EPA-approved product from the N-list (see Sallyport for approved list) for cleaning and disinfection. Back pack sprayers can be utilized with appropriate EPA approved products. - Clean and disinfect according to label instructions, including for pre-cleaning steps, product dilution, contact time, and potable water rinse directions. - Neither fogging machines nor electrostatic misters should be used for cleaning or disinfection.			
c.	High-touch surfaces in all locations: Clean and disinfect frequently throughout the day. Include all areas of the institution where staff work and inmates work/reside.			
	▪ Computers and phones between each use.			
	▪ Light switches, doors and door handles, bathroom fixtures			
	▪ MP3 player charge stations and cables, ice machines, and hot water dispensers			
d.	Housing units, administrative areas and offices, security screening areas, and all entry points for the institution. Includes conference room tables, phones, computers, break rooms, etc.			
e.	Increased intensity and frequency of facility cleaning and disinfection.			
f.	Staff provide oversight during disinfection of the facilities, including bathrooms and common areas			
g.	Transport vehicles and buses			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	h. Health Services Department: Ensure thorough disinfection and cleaning of all surfaces.			
	i. Staff disinfect and clean all shared equipment (e.g. radios, keys, handcuffs, service weapons, perimeter vehicle driver compartment) several times throughout tour of duty and at beginning/end of tour of duty.			
	2. Health hygiene practices for staff and inmates:			
	a. Health and Hygiene practices are displayed on posters throughout the institution for staff and inmates providing education on social distancing, hand hygiene, etc.			
	b. Staff and inmates are educated not to touch their face, or shake hands			
	c. Staff and inmates are educated to cover their cough and sneezes through alternative means. (i.e. crease of elbow)			
	d. Inmates should be encouraged to report symptoms of illness promptly to any available staff member.			
	e. Staff who feel ill are educated not to report to work or leave work if they develop symptoms while on duty. Notification is made to their supervisor and seek medical attention as appropriate.			
	3. Hand hygiene for staff and inmates:			
	a. Staff and inmates are observed washing hands thoroughly with soap and water for 20 seconds regularly throughout the day, and before and after patient care, and use of high-touch surfaces.			
	▪ Ensure all staff and inmates have access to soap for regular use.			
	▪ Ensure soap dispensers are checked regularly and refilled as needed.			
	▪ Ensure inmates are not hoarding soap.			
	▪ Foam soap is refilled/restocked regardless of how often the soap is emptied.			
	▪ Hand soap dispensers must be checked frequently to ensure the dispensers are not empty. Refill supplies should be readily available, including after-hours			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	b. Place hand sanitizer with at least 60% alcohol in high-use and high-touch areas or other areas where hand washing is not available. Install hand sanitizing stations in all staff break areas, at the security screening area, health services, and any other shared staff spaces.			
	4. Face coverings:			
	a. Face covering required at all times in all indoor environments. Appropriate universal wearing of CLOTH face coverings by staff and inmates when in indoor public areas is mandatory and monitored by all staff. All workers (staff/contractors/inmate orderlies) must wear a SURGICAL MASK in all patient care areas, whether or not there are patients in the clinic/area. Face coverings should completely cover nose and mouth and not be pulled down to speak. Staff and inmates should be trained on appropriate wear, handling, and laundry care. Face coverings with vents should not be utilized as they do not appropriately contain the respiratory or oral droplets.			
	b. Rare exceptions for face covering removal include (medical reasons for not wearing a face covering should be addressed through HR and the National Reasonable Accommodation Coordinator : - For identification - When the individual is unable to personally remove the covering - The individual has chronic conditions associated with difficulty breathing. - Circumstances that dictate when PPE is required in accordance with CDC guidelines. Staff and inmate workers working in Nursing Care Center units must wear surgical masks at all times when on the unit.			
	5. Social distancing:			
	a. Encourage and enforce maintaining 6 feet of distance between all individuals (staff and inmates) Healthcare unit and Patient Care areas only. To include use of floor or other markers to indicate 6 feet of separation.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	6. Infectious Disease Staff perform contact investigations on all staff and inmate COVID-19 positive cases, based on CDC guidance.			
B. PERSONAL PROTECTIVE EQUIPMENT				
	1. Improper wearing of PPE can directly expose individuals to COVID-19 and may lead to contamination or infection. Staff wearing PPE are to do so in accordance with established guidelines and in required areas. Refer to guidance on PPE for more complete information			
	a. Ensure that staff are trained on the following: ▪ Correct PPE to wear depending on assigned duties/post. ▪ Different sizes of PPE when applicable (i.e. N95 respirators, gloves, gowns, etc.) ▪ Proper PPE donning procedures (putting on PPE) ▪ Proper PPE doffing procedures (taking off PPE) Staff never take used PPE home upon completing their tour of duty.			
	b. All applicable staff are clean shaven as to not interfere with the seal of N95 respirators.			
	c. Encourage a culture where staff help each other to ensure PPE is properly when its use is appropriate.			
	d. Require staff wear PPE that is assigned to them, according to the potential exposure level of their duties and assigned post			
	e. Ensure sufficient PPE is available to all staff.			
	f. Set up PPE donning/doffing stations outside every area where staff need to wear PPE. These stations should include: PPE supplies in multiple sizes, Alcohol based hand sanitizer, disinfection wipes, a garbage can and clear bags, a container for reusable items prior to cleaning and disinfection. ▪ Separate PPE donning and doffing areas should be set up if space permits. ▪ Signage on proper PPE donning and doffing should be posted to guide staff ▪ Ensure eating and drinking areas are not present and no eating and drinking occur in isolation, quarantine, or any donning and doffing areas.			
	g. Instruct staff to minimize reuse of PPE in accordance with CDC guidelines and availability.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	h. PPE is doffed when staff exit the area requiring PPE use. ▪ If PPE supplies do not allow staff to change PPE between areas, ensure that staff move from areas of low exposure risk (e.g., a quarantined housing unit) to areas of higher exposure risk (e.g., an isolation unit) while wearing the same PPE.			
	i. Waste receptacles for used PPE are to be utilized.			
	2. PPE is worn during COVID-19 symptom screening/temperature checks, and in quarantine and isolation areas as directed			
	3. PPE donning and doffing areas are cleaned and disinfected regularly.			
C. SELF SYMPTOM SCREENING FOR COVID- STAFF				
	1. Self-monitoring / reporting involves each staff member identifying if they have COVID-19 symptoms, measuring their own temperature, and reporting COVID-19 symptoms and temperature elevations in accordance with Employee Health Care Policy 6701.01.			
	a. Staff with a temperature $\geq 100.4^{\circ}\text{F}$ (oral), are not allowed to work at the institution. Equivalent temperatures for tympanic/ear and forehead/non-contact are 101°F and 100°F , respectively. Documentation (the screening tool) only needs to be kept for those individuals who have symptoms or fever that will not allow entrance into the institution.			
	b. If symptoms are consistent with COVID-19 in the last 24 hours (as identified on the staff screening tool), further review by an institution physician is required prior to sending the staff member home.			
	c. Staff stay at home when sick or feeling ill. Staff who become symptomatic while off duty should not come to the institution for COVID-19 evaluation and testing.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	d. If symptoms develop while on duty, staff notify their supervisor, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home and contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and/or tested for COVID 19.			
D. SCREENING FOR COVID SYMPTOMS AND TEMPERATURE CHECKS- INMATES				
	Institutions have identified local resources for COVID-19 testing.			
	1. All new or returning inmates to the facility are screened upon arrival to the facility.			
	a. If possible, screening should take place prior to entering the facility.			
	b. Fully vaccinated Inmates new to the facility or returning from an overnight stay in the community will not require quarantine, with screening and testing negative. If NOT fully vaccinated, a complete intake quarantine (14 day test in / test out) is necessary. (see #6 below).			
	2. All inmate contacts of a confirmed or suspected COVID case will be screened for COVID-19.			
	a. In the context of widespread transmission, inmate screening may be expanded to include an entire housing unit or an entire institution.			
	b. Asymptomatic inmates who are fully vaccinated, and who screen and test negative may be housed in general population, and do not require quarantine.			
	c. Asymptomatic inmates who are NOT fully vaccinated, and who screen and test negative will complete 14 day quarantine (test in / test out), and be offered the COVID-19 vaccine.			
	3. Screened inmates who have COVID-19 symptoms or a temperature $\geq 100.4^{\circ}\text{F}$ (oral), should promptly wear a face covering or surgical mask and be moved directly to isolation (see #6 below). Equivalent temperatures for tympanic/ear and forehead/non-contact are 101°F and 100°F , respectively.			
	a. If there are multiple types of isolation or if cohorted medical isolation is being used (should not be necessary to Level 1) at the facility, a medical evaluation should occur prior to placement in isolation to determine the most appropriate location, to limit unnecessary movement throughout the facility, and to avoid placement of a COVID-19 suspect case with confirmed cases of COVID-19.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	b. If rapid COVID-19 testing is available, symptomatic inmates should be tested at the time of placement into medical isolation.			
E. QUARANTINE PROCEDURES				
	1. Inmates are placed in quarantine for			
	a. Close contacts of a suspected or confirmed case of COVID-19 (Exposure Quarantine), if not fully vaccinated.			
	b. New admissions to a BOP facility, who are fully vaccinated, and who screen and test negative may be housed in general population, and do not require quarantine.			
	c. Inmates returning from the community to a BOP facility after a potential exposure who are fully vaccinated, and who screen and test negative may be housed in general population, and do not require quarantine.			
	d. Inmates being released back into the community (residential reentry center, home confinement, or full-term release), prior to their release. (Transfer/Release Quarantine)			
	e. Inmates being transferred to another BOP facility or correctional jurisdiction, who are fully vaccinated, and who screen (within 24 hours) and test negative (within 72 hours) do not require quarantine prior to their transfer.			
	f. Inmates being transferred as a full term release should complete 14 day quarantine (test in / test out) regardless of vaccination status.			
	g. Inmates being transferred as an immediate release will receive screening and POC testing prior to departure.			
	2. Quarantine Housing			
	a. Inmates should be quarantined in individual cells whenever possible. Cohorting should not be necessary.			
	3. Symptom screens and temperature checks in quarantine (the use of non-healthcare staff to perform daily symptom screens and temperature checks is encouraged).			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	a. Inmates in Exposure Quarantine have a COVID-19 symptom screen and temperature check on admission to and discharge from quarantine, and at least once daily between admission and discharge (twice daily is preferred, if feasible).			
	b. Inmates in Intake Quarantine, Release Quarantine, or Transfer Quarantine have a COVID-19 symptom screen and temperature check on admission to and discharge from quarantine. No interval screening is required.			
	c. The symptom screen, temperature check, and lab values on admission and discharge from quarantine are documented in BEMR. No other symptom screens or temperature checks are required to be documented in BEMR unless the inmate is symptomatic or febrile.			
	4. A COVID-19 PCR test is performed on admission to and discharge from quarantine.			
	a. Inmates who test positive for COVID-19 should be removed promptly from quarantine and placed in medical isolation.			
	b. Abbott PCR, BinaxNOW, or Commercial PCR test can be used for admission to quarantine. (Take into account commercial PCR turnaround times, as this can lead to longer quarantine times if any initial results are positive and requires reset of quarantine days for remaining cohort)			
	c. Discharge PCR testing should be performed on or after day 14 of quarantine, not before.			
	d. A commercial lab test is required to discharge an inmate from quarantine to general population housing.			
	e. A commercial PCR lab test is preferred to discharge an inmate from quarantine for a BOP intrasystem transfer (i.e. institution to institution). An Abbott ID Now or BinaxNOW test is acceptable when turnaround times are greater than 7 days.			
	f. Commercial PCR lab testing is required for transfers to RRC's or HC. Abbott ID Now tests are not acceptable.			
	g. Abbott ID Now or BinaxNOW tests are only acceptable for immediate releases when a commercial lab test cannot be completed prior to release.			
	5. Face coverings are worn by all inmates quarantined in a cohort.			
	6. Staff wear appropriate PPE (refer to B- Personal Protective Equipment).			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
7. Duration of quarantine				
	a. Quarantine should be maintained for at least 14 days.			
	b. When individuals are held in quarantine (either for routine intake quarantine or as close contacts of a COVID-19 case), the 14-day quarantine clock must start over if an additional person is added to an existing quarantine cohort or if someone in the cohort tests positive for COVID-19.			
	c. An inmate must remain in quarantine until their discharge test results are available. Inmates who are releasing or transferring must remain in quarantine until release or transfer is accomplished even if they have completed 14 days of quarantine and have a negative test.			
F. MEDICAL ISOLATION PROCEDURES (ALL HOUSING UNIT DESIGNS)				
	1. Inmates with confirmed or suspected COVID-19 are placed directly into medical isolation and medically evaluated promptly in the isolation unit.			
	2. Persons in medical isolation for confirmed or suspected COVID-19 should be housed individually to prevent transmission from infected to uninfected individuals, and to prevent other co-occurring illnesses from spreading and increasing the risk of severe illness.			
	3. If individual housing is not possible, inmates are placed in isolation separately based on the following groups:			
	a. Asymptomatic inmates with laboratory-confirmed COVID-19 cases			
	b. Symptomatic individuals awaiting COVID-19 testing or with results pending			
	c. Symptomatic inmates who tested negative for COVID-19, but with symptoms requiring medical care and separation from the housing unit			
	d. Symptomatic individuals with laboratory-confirmed COVID-19 cases			
	4. Inmates in medical isolation are evaluated for symptoms and temperature daily by a clinician and these checks are documented in BEMR.			
	5. The CDC's current release from isolation criteria are used for discharging inmates from isolation and returning them to regular housing.			
	a. Symptomatic inmates are released from isolation based on CDC's symptom-based criteria.			
	b. Asymptomatic inmates are released for isolation utilizing the CDC's time-based criteria.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	c. Release from isolation is noted in the medical record, and health problem codes are resolved.			
	6. Staff protocols with isolation areas/units: ▪ PPE is worn in accordance with CDC guidance and managed as described in section B above. ▪ Staff do not eat or drink inside any isolation / quarantine spaces, or in adjacent rooms / donning or doffing areas. ▪ When staff working inside isolation or quarantine spaces take a break to eat or drink, they need to leave the isolation/ quarantine space, doff and dispose of their PPE, wash their hands (or use alcohol-based hand sanitizer), and eat in a separate area. ▪ All microwaves, refrigerators, eating utensils, cups, etc., should be removed to ensure inadvertent consumption does not occur in those areas.			
	7. Individuals who experienced deconditioning from prolonged hospitalization from COVID-19 and have met the CDC criteria for ending medical isolation, are placed in a post COVID recovery unit.			
G. LIMITATIONS ON STAFF AND INMATE MOVEMENT				
	1. Under Level 1 Operations, Minimal Modifications to staff and inmate movement within the institution are considered to be under "Normal Operations."			
	a. It is not necessary for Inmates from the same work detail / shift (e.g. food service, laundry, UNICOR, etc...) to be housed together in the same housing unit, as the institution is considered to be under "Normal Operations."			
	b. Social distancing is not required in locations other than health care units and patient care areas, however wearing of masks is required at all times in all indoor environments.			
	2. Commissary - Should be operating under normal operations.			
	3. Food Service			
	a. Food service work should be operating under normal operations. Food service work is performed by inmate details who do not display COVID-19 symptoms. If cases develop within a food service work detail, the entire detail no longer prepares or serves food until they are fully vaccinated, or complete testing and quarantine procedures as close contacts.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	4. Laundry detail			
	a. Laundry detail should be operating under normal operations.			
	b. All individuals handling dirty laundry wear a gown, gloves, and a face covering. Note: inmates handling clean laundry do not need to use a gown or gloves, however they should continue to use the face covering, social distancing, and frequent hand hygiene.			
	5. Recreation, Health Services, and Programs,			
	a. Recreation programs should be operating under normal operations. are centered around self-exercise and wellness programs on an individualized basis. If recreation equipment is utilized within housing units or in outdoor settings (i.e. recreation yards) equipment is disinfected and cleaned between uses.			
H. COMMUNICATION, COLLABORATION, EDUCATION, TRAINING				
	1. All staff are fit tested and trained on N-95 respirators that are being utilized, unless otherwise medically exempted.			
	2. Staff are trained on use of appropriate face coverings; and the use of PPE for screening, quarantine, isolation, donning, and doffing.			
	3. Communication: - Leadership provides reminders on all COVID-19 prevention and mitigation practices via e-mail, daily conference calls, and use of posters/signage in all common areas. - Staff should encourage each other to follow all established practices and guidance to maximize safety.			
	4. Posters are prominently displayed in all locations throughout the facility:			
	a. At the entrances to all buildings			
	b. Staff break rooms			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	c. Staff bathrooms			
	d. Administrative areas			
	e. Security staff stations within housing units			
	f. In multiple locations within each housing unit including bathrooms; to include high touch areas like the phones, MP3 locations, and computers			
	g. Posters should communicate the following: ▪ Symptoms of COVID-19 ▪ What staff and inmates should do if they have symptoms ▪ Encouraging frequent hand washing and cough etiquette ▪ Social Distancing ▪ Face covering wear			
	5. Town Halls are conducted utilizing appropriate social distancing practices within housing units. Increase the frequency as it relates to COVID-19 cases/outbreaks while permitting time for questions and answers.			
	6. Institution Health Services Administrator, Clinical Director, and Infection prevention and Control Officer, are in communication with the Regional Medical Team regarding:			
	a. Testing strategies – ensure that: ▪ Regional Medical Director concurs and consulted on testing strategies ▪ Abbott ID Now machines and BinaxNOW test cards are appropriately utilized unless otherwise directed by Central Office or Regional Medical Director			
	b. Housing assignments ▪ Quarantine ▪ Isolation ▪ Designations ▪ Post recovery areas			
	7. Collaboration: Institution leadership has established lines of communication and regular contact with community authorities and officials, including community leaders, hospital and health system officials, and local/state health authorities.			
	a. Health services staff report their inmate COVID-19 cases to local health authorities and discuss COVID-19 management strategies with them.			

COVID COMPLIANCE REVIEW TEAM CHECKLIST

(CORRECTIONAL PROGRAMS DIVISION)

COVID-19 RESPONSE AND MITIGATION STRATEGIES

COMPLETE BOP GUIDANCE FOR COVID-19 IS AVAILABLE ON [SALLYPORT](#).

Areas of Responsibilities	Yes	No	Comments
I. CORRECTIONAL SERVICES & SECURITY	Yes	No	Comments
Ensure LTs verify staff qualifications on all armed posts to include emergency trips to outside hospitals.			
(b)(7)(E); (b)(7)(F)			
Physically observe one count in SHU, a housing unit, and a Camp housing.			
Ensure one count has been taken by a Lieutenant.			
Determine if sanitation of institution is at acceptable levels. Note any issues.			
Ensure Area Searches/Cell Searches/ Fence and Roof checks are being completed.			
Ensure trash compactor and UNICOR/Recycle procedures are followed.			
Ensure all cameras are properly working and charged, being readily available to include CCTV.			
Check the incident report log/ DARTS in the Lt's Office to ensure incident reports are logged and Unit Team staff have signed all applicable spaces in the log.			
Ensure rounds of Control, Front Lobby, Perimeters, Tool Room, all housing units, and the Camp have been made.			
Ensure SHU Notifications 292/SRO/30 minute rounds are completed.			
Observe inmate movement to ensure inmate are pat searched, mask enforced and socially distanced.			

Ensure LT's are checking the walk through metal detector and logging discrepancies.			
Ensure Lieutenant has completed the minimum detail census checks of all work details. A monthly Lockdown Accountability completed.			
Ensure Bar Taps and window checks are conducted to ensure completion by Thursdays of each week.			
Ensure Bed Book counts will be conducted at 4:00 p.m. All units will be completed weekly. Annotate bed book counts in the Lt's Logs accordingly.			
Ensure Lieutenants position themselves daily at the grill checking ID's of staff exiting the institution to include facial covering enforcement (only remove for identification).			
Breathalyzer tests are being administered as required			
Ensure UA's are conducted as scheduled and collection procedures are followed.			
J. CORRECTIONAL PROGRAMS; CORRECTIONAL SYSTEMS, & UNIT TEAM	Yes	No	Comments
Ensure Unit Staff are making rounds in housing units and adhering to guidance from the Clinical Director.			
Ensure staff are standing mainline and responding to inmate questions			
Ensure inmates are being provided an opportunity to make legal calls			
Ensure inmates are provided an opportunity to use the phone.			
Ensure inmates are receiving their property from R&D once they arrive			
Ensure inmates have an opportunity to send out legal mail.			
Ensure institution A&O is being completed			
Ensure Unit A&O is being completed.			
Ensure all eligible inmates are reviewed for Home Confinement/Elderly Offender Pilot Program.			

Ensure CMAs for community confinement referrals and denials are entered appropriately.			
Ensure the CMC is tracking community confinement denials and reporting to their region weekly.			
Ensure Unit Management staff are conducting Program Reviews (Team)			
K. CORRECTIONAL PROGRAMS; INTELLIGENCE SECTION	Yes	No	Comments
(b)(7)(E); (b)(7)(F)			
L. GENERAL OBSERVATIONS	Yes	No	Comments
Ensure at least (2) hot meals are served to inmates per day. As long as there are two hot meals, mechanism of feeding does not matter. Inmates with facial coverings should still follow social distancing as much as possible.			
Ensure inmates in SHU and General Population are receiving recreation (fresh air).			
Ensure Wardens are meeting with community leaders and hospital administration in regard to COVID responses.			
Ensure TDY Staff deployed are needed and the staffing shortage verified at the facility.			
Ensure staff are provided changing areas.			
Observe and determine if there is dedicated housing for UNICOR workers.			
Observe and determine if alternative housing units (VT, Gyms, UNICOR, Tents, Med Tents) are being used for quarantine.			
M. FIRST STEP ACT	Yes	No	Comments
Determine if Evidence-Based Recidivism Reduction (EBRR's) programs are offered and operating within the facility. https://www.bop.gov/inmates/fsa/docs/evidence_based_recidivism_reduction_programs.pdf			

