

Topic:	Operations and Social Distancing	
Auditor:	Captain C. Mongar/ Elizabeth Holden	
Date:	8-20-2020 TCF	
		Observations:
Social Distancing and Mitigation		
1	How is education and information being provided to staff and offenders? Are there postings and/or titler info?	There was a great deal of posted CDC signage found in all parts of the facility. Titler messaging is also provided for the offenders to view. Staff are informed and educated through posted signs, emails for daily pass-on and supervisory contacts. TCF Management is doing a very good job of keeping staff informed of relevant information and operational changes.
2	How is the facility implementing and enforcing social distancing? (Staff and offenders)	The offender population is socially distanced as well as possible for a facility with dorm style housing. Common areas, yard and gymnasium showed appropriate distancing of offenders. Staff at TCF are distanced as a result of work unit compartmentalization and a reduced staffing pattern.
3	Are there signs posted in the facility to encourage staff and offender hand hygiene?	Signage for hand hygiene was present in some areas but not consistently. Signs found were improvised. Recommend use of approved CDC signage in staff and offender restrooms as well as anywhere with sinks for handwashing.
4	What is the facilities plan for isolation and quarantine areas?	TCF plan for quarantine is the use of unit 3 lower wings (B/C). Facility plan for isolation is to use this same unit and clear out extra wings as needed.
5	What is the process for screening staff for COVID-19 symptoms?	Automated temperature check station is posted at main entry.
6	Do staff know what to do if they develop symptoms? (on duty, at home, etc)	Staff are very well informed of the process for reporting symptoms both on and off duty. The Shift Commander is the POC for reporting issues.
7	What is the process for screening visitors/non-DOC employees for COVID-19?	Testing and observation of the main entry processes for screening finds a need for tighter control of traffic as well as thorough application of all screening tools. Audit team entered and was not given the written screening tool or observed having a temperature check. Staff at main entry appeared to be new or unfamiliar with the post requirements. Visitors not assigned to TCF should have very restricted access until screening is completed and authorization given to enter by SC or higher.
8	Is the facility practicing social distancing in roll calls and common areas of the facility?	TCF is not conducting normal roll calls. Staff report directly to post and are given pass-on information through email and supervisory contacts. Staff were appropriately distanced in living units and other work areas.
9	Has the facility implemented modified scheduling?	Management and specialized positions are working three days a week at the facility and 2 remotely from home. Case Managers and Teachers are filling in areas as needed but are currently on modified schedules as well.
10	Has the facility compartmentalized staff to lessen cross contamination with in the facility?	Staff and management are compartmentalized by facility and work units. Yard staff have been instructed to only their assigned two units to limit the exposure.

11	Has there been a modification to meal services to address the need for social distancing?	Food service is currently feeding by unit only. Staff directs the offenders to sit within one half of the dining hall. This area will then be sanitized after use and the next unit will sit on opposite side. This process is then repeated to allow sanitation to be effective.
12	What is the facilities process for recreational activities?	Recreation is offered by unit and utilizing the yard and gym. Sanitation is completed between units and tracked on log.
13	How is the facility ensuring continuity of programming while practicing social distancing?	There are currently no programs running at TCF. Sanitation and social distancing is being followed and overseen by the facility Life Safety Officer.
14	Are notations being made in logs when cleaning and sanitizing of the areas are being accomplished?	TCF is doing a very good job of documenting their sanitizing of living units and other areas. A log specifically for this purpose is being used and has been added to TCF policy. This log was not found in all work areas and should be distributed as widely as possible to ensure consistency.
15	Is the facility ensuring that staff and offenders are provided with soap and hand sanitizer in needed areas?	All offenders are provided soap for hand washing. Staff offices and restrooms were all supplied with hand soap and hand sanitizer.
16	Does the facility have a process to identify and prioritize the housing of High Risk offenders?	TCF has a process for identifying high risk offenders and assigning them to single cells. Priority is given to level 1 & 2 offenders. Current living unit bed rosters are color-coded to denote which offenders are high risk. However, the paper copy used by staff can only be printed in black/white and created issues with identification.
PPE Tracking and Usage		
1	How is PPE being tracked and where is it being stored? Does the facility have a process to request PPE needs?	PPE is tracked by Medical and the Custody Control Manager. Gloves are tracked by housekeeping while all other items are stored and tracked in medical.
2	How is the facility conserving PPE?	PPE is being conserved through limited access and distribution.
3	Are staff following proper PPE guidelines for the areas they were working, ie. wearing masks, washing hands, etc.	Staff are following PPE guidelines and are displaying appropriate levels of concern when working with offenders and other staff.
4	Are all offenders provided 3 cloth masks? Does the facility have a plan in place and tracking mechanism to ensure that Offender masks are being laundered on a regular basis?	Offenders throughout the audit stated they do have the required three masks. Laundering of these items is done by placing in with the rest of their clothing to be washed by facility. Some offenders stated they do wash them at times within their units.
<p>Summary and Recommendations: TCF is doing an excellent job with the sanitation and the cleaning of the facility. The facility is using non essential staff in needed areas to fill positions. There are a few suggested changes based on the auditor observations: 1. Increase the CDC signage in offender restrooms above the sinks. 2. Tighten screening and temperature process at front entry for all staff and visitors. 3. Train staff on the differences of high risk, isolation, and quarantine procedures and practices so staff are prepared in case of Phase 3 operations. Best Practices noted: 1. TCF has placed the pump sprayers with bleach solution on a controlled item tool inventory with pictures in place of shadowing. This is great accountability on these chemicals and items. 2. TCF has made a sanitation log for tracking purposes and placed it into their policy for use.</p>		

Topic:	Cleaning and Sanitation	
Auditor:	B. Braden	
Date:	8/20/20	
		Observations:
1	Are staff following the bleach cleaning procedures for all common areas of the facility?	The facility is currently in phase 2 so all common areas of the facility are being sanitized with bleach solution 1 time per shift minimum. Sanitation activities are being logged on a sanitation log that has been added to facility policy. Staff are also logging the sanitation activities on the shift log and pass on log. See summary for recommendation.
2	Are the dining halls being cleaned and disinfected after each unit is fed at Breakfast, Lunch, and Dinner?	The dining hall is sanitized with the bleach solution after each unit is fed at each meal. This is done by offender food service workers under staff supervision. There is no change in work procedures in the kitchen, but cleaning has been increased.
3	Is bleach being diluted at the proper ratio of 1/4 cup per gallon of water?	Housekeeping dilutes the bleach at 1/4 cup per gallon of water.
4	Is the inventory of bleach accurate and up to date?	Yes. In fact the garden sprayers used to spray the bleach are accounted for with an inventory sheet and a photo.
5	Is the stock of bleach adequate to provide sufficient product for an extended period of time?	Yes. 2 1/2 months currently.
6	Are staff practicing proper hand washing?	Yes, after any offender interaction.
7	Are 2 bars of soap being provided to the offenders weekly? Are offender and staff practicing proper hand washing?	2 bars of soap are handed out each Wednesday or upon request.
8	Are the inventories of other cleaning and disinfecting chemicals accurate and up to date?	Yes.
9	Are staff and offenders wearing proper PPE when using cleaning and disinfecting chemicals?	Offenders and staff wear gloves and masks when cleaning or sanitizing, but no mention of eye protection. See summary for recommendation.
10	Are UV disinfection units being used to disinfect N95 masks, if available?	The facility has 1 UV unit ready to deploy if needed.
11	Are staff following current recommendations to disinfect isolation and quarantine cells, bathrooms, and showers after use?	Bathrooms and showers are cleaned daily by the unit porter, then they are sanitized with the bleach solution when the common areas are done.
12	Are staff and offenders following current guidelines for isolation and quarantine laundry services?	The laundry area is sanitized 2 per day, and offender workers clean equipment,(washers and dryers), after each use.

Summary and Recommendations: TCF is doing a good job following the bleach sanitizing procedures facility wide. Inventories of bleach and other cleaners and disinfectants are accurate and up to date. The facility has a sanitation log used daily that has been added to facility policy (**Best Practice**) however the sanitation activities are also logged in the shift log and pass on log. **Recommendation:** Refrain from logging sanitation activities in the shift log and pass on log. Use only the sanitation log for this. **Recommendation:** Eye protection needs to be provided to staff and offenders using the bleach solution.

Topic:	Medical Procedures	
Auditor:	Carley Garcia Hyman	
Date:	08/20/20202	
		Observations:
1	What is the process for screening new offender intakes for COVID-19?	TCF offenders are screened for COVID signs/symptoms at the back entry prior to entering the main facility. They are screened a second time when they are brought to the clinic for an intake assessment.
2	What is the process for screening discharges/releases to the community?	Offenders scheduled to release to the community go into quarantine in LU3 and get COVID tested at least 5 days prior to the release. The HSA will give the "ok" to move once test results are back.
3	What is the process for screening offenders for COVID-19 symptoms? (screening tool, questions asked, how often)	Offenders in quarantine (moving in/moving out) are screened for COVID 19 signs and symptoms at least once per day. This includes the screening questions and a temp. This information is documented in EOMIS. TCF also performs random screenings on at least 10 offenders in each unit/each day.
4	What is the process for offenders that have outside medical procedures? Prior to procedure and upon return?	Depending on the type of appointment and the level of exposure, the quarantine period before and after the appointment can vary. If an offender goes out to the hospital or ED, they will be quarantined for 14 days in LU3 with twice per day symptom checks.
5	Are there signs posted in the facility to encourage staff and offender hand hygiene?	Signage for hand hygiene was present in some areas but not consistently. Signs found were improvised. Recommend use of approved CDC signage in staff and offender restrooms as well as anywhere with sinks for handwashing.
6	What is the process for medical isolation?	At the time of the audit, TCF has not had an offender in isolation. If an offender complains of COVID 19 signs and symptoms or if there is a confirmed COVID+ case, a wing in LU3 will be cleared out and an isolation wing will be created. The management team has discussed putting up a temporary barrier to keep the offenders in isolation from accessing the rest of the cell house. RH could also potentially be an option for isolation. Once an offender is identified as COVID+ or a suspected COVID+ case, they will have symptom checks, at minimum, twice per day. Also, any offender that complains of COVID like symptoms will be assessed cell side vs accessing the clinic. The plan is to wear full PPE for any offender in isolation.

7	What is the process for quarantine?	Offenders are placed into quarantine in LU wing B and wing C. Offenders are placed into quarantine when they are scheduled to move out of the facility and for offenders moving back into the facility. This includes releases, parolees, out to court, hospital and ED returns. The staff are not wearing any additional PPE or following the PPE matrix recommendations for quarantined offenders. LU3 has double bunked, dry cells. Quarantined offenders have symptom checks 1-2 times per day. This is documented in EOMIS
8	What is the process for assessing and monitoring offenders in medical isolation and/or quarantine?	See #6 and #7
9	What is the process for prevalence testing?	TCF has not needed to prevalence test yet. Long discussion with the nurse 3, Ann, regarding the process and a follow up email with written guidance was sent to her the following day. The new Interim HSA, Nicole, will be onsite at least every other week to provide leadership and guidance.
10	How do you communicate with staff appropriate PPE use when an offender is in isolation vs quarantine? (signs posted, verbal report, tracker, etc)	PPE requirements are communicated verbally with the staff. At the time of the audit, there was general confusion regarding isolation vs quarantine and the PPE expectations. Staff in direct contact with quarantined offenders were not following the PPE recommendations. I would recommend that the HSA/clinical staff collaborate with custody and control and provide all staff education utilizing the PPE matrix.
11	Are staff trained on how to don/doff PPE?	All staff were shown the PPE roll call training video and Ann, the Nurse 3, demonstrated the techniques during the training.
12	Are there designated areas to don/doff PPE? (clinical and security)	PPE is donned in the clinic or in the living units. PPE is doffed prior to leaving the living unit.
13	What PPE is being utilized when performing a COVID-19 test?	N95, gown, gloves, eye protection.
14	How is the facility conserving PPE?	N95's are stored in brown paper bags. Gowns are not being reused at this time. Discussed strategies to optimize gown use as this will be an important practice in an outbreak setting.
<p>Summary and Recommendations: TCF is following the protocols for COVID screening offenders that are moving in and out of the facility, symptom checks are being performed on quarantined offenders and documented, and there is a plan to cohort offenders in the event of an outbreak. Recommendations include: 1. HSA/clinical to collaborate with custody and control and implement all staff training and education on the differences between isolation and quarantine w/PPE expectations. 2. Review the list of all front line staff that will be working with COVID + offenders have been fit tested for an N95. If this list is not up to date, develop and implement a plan to make sure those staff are fit tested and ready in the event of an outbreak. 3. Compartmentalize offender appointments in the clinic and ensure that living units are not intermingling in the waiting area or in the clinic.</p>		