

COVID-19 in NC Jails: Building a Database

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Summary

The spread of COVID-19 behind bars has magnified both the public health and social consequences of jails, and the lack of timely, transparent data about who is behind bars and what they are enduring. Since March 2020, when COVID-19 regulations first began in jails and detention centers, the number of outbreaks slowly increased, dropped, then increased again consistent with COVID-19 spikes. Unfortunately, jail overcrowding, aging facilities, and inadequate medical care already present in the criminal justice system continued to exacerbate the likelihood of ongoing outbreaks. This affects staff, incarcerated persons, and the families of those incarcerated. This project collected three rounds of public records requests to all 100 Sheriff and Jail Administrators throughout North Carolina with ongoing content analysis of the information.

Unfortunately, it's still happening. As of August 23, 2022, 26 jails/correctional facilities (out of 97) in NC had either an outbreak in their staff or in those incarcerated. While this summary level information was made available at the start of the pandemic and continues today, specific information about the policies and procedures were nowhere to be found. That was the impetus for this research. But still missing from any of this information is the number of those incarcerated across the state and the continued impacts of COVID-19 on those who may have contracted it within a jail facility.¹

This paper is organized in the following way:

- Background
- Methodology
- General Trends
 - Population Counts
 - Releases & Temporary Decreases
 - Health & Safety Protocols: Intake, During Incarceration, COVID-19 Testing & Results, Vaccinations
 - Quality of Life Protocols: Visitation, Programming, Calls, Medical Visits
 - Related Records: County Budgets, County Commissioners
- Implications and Critical Reflections

Background

Prior to this global pandemic, the ability to identify daily jail population and jail information was piecemeal. The Bureau of Justice Statistics (BJS) fields two major surveys:

- 1) an Annual Census of Jails, with a sample of several hundred jails and
- 2) a Census of Jails, which captures all jails, and occurs roughly every five years.

In both cases, BJS releases reports several years after collection, and lacks data by race, ethnicity, gender, and charges or status. As reported by the Prison Policy Initiative, since 2016, annual Bureau of Justice Statistics reports have been delayed by many months (Sawyer and Wagner 2020). And these reports rely on Bureau collected data that represents only 876 jail jurisdictions of the 2,851 jail jurisdictions nationwide (Zeng 2019). Information on the health of people behind bars is even slower. The most recent widespread data on the deaths within jails is from 2016, from the Bureau of Justice Statistics, suggesting

¹ Throughout this paper, the terms Sheriff's Office, jail, facility, County, and Agency are meant to be synonymous. The Sheriff or an administrator from the Sheriff's Office oversees the jail and/or facility for the county.

that more than 1,000 people died in county jails. The BJS surveys also do not offer a current update on jail populations and most likely will not pay attention to COVID-19 cases and impacts.

Instead, we must rely on other sources for this information including journalism outlets like Reuters that began documenting 17,300 cases of Covid-19 across local jails, state and federal prisons and detention centers. Some private-sector researchers have also stepped up to provide this information. During Covid, Vera Institute of Justice began collecting information meant to *Hold Your Local Jail Accountable During the Pandemic*, by providing Pre-Covid Jail Population numbers, latest available Jail Population numbers, and the Additional Jail Reduction needed to Match Pre-Covid International Averages (Henrichson and Hines 2020). Currently, Vera has information from more than 900 counties, mostly through manual efforts.

And we hope to contribute to the handful of collaborative research teams based at universities. The NYU Public Safety Lab has gathered information from more than 1000 jails, mostly through data scraping efforts. The UCLA COVID-19 Behind Bars Project collects and analyzes public information about the coronavirus pandemic in prisons, jails, youth facilities, and immigration detention centers across the United States.

Jails within North Carolina are run by a County Sheriff but many of the directives for the NC Adult Corrections System were also directed at the jail system. The NC Adult Corrections system is just one part of the NC Department of Public Safety. The NC Department of Public Safety (DPS) took some actions throughout the pandemic that impacted local jails but those were limited. The most recent, according to the DPS website was in January of 2022 during the most recent surge. DPS slowed the number of daily new admission from county jails, meaning that jails needed to hold those individuals for longer. For a longer list of some related policies, you can also look this up on the North Carolina Association of Chiefs of Police (NCACP 2022). And for more on specific action regarding Adult Corrections, see their website (Adult Corrections on COVID-19 2022). The COVID-19 Outbreak Toolkit for Local Confinement Facilities designed by the NC Department of Health and Human Services was sporadically mentioned by the Sheriff's Offices who responded to our requests. That toolkit includes:

1. Overview of COVID-19 Response in Local Confinement Facilities
2. COVID-19 Infection Prevention Recommendations for Jail and Detention Center Staff
3. COVID-19 Infection Prevention Recommendations for Jails and Detention Centers
4. Staffing Guidance for Local Confinement Facility (Jail) Administrators
5. COVID-19 Testing Guidance for Local Confinement Facilities
6. Medical Isolation of Detainees with Confirmed or Suspected COVID-19
7. Quarantine Guidance for Detainees
8. Monitoring High-Risk Individuals for COVID-19
9. Best Infection Practices for Inmate Transfers During COVID-19

While this was useful information to measure the protocols and practices against, this was also issued in the fall of 2020, partially through Round 2 of our data collection. We provide a summary of the comparisons with what we found towards the end of this paper.

Timeline

March 3, 2020: First case of COVID-19 in NC (NCDPS Press Release)

March 13, 2020: Prison System suspends visitations (NCDPS Press Release)

March and April, 2020: Jails suspend in-person visitations but not all at the same time.

March 31, 2020: A 14-day quarantine period for all incoming incarcerated people from county jails to help prevent the introduction of COVID-19 to the prison system (NCDPS Press Release)

April 6, 2020: Instituting a two-week moratorium on accepting incarcerated people from county jails (NCDPS Press Release)

April 22, 2020: First person in state custody/prison dies (NCDPS Press Release)

May 27, 2020: Transfers from jails to prisons resumes in limited capacity (NCDPS Press Release)

June 1, 2020: Courts expected to open back up

August 2020: NC Department of Health and Human Services issues COVID-19 Outbreak Toolkit for Local Confinement Facilities (NCDHHS 2020)

February 25, 2021: NC NAACP v. Cooper Settlement (ACLU-NC)

September 2021: Executive order for vaccination or weekly testing for government employees (NCDPS Press Release)

October 2021: *For more than four months, the majority of active cases of COVID-19 in the prison population have been identified in those arriving from county jails and detention facilities* (NCDPS Press Release)

Methodology

Information was requested from Sheriffs across the state during the following time periods: Round 1 (March-June 2020), Round 2 (September 2020-January 2021), and Round 3 (July-September 2021). Most of the information reported on is about those incarcerated but some information about staffing was also included when it was not rejected for privacy concerns. Although the North Carolina Department of Health and Human Services displays summary COVID-19 [outbreak reports](#) from jails and detention centers, they are not tracking additional information about the response to COVID-19. Instead, we created a database of this information with regular [updates](#). Approximately sixty of the jails and detention centers throughout the state responded to the first round of requests but response rates decreased over time (in Round 2, 52 offices and in Round 3, 27 offices). Some agencies declined to respond and/or deflected to another agency. Information requested included:

- Pre-COVID Population
- Current Population
- Health & Safety Protocols
- Decarceration Efforts/Jail Population Decrease Efforts
- COVID-19 Testing & Results
- Programmatic changes
- Vaccination related information in Round 3

In *Round 1* (questions in Appendix A), some Sheriff Offices routed us to the local health department. So *Round 2* questions were also sent to a select number of local health departments to obtain additional information. Round 2 questions are available in Appendix B and we added clarity for some questions. *Round 3* questions are in Appendix C and include information requests for vaccination efforts and additional information about county related funding.

As you might imagine, some agencies were not excited to speak with us but our research team, especially the research assistants persisted in obtaining relevant information. Here, we include some of their experiences,

Washington Co. asked us to call back in 5 or 10 minutes, each time we called back, their main phone line had been disconnected. This happened 4 times before we were able to reach someone.

When talking to the staff of Sheriff offices and county jails, if answering over the phone - many stated that they did not have much time, but also would not have information at hand, and did not want to email.

When talking to a local Health Department, a Health Director admitted that though she strongly suggested to local jails to abide by CDC guidelines to wear masks and social distance, she was not sure how much the jails were actually following her strong suggestions.

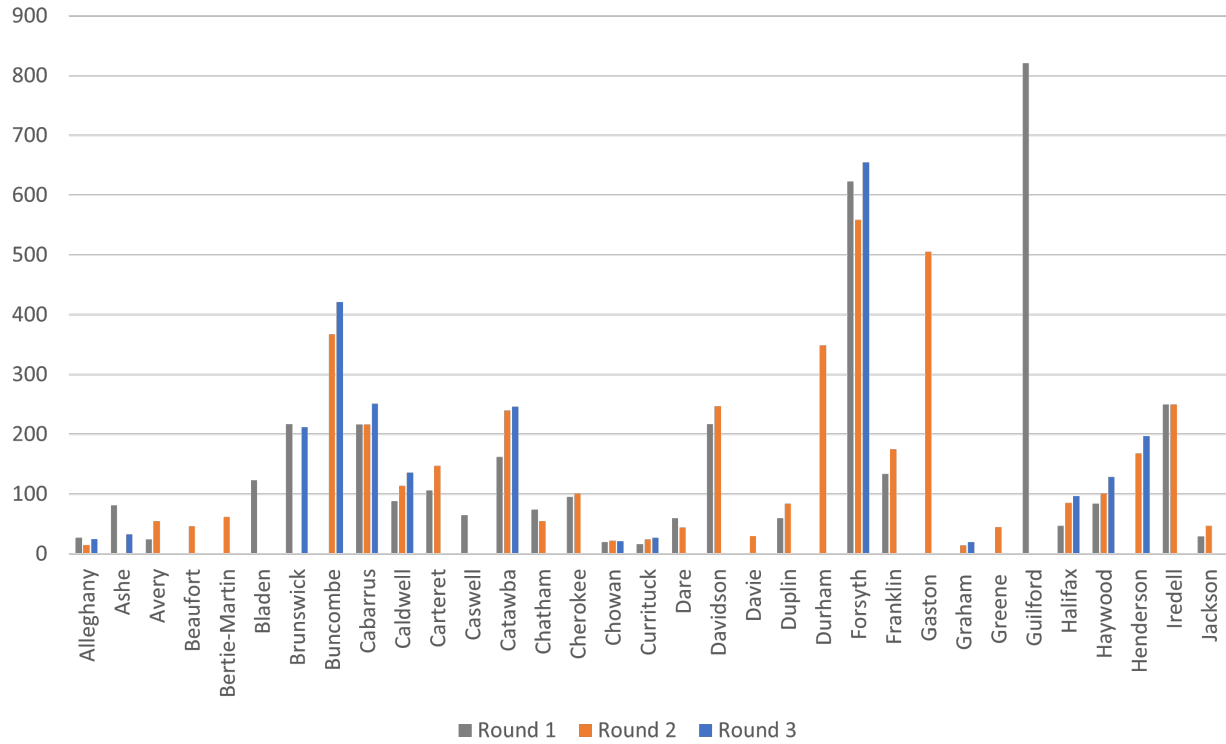
General Trends

Population Counts

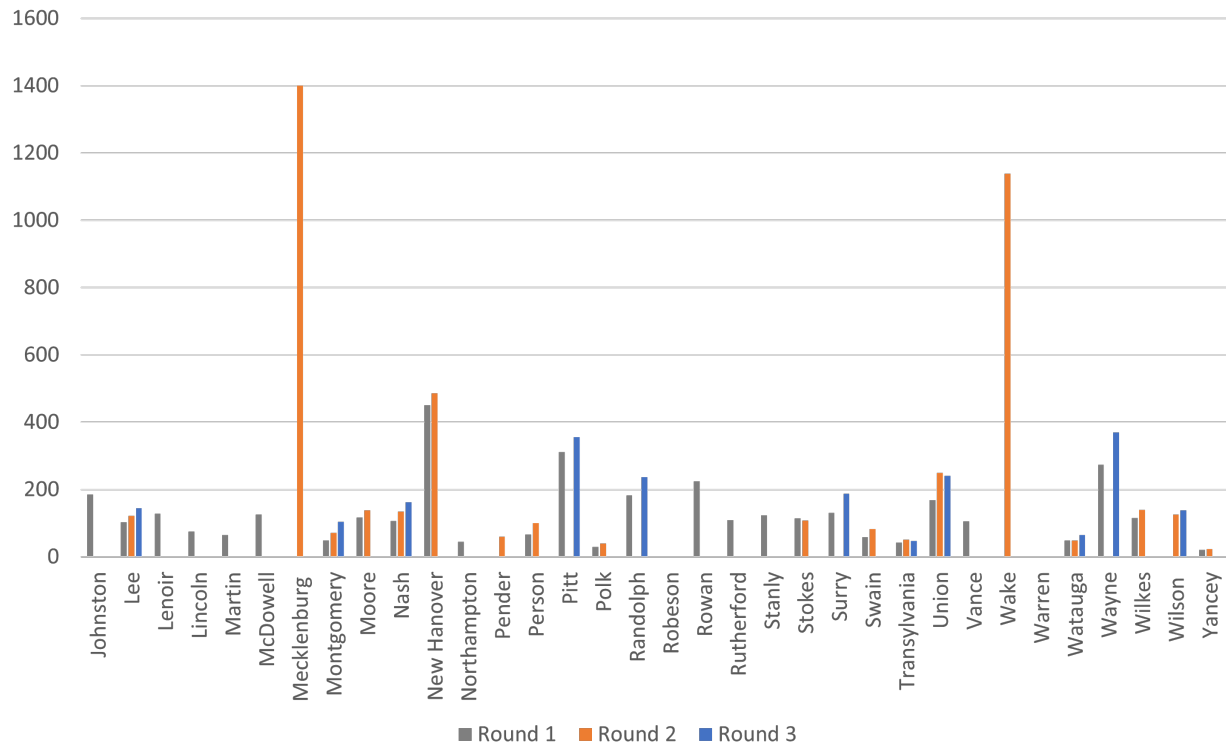
Currently there is no publicly available statewide database that documents the number of people in jails on any given day. Charts 1 and 2 show a brief population count for a number of the jails in the state but is not representative of all 97 jails of the 100 counties (one jail is a multi-county jail and one had a fire that required them to move individuals elsewhere).

In Round 2, some agencies reported that the number of those incarcerated was lower than their pre-covid numbers (Watauga) but others stated that they were back to their normal operating capacity (Halifax initially lowered to 65 but increased by round 2). While we did not run any statistical tests on this information, we can see that populations often increased from the Round 1(March-June 2020) to when we made our requests in Round 2 (September 2020). We did not receive many responses by our Round 3 but in most cases the number of people incarcerated either stayed the same as the number in Round 2 or slightly increased. In Round 1, there were 7211 incarcerated people in the jails that responded to our requests.

Jail Population 2020 & 2021



Jail Population 2020 & 2021



Releases & Temporary Decreases

Round 1: Sheriff Office personnel noted that they alone could not decrease the jail population, but instead referenced their collaboration with District Attorney's Office, Public Defender's Office, Judges, and attorneys representing incarcerated individuals to decrease their populations. Of course, this effort was not uniform. Only a small group of offices stated they did nothing to reduce the population. Overall, most agencies reported an immediate decrease in the population from February to April 2020. But as one employee optimistically noted from Vance County, "It is not a fair statement to say that we got the numbers down to prevent the spread of covid-19, but to ensure that the constitutional rights of those being housed pre-trial are upheld." On the other side of that reasoning, was the information from the Robeson County Sheriff's Office, "No inmates were released early, business as usual." While agencies reported a wide array of reasons for some releases and/or decreases in the incarcerated populations, we grouped these into three areas: changes in patrol/pre-arrests, releases, and changes in operations. Some of these changes occurred because of state level directives including:

- Patrol: Stopping arrests for lesser offenses, stopping warrants from being served, issuing citations instead of physical arrests, seeking charges later, issuing citations or a criminal summons in cases that are non-violent or not domestic related, and new bond policy/bond modifications
- Releases: identifying those in high risk categories, as defined by the CDC, and evaluating them for release, identifying people charged with lower class misdemeanors (especially non-violent offenses) and those whose cases have continued on longer than their sentence for release would have been, identifying those eligible for bond reduction hearings for release (ex: Caldwell Co.), Releasing with a written promise to appear, Releasing on electronic monitoring, Releasing on unsupervised or supervised probation
- Incarceration operations: Identifying those to transport into Division of Adult Corrections prior to change in transport policy (ex: Caldwell co. transported 30 inmates to DAC during this time), Stopping housing for other counties, seeking charges at later date, New bond policy/bond modifications, soliciting requests for those wanting to activate their sentence and/or plead guilty, Suspending weekender sentences.

Some continued their efforts into the *Round 2* period while others did not. Of the 53 Sheriff's Offices that responded in Round 2, 23 gave information of their continued efforts (Beaufort, Buncombe, Cabarrus, Caldwell, Carteret, Catawba, Gaston, Graham, Halifax, Haywood, Henderson, Lee, Montgomery, Nash, New Hanover, Pender, Person, Polk, Swain, Transylvania, Union, Wake, Watauga, and Wilson). More specifically, many counties saw the increase in unsecured bonds or bail reform as characterized by the Halifax County Sheriff's Office response, "We have not released inmates due to Covid 19. We have had an increase in unsecured bonds from new arrest to reduce the spread of Covid 19. This is to keep Covid 19 from entering our jail." In other cases, once transfers were allowed to prison, those incarcerated in jails were quickly moved there to "decrease" the population. Some agencies, like the Lincoln County Sheriff's Office and District Attorney continued to use court proceedings by video and unlike many other agencies, gave an approximate number: "The District Attorney did a lot of jail cases back in April - September of 2020 because courts were closed to the public. We proceed with court by video. Which allowed about 50-60 inmates to be released on probation or was sentenced to department of adult corrections. Since then we haven't really done anything different to have inmates released because of Covid-19." The Watauga County Sheriff's Office also noted the following, that they were engaging in efforts, "AS DIRECTED BY THE COURTS, DISTRICT ATTORNEY, MAGISTRATES, AND/OR PROBATION."

The Cherokee County Sheriff's Office included similar information in their response, "Deputy Sheriffs is encouraged to cite for misdemeanor crimes. (Place the court date 30 days out) Arrests are to continue at the discretion of each Deputy. Deputy Sheriff's may take misdemeanor reports via telephone when a response would not gain further evidence of a crime and the suspect has fled the scene (deputies' discretion). This does not include DV calls where a suspect is present."

Round 3: Some agencies reported that they were not continuing or never had any efforts to decrease the jail population (Chowan, Currituck, Alleghany, Avery, Henderson, Montgomery). Other agencies indicated that they were continuing to operate with some measures to reduce the jail population alongside other judicial entities (Transylvania, Nash, Catawba, Forsyth-cite and release, Buncombe-MAT program is the most comprehensive in the state, Halifax-attempting but other jails aren't accepting individuals, Surry-housing at other facilities, Lee-working with pre-trial coordinator, Randolph, and Wilson).

Health & Safety Protocols:

Overall Conditions Round 1: Agencies who included information about their efforts to combat COVID-19 in the jail stated they were following CDC guidelines and taking some additional steps. For example, the Catawba County Sheriff's Office also noted the planning they were undergoing to create a Facility Response Plan with Catawba County Government, North Carolina State Government, Public Health, local law enforcement agencies, and judicial officials. While many noted their adherence to these guidelines, some noted they did not have a separate policy in place specific to COVID-19 (Lenoir, Stokes, Union, Warren). For agencies that were allowing limited in-person visitation, temperature checks and questionnaires were often used to determine their access to the facility.

Intake Round 1: Most agencies were screening temperatures of those incarcerated and employees, although the temperature number to take action varied slightly 99-100.4 range. When space permitted, new arrivals to jails underwent a screening process (screening form/survey and temperature check) and were isolated for 14 days prior to entering the general population, sometimes this was offsite like in Caldwell and Polk Counties. One form that was repeatedly mentioned was a Wellpath COVID-19 Inmate Screening Form (included in Appendix F). Housing blocks and negative pressure pods were often made available for quarantine purposes (Caldwell, Catawba, Cabarrus). Agencies also limited the number of individuals allowed in the booking area and sanitize shortly afterward (Caldwell). In Catawba County, those incarcerated were sent information about cleaning, hand washing, and social distancing. One county—Cherokee County—set up a system to shift intake processes. They stated, "we have developed a solution to allow Deputies to do video arraignments from their in-car computers in the parking lot or sally port area. This will alleviate the need for an unsecured defendant to enter the jail. Therefore, there will be no need to bring that defendant inside the jail unless the bond is secured."

While Incarcerated Round 1: Most Sheriff offices are requiring employees to wear PPE when conducting rounds and interacting with new arrestees while some indicated more communication via intercom systems (Montgomery). Sanitization efforts and availability varied across jails. Some jail personnel provide sanitizer to those incarcerated while others noted that it was not available because of safety risks. During this time, some agencies required only those with symptoms to wear a mask (Caldwell). Cleaning and sanitizing seemed to increase in most of the facilities (Dare, Franklin, Iredell, Johnston, Montgomery, Surry). PPE was provided to staff and those incarcerated but often this was not specific except in a handful of cases (New Hanover, Caldwell, Catawba, Surry). In one circumstance, the Warren County Sheriff's Office indicated the following, "No current policy to address COVID. Staff can wear protective

wear if they feel uncomfortable.” Modified feeding and recreation schedules were also often implemented (New Hanover). Johnston County noted that they were incorporating daily staff and incarcerated person wellness checks. The New Hanover Sheriff’s Office contributed some of the most useful documentation that included various protocols for screening, those who developed fevers, etc. (Appendix G). This Office also included more information about the processes for employees and vendors, including temperature checks, questionnaires, etc. This Office also indicated that they did the following, “Modified Cell Alone Housing for all Inmates 60 and older as well as Pregnant Females (None Currently) since 3-26-20.”

Medical Visits Round 1: Very little information was given about specific access to medical visits at the start of the pandemic. Randolph County stated that medical visits cost inmates \$15 and prescription medications are \$3. In Catawba County, Southern Health Partners nursing staff is available on site 24 hrs per day, 7 days per week.

COVID-19 Testing & Results Round 1: During this first round, agencies stated that they were only testing incarcerated persons for COVID-19 if they were symptomatic and/or gave positive answers to screening questions, often at the discretion of physician or medical personnel (Pitt). And only 15 jails submitted information about the number of tests they administered to those incarcerated. In total, there were 27 tests. Although Duplin County did respond that they tested all those incarcerated and that 9 individuals tested positive. During this round, some agencies like Yancey County moved their medical visits/sick calls to video visits.

Intake Round 2 policies did not change much from those in Round 1. In certain cases, new persons incoming to the jail, were either quarantined or were released from quarantine if they received a negative test (Yancey). Some staffing policies did change, namely that staff were more regularly checked and more thorough policies like requiring fit test for N-95 respirators were seldom reported (Buncombe). And other agencies set up staff support hotlines for guidance (Wake).

While Incarcerated Round 2: In some instances, Sheriff Offices indicated that soap was provided at no cost to all those incarcerated, but it was unclear if this was or was not the norm prior to the pandemic. While it was unclear if masks were required for those incarcerated in round 1, it seems that more offices reported it being a requirement, especially when they were out of their cells. Unfortunately, socially distancing in their cells was impossible if they were enclosed with another person or people. In Cherokee County, some changes occurred based on the length of time someone was incarcerated, namely “The Jail Administrator and/or designee reorganized the confinement population to place long term inmates in the same housing when possible. New arrivals are segregated until medical division is satisfied that the person is minimal or no risk of COVID and no symptoms of COVID have manifested. This will minimize new inmates causing possible contamination to the population.”

Medical Visits Round 2: While much wasn’t reported in this area, in one instance—Buncombe County—the Sheriff waived the sick call fee making it possible for those incarcerated to do a sick call daily if needed. Some sick calls continued via video consult (Yancey). Some Offices with smaller population relied on part-time nurses (Alleghany) and for testing purposes (Beaufort) while others had on-site staff available 24 hours a day for 7 days a week (Carteret, Catawba, Forsyth, Halifax, Henderson, Transylvania, and Watauga). In those instances, individuals were monitored multiple times a day for a determination to be made on how to proceed. One facility—Graham County—relies on the ER system.

COVID-19 Testing & Results in Round 2 varied by location. As far as testing practices, some agencies provided tests (unclear of rapid or PCR in most cases) when needed and others tested those upon entering the jail. Some agencies were still requiring temperature checks only for intake (Alleghany, Chowan, Polk) and for staff (Alleghany, Polk, Moore-daily, Watauga). If needed testing for those incarcerated included 16 counties: Beaufort, Caldwell, Davie, Gaston, Graham, Haywood, Henderson, Jackson, Montgomery, Nash, New Hanover, Pender, Transylvania, Union, Watauga, and Wilson Counties. And required testing for those incarcerated included 8 counties: Cabarrus, Carteret-weekly, Catawba, Forsyth, Moore, Montgomery (during mass testing events), Wake and Yancey Counties. The Forsyth County Sheriff's Office included more details, noting, "If Resident comes in with symptoms, they are housed in the Negative Pressure room and tested that day. If Positive, they remain quarantined until 2 Negative tested are captured." Only a handful of agencies required their staff to test at different intervals. For example, Caldwell County Sheriff's Office required testing when employees returned from vacation and Carteret County Sheriff's Office required it weekly.

More agencies responded with their testing numbers in Round 2. This shift coincides with the additional information they also responded with including manuals, guidance, etc. although some indicated they did not keep records of testing and/or that the information was with another entity (health care provider or health department). Approximately 8686 tests were administered in round 2 for those who reported numbers and that number slightly increase to 9065 if we add the average population from round 2 plus the agency responded that all those incarcerated are tested upon entry. In Round 2, testing was ongoing only in some facilities and it did not seem to be the practice in all jails to test all those who entered the facility. While in Round 1, only Duplin and Rowan County responded that they had positive tests, in Round 2, 20 agencies responded that they had positive tests.

County	Number testing positive
Davidson	1
New Hanover	1
Vance	1
Buncombe	2
Caldwell	2
Yancey	2
Moore	3
Mecklenburg	7
Pender	8
Duplin	9
Forsyth	12
Iredell	15
Catawba	17
Stokes	22
Montgomery	23
Durham	32
Gaston	36
Franklin	43
Wake	49
Carteret	69

COVID-19 Testing & Results for Round 3, more agencies noted that all those incarcerated needed to be tested upon entering the facility but more also routed us to health departments or their medical providers

for responses. Almost all agencies maintained that no one died from COVID-19 in their responses across the 3 rounds, although in the middle of our research, before we were set to discuss the specific policies in the Durham County jail, Darrell Kersey died after contracting COVID-19 in the jail (NC Watchdog Reporting Network, 2020). The Durham County Sheriff responded to our round 2 requests prior to this incident but in his press statements, he deflected responsibility for this death. In Round 3, the Wilson County Sheriff's Office responded that 1 incarcerated person died from COVID-19 from underlying conditions.

Vaccinations Round 3 information: Vaccinations were not required for Sheriff Office employees but in some locations, Sheriffs/County Commissioners mandated/provided incentives for employees to receive vaccinations (Durham County, Pitt County-16 hours of personal leave or \$250). Therefore, it's not surprising that the Sheriffs and jail employees were not widely offering vaccinations, despite repeated outbreaks throughout the ongoing pandemic. For those agencies in round 3 that responded to our extended questionnaire on vaccination, none required it and only one agency—Buncombe County—provided incentives for vaccinations for those incarcerated (\$50 to receive the Johnson & Johnson vaccine while in custody). Overall, agencies noted that there were typically no issues with supply for staff, employees, and/or for those incarcerated. This changed in October for some jails/Sheriff offices near the end of 2021 (see Randolph and Wilson). Vaccination information was requested about employees and those incarcerated. There are 26 jails/Sheriff offices with information below. For those agencies who offered those incarcerated a vaccination, opportunities to do so were offered upon the booking process, could be requested in order for a vaccine clinic to be conducted, and in two instances were offered every two-three weeks (Cabarrus County & Halifax County). All agencies indicated that the vaccine was offered at no-cost. The majority of Offices offered Johnson & Johnson, but some also offered the Moderna vaccine. In instances when those incarcerated were given 2 dose vaccinations, some agencies indicated that the local Health Department then coordinated the follow up shot with the Office's medical staff. The Alleghany County Sheriff's Office indicated that at one point, the Johnson & Johnson vaccine was on hold and a 2-dose vaccine was offered instead. Randolph County also experienced a shortage because of the federal shortage and looked to other health departments/agencies to obtain vaccines. Wilson County noted the most challenges with offering vaccinations for staff and for those incarcerated. When they responded to this request, they indicated their local health department had a staff shortage and they were looking for additional resources included churches. Two agencies provided somewhat contradictory information about mandating those detained to obtain a vaccination—one noted that it would be a violation of their constitutional rights (Union) while another mentioned that because they are pre-trial detainees that they cannot mandate it (Henderson) but indicated that if they were sentenced that this might be different.

County	Staff Vaccinations	Incarcerated Population Vaccinated
Avery	10	25
Alleghany	No accurate number	15
Beaufort	Not given	15-20, 5 received 2 nd dose
Buncombe	No data available	40
Brunswick	No records	No records
Cabarrus	Number available through provider	Not given
Caldwell	Not given	93
Carteret	No data available	71
Catawba	Not given	81
Chowan	Not given	HIPAA

Davidson	6	42
Forsyth	Not tracking	Tracked through service provider
Halifax	No accurate number	5
Henderson	Not tracking	251, 201-1 st does, 50-2 nd dose
Lee	No records	HIPAA
Montgomery	Not tracking	~50, tracked at health dept.
Nash	No accurate number	16
New Hanover	57	110
Pitt	~80 (vaccination/testing policy)	50
Randolph	No records	170
Surry	Not tracking	Not tracking
Transylvania	No records, tracked at health dept.	No records, tracked at health dept.
Union	Not tracking	Health Dept
Watauga	HIPAA, ~6	21
Wayne	HIPAA, ~50	130
Wilson	32	24

Quality of Life:

We also requested information about other areas of general concern when it comes to incarceration. Those including information requests about visitation policies, programming changes, commissary, etc. What is obviously missing from this section is information from those incarcerated, although we did pass on relevant information to interested community partners when possible. Some families of those incarcerated and incarcerated persons did reach out to us during the beginning phases of the pandemic.

Visitation and Communications Round 1: in March and April 2020 jails and prisons in NC suspended in-person visitations. During Round 1 of data collection, this was the policy in place and reflected in the responses to our requests. Some Sheriff Offices switched to video visitation prior to the pandemic and continued to utilize that for off-site visitation purposes (Catawba, Caldwell, Jackson, Montgomery, Moore, Pitt, Stokes, and Union Counties). The companies providing those services were Homewav and ICS Services. ICS Services and Paytel were also noted as the call providers. In some locations, additional communications were made available like in Carteret County, where *Each inmate was given additional calling privileges at no charge to keep in touch with family and friends*. Some agencies did not make changes to their call policies, but some did provide some free calls (weekly or monthly). Those included: Alleghany, Carteret, Ashe, Currituck, Guilford, Iredell, Lenoir, Martin, Moore, Pitt, and Vance Counties. While some offices already had an onsite video visitation in place, those services were often suspended due to some overcrowding issues among other things, but Rowan, Transylvania, and Yancey Counties continued with on-site video visitation with some adjustments. Chowan County was looking to move to video visitation during this time. In one place, Randolph County, call times were restricted “Inmate phone call hours are provided from 10 am until 10 pm, restricted for one hour after each meal to provide time for the housing units to be cleaned and disinfected.” In Swain County, calls were not allowed for those in quarantine. The Watauga County Sheriff’s Office noted that calls increased by 37% during this time.

In some instances, Attorney visitation was allowed in-person with glass separation and at least in one instance, a new area was made for client/attorney visits (Watauga). Vendors, volunteers, other non-essential staff were mostly limited.

Programming in Round 1 was mostly postponed because of visitation changes for nonessential staff and volunteers. Some Offices provided specific information about these shifts during Round 1. In Carteret County, the Inmate Mentoring program and Jail Ministry programming was postponed, in Cabarrus some support from program coordinator and stepping up coordinator was being provided, some in Davidson, and in Nash County, “Local organization to assist in reentry support services have suspended their weekly face-to-face meetings with inmates. A phone number and point of contact person are made available to inmates being released.” And in Randolph County, some support continued from the “One full-time Mental Health and Substance Counselor and the Rise4Me app on inmate tablets that connects them with outside resources.” In Surry County, religious services, “have voluntarily suspended for now, but use technology base media to stream prerecorded religious sermons for devotion.”

Commissary in Round 1 did not change much. One Sheriff’s Office indicated they were using Oasis Commissary and one agency noted that the commissary company had to limit their supply because of their own staffing issues related to COVID-19. Nothing else of significance was noted in Rounds 2 and 3 in this area.

Visitation and Communications Policies in Round 2 relied heavily on video options when applicable but in some locations, this was not available meaning that calls were the only form of communication. In total, 19 Offices indicated they had some form of video-visitation option. In-person visitation remained suspended for most facilities. Some agencies continued operating with at least one free phone call per week (Alleghany, Carteret, Currituck, Davie, Forsyth, Gaston, Iredell, Lee, Mecklenburg) and free video visits (Caldwell, Gaston, Mecklenburg). Some on-site visitations resumed but for video visits only (Catawba). Chowan county was able to implement video visitation hardware as indicated from their Round 1 response and included that this service, “was done at a reduced cost for the inmates and their families.” The Davie County Sheriff’s Office resumed visitation by appointment only.

Visitation and Communication Policies in Round 3 only included a few locations that were still providing free phone calls: Alleghany, Currituck Iredell, and Forsyth. In-person visitation remained suspended for some counties, but others brought it back. The Wilson County Sheriff’s Office cut down time and required less people in the visiting area while the Forsyth County Sheriff’s Office provide more extensive information. “We have a limited number of visitors to practice physical distancing. Visitors have their temperatures taken, they must wear a mask while in the Detention Center, sanitizing wipes are given to visitors to wipe down the visitation areas, hand sanitizers are available to visitors, and the visitation areas are cleaned daily with appropriate cleaning solutions.” The Caldwell County Sheriff’s Office resumed on site or off-site options and Catawba resumed on-site under these circumstances, “As of 07/01/2021, inmates were allowed in-person visitation. One (1) visitor per visitation day for a fifteen (15) minute visit. All visitors must call in to schedule a visit one (1) day prior to the visitation day.” Video visitation remained a possibility in Avery, Cabarrus, Chowan, Halifax, Henderson, Montgomery Nash, Randolph, Surry, Transylvania, and Union counties.

Related Records & Requests

County Commissioners and Health Departments often helped in the COVID-19 efforts according to the Sheriff Offices. Some also noted specific personnel policies for employees that took into consideration the need for additional sick leave (10 days or 80 hours in certain cases). One funding example occurred in September 2020, the Durham County Sheriff requested additional funding from the county commissioners to support additional testing for Sheriff Office employees. The request came in at \$30,000 every 2 weeks to cover approximately 200 employees and he expected that to last about 8 rounds. The Carteret County Sheriff's Office also detailed where support came from in their Round 2 response, CCSO has received support from and for the following:

- Unemployment funding for COVID related employee wages lost.
- Federal Government implemented the Families First ACT Emergency paid sick leave provided to employees missing work for eligible COVID absences.
- NC Sheriff's Association and NC Emergency Management has provided information on the FEMA Public Assistance Program reimbursement process for COVID-19 emergency protective measures eligible expenses and other COVID related information.
- FEMA reimbursement from related expenses due to overtime earned while covering due to COVID-19 exposure.
- NC Governors Crime Commission GRANT-COVID19 response funding (CARES ACT) qualified expenses for reimbursements of COVID-19 related purchases.
- Health Department provided priority testing for first responders.
- Health Department/State DHHS provided COVID-19 test kits for inmates.
- State organization provided 10,000 masks, for free, to distribute to Carteret County citizens.

Only in Polk County was there a response of limited support, "We've received some PPE from the health department but not what we have requested and not in the amounts requested. We have received an additional transport vehicle through CARES Act funds."

Implications

While the toolkit issued by the NC Department of Health and Human Services provided useful information for Sheriffs, it is obvious from the responses to our requests that some of that information was not implemented, particularly the recommendations on PPE. The Overview of COVID-19 Response in Local Confinement Facilities suggested that testing occur for symptomatic staff and detainees and close contacts, which may explain some of the lack of testing that took place in Rounds 2 and 3 of our data collection. Some of the guidance about duty assignments for staff, sanitization efforts, and infection prevention measures seemed to be followed, just not uniformly. Much of the guidance on testing from NCDHHS suggested a "cohorting/grouping" model meaning placing, "positive and negative detainees separately according to CDC guidance. Cohorting is the practice of isolating multiple laboratory-confirmed COVID-19 cases together or quarantining close contacts together. Designate a portion of the facility (e.g., a wing, ward, floor or end of a hallway) to care for detainees with COVID-19. The COVID-19 care area should be physically separated from the rest of the facility with clear signage (COVID-19 Testing Guidance for Local Confinement Facilities 2020)." Unfortunately, the testing guidance in these documents did not emphasize the testing of staff but the guidance reads, "Because staff move daily between the facility and their families and communities, COVID-19 outbreaks in jails or detention centers often start with the staff. Therefore, testing should be made readily available to staff, and they should be encouraged to be tested regularly."

COVID-19 response measures are only one of the issues facing Sheriff Offices across the state. Others include jail deaths, new 287(g) "lite" agreements in 11 counties, and ongoing transparency issues. The

murder of George Floyd in Minnesota in 2020 once again ignited calls for accountability and abolishing the prison industrial complex. The information we've collected can be useful for advocates seeking greater transparency in their localities, for advocates seeking to decarcerate their jails during the pandemic, for government agencies seeking to make sense of COVID-19 impacts especially for those incarcerated, and for practitioners seeking to report on an area that gets limited coverage. We've included a few additional references to our research in hopes that we'll continue making an impact.

- <https://www.northcarolinahealthnews.org/2020/08/11/even-as-ncs-covid-numbers-stabilize-jail-outbreaks-spike/>
- <https://www.northcarolinahealthnews.org/2020/07/24/six-nc-jails-entered-contracts-with-ice-amid-the-pandemic/>
- <https://www.wunc.org/health/2020-10-27/a-grieving-family-asks-why-arent-county-jails-doing-more-to-stop-spread-of-covid-19>
- [LISTEN](#) to an update from us and the Executive Director of the NC Community Bail Fund of Durham on The State of Things: How Are NC Jails Responding To COVID-19? (9/8/2020).
- [READ](#) more about the issue here in a related chapter Incarceration during COVID- 19: Jail Shouldn't be a Death Sentence

Moreover, our most pressing concern is that there is such a lack of information about the policies related to and impacts of COVID-19 within jail facilities in North Carolina. Without an accounting of these issues, it's possible to forget they even happened. This is just the tip of the iceberg, and we expect to continue hearing stories from those who lived in these conditions as we move into the 3rd year of this pandemic.

Critical Reflections

We were also inspired by efforts from within and from those outside the facilities to make changes. From the inside, we were contacted by Caddell M Kivett, from *The Nash News: Information and the Arts from the Prison Community*. Surprisingly enough this person heard our interview on North Carolina Public Radio in September 2020. Even though Mr. Kivett was in a prison facility, he understood the similarities that he and his fellow prisoners faced with those incarcerated in jail facilities.

10-22-2020

Felecia Arriaga
Asst. Professor, Dept. of Sociology
Appalachian State University
Boone, North Carolina 28608

Dear Ms. Arriaga,

I heard you this week on WUNC's, *The State of Things*.
I am incarcerated in Nashville in N.C.'s state prison system.

I'm at one of the few camps on state that claims to have had zero COVID-19 cases. Our assistant warden here told me that between Friday, 10/16 and Monday, 10/19 that state prisons reported 217 new cases. She then told me not to print that in our inmate run magazine.

In July, when we were tested as part of a state-wide effort in prisons, the test they administered had the nasal swab only reaching about $\frac{1}{2}$ inch or less into the nostril. Fellow incarcerated men here all said the same thing, "the Q-tip barely grazed the inside of my nostril." Everyone here doubts the validity of these tests.

I wrote the complaint in the pending case against NC. state prisons, the ACLU. I also wrote Judge Rozier, who presides over the case about COVID-19 protections for

In his letter to us, he concludes by saying, "It's good to know that someone is looking into the safety of incarcerated people and focusing on the reduction of the spread of COVID-19." The Nash News covers a variety of topics and I've included segments from it to show the way those incarcerated were informing themselves and taking pride in the frontline efforts to keep the prison running while they knew their case was also being litigated at the state level. On April 20, 2020, plaintiffs filed a lawsuit in the Wake County Superior Court. This lawsuit and the eventual settlement that came on February 25, 2021, would quickly reduce the prison population during the pandemic (ACLU-NC 2021).

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Day in the Life:

Visitation Janitors



I feel like we're on the front line fighting the war against COVID-19 and...we're winning.

—Jason Williford

events, and disinfecting surfaces. However, the coronavirus outbreak has caused them to alter their normal routines. "We have had to do a lot more disinfecting," Williford said. "We also have to be careful because we're working in a place that could possibly be infected due to employees coming and going."

Despite the potential hazards they face, Williford and Partida maintain a positive attitude in regards to their job. "It's something we like to do," Partida said.

"We can pretty much do it without anyone looking over our shoulder," added Williford. "We do a good job and we like it clean. I feel like we're on the front lines fighting the war against COVID-19 and...we're winning!"

TNN



Kalab Lackey
Staff Writer

Due to the COVID-19 pandemic, visitation at NCI has been temporarily suspended. Meanwhile, visitation janitors Jason Williford (TNN cartoonist, 1B) and Juan Rodriguez-Partida (1B) continue to work behind the scenes to ensure that once the suspension has been lifted, you and your loved ones can be reunited in a safe and clean environment.

Aside from handling the minute details people overlook during a visit (making sure the bathrooms have toilet paper, tables are properly distanced, etc.), Williford and Partida's usual duties consist of taking out trash, cleaning the floors, tidying up after

From the Assistant Editor

For those of us familiar with incarceration studies, consider this well-known statement: The United States makes up 5% of the world's population, but accounts for 25% of the world's...wait for it... COVID-19 deaths (substitute: 25% of world's prison population, here).

COVID-19 continues its tear throughout the U.S. and the world. After months of lockdown—in the non-incarcerated public—we thought for sure we had flattened the curve. Social distancing and separation was working, the number of cases declining.

Phased reopening had commenced: restaurants, salons, non-essential businesses. Little by little we returned to normal.

Now, in July we see a sudden and significant uptick in the number of cases. Hospitalizations, the most important metric, are increasing. A vaccine is on the horizon, but not yet a reality. We move deeper into crisis.

North Carolina's reopening has come in phases. Phase 1, Phase 2, Phase 2.5. Wait! Put the brakes on that. We're not ready yet. The numbers took an ugly turn.

Here in prison we wait for a kind of reopening too, and it's connected to our state's phases. Also, a Wake County Court ordered all inmates tested within 60 days. I wonder what we will learn as they test all 32,000 plus.

Reopening for us here at Nash means getting our exercise equipment, weights and basketballs back; the return of programs and classes; and most importantly, our friends and families returning for visits.

This is all linked to statewide testing, and Roy Cooper's phases: 2.5, 3.0 ... All to get back to what we once took for granted as *normal*—and none too soon.

Stay healthy everyone.



Caddell Kivett
Assistant Editor

The Nash News Mission Statement

With this periodical, The Nash News Staff seeks to:

- Provide timely and useful information to the inmate population.
- Offer a forum for discussion, dialogue and creativity.
- Encourage, give hope and strengthen the Nash prison community.
- Instill an appreciation for the written word and cultivate a culture of reading.

From the outside, Cumberland County was one of the first places where we heard of community groups fighting for COVID-19 changes alongside requests for widespread criminal justice reforms.

FAYETTEVILLE DEMANDS JUSTICE



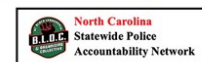
1. Fayetteville City Council move to implement a Civilian Police Oversight Authority (CPOA) with independent oversight of the Fayetteville Police Department (FPD) ; resource an Executive Director & 2 Investigators.
2. Cumberland County Board of Commissioners take immediate steps to establish a separate Civilian Police Oversight Authority with independent oversight of the Cumberland County Sheriff's Office(CCSO); resource an Executive Director & 2 Investigators
3. Sheriff Ennis Wright immediately request masks and testing for ALL victims of the COVID-19 cluster in the Cumberland County Detention Center.
4. Installation of Oversight Boards for both the Fayetteville Police Department & Cumberland County Sheriff's Office.
5. Dismantling of the immoral practice of Cash Bail in Cumberland County.

Please go on our website to volunteer and get updated information on our efforts :

www.fayettevillepact.org or Facebook page: <https://www.facebook.com/FayettevillePACT/> . NC

Statewide Demands and Take Action:

<http://ncspan.black/take-action/>



Unfortunately, it seems that the COVID-19 concerns have not continued into the current election cycle for

Sheriffs throughout the state. In addition, the prison system operated with more stringent policies in some circumstances. A 2021 article found that in the prison system, 63% of incarcerated people were willing to take the COVID-19 vaccine compared to 50% of staff/employees. And the Department of Public Safety spokesman John Bull noted that, “State prison guards already are required to wear masks, though advocates say the mandate isn't always followed, and unvaccinated prison staff are tested every two weeks (Fain and Ingersoll 2021).” The prison system also offered some incentives – free phone calls and, in some cases, the potential of few days knocked off their sentences – for prisoners who took the shot.

References

- ACLU-NC. (2021). *Civil Rights Organizations Announce Settlement Agreement Securing At Least 3,500 Early Releases from State Prisons in COVID-19 Lawsuit*. ACLU-NC Prison Settlement (<https://www.acluofnorthcarolina.org/en/prisonsettlement>).
- Arriaga, F., Heiss, J., & Rose, M. (2020). Incarceration during COVID-19: Jail Shouldn't be a Death Sentence. In G. Muschert, K. Budd, M. Christian, D. Lane, & J. Smith (Eds.), *Social Problems in the Age of COVID-19 Vol 1: Volume 1: US Perspectives* (pp. 25-34). Bristol University Press. doi:10.46692/9781447359869.005
- Critchfield, H. (2020). *ICE Transfers — and NC Jail Partnerships — Have Continued Amid the Pandemic*. NC Health News. (<https://www.northcarolinahealthnews.org/2020/07/24/six-nc-jails-entered-contracts-with-ice-amid-the-pandemic/>).
- Critchfield, H. (2020). *Even as NC's COVID Numbers Stabilize, Jail Outbreaks Spike*. NC Health News. (<https://www.northcarolinahealthnews.org/2020/08/11/even-as-ncs-covid-numbers-stabilize-jail-outbreaks-spike/>).
- Fain, T. and Ali Ingersoll. (2021). *In NC Prisons, Inmates Much More Likely Than Staff to Take Vaccine*. Wral (<https://www.wral.com/coronavirus/in-nc-prisons-inmates-much-more-likely-than-staff-to-take-vaccine/19796539/>).
- Henrichson, C. and Oliver Hinds. (2020). *Use This Data to Hold Your Local Jail Accountable During the Pandemic*. Vera Institute of Justice. (<https://www.vera.org/blog/covid-19-1/use-this-data-to-hold-your-local-jail-accountable-during-the-pandemic>)
- NCACP. (2022). (<https://ncacp.org/updates/covid-19-law-enforcement-resources>).
- North Carolina Department of Public Safety. (2022). *Recent Actions*. (<https://www.ncdps.gov/adult-correction-actions-covid-19>).
- North Carolina Department of Health and Human Services. (2020). *COVID-19 Outbreak Toolkit for Local Confinement Facilities*. (<https://covid19.ncdhhs.gov/media/563/download>)
- NC Watchdog Reporting. (2020). *A grieving family asks: Why aren't county jails doing more to stop spread of COVID-19?* Carolina Public Press. (<https://carolinapublicpress.org/39061/a-grieving-family-asks-why-arent-county-jails-doing-more-to-stop-spread-of-covid-19/>).
- Sawyer, W. and Wagner, P. (2020). *Mass Incarceration: The Whole Pie 2020*. Prison Policy Initiative (<https://www.prisonpolicy.org/reports/pie2020.html#dataheader>).
- Zeng, Z. (2019). *Jail Inmates in 2017*. U.S. Department of Justice Bureau of Justice Statistics (<https://www.bjs.gov/content/pub/pdf/ji17.pdf>).

Appendix A: Data Collection Round 1 Questions

At this time, we are requesting information about the following:

1. What was the population of the county jail before the Coronavirus crisis? (the most recent count available between 2/1/20 and 3/1/20)
2. What is the current population of the county jail?
3. Have you made proactive efforts to reduce jail population since March 1, 2020 in order to prevent the spread of Covid-19? If so, what efforts? Where have those people gone (prison, community, etc.)
4. What considerations were taken into account when deciding on individuals to release (ie: types of crimes committed, length of sentence, medical conditions, etc.)
5. What is your current policy to maintain safety during Coronavirus? Please provide any policies in full. For some questions, try to ask both about staff and those incarcerated.
 - a. Testing policy (both staff and incarcerated)
 - b. Fees related to commissary items
 - c. Provision of soap, hand sanitizer & water, other disinfectants (both staff and incarcerated)
 - d. Visitation policies
 - e. Calls
 - f. Early release decisions
 - g. Any additional reentry support services offered
 - h. Medical care/quarantine
 - i. Solitary confinement
 - j. Transfers to and from other sites (prisons or jails)
6. How, if at all, has your policies regarding Immigration and Customs Enforcement (ICE) changed since 3/1/20? Also ask questions below for counties of ICE interest.
 - a. Does your jail currently honor ICE detainees? if so, how? (fax, email)
 - b. Does your jail have anyone in custody at this time on an ICE hold?
 - c. Does your jail hold any federal detainees?
7. How many people housed in your jail have been tested for Covid-19? How many have tested positive? How many have died from Covid related illness? Please include the timeline on those positive cases
8. How many staff or contractors in your jail have been tested for Covid-19? How many have tested positive? How many have died from Covid related illness? Please include the timeline on those tests and positive cases.

Appendix B: Data Collection Round 2 Questions

Questions to Health Departments:

1. What type of support for COVID-19 response has your department provided the local jail?
2. When did this support begin? If so, who initiated this collaboration?
3. Have you/your staff assisted with any plans to contain outbreaks?
4. Have you/your staff provided ongoing support throughout the pandemic?
5. Please tell us more about what this entails

Questions to Sheriff Offices: At this time, we are requesting information about the following:

1. What is the current population of the county jail?
2. What is the racial breakdown of the people who are housed in your jail?

3. Have you continued proactive efforts to reduce jail population since March 1, 2020 in order to prevent the spread of Covid-19? If so, what efforts? Where have those people gone (prison, community, etc.)
4. What considerations were taken into account when deciding on individuals to release (ie: types of crimes committed, length of sentence, medical conditions, etc.)
5. What is your current policy to maintain safety during Coronavirus? The following questions ask you to respond if any changes have occurred regarding specific issues. Please provide any policies in full. For some questions, try to ask both about staff and those incarcerated.
 - a. Testing policy (both staff and incarcerated)
 - b. Fees related to commissary items
 - c. Provision of soap, hand sanitizer & water, other disinfectants (both staff and incarcerated)
 - d. Visitation policies, if they have resumed, what are the current practices?
 - e. Calls
 - f. Early release decisions
 - g. Any additional reentry support services offered
 - h. Medical care/quarantine
 - i. Solitary confinement
 - j. Transfers to and from other sites (prisons or jails)
 - k. Additional PPE (masks, etc.)
 - l. Visitation policies
 - m. Mental health support
6. How were the people housed in your jail educated about Covid-19, how it spreads, and the precautions to take?
7. How, if at all, has your policies regarding Immigration and Customs Enforcement (ICE) changed since 3/1/20? Also ask questions below for counties of ICE interest.
 - a. Does your jail currently honor ICE detainees? if so, how? (fax, email)
 - b. Does your jail have anyone in custody at this time on an ICE hold?
 - c. Does your jail hold any federal detainees?
8. How many people housed in your jail have been tested for Covid-19 since March 1, 2020?
 - a. What is the racial breakdown of all the people who were tested for Covid-19 in your jail?
 - b. How many have tested positive?
 - c. What is the racial breakdown of the people who tested positive for Covid-19 in your jail?
 - d. How many have died from Covid related illness? Please include the timeline on those positive cases
 - e. How many staff or contractors in your jail have been tested for Covid-19 since March 1, 2020?
 - f. How many have tested positive?
 - g. How many have died from Covid related illness? Please include the timeline on those tests and positive cases.
9. How have you managed any COVID-19 outbreaks? What practices did you put in place?
10. What type of additional support from the county commissioners, health department, state, and/or federal government have you received for your COVID-19 responses? (including financial commitments)

Appendix C: Data Collection Round 3 Questions

1. What is the current population of the county jail?

1a. What is the racial breakdown of the people who are housed in your jail?

2. Do you currently have proactive efforts to reduce jail population in order to prevent the spread of Covid-19? If so, what efforts? Where have those people gone (prison, community, etc.)

3. What efforts (if any) are currently underway to provide vaccinations to staff? Please also indicate if vaccinations are mandatory and what factors contributed to vaccine decisions.

3a. How many staff, employees, contactors have either received the vaccine and/or will receive the vaccine?

3b. Has your agency experienced any issues with vaccine planning, allocation, distribution, storage, and administration for employees, staff, etc.? If so, how has this been handled?

4. What efforts (if any) are currently underway to provide vaccinations to inmates/those incarcerated? Please also indicate if vaccinations are mandatory, if there are incentives, etc. and what factors contributed to these decisions.

4a. How many inmates have received the vaccine while in custody? Please include any relevant information regarding this distribution including type, follow up, etc.

4b. Has your agency experienced any issues with vaccine planning, allocation, distribution, storage, and administration for inmates? If so, how has this been handled?

5. What is your current policy to maintain safety during Coronavirus? The following questions ask you to respond if any changes have occurred regarding specific issues (if your agency previously filled out this survey and nothing has changed, please indicate that but please fill out any relevant subsections like changes in visitation policies (5e).

5a. Testing policy (both staff and incarcerated)

5b. Fees related to commissary items

5c. Provision of soap, hand sanitizer & water, other disinfectants (both staff and incarcerated)

5d. Visitation policies, if they have resumed, what are the current practices?

5e. Calls

5f. Early release decisions

5g. Any additional reentry support services offered

5h. Medical care/quarantine

5i. Solitary confinement

5j. Transfers to and from other sites (prisons or jails)

5k. Additional PPE (masks, etc.)

5l. Visitation policies

5m. Mental health support

6. What education do you provide about Covid-19, how it spreads, and the precautions to take?

7. How, if at all, have your policies regarding Immigration and Customs Enforcement (ICE) changed since 1/1/2021?

7a. Does your jail have anyone in custody at this time on an ICE hold?

7b. Does your jail hold any federal detainees?

7c. If you responded yes to the above questions, do these inmates receive any different and/or additional treatment or education regarding COVID-19? Please elaborate below if they do and attach any relevant policies at the end of this survey.

8a. How many people housed in your jail have been tested for Covid-19 since January 1, 2021?

8b. What is the racial breakdown of all the people who were tested for Covid-19 in your jail?

8c. How many have tested positive?

8d. What is the racial breakdown of the people who tested positive for Covid-19 in your jail?

8e. How many have died from Covid related illness?

9a. How many staff or contractors in your jail have been tested for Covid-19 since January 2021?

9b. How many have tested positive?

9c. How many have died from Covid related illness?

10. How have you managed any COVID-19 outbreaks? What practices did you put in place?

11. What type of additional support from the county commissioners, health department, state, and/or federal government have you received for your COVID-19 responses? (including financial commitments)

12. Are there any additional policies/documents you'd like to share regarding COVID-19?

Appendix D: Population Counts-Round 1

Population Information-Round 1		
County	What was the population of the county jail before the Coronavirus crisis?	What is the current population of the county jail?
Alleghany	29	27
Ashe	136	81
Avery	43	24
Bladen	155	123
Brunswick	350	217
Cabarrus	342	216
Caldwell	162	88
Carteret	157	106
Caswell	71	65
Catawba	276	162
Chatham	98	74
Cherokee	126	95
Chowan		20
Currituck	34	16
Dare	85	60
Davidson	329	217
Duplin	120	60
Forsyth	795	623
Franklin	180	134
Guilford	1009	821
Halifax	85	47
Haywood	119	84
Iredell	309	250
Jackson	58	29
Johnston	288	185
Lee	127	103
Lenoir	146	128
Lincoln	191	75
Martin	91	65
McDowell	177	126
Montgomery	92	49
Moore	161	117
Nash	206	107
New Hanover	530	450
Northampton	75	44
Person		66
Pitt	370	312
Polk	48	29
Randolph	280	182
Robeson	Population has decreased from average hold	

Rowan	386	224
Rutherford	197	109
Stanly	149	123
Stokes	133	114
Surry	220	130
Swain	107	58
Transylvania	60	42
Union	250	169
Vance	136	105
Warren		15-20
Watauga	83	49
Wayne	417	274
Wilkes	211	116
Yancey	34	21

Appendix E: Testing Information-Round 1

Testing Information-Round 1		
County	How many people housed in your jail have been tested for Covid-19?	How many staff or contractors in your jail have been tested for Covid-19?
Alleghany	0	0
Ashe	0	1
Avery	1	22
Bladen	0	1
Brunswick	No record exists	No record exists
Cabarrus	0	0
Caldwell	0	5
Carteret	1	0
Caswell	0	0
Catawba	1	0
Chatham		
Cherokee		
Chowan	0	0
Currituck	0	1
Dare	4	3
Davidson	2	2
Duplin	All	All
Forsyth	1	Not tracking
Franklin	1	0
Guilford	0	0
Halifax	0	0
Haywood		
Iredell		
Jackson		
Johnston	0	0

Lee	For this question, we do not have any responsive records	Please see a press release issued by the Sheriff that is responsive to this request
Lenoir	0	1
Lincoln	0	0
Martin	0	1
McDowell		
Montgomery	0	2
Moore	4	12
Nash	2	1
New Hanover	0	0
Northampton	0	0
Person	0	1
Pitt	2	3
Polk	0	0
Randolph	0	4
Robeson	0	All
Rowan	2	
Rutherford	0	0
Stanly	No records responsive	No records responsive
Stokes	0	2
Surry	2	
Swain	0	3
Transylvania	1	0
Union		
Vance	1	0
Warren	0	0
Watauga	0	0
Wayne	0	2
Wilkes		
Yancey	2	0

Appendix F



Coronavirus Supplemental Screening

Name:	DOB:	ID#:
Date/Time:	Allergies:	Gender:

CDC is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus (named "2019-nCoV"). Infections with 2019-nCoV, are being reported in a growing number of international locations, including the United States, with the virus reportedly spreading from person-to-person. Complete the below questions to screen for possible 2019-nCoV.

	Yes	No
1. Does the patient have a fever $\geq 100.4^{\circ}$ Fahrenheit (38° C) AND exhibit symptoms of lower respiratory illness (e.g. cough, sore throat, shortness of breath)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the patient:		
a. Had a close contact with a laboratory-confirmed COVID-19 case	<input type="checkbox"/>	<input type="checkbox"/>
b. Traveled to or from an affected geographic area with widespread community transmission*	<input type="checkbox"/>	<input type="checkbox"/>
If yes; when/where _____		
c. Traveled internationally or on a cruise	<input type="checkbox"/>	<input type="checkbox"/>
If yes; when/where _____		
d. Age 65 or more with chronic health conditions	<input type="checkbox"/>	<input type="checkbox"/>

For patients answering "Yes" to question 1 and any of the above questions 2a -d: Place surgical mask on patient and initiate droplet and contact precautions including eye protection. Notify Medical Director, Regional Medical Director, HSA, and public health. If directed to send to ED mask patient and notify ED prior to arrival.

If patients answer "No" to question 1 and "yes" to any of question 2a-c: place patient in quarantine for 14 days past date of potential exposure.

If patient answers "No" to question 1 and 2a-c patient is clear for purpose of this screening with no housing restrictions.

Completed by:

Printed Name: _____ **Date/Time:** _____

Provider Notified: _____ **Date/Time:** _____

Note:

Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment.

**Please refer to CDC for list of current affected geographic areas @ <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html>*

Form Folder and Number: Communicable Disease #CD02.3	Form Owner: William Ruby MD	Accreditation: N/A	Active / Last Revision Date: March 17, 2020
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Appendix G



Please ask the following questions to screen visitors for possible COVID-19 and determine admittance to the facility:

1. Does the visitor have a fever ≥ 100.4 Fahrenheit (38 degrees Celsius)?
2. Does the visitor exhibit symptoms of lower respiratory illness (e.g. cough, sore throat, shortness of breath)?
3. Has the visitor:
 - a. Had a close contact with a patient with a confirmed diagnosis of COVID-19?
 - b. Traveled to or from an affected area with widespread transmission?
 - c. Traveled internationally or on a cruise?

If the visitor has a temperature greater than, or equal to 100.4:

Admittance to the facility should be denied.