

## COVID-19 DATA REPORTING: ADULT AND JUVENILE DETENTION FACILITIES

### FREQUENTLY ASKED QUESTIONS

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Please direct any questions regarding COVID-19 data reporting in adult and juvenile detention facilities to the Research Unit Analyst at [COVIDDataReporting@bscc.ca.gov](mailto:COVIDDataReporting@bscc.ca.gov).

#### General Information

**1. When will COVID-19 data collection begin? Will retrospective data be requested?**

Answer: Weekly data will be collected beginning on July 27, 2020. Data collected for this week will be for the reporting period of July 19, 2020 through July 25, 2020. Data will be collected weekly with reports due on Mondays. Each report will provide data for the previous week. Each reporting week will begin on Sunday at 12:00 a.m. and ending on Saturday at 11:50 p.m. Retrospective data will not be collected. The data collection will be for the week of July 19 -25, 2020 and each reporting week moving forward.

**2. What data are reported at the facility level, and what data are reported at the county level?**

Answer: Two surveys will be used to collect COVID-19 tests, positive cases, and other related data elements each week: (1) for youth/inmates in local detention facilities to be completed for each facility in the county, and (2) for custody staff to be completed at the county-level (i.e., across all facilities if the county has more than one facility). Some counties may decide to report the data for youth/inmates in local detention facilities at the county-level.

**3. Why are small numbers reported as <11?**

Answer: The count for a particular facility (or county, with respect to staff) will be <11 for case reports between 1-10. This method is consistent with the California Health and Human Services Agency data de-identification guidelines (<https://chhsdata.github.io/dataplaybook/documents/CHHS-DDG-V1.0-092316.pdf>). These guidelines are intended to assist in assuring that data is de-identified for purposes of public release that meet the requirements of the California Information Practices Act (IPA) and the Health Insurance Portability and Accountability Act (HIPAA) to prevent the disclosure of personal information.

**4. How are these data different from what agencies are reporting to the county public health department?**

Answer: The data for the BSCC dashboard are more limited, including only a weekly *count* of new tests, positive cases, and other related data elements. The data reported to the county public health department are more detailed case-level reports. Counties have been asked to be sure that the case-level reporting to the county public health agency indicates that the case comes from a detention facility.

**5. Is the software being used to collect this data secure?**

Answer: Yes, the software, called Smartsheet, uses advanced security measures, which meet several compliance regulations, including HIPAA. Additional information about their Security can be found here: <https://www.smartsheet.com/trust/security>.

### **Custody Staff Survey**

**6. Which staff should be included?**

Answer: The data reported should reflect any county staff who work within county detention facilities and supervise youth/inmates. These staff may be sworn or non-sworn staff who are responsible for the direct supervision of youth/inmates. Staff who are contractors (e.g., medical, food service) or volunteers should *not* be included.

**7. Information for the number of staff tested may be limited due to employment laws. Given the limited availability of this information, how should this data be reported?**

Answer: Counties should report the number of tests known to them as the employing agency. This may include tests conducted as a condition of employment or information voluntarily given by employees about testing conducted outside of employment. Accordingly, values reported for number of staff tested may be an estimated value. If the number of tests staff tested is not known and a reasonable estimate is not available, “U” for “unavailable” may be reported.

**8. For staff confirmed positive, are they counted only in the reporting week that the positive test was received, or each week thereafter?**

Answer: The count should only be included in the reporting week that the positive test was received. That is, if a staff member’s test is returned positive during the reporting week of July 19 count it only in that reporting week. The positive test should not be counted in subsequent reporting weeks (e.g., July 26, August 2). The intent of the survey is to capture new positive tests each week not a cumulative count of positives since the first reporting period.

## Youth/Inmate Survey

- 9. Should individuals being held in temporary housing, including sobering cells, be included?**

Answer: Yes. Include all individuals (youth/inmates) in the facility.

- 10. If the total number of youth/inmates tested is unknown, how should this be reported?**

Answer: If the number of tests is not known, report “U” for “unavailable”.

- 11. For the number of tests conducted, should tests done prior to booking be included or just those conducted once in our custody?**

Answer: Include only tests conducted once in custody. This includes the booking period.

- 12. If a youth/inmate is tested during booking, but is released prior to obtaining the test results, do we count a positive test result for the youth/inmate?**

Answer: No. The test should be counted but the positive result should not be counted since the individual has been released and is no longer in the facility.

- 13. For youth/inmates hospitalized, are they counted only in the reporting week, or each week thereafter?**

Answer: The reporting week should include only new hospitalizations for the week. That is the individual remains in the hospital during subsequent reporting weeks, they should only be counted in the week in which it was a new hospitalization.

- 14. If a youth/inmate is tested in Facility “A” and the individual is moved to Facility “B” before the test is returned positive, in which facility should the test and positive outcome be reported?**

Answer: Report the test and positive test result in Facility “A” where the test was taken. The positive result should be tied to the facility where it was contracted, not where they are now.