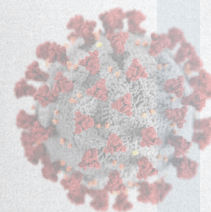
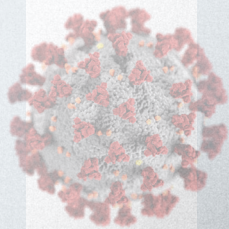
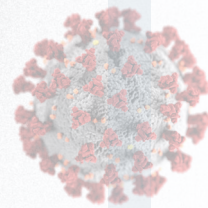


Hidden Figures:

RATING THE COVID DATA TRANSPARENCY OF PRISONS, JAILS, AND JUVENILE AGENCIES

Michele Deitch and William Bucknall

March 2021



The University of Texas at Austin
Lyndon B. Johnson School
of Public Affairs



COVID, Corrections,
and Oversight Project

COVID, Corrections, and Oversight Project

REPORT AUTHORS

Michele Deitch, J.D., M.Sc.
Distinguished Senior Lecturer
Project Director
LBJ School of Public Affairs

William Bucknall, M.P.Aff.
Project Intern
LBJ School of Public Affairs

We appreciate the additional support for this report provided by

Alycia Welch, M.P.Aff., M.S.S.W.
Associate Director of the COVID, Corrections, and Oversight Project.

Hidden Figures: Rating the COVID Data Transparency of Prisons, Jails, and Juvenile Agencies

© The Lyndon B. Johnson School of Public Affairs
The University of Texas at Austin
March 2021
All rights reserved

Preferred citation:

Michele Deitch and William Bucknall, *Hidden Figures: Rating the COVID Data Transparency of Prisons, Jails, and Juvenile Agencies*, Lyndon B. Johnson School of Public Affairs, March 2021.

Please direct any inquiries to Michele Deitch at Michele.Deitch@austin.utexas.edu.

This report was produced with the generous support of Arnold Ventures. However, the views expressed herein are the authors' alone and do not represent the opinions or positions of Arnold Ventures, the Lyndon B. Johnson School of Public Affairs, or the University of Texas at Austin.

Table of Contents

Executive Summary.....	5
I. Introduction.....	8
The Impact of COVID-19 on Places of Confinement and the Importance of COVID Data Transparency	8
Overview of Report.....	9
Terminology.....	10
II. Methodology.....	12
Sources of Data	12
Corrections Agencies’ Websites	12
Corrections Agencies’ Social Media Sites and Press Releases.....	12
Other Government Agency Websites.....	12
Grading Rubric.....	12
Dashboard Metrics.....	13
Tier 1 Metrics	13
Tier 2 Metrics	14
Dashboard Features	15
Tier 1 Features	16
Tier 2 Features	16
Grading Scale.....	17
Figure 1: Dashboard Grading Scale	17
Limitations.....	18
III. Overall Assessment of COVID Data Transparency for Prisons, Jails, and Juvenile Agencies	19
Figure 2: How Transparent is Correctional COVID Data?	19
Figure 3: Mapping the Transparency Ratings of Prison COVID Data Dashboards.....	22
Figure 4: Mapping the Transparency Ratings of Statewide Jail COVID Data Dashboards.....	22
Figure 5: Mapping the Transparency Ratings of Juvenile Agencies’ COVID Data Dashboards....	23
IV. Prisons: Assessing and Rating the Transparency of COVID Data	24
Ratings of State Prison Agency COVID Data Dashboards.....	24
Figure 6: Grading State Prison Agency COVID Data Dashboards.....	25
Figure 7: Number of Prison Agencies Reporting Specific COVID Metrics and Features.....	26
Findings about Prison Data Transparency	28
Figure 8: “Bonus Features” on COVID Data Dashboard	32

V. Jails: Assessing and Rating the Transparency of COVID Data	37
Ratings of Statewide Jail COVID Data Dashboards.....	37
Figure 9: Grading Statewide Jail COVID Data Dashboards	38
Figure 10: Number of States Publishing Specific COVID Metrics and Features on Jails Statewide	39
Figure 11: Sources for Statewide Jail COVID Data	40
Rating Individual Jail COVID Data Dashboards.....	41
Figure 12: Grading the Transparency of COVID Data for Twelve Representative Jail Systems	41
Figure 13: Sources for Individual Jail COVID Data	42
Findings about Jail Data Transparency	42
VI. State Juvenile Agencies: Assessing and Rating the Transparency of COVID Data	45
Ratings of Juvenile Agencies' COVID Data Dashboards	45
Figure 14: Grading State Juvenile Agency COVID Data Dashboards.....	45
Figure 15: Number of State Juvenile Agencies Reporting Specific COVID Metrics and Features	46
Findings about Juvenile Agency Data Transparency	47
VII. Recommendations	48
VIII. Conclusion	51
Appendix.....	53
Figure 16: Corrections COVID Dashboard Transparency Rating System	53
Figure 17: Prison COVID Data Dashboards – Detailed State Scores	58
Figure 18: Jail COVID Data Dashboards – Detailed State Scores.....	62
Figure 19: Juvenile Agency COVID Data Dashboards – Detailed State Scores.....	66

Hidden Figures: Rating the COVID Data Transparency of Prisons, Jails, and Juvenile Agencies

Michele Deitch and William Bucknall

Executive Summary

The Lack of Data Transparency about COVID in Corrections Facilities

Prisons, jails, and juvenile facilities are very dangerous places to be during a pandemic because they are essentially “petri dishes” for the spread of disease. Moreover, corrections facilities house people who are especially medically vulnerable to poor outcomes if they get infected with the coronavirus. As COVID-19 ravages prisons and jails across America, it is critically important to have a clear picture of what is happening inside these closed institutions. Data is key to transparency, since it is the only way to understand the full toll of the pandemic in correctional facilities and the risks faced by people who live and work in these settings, as well as risks to people in nearby communities. Effective oversight – by legislators, regulators, monitors, and others – requires access to meaningful and accurate data. Moreover, detailed and current data is essential to enable appropriate policy responses.

In this report, we identify the critical COVID-related metrics that corrections agencies should be tracking and reporting. We developed a grading rubric based on those metrics that we used to document and rate how well prisons, jails, and juvenile agencies are tracking and sharing data on COVID inside their facilities. Based on our findings, we recommend ways in which prisons, jails, juvenile agencies, and state and local leaders should improve the reporting of data to meet the needs of this unprecedented time.

Our research finds a troubling lack of transparency about the spread, toll, and management of COVID in state prisons, local jails, and state-run juvenile facilities. While some agencies, primarily state prison agencies, are publishing the most essential information about the number of COVID cases, deaths, and tests for people who live and work in these facilities, a great many others – especially jails and juvenile agencies – are not providing

even this basic data. And few agencies provide information about other key metrics, such as demographic breakdowns of the data by race, ethnicity, age, and sex; information about how the impact of the virus is changing over time; the status of vaccination efforts; the numbers of people hospitalized; the numbers of people on lockdown or in medically-restricted housing; and changing population numbers.

This data gap means that policymakers, stakeholders, and the public do not know whether people in custody or the staff that work in these facilities are safe during this public health crisis; they cannot assess the risks to surrounding communities; and they do not know if correctional management approaches and policy responses are effective or equitable.

Findings about Prisons

We evaluated 50 state prison agencies plus the federal Bureau of Prisons on the extent to which they report critical information about COVID in the facilities, and most states earned only a “C” or a “D.” The low grades reflect the limited or incomplete data that is reported by these agencies.

Our findings reflect a mixed picture when it comes to the sharing of COVID data about prisons. On the positive side:

- Every state is tracking and reporting at least a minimal level of data with respect to the number of COVID cases and deaths in prisons, usually broken down by facility – this is the most essential information.
- Every state but one provides this COVID data on their prison agency website, usually on a clearly marked COVID data dashboard.

However, some states do not provide sufficient information about tests, cases, and deaths from

COVID to enable a good understanding of the numbers or to show how the situation is changing over time. And most prison agencies are not reporting other critical information that would help users get a clearer picture of how COVID is affecting people who live and work in the facilities and who is most affected.

Additionally, we found that some prison agencies have become less transparent over time insofar as they stopped reporting some critical information. Moreover, we identified several instances where the data that was reported by certain agencies raised questions about the trustworthiness of the information.

As troubling as these findings are, prison agencies score significantly higher on data transparency than jails and juvenile agencies.

Findings about Jails

We evaluated two aspects of data transparency with respect to jails: whether states report data about COVID in all jails, and whether individual jails are reporting COVID data about their own facilities. Statewide data about jails is necessary to enable comparative information, the sharing of best practices, and effective statewide policy responses. Statewide data is also necessary to allow for a full national accounting of the toll of the virus behind bars. Individual jail data is also important so that local stakeholders and community members understand the ways in which COVID is impacting their jail, and so that people worried about their loved ones inside the facilities have access to this information. Most people will naturally turn to the local jail's website for this information.

We examined all 50 states and found that very few are tracking and reporting statewide data about COVID in jails. Most states received an "F," and even the handful of states that received passing scores only had very limited and incomplete data. Notably, only three states (other than those with unified corrections systems) track and report any statewide data on how COVID is spreading in locally-operated jails. Moreover, with the exception of Texas and California, statewide jail regulatory bodies are not tracking and reporting COVID data in jails, despite their mission to ensure that all jails in their states meet minimum standards for safe conditions in these facilities.

Individual jails do not fare much better when it comes to data transparency. We evaluated a representative sampling of 12 individual jail systems across the country and found that most jails, especially those in mid-size and smaller counties, failed to report even the most basic COVID data.

Our findings reveal an enormous gap in our knowledge base about a system that impacts millions of Americans each year. Not only are incarcerated people and staff affected by the spread of the virus in the jail, but so too are nearby communities and the families of people in the jail impacted since there is such high turnover in the jail population. The tight connection between the jail and the community – and the need for state and local policymakers to implement informed strategies to protect incarcerated people, jail staff, and community members – drives home the need for data transparency.

Findings about Juvenile Agencies

Around half the states do not report even the most basic information about the spread of COVID in juvenile facilities and most of the remaining states report extremely limited data. Even among the states that report some COVID-related data about juvenile facilities, virtually no agencies publish information about the demographics of the youth who have been impacted by COVID, how serious their cases are, and the conditions in which they are housed, nor do most publish information about staff deaths.

The vast majority of states either failed or earned a "D" under our grading rubric, reflecting that policymakers, advocates, and family members in these states do not have a clear picture of how COVID is impacting incarcerated youth or the staff who work with them.

While youth have generally been spared from the worst consequences of COVID, the pandemic has nevertheless had a significant impact on how juvenile facilities operate. Many facilities have implemented lockdowns and placed youth in medically-restricted housing that amounts to solitary confinement, which can be especially traumatizing for youth. Stakeholders need data to better understand the risks faced by youth in custody, to ensure that they are receiving adequate physical and mental health care and age-appropriate activities, and to develop appropriate policy responses.

Recommendations

Recommendation 1: Prisons, jails, and juvenile agencies should establish high-quality dashboards that present all the data elements we identified, with the objective of making this data as transparent, readily accessible, and easy to understand as possible. If agencies do not report this information voluntarily, state and local executives and legislative bodies should require agencies to collect and report this data.

Recommendation 2: Every state should designate by executive order a government agency to collect and publish COVID data on jails statewide, and should require local jail officials to provide that information to the statewide entity.

Recommendation 3: Corrections agencies should recognize that data transparency improves public understanding about the challenges faced by prisons, jails, and juvenile facilities, enables appropriate policy responses, and enhances trust among key stakeholders.

Recommendation 4: To the extent possible given the scope of their authority, correctional oversight bodies should consider maintaining parallel COVID data dashboards for the agencies they review.

Recommendation 5: Corrections agencies should maintain and expand data dashboards post-COVID to include other health and safety-related data.

Recommended Metrics and Features for COVID Data Dashboards for Corrections Agencies

All adult and juvenile corrections agencies should collect and report the following information:

- Cumulative number of COVID cases
- Cumulative number of COVID tests
- Number of currently active COVID cases
- Cumulative number of confirmed and suspected COVID deaths
- Cumulative number of staff COVID cases
- Cumulative number of staff COVID deaths
- Number of currently active staff COVID cases
- Number of both partially and fully vaccinated incarcerated people
- Number of both partially and fully vaccinated staff
- Population changes during COVID
- Number of incarcerated people currently on lockdown or in medically-restricted housing
- Number of current hospitalizations due to COVID
- Names of the incarcerated people and staff who have died from COVID
- Number of vaccine refusals by incarcerated people and staff
- Total number of vaccine doses a corrections agency has received
- Numbers of cases from new admissions to the facility
- Average diagnostic time
- Copies of the agency's COVID policies and protocols

Additionally, all data about COVID tests, cases, deaths, and vaccines should be:

- Disaggregated by facility
- Disaggregated by demographic factors including race, ethnicity, age, and sex
- Presented chronologically
- Updated daily, with the date provided for the last update
- Easy to locate on the agency's webpage
- Easy to understand
- Easy to interpret through a data dictionary providing clear definitions of the metrics
- Accessible on a mobile device

Hidden Figures: Rating the COVID Data Transparency of Prisons, Jails, and Juvenile Agencies

Michele Deitch and William Bucknall*

I. Introduction

The Impact of COVID-19 on Places of Confinement and the Importance of COVID Data Transparency

Corrections facilities have been among the hardest hit segments of our society when it comes to the spread and toll of COVID-19. The densely packed living areas, inadequate sanitation, open toilets, poor ventilation, congregate activities, and inability to socially distance all contribute to uncontrolled spread of the virus in these institutions. Indeed, experts have referred to prisons and jails as “petri dishes” for the proliferation of COVID.¹ Moreover, correctional facilities house a population that is especially medically vulnerable to poor outcomes if they get infected with COVID: people in custody are disproportionately likely to have chronic medical conditions such as diabetes or Hepatitis C; prisons and jails hold a rapidly aging population; and people who are incarcerated are disproportionately Black or Hispanic.² Across the country and the world, the victims of COVID have

overwhelmingly been people of color, the elderly, and people with pre-existing medical conditions.³

Not only are places of confinement such as prisons, jails, and juvenile facilities very dangerous places to be during a pandemic, but even pre-COVID, these facilities were among the most opaque institutions in our society. Designed to keep residents in and the outside world out, corrections facilities offer few glimpses into the lives, experiences, and well-being of people behind bars. The lack of transparency increases the risks faced by people who are entirely dependent on the correctional agency to meet all of their most basic needs for health and safety.⁴ As scholar Andrea Armstrong has observed, “[t]ransparency, at its core, is simply the process of making the invisible or hidden visible or seen.”⁵ She goes on to note that “[enhanced transparency about prison conditions can [...improve...] an institution’s ability to safely care for the incarcerated.”⁶

* Michele Deitch is a Distinguished Senior Lecturer at the Lyndon B. Johnson School of Public Affairs at the University of Texas, and is the Director of the COVID, Corrections, and Oversight Project. William Bucknall is a recent M.P.Aff. graduate of the LBJ School who interned for the COVID, Corrections, and Oversight Project.

1 Harper, Jake, “Crowded Prisons Are Festering ‘Petri Dishes’ For Coronavirus, Observers Warn,” *National Public Radio*, May 1, 2020, 11:01 AM ET, <https://www.npr.org/sections/health-shots/2020/05/01/848702784/crowded-prisons-are-festering-petri-dishes-for-coronavirus-observers-warn>.

2 Maruschak, Laura and Marcus Berzofsky, *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011–12*, The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 248491, October 4, 2016, <https://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>; Jackman, Tom, “Study: 1 in 7 U.S. prisoners is serving life, and two-thirds of those are people of color,” *The Washington Post*, March 2, 2021, <https://www.washingtonpost.com/nation/2021/03/02/life-sentences-growing/>; Sawyer, Wendy and Peter Wagner, “Mass Incarceration: The Whole Pie 2020,” *Prison Policy Initiative*, March 24, 2020, <https://www.prisonpolicy.org/reports/pie2020.html>.

3 Williamson, E.J., Alex J. Walker, Krishnan Bhaskaran, et al., *Factors associated with COVID-19-related death using OpenSAFELY*. *Nature* 584, 430–436 (2020). <https://doi.org/10.1038/s41586-020-2521-4>; Wu, Katherine J., “Study of 17 Million Identifies Crucial Risk Factors for Coronavirus Deaths,” *The New York Times*, July 8, 2020, updated October 2, 2020, <https://www.nytimes.com/2020/07/08/health/coronavirus-risk-factors.html>.

4 Armstrong, Andrea, “No Prisoner Left Behind: Enhancing Public Transparency of Penal Institutions,” 25 *Stan. L. & Pol’y Rev.* 435 (2014), pp. 462–69.

5 *Ibid.*, p. 458.

6 *Ibid.*, p. 468.

As COVID-19 ravages prisons and jails across America, it is critically important to have a clear picture of what is happening inside these closed institutions. Data is key to transparency. Without access to key indicators, corrections officials, public health officials, policy makers, advocates, and families with loved ones inside these facilities are unable to assess the spread of the virus and the risks faced by staff and people in custody. Effective oversight – by legislators, regulators, monitors, and others – requires access to meaningful and accurate data. Data is also necessary to determine the effectiveness of precautionary measures being taken by the agencies, such as efforts at social distancing, use of masks, testing, and lockdowns or quarantines, and it should help guide decisions about how to reduce the population.

Yet corrections agencies around the country have varied widely in the extent to which they track and report these critically important metrics. Moreover, there has been relatively little guidance provided to corrections officials about what data they should be collecting and reporting. Epidemiologists, advocates, and public officials have all called for improvements in the quality of COVID data from correctional institutions. Indeed, the recently filed “Covid-19 in Corrections Data Transparency Act,” sponsored by Senator Elizabeth Warren, seeks to improve the collection and reporting of this type of information. This Act would set reporting standards for COVID corrections data and require the data to be disaggregated by a number of demographic characteristics, including race and age.⁷

This report documents how prisons, jails, and juvenile agencies are tracking and sharing data on COVID inside their facilities; rates agencies on their data transparency; and highlights ways in which data transparency should be improved to meet the needs of this unprecedented time.

Overview of Report

The next part of this report, Section II, describes in detail the methodology we used to find and rate the publicly available official information about

COVID in prisons, jails, and juvenile facilities. We first highlight the various sources where we searched for this type of data. Then, we explain the grading rubric we developed to rate the transparency of this data. The grading rubric includes assessments of the metrics reported by each agency and various recommended features of the data dashboards that aid in accessibility, clarity, and ability to interpret this information. We go on to explain how a score from our rubric translates to a letter grade. The last part of the methodology section examines the limitations of our research, including the fact that we did not attempt to assess the validity of the data reported by agencies.

Section III of the report provides an overall assessment of the COVID data transparency of correctional agencies in the United States. We provide maps that show the grades received by states for their transparency with respect to prisons, jails, and juvenile agencies. We also compare the relative transparency of these three types of correctional agencies with respect to information about how COVID is impacting people inside these facilities.

Section IV explores in detail the extent to which state prison agencies and the federal Bureau of Prisons are transparent about COVID data. We highlight those metrics that are frequently reported and those that are rarely reported, and assess whether agencies have data dashboards that are accessible and easy to interpret. We also offer findings focused specifically on prison agencies.

Section V explores the same issues in the context of jails. First, we look at whether states are being transparent about what is happening with respect to COVID in local jails, so that stakeholders can determine what is happening all across the state. Then, we examine the websites of a representative sample of 12 individual jails across the country to see whether local jail agencies are reporting this data about COVID in their facilities. We offer findings with respect to transparency at both the statewide level and the individual jail level.

7 “COVID-19 in Corrections Data Transparency Act,” S.4536, 116th Cong. (2020), <https://www.congress.gov/bill/116th-congress/senate-bill/4536/text?r=1&s=1>. See also Elizabeth Warren, Lauren Brinkley-Rubinstein, and Kathryn Nowotny, “End the silence about what Covid-19 is doing to America’s prisons,” CNN Opinion, January 5, 2021, <https://www.cnn.com/2021/01/05/opinions/us-prison-covid-19-data-warren-brinkley-rubinstein-nowotny/index.html>.

Section VI examines states' transparency with respect to COVID data in its state-operated juvenile facilities, and presents our findings about these juvenile agencies across the country.

The final part of the report, Section VII, provides recommendations for improving COVID data transparency in all types of correctional agencies. Implementation of these recommendations would help keep public health officials, policymakers, incarcerated people and their loved ones, and the public informed about the impact that COVID is having inside correctional institutions, and the risks and conditions faced by people who live and work in these facilities.

Note that the Appendix to the report also contains important information. The Appendix contains four tables. The first is a detailed version of our grading rubric that shows how points were awarded for each metric and each feature of a COVID data dashboard. The remaining three tables present state-by-state scores for each element of the grading rubric, with separate tables for prisons, jails, and juvenile agencies. This information will be of particular interest to readers who seek more thorough information about data transparency in a particular state.

Terminology

As used in this report, these terms have the following meanings:

Correctional facility: includes state-operated prisons, locally-operated jails, or secure long-term facilities operated by the state to house youth adjudicated for delinquent behavior.

COVID corrections data dashboards: an information management tool that visually tracks, analyzes, and displays key performance indicators, metrics, and data points related to COVID in correctional facilities to monitor the health and safety of an agency. While data dashboards are the ideal way to present accessible and understandable COVID corrections data, corrections agencies may report COVID data in alternative formats, and we use "dashboards" as an umbrella term to refer to all publicly available sources of COVID corrections data.

Data dictionary: a list with a set of clear definitions explaining the meaning of each reported element in a data set. Data dictionaries ensure that data is tracked and reported in consistent ways, and allow for

more accurate interpretations and analyses of the data and for comparisons among different states' reported data.⁸

Data reporting: the act of making data publicly available and accessible.

Data tracking: the act of collecting information in an organized and systematic manner.

Jail system: the correctional facilities within a single jurisdiction that typically house people pre-conviction or people with sentences of less than a year and are operated and managed by a single agency. Most jail systems in the United States are run at the county (or parish) level, but some jail systems are operated at the municipal level. Additionally, some states have unified systems where jails are managed by the same state agency that operates prisons.

Juvenile agency: the state government agency responsible for the care of youth who are adjudicated delinquent and committed to state custody. In some states, the juvenile agency is an independent government

8 "What is a Data Dictionary?" UCMerced, <http://library.ucmerced.edu/data-dictionaries>.

agency, while in other states, it is a division of other government agencies, such as the department of corrections or the department of youth and family services.

Lockdown: precautionary restrictions placed on the operations and programming of a facility that typically involve the confinement of incarcerated people to specific areas, often their cells or other living spaces. While lockdowns are intended to be temporary, they may last for prolonged periods of time, even weeks or months.

Long-term secure juvenile facility: state-run facilities used to house youth committed to the state after being adjudicated delinquent. These facilities are the rough equivalent of prisons in the adult system.

Medically-restricted housing: housing used to separate from the general population people suspected of having or confirmed to have a communicable disease in order to reduce the spread of disease.⁹ Medically-restricted housing includes both quarantine and medical isolation.

Prison agency: one of the 50 state agencies or the federal Bureau of Prisons that is in charge of the maintenance and operations of prisons.

Statewide jail data: publicly available information published by a state agency that tracks and reports data from all jails in the state. Usually, this means that the state is collecting information from locally-operated jail systems, but in states with unified correctional systems, the state operates the jails and thus it already has access to this data.

Time series data: information that is listed or graphed by date. Time series data makes information available chronologically, which allows users to see how different metrics have changed over time.

Unified corrections system: states where a single agency operates both jails and prisons. States with unified corrections systems do not have local, autonomous jails; the state corrections agency operates pre-trial detention facilities as well as post-conviction prisons.¹⁰

9 Cloud, D.H., Cyrus Ahalt, Dallas Augustine, et al, *Medical Isolation and Solitary Confinement: Balancing Health and Humanity in US Jails and Prisons During COVID-19*, *J Gen Intern Med* 35, 2738-2742 (2020). <https://doi.org/10.1007/s11606-020-05968-y>.

10 Henrichson, Christian, "Vera's Incarceration Trends State Fact Sheets," *Vera Institute of Justice*, December 3, 2019, <https://www.vera.org/blog/veras-incarceration-trends-state-fact-sheets#:~:text=Six%20states%E2%80%94Alaska%2C%20Connecticut%2C,both%20pretrial%20and%20sentenced%20status>.

II. Methodology

This section of the report explains the methodology we used to assess and grade the transparency of the COVID data shared by prisons, jails, and juvenile facilities across the country.

Sources of Data

The first step in assessing the transparency of publicly available COVID corrections data is identifying the places where government officials make such data available. We searched for this information in several places, including corrections agencies' websites, their social media posts, their press releases, the websites of jail regulatory or oversight bodies, and the websites of health departments.

Corrections Agencies' Websites

Many corrections agencies have developed dedicated spaces on their websites, known as data dashboards, to report on how COVID has spread in correctional facilities. These dashboards usually present the data in some combination of tables, graphs, maps, and text that can help to increase the transparency and accessibility of the data. These dashboards on corrections agency websites provide a clear and logical place for family members, advocates, the media, and policymakers to search for this information, and are therefore the best way to present COVID corrections data. We examined all 51 prison agency websites, a sampling of local jail system websites, and all 50 state juvenile corrections agency websites, to locate any COVID data dashboards that existed.

Corrections Agencies' Social Media Sites and Press Releases

For corrections agencies that do not report COVID data in the form of data dashboards, we also looked

to agency press releases for that information. We also checked the agency's social media accounts, including Twitter and Facebook, to see if any COVID data was available there.

Other Government Agency Websites

To locate statewide jail COVID data, as well as COVID data from any corrections agencies without dedicated COVID dashboards or other COVID information, we searched through the websites of other government agencies. For example, we searched the state departments of health websites to see if they reported corrections-specific data on a state COVID dashboard or elsewhere on their website. We also looked at the websites for all statewide jail oversight bodies to look for any compilation of COVID data from jails around the state.

Grading Rubric

Public health experts advise all government agencies to track and report data on certain metrics in order to determine the spread and impact of COVID-19 within communities and the effectiveness of mitigation and prevention policies. Additionally, correctional health experts have recommended that corrections agencies track and report indicators that help show the scope of the COVID crisis and response in the correctional setting. This information should be presented on a public-facing website for each corrections agency, preferably on a dedicated data dashboard clearly identified as the place where that data is reported, in order to make it readily accessible to anyone seeking this information.

Using the best practices on COVID data tracking and reporting as set forth by experts on correctional health care and public health,¹¹ we developed a grading rubric that rates the transparency of

11 We drew upon guidance from the following resources in developing our rubric: *Tracking COVID-19 in the United States: From Information Catastrophe to Empowered Communities*, Prevent Epidemics, July 21, 2020, <https://preventepidemics.org/wp-content/uploads/2020/07/Tracking-COVID-19-in-the-United-States-Report.pdf>; Zylla, Emily and Lacey Hartman, "State COVID-19 Data Dashboards," *Princeton University's State Health & Value Strategies*, April 9, 2020, <https://www.shvs.org/state-covid-19-data-dashboards/>; "Our Rating Scheme," *We Rate COVID Dashboards*, accessed February 26, 2021, <https://www.ratecoviddashboard.com/rating-scheme>; *Guidance for Correctional & Detention Facilities*, Centers for Disease Control and Prevention, updated February 19, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#print>; National Academies of Sciences, Engineering, and Medicine. 2020. *Decarcerating Correctional Facilities during COVID-19: Advancing Health, Equity, and Safety*, Washington, DC: The National Academies Press, <https://doi.org/10.17226/25945>; Venters, Homer, "How the CDC can get serious about the health of incarcerated people," *The Hill*, November 24, 2020, <https://thehill.com/opinion/criminal-justice/527115-how-the-cdc-can-get-serious-about-the-health-of-incarcerated-people>.

Figure 16 in the Appendix includes the entire grading rubric.

COVID corrections data. The complete rubric is provided as Figure 16 in the Appendix, and we summarize it here, with some illustrative examples of how we graded the availability of data about certain metrics and the presentation of this information.

The rubric includes five sections:

1. Tier 1 Metrics (21 points)
2. Tier 2 Metrics (7 points)
3. Tier 1 Features (18 points)
4. Tier 2 Features (4 points)
5. Bonus Metrics and Features (3 points)

Dashboards are graded based on how well they incorporate each of the elements of the rubric, with more points awarded for the Tier 1 Metrics and the Tier 1 Features. The rubric also allows for the possibility of up to three points of “extra credit.” The total number of points is 50 for adult corrections agencies and 43 points for juvenile corrections agencies. The difference in scoring totals is explained by the fact that, to date, no youth in custody have died due to COVID and most youth are not yet eligible for COVID vaccines. Therefore, the points we assign for reporting deaths in custody due to COVID, the names of those who have died from COVID, and the number of incarcerated people who have been vaccinated are not applicable to juvenile corrections agencies. However, if a death were to occur in a juvenile facility, we would expect to see it included on the agency’s data dashboard. And once the vaccines become more widely available for youth, we would also expect all juvenile agencies to provide updated vaccine-related information for youth in custody.

Dashboard Metrics

The first two sections of our rubric look at the specific indicators corrections agencies are reporting that provide insight into how COVID is impacting correctional facilities.

Tier 1 Metrics

The first section of the grading rubric assesses whether agencies are reporting the most critical data needed for a clear understanding of the extent and toll of COVID in correctional facilities. Put another way, these indicators represent the bare minimum of information that agencies should be reporting. Tier 1 Metrics include the numbers of:

- **COVID tests given to incarcerated people:** data showing the number of tests a correction agency has conducted, both on a daily and cumulative basis, indicates the extent to which COVID cases, including asymptomatic cases, are likely to be identified.
- **Infections among incarcerated people:** data showing the cumulative number of infections among incarcerated people provides insight into the overall spread of COVID within facilities over the course of the pandemic.
- **Active infections among incarcerated people:** data showing the number of incarcerated people currently infected with COVID, including both symptomatic and asymptomatic cases, indicates the extent to which a corrections facility is facing a current outbreak.¹²
- **COVID deaths of incarcerated people:** data indicating the number of incarcerated people confirmed or suspected to have died as a result of COVID shows the toll of COVID in correctional facilities.
- **Vaccinations given to incarcerated people:** data showing the number of

¹² Corrections agencies should look to the Centers for Disease Control (CDC) when creating operational definitions of active and recovered COVID cases. The CDC states that someone who tested positive for COVID and experienced no, mild, or moderate symptoms can be around people after 10 days of the onset of symptoms or a positive test and after 24 hours without a fever. For people with more serious symptoms, up to 20 days after the onset of symptoms or additional testing may be necessary. Prison agencies should use these two categories, alongside consultation from medical professionals, to determine whether people with COVID are active or recovered. For more information see <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>.

incarcerated people who have received a COVID vaccine and data indicating whether they are partially or fully vaccinated shows how far along a corrections agency is in the process of inoculating its population.

- **COVID infections, deaths, and vaccinations among correctional staff:** data showing the number of correctional staff who have tested positive for COVID, died from COVID, or received a COVID vaccine is necessary to show the impact of the disease on employees and whether they may be a continuing source of transmission to the incarcerated population; the data can also indicate whether staff are adequately protected inside the facilities and whether the facilities are adequately staffed given the impact of COVID.
- **Population changes in correctional facilities during COVID:** information about monthly or weekly changes in a correctional system's population as well as information about the nature of these population increases or decreases shows the extent of decarceration efforts to reduce the risk of COVID spread, as well as any increasing pressures on the system that may cause additional risks of spread.

Each Tier 1 Metric is graded on a scale of three points, for a section total of 24 points. For some but not all the metrics in this category, the available points are either zero, two, or three (for these particular metrics, we felt that the information was important enough that agencies should earn at least two points for providing any type of data, therefore earning one point is not an option). For example, with respect to the testing metric, an agency receives zero points if there is no information reported about testing; two points for providing only the cumulative number of tests; and a full three points for also indicating the number of negative and pending tests or the positivity rate.

Tier 2 Metrics

Tier 2 Metrics deepen our understanding of the Tier 1 data by providing additional details about the agencies' responses to COVID and how they are impacting people in custody. This information is necessary in order for stakeholders to assess

WHY DATA MATTERS

Accurate and thorough data on COVID cases, deaths, tests, and other metrics is needed to keep the public informed and to make sure adequate health care measures and other steps are taken to protect people who live and work in these facilities.

the seriousness of any outbreaks, how COVID is spreading inside facilities, the conditions of confinement for people in the facilities, and the state of testing and vaccination campaigns. Tier 2 Metrics include:

- **Precautionary lockdowns and use of medically-restricted housing:** data showing the number of people on precautionary lockdown due to concerns about COVID outbreaks and data on the number of people in some type of medically-restricted housing (medical isolation or quarantine) due to a positive or pending test for COVID or potential exposure show the extent of restrictions on movement within a facility; while these restrictions may be necessary to stop the spread of COVID, they can also exacerbate mental health challenges and increase stress and tension that are important to address.
- **COVID hospitalizations:** data about the number of incarcerated people who are currently hospitalized due to COVID complications shows the extent of severe cases of COVID; this can also serve as a further check on the extent of active spread for those agencies that are not adequately testing people in custody.
- **The names of incarcerated people who have died from COVID:** reporting the names of people who have died acknowledges the extraordinary loss suffered by the loved ones of those individuals, grants the deceased some measure of dignity, and provides stakeholders with information that can be used to gauge which individuals are at greatest risk since names are a starting point

that allow for some further demographic analysis. This information also ensures some accountability with respect to the accuracy of the numbers of deaths reported, and allows the media and researchers to obtain further information from families of the deceased, which can provide more insight into conditions in the facilities.

- **Vaccine refusals:** data showing the number of incarcerated people and staff who have refused the vaccine shows whether a corrections agency will be able to vaccinate a sufficient percentage of its population to achieve herd immunity and may indicate a need for additional education about vaccine safety.
- **Vaccine supply:** data about the number of vaccine doses received by an agency shows whether the supply is sufficient to inoculate the number of people in custody; when compared to the number of vaccines distributed, the vaccine supply can also show the speed with which the agency is using the vaccines it receives.
- **COVID case source:** information on whether COVID cases are from new admissions to a facility or whether they arose within the facility's population indicates the extent to which there is active community spread within an institution.
- **Average diagnostic time:** the average amount of time it takes the corrections agency to receive the results of a COVID test reveals whether a corrections agency has the testing infrastructure to curb the spread of COVID; lags in test results can be misleading as to the current state of an outbreak.

Tier 2 Metrics are worth a maximum of either one or two points, depending on the importance of

the information, for a total of seven points. For example, an agency can receive partial credit of one point if it reports the number of incarcerated people hospitalized because of COVID and full credit of two points if it also includes information about whether people were hospitalized in correctional medical facilities or if they were taken to a community hospital.

Note that, while we include vaccine refusals and vaccine supply as placeholders in this listing of Tier 2 metrics, we did not count these metrics towards the scores and grades in this report due to the variability of vaccine eligibility in different states.¹³ As vaccine eligibility for incarcerated people starts opening up in more states, though, this information should definitely be included on each state's COVID dashboard.

Dashboard Features

Transparency requires that users be able to locate and understand the data that is made available. COVID corrections data provides public access to information about an historically closed system, but if the data is difficult to find, either because of poor website design or because a government agency is deliberately trying to stifle access to it, then the system is not transparent. Thus, the way that corrections agencies report the data is just as important as the type of data they collect.

We have devoted two sections of our rubric to examining ways corrections agencies present and disaggregate the information they are collecting and reporting, which we have referred to as Dashboard Features. There are two Dashboard Features sections: Tier 1 Features go to the heart of accessibility and clarity, while Tier 2 Features ensure greater accessibility, help users make sense of the information on the site, and help hold corrections agencies accountable for the data they are reporting.

¹³ Each state makes its own determination as to the prioritization of the state's residents for vaccine eligibility, and many states have not made vaccinations of incarcerated people a priority. At the time of our research in late February 2021, many states had not yet sent shipments of vaccines to correctional facilities for purposes of inoculating people living in these facilities. Thus, it seemed premature to grade agencies on whether they provided data about vaccine refusals and the total number of vaccine doses they had received to date. To the extent a correctional agency has begun a vaccination campaign, however, that data should be provided on the COVID dashboard.

Tier 1 Features

The Tier 1 Features are those essential data reporting practices that enable users to easily access and properly interpret the data provided by the agency. These features measure the extent to which the data answers questions about the “where, when, and who” when it comes to how COVID is affecting a particular correctional system. The features also assess the degree to which the data is current and accessible. Tier 1 Features include:

- **Facility-level data:** data about COVID cases and deaths are broken down by individual correctional facilities in order to show the impact of COVID on individual facilities; in order to direct resources and responses effectively, and to ensure families know the relative safety of their loved ones, users must be able to pinpoint specific facilities most directly impacted by COVID.
- **Time series data:** data about COVID cases and deaths are broken down by date and displayed chronologically in order to demonstrate changes over time and to indicate how recent the outbreaks are; this information is crucial for an understanding of whether interventions are helping to improve the situation.
- **Regularly updated:** COVID data should be updated at least two to three times a week, and preferably daily; COVID spreads rapidly and daily updates ensure that the information in the dashboard accurately reflects the current reality inside facilities.
- **Demographics:** data about COVID cases, deaths, and vaccinations that is disaggregated by race, ethnicity, age, and sex show whether COVID is having a disproportionate impact on certain demographic populations in correctional facilities as has been the case in outside communities; providing demographic information can reveal these disparities and demonstrate a need for interventions targeted to high-risk populations.
- **Accessibility:** the COVID data is housed on a dedicated and clearly labeled page or section of a page on the agency website to make the information easy for users to find.

- **Clarity:** the COVID data is presented in ways that make it easy to understand and interpret. There are a variety of data presentation practices that make data easier to interpret; agencies only had to use one such practice to receive full marks for clarity on our rubric. Some examples of ways to improve clarity of the data include the use of:

- o **Maps:** Maps that include the number of active cases by location can help make clear which prisons are most impacted by COVID. [The Georgia Department of Corrections COVID data dashboard](#) uses a map to display data in this way.
- o **Visualizations:** Clear visuals such as graphs can help to show how COVID has impacted corrections systems in different ways. [The Minnesota Department of Corrections COVID data dashboard](#) uses multiple graphs and charts to show how COVID has impacted Minnesota prisons.
- o **Seven-day averages:** a rolling average of different metrics such as active cases or testing can be included along with the current daily figure in order to show the trends of these metrics; seven-day averages are less subject to the impact of outlying statistics. [The North Carolina Department of Public Safety](#) reports seven-day averages for the number of tests performed, the number of positive results, and the number of incarcerated people hospitalized for COVID.

Each Tier 1 Feature is graded on a scale of 3 points, for a section total of 18 points. For example, an agency will receive no points if its available COVID data is significantly out of date; one point if it sporadically or inconsistently updates its COVID data; two points if it updates the data weekly or twice a week; and full credit of three points if it updates the data daily.

Tier 2 Features

The Tier 2 Features further improve the accessibility and interpretation of the data, and help to hold agencies accountable for the data they report and their response to COVID. Tier 2 Features include:

- **Mobile phone accessibility:** COVID correctional dashboards should be accessible by mobile phones and major Internet browsers. Among low-income families, 36% do not have access to a computer and may rely on cell phones instead to access vital information.¹⁴ As an example, [the Texas Department of Criminal Justice’s COVID data dashboard](#) has a clearly labeled mobile version.
- **Data dictionaries:** Dashboards should include data dictionaries that clearly describe the meaning of each metric. If these metrics are not clearly explained, there might be confusion over the meaning of what is considered a COVID death, or what it means for someone to be in medical isolation. See, for example, the detailed data dictionary provided for [the California Department of Corrections and Rehabilitation’s COVID data dashboard](#).
- **COVID protocols and procedures:** Corrections agency websites should also have clearly labeled information on the changes in operations officials have made as a result of COVID. Information about changes in visitation, programming, and medical procedures, for example, can help provide context for the data displayed in the dashboard. [The New Jersey Department of Corrections’ COVID data dashboard](#) also lists the COVID protocols and procedures in an FAQ section.
- **Date last updated:** Dashboards should clearly identify the most recent date that the data was updated so readers will know whether the information is current. [The Louisiana Department of Public Safety and Corrections’ COVID data dashboard](#) includes this information, for example.

Each dashboard is graded on a binary scale based on whether it has or does not have these Tier 2 features, with each feature worth either zero or one point, for a section total of four points. For example, an agency will receive full credit of one point if the COVID data is accessible on a mobile phone.

Bonus Points

The final section of the rubric offers agencies up to three points of “extra credit” for including additional metrics or features on their dashboards that help improve transparency or the quality of information about COVID inside correctional facilities.

Grading Scale

In order to convert the points from our rubric into letter grades, we created the grading scales shown below in Figure 1. In order to receive a grade of a C- or higher, an agency must earn at least 55% of the total points, and agencies that failed received fewer than 40% of the available points.

Figure 1: Dashboard Grading Scale

Grade	Percentage of Total Points
A+	95-100%
A	90-95%
A-	85-90%
B+	80-85%
B	75-80%
B-	70-75%
C+	65-70%
C	60-65%
C-	55-60%
D+	50-55%
D	45-50%
D-	40-45%
F	20-40%

14 Vogels, Emily, Perrin, Andrew, Rainie, Lee, and Anderson, Monica, “53% of Americans Say the Internet Has Been Essential During the COVID-19 Outbreak,” *Pew Research Center*, April 30, 2020, <https://www.pewresearch.org/internet/2020/04/30/53-of-americans-say-the-internet-has-been-essential-during-the-covid-19-outbreak/>

Limitations

Our analysis only assesses the extent to which government agencies are tracking and reporting COVID corrections data, as well as the ways in which they report this data. We did not attempt to assess the validity of the data reported by the agencies and whether the information reported accurately reflects the reality inside these closed institutions. Therefore, the grades assigned to each state should not be interpreted as a reflection of data accuracy. There is still value in evaluating the availability of data, however, even if we cannot attest to its accuracy in this report. Publicly available data is a prerequisite for determining whether that data is accurate, and the more detailed the data is and the more open an agency is about the meaning and source of the data, the more likely it is that journalists, advocates, and family members can assess the accuracy of the information and hold agencies accountable. In the course of our research, we became aware in a few instances that some journalists raised questions about the accuracy of COVID data reported by agencies, and we noted those concerns in the report.

Also, our report is limited to an analysis of data transparency for state- and federally-operated

prisons,¹⁵ locally-operated jails, and state-run secure long-term facilities for adjudicated youth.

We did not include locally-operated juvenile detention facilities or immigration detention facilities in our analysis, nor do we specifically examine data transparency in privately-operated prisons or jails.

The ratings in this report reflect a snapshot of the state of COVID corrections data as of the end of February 2021. We also have information on the data available on all agencies' websites at the end of December 2020, based on a preliminary round of grading we conducted with a similar rubric. We did not systematically track the ways in which agencies improved or restricted the COVID information they reported between those periods. However, in instances where we became aware of significant changes in the extent to which an agency is being transparent about its COVID data, we noted those developments accordingly. It is likely that there were other significant changes as well that our report does not capture.

15 All states reported data about government-run prisons. Some, but not all, jurisdictions that have private prison facilities also track and report COVID data in these private facilities through the same entity that reports data about public prisons. We did not differentiate between public and private prisons in our analysis, and examined the COVID data about private prisons only to the extent such information was included in the more general reports about prisons in that jurisdiction.

III. Overall Assessment of COVID Data Transparency for Prisons, Jails, and Juvenile Agencies

Our research finds a troubling lack of transparency about the impact of COVID in state prisons, local jails, and state-run juvenile facilities. While some corrections agencies are publishing the most essential information about the number of COVID cases, deaths, and tests for people who live and work in these facilities, a great many agencies are not providing even this basic data. And

fewer still provide other key information, such as demographic breakdowns of the data.

Figure 2 shows the percentage of agencies that are reporting at least some data about key COVID indicators for correctional facilities. The chart reveals enormous gaps in the sharing of critically important COVID data, especially when it comes to jails and juvenile agencies.

Figure 2: How Transparent is Correctional COVID Data?

Metric or Feature	% of Prison Agencies Publishing Data (out of 51 jurisdictions)	% of States Publishing Data on Jails Statewide (out of 50 jurisdictions)	% of State Juvenile Agencies Publishing Data (out of 50 jurisdictions)
Dashboard Metrics			
Tier 1 Metrics			
Cumulative number of COVID infections	94%	18%	48%
Cumulative number of tests	75%	12%	26%
Number of active cases	90%	18%	34%
Number of COVID deaths	92%	18%	N/A
Staff COVID infections	86%	18%	46%
Staff COVID deaths	49%	18%	18%
Number of vaccinated incarcerated people	22%	2%	N/A
Number of vaccinated staff	8%	2%	2%
Population changes during COVID	28%	10%	22%

Tier 2 Metrics			
Number of people on lockdown or in medically-restricted housing	20%	6%	12%
Number of people hospitalized due to COVID	16%	12%	4%
Names of people who have died from COVID	18%	2%	N/A
<i>Total vaccine doses received by the agency¹⁶</i>			
<i>Total number of incarcerated people and staff who declined vaccine¹⁷</i>			
Notes if infections are from new entries into a facility or a result of spread within a facility	6%	6%	6%
Average diagnostic time	0%	0%	0%
Dashboard Features			
Tier 1 Features			
Facility-level data	92%	18%	48%
Time series data	14%	8%	14%
Regularly updated	71%	8%	34%
Demographic data (including race, ethnicity, age, and sex)	6%	2%	0%
Easy to locate	94%	20%	52%
Easy to interpret	96%	20%	50%
Tier 2 Features			
Mobile phone accessibility	96%	20%	96%
Describes agency COVID protocols	100%	16%	82%
Includes data dictionary	35%	8%	12%
Includes date when last updated	84%	16%	46%

16 This metric is included here as a placeholder. We did not evaluate agencies on whether they report this information because, at the time of our analysis, many states had not yet begun a vaccination program in correctional facilities.

17 This metric is included here as a placeholder. We did not evaluate agencies on whether they report this information because, at the time of our analysis, many states had not yet begun a vaccination program in correctional facilities.

Figure 2 reveals that of the three types of corrections agencies, prisons fare by far the best in providing information on how COVID has impacted facilities. There are still significant gaps in the data, however. While the majority of prisons are reporting at least partial information on most Tier 1 Metrics, and have most Tier 1 and Tier 2 Features, there are some notable exceptions: few agencies are reporting necessary information on vaccinations, demographic data, and trends in the data over time. Additionally, only a small number of prison agencies are collecting and reporting information on the Tier 2 Metrics that are necessary for obtaining a deeper understanding of the impact of the virus and agencies' operational responses. Only one item is universally reported by prison agencies: information on the agency's COVID protocols.

There are enormous gaps in the sharing of critically important COVID data, especially for jails and juvenile facilities.

Figure 2 also shows that very few state governments are publishing statewide jail COVID data, even on the most fundamental metrics. This dearth of data represents a concerning lack of transparency about jails that house hundreds of thousands of people on any given day in a congregate setting, often for short periods of time before they return to their communities. Only 18% of states report data on even the most basic Tier 1 Metrics such as the cumulative or active number of cases in jails statewide, and no metric or feature is reported or used by more than 20% of states. These low numbers demonstrate that the importance of COVID jail data in the fight against the pandemic is being overlooked or ignored by most state governments.

Finally, Figure 2 shows that state juvenile agencies fall somewhere between prisons and jails when it comes to transparency of their COVID data. In around half the states, we do not have access to even the most basic data about how COVID is affecting incarcerated youth. While youth are not as vulnerable a population as their counterparts incarcerated in adult facilities, they are nevertheless at high risk of becoming infected because of the close quarters in which they live. And many of them have chronic medical conditions that place them at high risk of serious consequences from the virus. Family members and policymakers alike need this information in order to better protect these youth.

The maps on the following pages provide a visual depiction of our ratings for each state for the three types of correctional systems we assessed, based on the methodology described in the previous section. These ratings provide a high-level overview of our assessments; the more detailed analysis follows in successive sections of the report.

Figure 3 shows the grades the 50 state prison agencies received using our rubric. The federal Bureau of Prisons earned a "B-" and is not represented on the map. While almost all state prison agencies are tracking and reporting some type of COVID data, many are reporting only a limited amount of data, and there are many gaps in the data they report. While no state received an "F," about half of states received only a "D" on the transparency of COVID prison data and over a third received "C"s. Just six prison agencies received a "B," and no states tracked and reported sufficient COVID prison data to receive an "A." Part IV of this report explains the reasons for these ratings in more detail and presents our analysis.

Figure 3: Mapping the Transparency Ratings of Prison COVID Data Dashboards

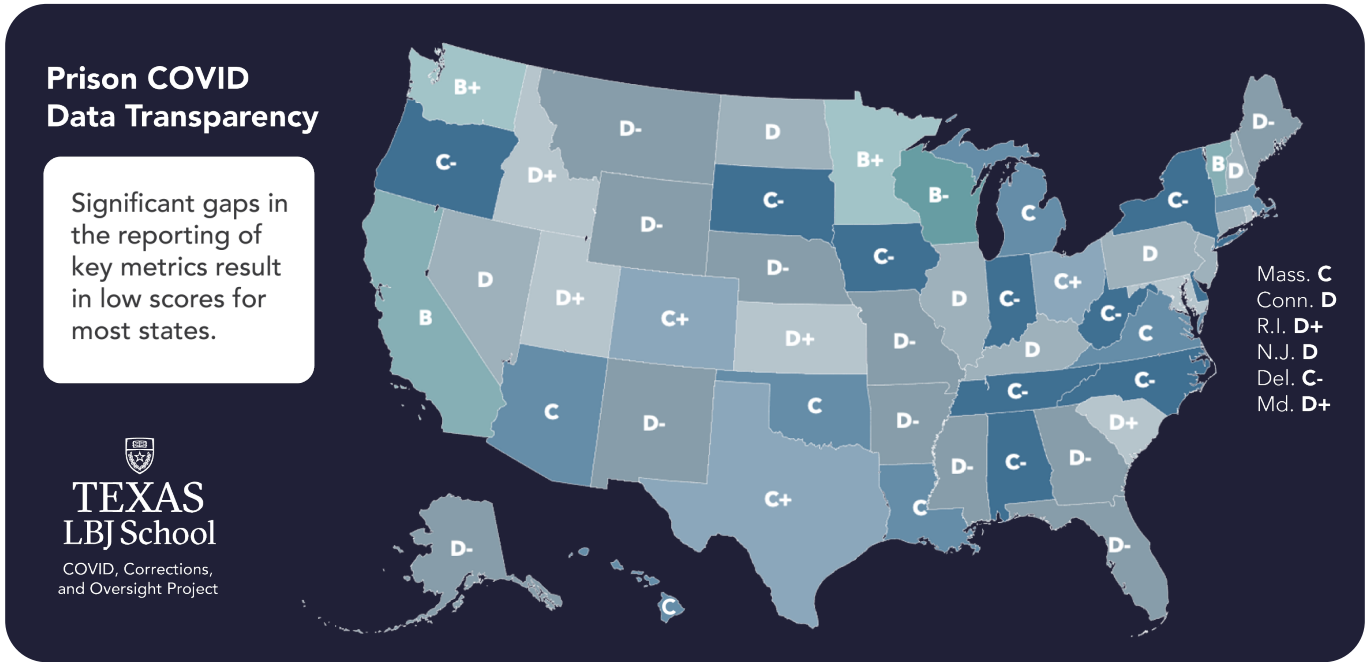


Figure 4 below shows each state’s rating when it comes to the transparency of COVID data with respect to jails around the state. It reflects that the vast majority of states are not tracking and reporting COVID data on jails statewide, with 40 states receiving “F”s. Of the ten states that do track

and report statewide jail COVID data, nine received a “C” or a “D.” Only Vermont received a “B” and no state tracked and reported sufficient statewide jail COVID data to earn an “A.” Part V of this report explains these ratings in more detail and presents our analysis.

Figure 4: Mapping the Transparency Ratings of Statewide Jail COVID Data Dashboards

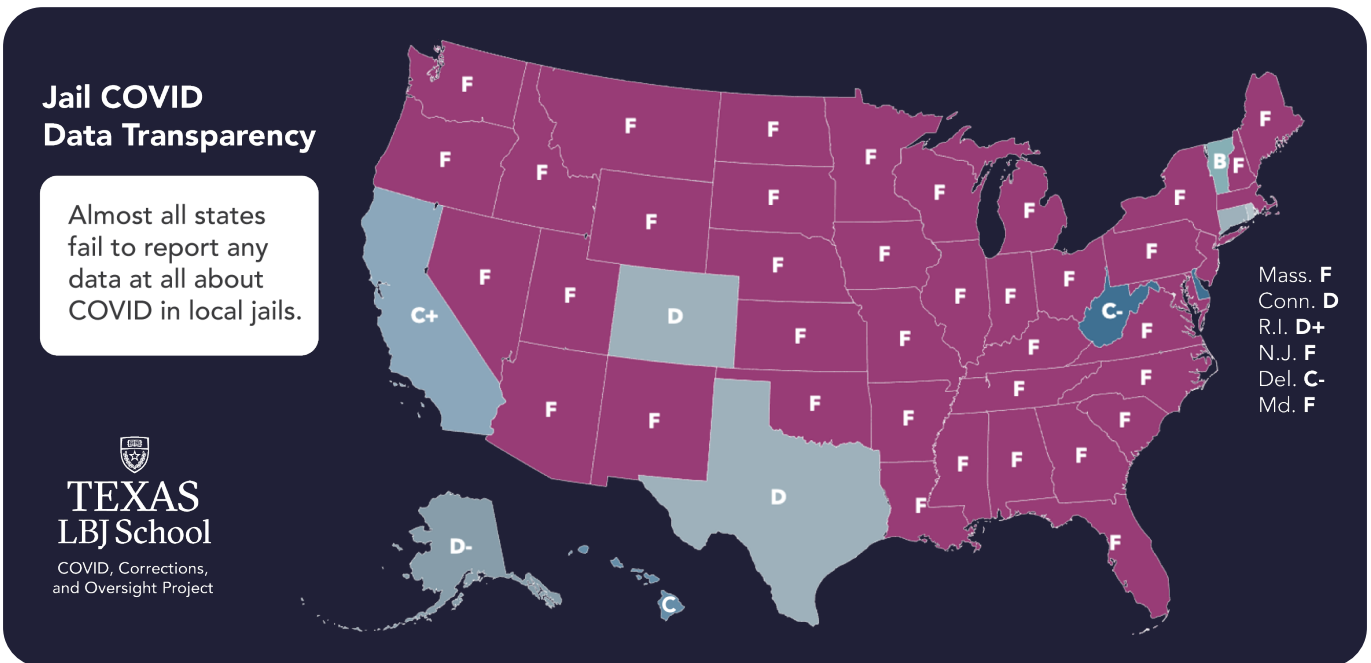
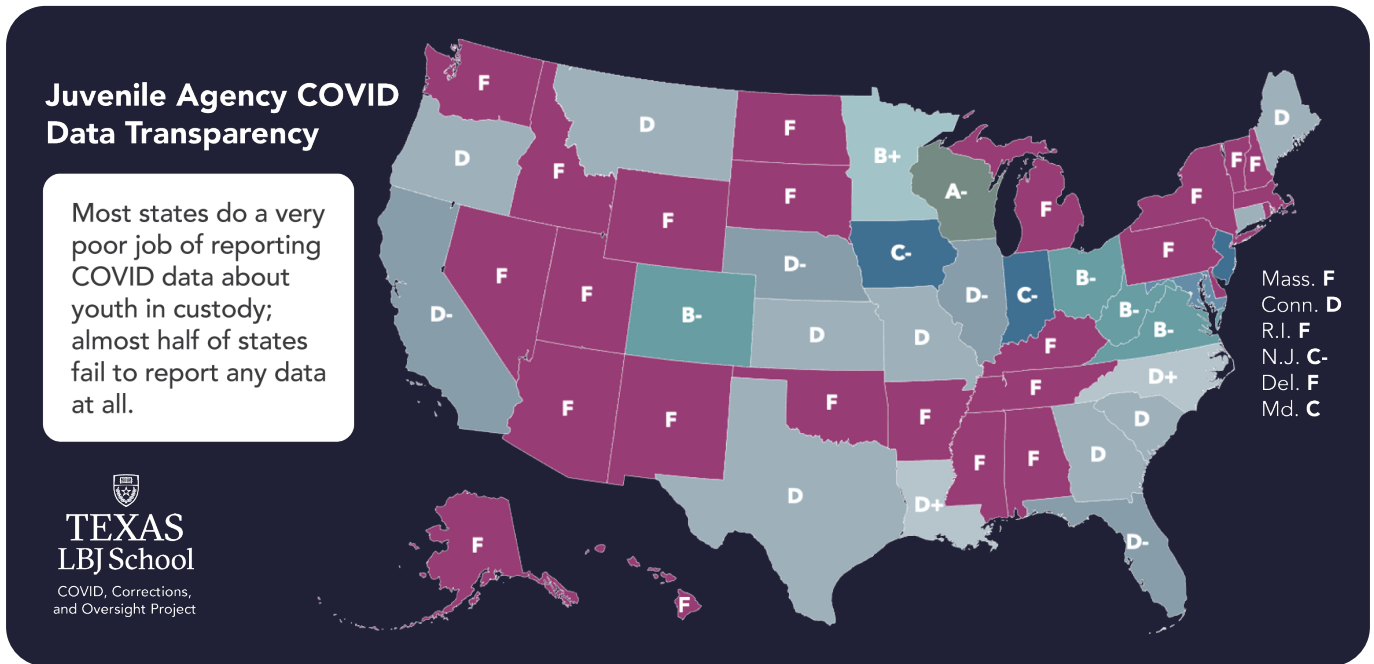


Figure 5 below shows the grades state juvenile corrections agencies received based on our rubric, and reflects that half the states received an “F” for transparency with respect to juvenile corrections COVID data. Among states that received a grade other than an “F,” the vast majority received a “C”

or a “D,” indicating that they are reporting only minimal data on COVID in juvenile facilities. Only six states – Colorado, Minnesota, Ohio, Wisconsin, Virginia, and West Virginia – received a “B” or an “A.” Part VI of this report explains these ratings in more detail and presents our analysis.

Figure 5: Mapping the Transparency Ratings of Juvenile Agencies’ COVID Data Dashboards



The sections of the report that follow provide a more detailed analysis and discussion about our

findings with respect to COVID data transparency for prisons, jails, and juvenile agencies.

IV. Prisons: Assessing and Rating the Transparency of COVID Data

We reviewed and evaluated the COVID data dashboards of all 50 state prison agencies and the Federal Bureau of Prisons using the rubric described in Section II and detailed in the Appendix. This section presents findings based on our analysis of the type of information contained in these COVID data dashboards, as well as their accessibility and clarity.

Our ratings are based on information the prison agency or another government agency made available on a public website as of the end of February 2021.

Ratings of State Prison Agency COVID Data Dashboards

Figure 6 presents grades reflecting the data transparency of each prison agency's COVID data dashboard. While some dashboards scored significantly better than others, there are no prison agencies in the United States that currently track

all of the metrics we believe are essential for a thorough understanding of the impact of COVID in prison facilities. All of the 51 prison systems in the United States publish and maintain at least some data on how COVID is impacting prisons. However, they are also lacking data on a number of important COVID metrics. As a result of these data gaps, about half of all prison systems – 25 – have a dashboard that rates only a “D,” and 20 other states received a “C” for data transparency. Only six states have dashboards that rate a “B,” while no dashboards are rated an “A.”

It is also important to note that some prison agencies appear to have decreased the amount of information they publish since the start of the pandemic and some appear to have reported inaccurate or misleading data, raising concerns about the trustworthiness of this information. As noted earlier, our analysis does not seek to confirm the accuracy of the data reported on the dashboards.

Figure 6: Grading State Prison Agency COVID Data Dashboards

*:Indicates states that have become less transparent with prison COVID data over time¹⁸

^: Indicates states with news stories raising questions about the accuracy of the prison agency's reported COVID data¹⁹

Grade	State Dashboards
A+	N/A
A	N/A
A-	N/A
B+	Minnesota , Washington
B	California , Vermont
B-	Federal , Wisconsin
C+	Colorado , Ohio , Texas *^
C	Arizona *, Hawaii , Louisiana , Massachusetts , Michigan , Oklahoma , Virginia
C-	Alabama , Delaware , Iowa , Indiana , New York , North Carolina ^, Oregon , South Dakota , Tennessee , West Virginia
D+	Idaho , Kansas , Maryland , Rhode Island , South Carolina , Utah
D	Connecticut , Illinois , Kentucky , Nevada , New Hampshire *, New Jersey , North Dakota , Pennsylvania *^
D-	Alaska , Arkansas , Florida *, Georgia , Maine , Mississippi , Missouri , Montana , Nebraska , New Mexico , Wyoming
F	N/A

Figure 7 below summarizes the number of states publishing data about each of the dashboard metrics and features from our rubric as of the end of February 2021. On the one hand, the table shows that most states are reporting data on the most fundamental metrics. On the other hand, the table reveals some notable and concerning

deficits in data transparency, especially data on vaccinations, hospitalizations, the impact of COVID on different demographic groups, the changing impact of COVID in prisons over time, the use of lockdowns and medically-restricted housing, and population changes.

18 See discussion in Finding 6 of this Section.

19 See discussion in Finding 7 of this Section.

Figure 7: Number of Prison Agencies Reporting Specific COVID Metrics and Features (out of 51)

Dashboard Metrics			
Tier 1 Metrics		Tier 2 Metrics	
Cumulative number of COVID infections	48	Number of people on lockdown or in medically-restricted housing	10
Cumulative number of tests	38	Number of people hospitalized due to COVID	9
Number of active cases	46	Names of people who have died from COVID	9
Number of COVID death	47	Indicates whether infections are from new entries into a facility or show spread within a facility	3
Staff COVID infections	46	Average diagnostic time	0
Staff COVID deaths	26		
Number of vaccinated incarcerated people	11		
Number of vaccinated staff	9		
Population changes during COVID	14		
Dashboard Features			
Tier 1 Features		Tier 2 Features	
Facility-level data	47	Mobile phone accessibility	49
Time series data	7	Agency COVID protocols	51
Regularly updated	36	Data dictionary	18
Demographic data (including race, ethnicity, age, and sex)	3	Date when data was last updated	43
Easy to locate	48		
Easy to interpret	49		

Figure 7 above shows that, with respect to reporting on certain Tier 1 Metrics such as the number of infections and deaths of incarcerated

people, most prison agencies are doing relatively well. However, four states do not report the total number of people in prison custody who have died

from COVID, which is of fundamental importance for data transparency and an understanding of the toll of the pandemic in prisons.²⁰ Moreover, three states do not publicize cumulative information about how many incarcerated people have been infected, leaving users in the dark as to the spread of the virus.²¹ And five states do not distinguish between active cases and recovered cases, thereby limiting the ability of users to determine the current state of affairs.²²

Over half the states fail to report the number of staff deaths from COVID²³ and a significant number of those states also do not report the number of staff infections.²⁴ If these agencies are not tracking and reporting data on staff infections, it is difficult for them to know if staff are the cause of spread within facilities and to implement policies that might reduce spread through staff, such as limits on staff transfers between facilities or additional staff testing requirements.

Thirteen states do not show the number of COVID tests conducted, which means that users cannot tell whether the infections reported are a reliable figure or whether they do not represent the full

scale of COVID cases due to a lack of testing.²⁵ As many cases of COVID are asymptomatic, if agencies are not conducting mass testing, they might not discover many of these relatively benign positive cases that then continue to spread, causing more death and serious illness.

Few prison agencies report COVID data about hospitalizations or the use of lockdowns or medical isolation, and few provide demographic information relevant to infections, deaths, or vaccines. And most states do not report the names of people in custody who die from COVID.

Figure 7 also shows that very few prison agencies are reporting key indicators that would improve transparency about the impact of the virus in prisons. Based on the reported data, we know little about the demographics of people infected with

20 Those states that do not report the number of COVID deaths of incarcerated people are Arkansas, Illinois, and Mississippi. Additionally, Vermont has not had any deaths, so it does not have a category for this metric on its dashboard. The other three states have had at least one person incarcerated in a prison die from COVID, according to the Marshall Project, which gathered the data through open records requests since the information was not publicly available. "A State-by-State Look at Coronavirus in Prisons," The Marshall Project, Updated 5:30 P.M. February 28, 2021, <https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons>. The lack of data from the Mississippi Department of Corrections is of particular concern: Mississippi reported a significantly higher number of overall deaths in prisons in 2020, but the agency has refused to disclose the number of deaths due to COVID, either on its website or through a press release. Griesbach, Rebecca, "Nearly 1,500 inmates in Mississippi have been infected, but officials won't say how many have died," *The New York Times*, accessed January 5, 2020 at <https://www.nytimes.com/live/2021/01/05/world/covid-19-coronavirus#nearly-1500-inmates-in-mississippi-have-been-infected-but-officials-wont-say-how-many-have-died>.

21 Pennsylvania and Massachusetts publish only daily information on the number of active cases in state prisons, not the cumulative total; Wyoming only publishes weekly information on the number of active cases in state prisons.

22 The states that do not distinguish between active and recovered COVID cases are: Alaska, Maine, Montana, Nevada, and New Jersey.

23 These states report information about COVID infections among staff, but not deaths among staff: Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Massachusetts, Minnesota, Mississippi, Nebraska, New Hampshire, New Jersey, Oklahoma, Oregon, Vermont, and Wyoming.

24 These states report information about COVID infections among staff, but not deaths among staff: Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Massachusetts, Minnesota, Mississippi, Nebraska, New Hampshire, New Jersey, Oklahoma, Oregon, Vermont, and Wyoming.

25 There are 13 states – Connecticut, Florida, Georgia, Kansas, Kentucky, Montana, Nevada, Pennsylvania, Rhode Island, South Carolina, Virginia, Washington, and Wyoming – that do not report the number of COVID tests conducted in prisons.

Figure 17 in the Appendix provides a detailed assessment of each state prison agency's data transparency on each element of the rubric.

the virus or who died due to COVID;²⁶ the seriousness of the cases among people in custody;²⁷ and the conditions in which people in custody are being housed as a result of COVID outbreaks in the facility.²⁸ Most states also do not report the names of people who die in custody from COVID.

The chart further reflects that most prison agencies have done a reasonably good job of making their data accessible to mobile users²⁹ and showing how COVID is affecting specific facilities,³⁰ and all agencies share information about at least some COVID protocols. However, many states fail to show how the impact of COVID is changing over time, which limits users' ability to identify whether changes in policy and practice are helping to mitigate the spread and toll of COVID in prisons.³¹ Moreover, the lack of a data dictionary in most states³² means that some of the figures cannot be easily interpreted or compared to those in other jurisdictions. And states that do not regularly update the data presented on their websites leave users uncertain as to whether the information is current.³³

For additional information on whether a specific state's prison system is tracking a particular metric or whether the state's dashboard includes certain features, readers should refer to Figure 17 in the Appendix.

Findings about Prison Data Transparency

Finding 1: The majority of prison agencies are reporting data on most Tier 1 Metrics, such as the numbers of active cases or deaths among incarcerated people, but there is a notable gap in data provided about vaccines. Additionally, almost no prison agencies are reporting data on Tier 2 Metrics that are critical for a deeper understanding about the impact of COVID on people who live and work in the prisons and how the agency is addressing the situation.

Almost all prison agencies are reporting information that shows the cumulative toll of COVID on people who are incarcerated in prisons, in terms of both infections and deaths, and almost all report at least some information on how the virus has impacted staff. This is the most essential information policymakers, advocates, and family members need to understand how COVID has impacted people who live and work in prisons, but it is only a starting point.

26 Only three states report demographic data with respect to the impact of COVID on the incarcerated population: Massachusetts, Vermont, and Washington.

27 Only nine prison agencies report information on how many people have been hospitalized due to complications from COVID: those in Alaska, Connecticut, Florida, Hawaii, Minnesota, North Carolina, Oklahoma, Vermont, and Virginia.

28 Only 10 prison agencies – those in Florida, Hawaii, Idaho, Massachusetts, Ohio, Oklahoma, Texas, Vermont, Washington, and Wisconsin – report any information on the number of people or facilities on precautionary lockdown or in quarantine due to a positive test result or exposure to someone with COVID.

29 Only Iowa, Montana, and Nebraska do not make their COVID data dashboards accessible on mobile devices.

30 Only Alaska, Arkansas, Florida, and Nevada do not provide data about the number of COVID cases in individual prison facilities.

31 The following states DO provide time series COVID data: Arkansas, California, Hawaii, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Wisconsin, and Wyoming.

32 For examples of COVID data dictionaries, see the dashboards of prison agencies in the following jurisdictions: Alabama, Alaska, Arizona, California, Colorado, Florida, Idaho, Indiana, Iowa, Michigan, Minnesota, Nevada, Oregon, Texas, Vermont, West Virginia, Wisconsin, and the federal Bureau of Prisons.

33 Seven states do not regularly update their reported COVID data, with some dashboards apparently not updated for weeks, or even months: Delaware, Florida, Mississippi, Missouri, Nebraska, Rhode Island. And eight other states do not update this information on a daily basis, which is considered best practice: Alabama, Alaska, Arkansas, Connecticut, Maryland, Montana, Utah, and Wyoming.

“This information is important for politicians, judges, sheriffs, and governors - people who have decision-making authority - to know what the true scope of the impact of COVID-19 in prisons and jails is. It helps them weigh decisions about reducing population and protecting medically vulnerable people. There’s a debate going on about who should be prioritized for the vaccine - and the fact that people are dying at a high rate in prison is a strong argument in favor of prioritizing them.”

– Aaron Littman
UCLA COVID Behind Bars Data Project
(Source: VICE News, February 9, 2021)

Few prison agencies are tracking and reporting information about how many people are hospitalized; whether COVID is spreading in the general population or has been found among newly admitted residents; and how the agency is utilizing lockdowns and medically-restricted housing. Stakeholders need this information to understand the full impact of the virus on people in custody and the staff who work in prisons. Additionally, only a small number of prison agencies track and report any information on the vaccination campaigns inside facilities. While the availability of vaccines is still limited in most corrections facilities, data on how many people are vaccinated, along with information about whether prisons have an adequate supply of vaccine doses and whether people are refusing to get vaccines, can help stakeholders understand whether the agency is making progress towards ending the pandemic in prisons.

Finding 2: Almost no prison agencies are reporting information about the race, ethnicity, age, or sex of incarcerated people who contract COVID or die from the virus, or about those individuals who are receiving the vaccine. Without this data, it is impossible for policymakers, advocates, and family members to know if certain demographics of incarcerated people are disproportionately impacted by the virus.

Despite the fact that older people, people of color (in particular, Black and Hispanic people), and males are more likely to develop severe complications from COVID,³⁴ almost no prison agencies are reporting demographic information about who is infected or who has died. A previous report we co-authored found that 80 % of the people who died in Texas prisons were over age 55,³⁵ which shows the urgency of disaggregating statistics by demographic factors.

It is especially important to report testing, case, death, and vaccine numbers by race, ethnicity, age, and sex to ensure that prison authorities and government officials are implementing an equitable response. For example, demographic data could help policymakers and advocates identify high-risk populations best suited for precautionary measures such as release on parole or home confinement. Moreover, the demographic data could help administrators target the development of COVID prevention materials for non-English speakers and could justify the need for increased monitoring of those in custody with high-risk health conditions more prevalent among Black populations.³⁶ In fact, epidemiologists warn that the lack of this data in the correctional context negatively impacts people of color who are incarcerated; indeed, a Harvard Medical School

34 “Older Adults, *Centers for Disease Control and Prevention*, Updated December 13, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>; “COVID-19 Racial and Ethnic Health Disparities,” *Centers for Disease Control and Prevention*, Updated December 10, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>; Griffith, Derek, Garima Sharma, Christopher S. Holliday, et al. “Men and COVID-19: A Biopsychosocial Approach to Understanding Sex Differences in Mortality and Recommendations for Practice and Policy Interventions.” *Centers for Disease Control and Prevention: Preventing Chronic Disease*, 2020;17:200247. DOI: <http://dx.doi.org/10.5888/pcd17.200247>.

35 Deitch, Michele, Alycia Welch, William Bucknall, and Destiny Moreno, *COVID and Corrections: A Profile of COVID Deaths in Custody in Texas*, Lyndon B. Johnson School of Public Affairs, November 2020, p. 16, <https://repositories.lib.utexas.edu/handle/2152/83635>.

36 Chammah, Maurice, and Tom Meagher, “Is COVID-19 Falling Harder on Black Prisoners? Officials Won’t Tell Us.” The Marshall Project, May 28, 2020, <https://www.themarshallproject.org/2020/05/28/is-covid-19-falling-harder-on-black-prisoners-officials-won-t-tell-us>.

epidemiologist described the failure to capture this data as “another form of structural racism.”³⁷ Given the vast over-representation of Black Americans in our country’s prisons and jails, as well as the rapid aging of the prison population in the United States, this demographic data is of great importance for our understanding of COVID in the correctional context and for determination of appropriate strategies for addressing this crisis.³⁸

Finding 3: The vast majority of prison agencies fail to show how the spread of COVID has changed over time and a significant number do not update their data regularly, thereby limiting the usefulness of the information prison agencies do provide.

Most agencies also fail to show the changing impact of COVID on the prison system over time (this is also called “time series” data). This missing information leaves families, policymakers, and advocates with many unanswered questions. For example, when a dashboard presents only cumulative information about infections and deaths, users cannot determine easily the current state of affairs, nor can they assess whether the situation is improving or worsening inside certain facilities. Without time series data, policymakers and advocates will have trouble determining if safety measures have been sufficient to curb the spread of COVID inside facilities, or if the situation has been deteriorating even in the face of preventive steps.

Additionally, a significant number of states do not update their data dashboards on a regular basis. Prison agencies should aim to report new data every day; COVID spreads fast and the situation in any given facility can change rapidly. There are seven states that update their data less than weekly and eight additional states that update their data only once or twice a week, which together make up almost a third of all prison agencies. Without new data or data broken down by date, the information reported can quickly become meaningless as users cannot determine if what is reported accurately reflects the current situation inside facilities.

Finding 4: Most prison agencies do not provide meaningful explanations of their COVID metrics, which can lead to an inaccurate understanding among stakeholders of how COVID is impacting people in prison.

Out of the 51 prison agencies in the United States, only 18 provide data dictionaries for any data they publish on the agency website. Without data dictionaries, there are no standardized definitions for what many of the COVID metrics mean, and these definitions are not always as clear cut as they seem. For example, “recovered” COVID cases could mean the number of individuals who have been cleared by a medical professional or the figure could include all individuals a certain number of days after a positive test. Stakeholders need to compare the COVID situation in different prison systems in order to determine what prevention measures are and are not working. For this type of comparison, stakeholders need to have standardized definitions of the metrics, or at least a clear understanding of what the metrics are measuring.

Another concern is that without clear definitions of the metrics they are reporting, prison agencies can use narrow definitions of metrics such as deaths, cases, or hospitalizations in order to make the situation appear better than it actually is inside facilities. For example, some prison agencies use narrow definitions of “COVID deaths” that keep their reported numbers of deaths artificially low (see the callout box “The Undercount of COVID Deaths in Prisons” for more information). Additionally, by providing a clearer understanding of what the data is measuring, data dictionaries can help stakeholders hold these agencies accountable. A lack of clear definitions for the metrics limits the transparency of the data, makes it harder to hold agencies accountable, and reduces opportunities for comparisons with peer agencies across the country.

37 Ibid.

38 Sawyer and Wagner, “Mass Incarceration: The Whole Pie 2020,” *supra* note 2.

The Undercount of COVID Deaths in Correctional Facilities

Public health officials and advocates have raised concerns about significant undercounting of COVID deaths among incarcerated people across the United States.³⁹ Some of the explanations for this undercounting are not unique to the correctional context, as this undercounting has also been observed in the greater community as well.⁴⁰ For example, it is not always clear what “counts” as a COVID death. Someone may have died from what was likely COVID, but the person never received a COVID test. And some officials may not count a death where the medical examiner lists COVID as a contributing factor rather than as the primary cause of death.

But beyond these more general challenges in deciding what should count as a COVID death, there are also concerns about deliberate efforts on the part of some corrections officials to avoid reporting deaths so they can avoid accountability. For example, there are accounts of jailers releasing people from the facility as they are dying so that they are not incarcerated at the time of their death.⁴¹

What’s more, agencies sometimes (often for valid reasons) delay filing custodial death reports for weeks or months, which means that statistics are not always up to date. Significant delays in data reporting mean that communities cannot hold agencies accountable for the losses when they occur, and efforts to advocate for additional safety measures may come too late.

While most explanations for the undercounting of COVID deaths in correctional facilities are benign on their face, they can result in the obscuring of the excess of deaths that have occurred as a result of COVID. When reporting the number of COVID deaths, agencies need to clearly communicate the limits of COVID death data, and explain how the numbers they publish might not reflect the true toll of the virus and why. Such transparency would help agencies gain the trust of stakeholders. Having a data dictionary that provides a clear definition of how the agency counts “COVID deaths” would help provide users with the ability to more accurately interpret the data that the agency reports and gauge whether the figures are unrealistically low.

39 Critchfield, Hannah, and Arabella Saunders, “North Carolina Claims Prisoners Who Died of COVID Didn’t Die of COVID,” *VICE News*, February 9, 2021, <https://www.vice.com/en/article/z3vk9e/north-carolina-claims-prisoners-who-died-of-covid-didnt-die-of-covid>.

40 Kliff, Sarah, and Julie Bosman, “Official Counts Understate the U.S. Coronavirus Death Toll,” *The New York Times*, April 5, 2020, <https://www.nytimes.com/2020/04/05/us/coronavirus-deaths-undercount.html>.

41 See, e.g., Sundaram, Arya, “How Texas Jails Avoid Investigations of Inmate Deaths,” *Texas Observer*, October 29, 2020, <https://www.texasobserver.org/how-texas-jails-avoid-investigations-of-inmate-deaths/>.

Finding 5: Some prison agencies have reported helpful information that is not reflected in our rubric. This information may not be essential for all jurisdictions to report, but can add to stakeholders’ understanding of the ways in which COVID is impacting prisons.

While our grading rubric seeks to identify and assess the extent to which prison agencies report

critically important data, it is not meant to be comprehensive. Indeed, some agencies include helpful information on their COVID dashboards that go beyond our recommended elements, and this information allows users to better understand how COVID is impacting the people inside correctional facilities and the agency’s response to this crisis.

Figure 8 shows the additional information or features that we observed on the websites of 15 prison agencies. For the most part, this additional information shows how the prison agency compares to other prison systems or other segments of society with respect to COVID, highlights the housing arrangements for incarcerated people during COVID (such as whether they live in individual cells or congregate living quarters), and shows how the pandemic is

impacting people recently released from prison on parole or through other mechanisms. This information can give users of the dashboard a fuller picture of how well the agency is managing the COVID crisis. We call these “bonus features” – worth up to three additional points on our rubric – and we encourage other states to consider providing similar information on their dashboards when appropriate.

Figure 8: “Bonus Features” on COVID Data Dashboard

Prison Agency	Bonus Feature(s)
California	<ul style="list-style-type: none"> • Number of people released from prison while positive for COVID • Graph comparing infection rates in California prisons to all of California and the U.S. • Table comparing testing rates in California prisons to all of California and the U.S.
Colorado	<ul style="list-style-type: none"> • Graph showing capacity and percent vacancy of Colorado prisons • Table listing the COVID restriction phase for each Colorado prison
Louisiana	<ul style="list-style-type: none"> • Information about whether people who died from COVID in Louisiana prisons had underlying medical conditions
Massachusetts	<ul style="list-style-type: none"> • Weekly reports detailing the type of housing arrangements for incarcerated people
Michigan	<ul style="list-style-type: none"> • The number of people who tested positive for COVID who were later released on parole
Minnesota	<ul style="list-style-type: none"> • Graphs detailing race and sex demographics of the overall Minnesota prison population • Tables detailing the number of people considered, approved, and denied for release during COVID, as well as the reasons for the decisions
Nevada	<ul style="list-style-type: none"> • Details the rate at which incarcerated people and staff who are exposed to the virus become sick from the disease • Distinguishes between symptomatic and asymptomatic testing.
New York	<ul style="list-style-type: none"> • Number of infections and deaths from COVID among people released on parole
Ohio	<ul style="list-style-type: none"> • Type of housing in different facilities
Oklahoma	<ul style="list-style-type: none"> • Table of “Hot Status Facilities” detailing those Oklahoma prisons where at least 20% of the population in celled housing or 15% of the population in open bay housing test positive for COVID

Oregon	<ul style="list-style-type: none"> List of dated page updates that state how and when the COVID data dashboard changed
Pennsylvania	<ul style="list-style-type: none"> Daily wastewater report about tests conducted on the wastewater at each facility to identify any influx in the COVID viral load
Rhode Island	<ul style="list-style-type: none"> Detailed timeline of important events related to COVID in Rhode Island prisons connected to a graph of the population changes in facilities during COVID
Vermont	<ul style="list-style-type: none"> Number of people who have been discharged from medical isolation and discharged from hospitalization Publishes COVID Risk Factors Reports detailing the number of incarcerated individuals at high risk of serious disease from COVID due to health factors such as old age, diabetes, or cancer
Washington	<ul style="list-style-type: none"> Number of people housed in “Regional Care Facilities,” facilities used to house incarcerated people who have tested positive for COVID and may need more comprehensive medical attention short of hospitalization Graphs showing how the Washington Department of Corrections compares to other prison agencies in terms of total number of COVID tests, the positivity rate, and the mortality rate A timeline of significant events related to COVID that highlights all the important developments and responsive actions by government officials to address the crisis Demographic breakdown of the overall prison population by age, race, and ethnicity
Wisconsin	<ul style="list-style-type: none"> Number of people released while positive for COVID Table comparing the key COVID metrics for the prison systems of other midwestern states

Finding 6: Some prison agencies have increased transparency by providing additional data on their COVID dashboards since early in the pandemic, while others have reduced stakeholders’ access to COVID-related information since the summer of 2020.

Throughout the course of our research during the COVID pandemic, we have seen agencies’ data tracking and reporting practices develop and change. Some prison agencies were not tracking and reporting publicly available COVID data at the beginning of the pandemic, but they eventually established dashboards. Far more troubling, though, are those agencies that altered or removed the information they report in ways that decrease transparency for users. For example:

- The **Florida Department of Corrections** stopped reporting certain key indicators on its COVID dashboard in mid-December 2020 without any warning or explanation. The agency now reports significantly less data than it had over the first nine months of the pandemic. Before the change, the dashboard provided facility-level data, including the number of cases and tests, and updated this information daily. After December, the agency stopped reporting facility-level data, and the dashboard is updated only once a week.⁴²
- On January 28, 2021, the **Pennsylvania Department of Corrections** removed its detailed COVID data dashboard from its

42 Toohey, Grace, “As outbreaks continue, Florida prisons limit public COVID-19 data,” *Orlando Sentinel*, December 24, 2020, <https://www.orlandosentinel.com/coronavirus/os-ne-coronavirus-florida-prisons-less-data-outbreaks-20201224-w6micsje4fghhnsz4wibglyiry-story.html>.

website, stating that it would relaunch a new version of the dashboard and that the dashboard would be offline until then. Additionally, the agency stated that it would publish a daily report on the number of active cases and deaths. This report contains data on many fewer metrics than the dashboard had provided, and does not contain data presentation tools such as maps and graphs that can help improve accessibility and aid in interpretation of the data. As of the end of February 2021 the dashboard had not been relaunched, and on February 28, 2021, the statement about relaunching the dashboard changed to say that the dashboard will be offline indefinitely due to “technical challenges that have led to data inconsistencies.”⁴³

- The **Washington State Department of Corrections** stopped reporting data on the testing of incarcerated people between December 2020 and the end of February 2021, stating that “because of the variety of ways testing occurs, consistently and accurately reporting testing numbers can be challenging. Given the more robust availability of testing in the community and within our state’s correctional facilities, the Department is working to determine the best way to share accurate numbers regarding the testing of incarcerated individuals and the previously displayed testing data has been removed.”⁴⁴ The agency’s website does not indicate when the agency will again report data on testing. Also, the department previously reported the names of the people in custody who died from COVID, but that practice stopped as of February 2021.⁴⁵
- Up until late 2020, the **Texas Department of Criminal Justice** published website announcements about each COVID-related death of an incarcerated person, a practice that supported transparency and was

also meaningful to the families of people who died; however, that practice has now stopped without explanation. The name and other information about a person who died from COVID in custody can now be obtained only by viewing an official death in custody report filed with the Texas Attorney General, a process that can take 30 days or more.

Finding 7: While our rubric does not evaluate the accuracy of the data published by prison agencies, some of the data the agencies provide raise questions about the data’s trustworthiness.

Data trustworthiness is central to the issue of data transparency; if government officials hide or misrepresent data from the public, then there can be a loss of trust that cannot be regained. As a result, even if stricter data standards are adopted and the agency begins to publish accurate, detailed data, there are users who will understandably mistrust what the data says, meaning that the data cannot serve its fundamental purpose of keeping the public informed.

As we explained in Section II of this report, in the section about “Limitations,” we did not assess the accuracy of the information agencies present. We examined whether certain metrics are published, not whether the information itself is accurate.

However, in the course of our research, we identified several instances where the media has raised questions about inaccuracies in prison COVID data. Some of the agencies involved received some of the highest grades under our rubric, further demonstrating the difference between the availability and accuracy of information. We do not know whether these examples are simply the tip of the iceberg, but we suspect that a deeper dive might reveal similar problems in many states’ dashboards.

- The **Pennsylvania Department of Corrections** maintained a detailed COVID data dashboard up until the end of 2020

43 “COVID-19 and the DOC,” *The Pennsylvania Department of Corrections*, accessed February 28, 2021 at <https://www.cor.pa.gov/Pages/COVID-19.aspx>.

44 “COVID-19 Data,” *Department of Corrections, Washington State*, accessed February 28, 2021 at <https://www.doc.wa.gov/corrections/covid-19/data.htm>.

45 Chang, Robert, Twitter Post, February 3, 2021, 7:36 PM CT, <https://twitter.com/KorematsuCtr/status/1357140995444334592>.

that published some of the most detailed information of any prison system, but there were concerns about the accuracy of that data. The total number of COVID deaths, tests, and cases reported on the data dashboard has dropped without explanation on more than one occasion. In response to a media query about the changing data, a spokesperson from the Pennsylvania prison agency said that these decreases were results of “system glitches.” Additionally, the spokesperson stated that there was a change in reporting policy in which positive rapid tests that were followed up by lab tests would only be counted once; previously they had counted as two tests.⁴⁶ While this change seems reasonable, it was made without explanation or warning. Failures to clearly explain changes to data reporting practices can result in decreased trust from the public and misunderstandings regarding how to interpret the data.

- In December 2020, the **Texas Department of Criminal Justice** (TDCJ) decreased the total number of COVID deaths listed on its dashboard without a prior explanation. When the agency was questioned by a reporter about these changes, some of these deaths were then added back to the dashboard, while others were not, with no apparent justification.⁴⁷ A spokesperson for TDCJ stated that correctional medical providers⁴⁸ made the decision to remove these deaths from the overall COVID death count, an explanation refuted by the medical providers. These factors raise concerns about the reliability of the COVID

data available on TDCJ’s website, and the conflicting explanations for the changes created some mistrust among regular users of this data.

- The **North Carolina Department of Public Safety** (DPS) failed to include at least three incarcerated people who died from COVID-related causes in the agency’s official COVID death count, according to a media investigation in February 2021.⁴⁹ These omissions appear to contradict the agency’s claim that it counts deaths that are both directly due to COVID and deaths in which COVID was a contributing factor. Following the investigative report that detailed these omissions, the North Carolina Department of Public Safety added two of three incarcerated individuals to their count of COVID deaths in North Carolina prisons. Additionally, the department has now adopted a policy that officials will check death certificates against their internal count of COVID deaths and make any adjustments to that count when medical examiners list COVID-19 as a cause of death.⁵⁰
- In March 2021, observers noted that the federal **Bureau of Prisons** (BOP) had removed cases from its previously reported cumulative number of COVID cases without explanation. Specifically, on March 26, 2021, the total number of positive and recovered cases was over 300 fewer than at the beginning of that month. In response to a question about this change from The Marshall Project, a BOP spokesperson stated that the number of recovered cases does

46 The Inquirer Editorial Board, “Pennsylvania prisons’ unreliable COVID data hides the true extent of the crisis,” *The Philadelphia Inquirer*, December 29, 2020, <https://www.inquirer.com/opinion/editorials/prison-coronavirus-data-pennsylvania-corrections-covid-dashboard-20201229.html>

47 Blakinger, Keri, “No Way Out: How the Texas prison system tracks COVID-19 cases, deaths,” *WFAA and the Marshall Project*, December 13, 2020, <https://www.wfaa.com/article/news/local/investigates/no-way-out/how-the-texas-prison-system-tracking-covid-19-cases-deaths/287-5c03b945-5a5d-4d3b-85cd-28e13016b288>.

48 Ibid.

49 Critchfield and Saunders, “North Carolina Claims Prisoners Who Died of COVID Didn’t Die of COVID,” *supra* note 39.

50 Critchfield, Hannah, “NC prison agency changes policy and COVID death count following NC Health News-VICE investigation of underreporting,” *North Carolina Health News*, March 5, 2021, <https://www.northcarolinahealthnews.org/2021/03/05/nc-prison-agency-changes-policy-and-covid-death-count-following-nc-health-news-vice-investigation-of-underreporting/>.

not include people incarcerated in federal prisons who tested positive for COVID, recovered, and then were released. The agency also stated the BOP does not have the data on the number of people who were released after testing positive for COVID “readily available.” As a result of this change, it is no longer possible to get an accurate

cumulative number of people incarcerated in the BOP who tested positive for COVID, and The Marshall Project, which is one of the primary sources of compiled national data about COVID in prisons, will no longer be including updated BOP data as a result of the agency’s misleading reporting practice.⁵¹

51 The Marshall Project, Twitter Post, March 26, 2021, 12:29 PM CT, <https://twitter.com/MarshallProj/status/1375500147384270852>.

V. Jails: Assessing and Rating the Transparency of COVID Data

Over 600,000 people are incarcerated in local jails in the United States at any given time, with a large percentage of these individuals being in pre-trial detention and unconvicted of any crime.⁵² Many people cycle through these facilities after spending only a matter of hours or days behind bars, and this high level of churn means that it is especially difficult to prevent viruses from entering the jails or from affecting the communities where they are located. Thus, it is critical to know how COVID is affecting these local facilities.

In most states, jails are operated and funded locally, usually under the control of an independently-elected sheriff. Local operations means that jail agencies exercise a great deal of autonomy; only about half the states regulate jails with required minimum jail standards. For the most part, even in states with minimum jail standards, jail authorities – in collaboration with other local justice system stakeholders – determine how they are responding to the COVID crisis and what data they will release about how COVID is affecting their facilities.

This section of the report examines the transparency of COVID data with respect to jails. First, we assess the extent to which this data is collected and reported at a statewide level, in order to provide a single point of information for jails across the entire state and to allow for comparative information between jails. COVID response has been largely conducted at the state level, and state laws or policies from state agencies can impact the number of people entering into and leaving jails. Statewide data on how COVID is spreading in all congregate settings, including jails, is necessary in order to appropriately dedicate resources for prevention and mitigation. After reviewing what kind of statewide jail COVID data state agencies are reporting, we evaluate the degree to which a sampling of local jail agencies report COVID data on their own websites to provide readily available

information about the impact of COVID in specific facilities. It is crucial for these local agencies to be tracking and reporting this information in order to collaborate with local stakeholders to address the spread of COVID both in jails and the communities in which they are located.

Ratings of Statewide Jail COVID Data Dashboards

As shown in Figure 9 below, the vast majority of states are completely failing to track and publish information on the impact of COVID in jails statewide.

Only three states without a unified corrections system – California, Colorado, and Texas – collect and report statewide COVID data about jails.

There are 40 states that received an “F” because they have not reported any statewide data specifically about COVID in jails. Among the 10 states that do publish some statewide data on COVID in jails, only Vermont received a “B,” the highest rating that any state received. The other nine states received a “C” or a “D.” Most of these 10 states have unified corrections systems, in which the state corrections agency operates both prisons and pretrial detention facilities (jails). In other words, in most cases where statewide jail COVID data is available, the state operates the jails, making the data collection effort straightforward. Only three states without a unified corrections system – California, Colorado, and Texas – have collected COVID data from locally-operated jails across the state, compiled the information, and publicly reported that compiled data.

52 Sawyer, Wendy, and Peter Wagner, “Mass Incarceration: The Whole Pie 2020,” *supra* note 2.

Figure 9: Grading Statewide Jail COVID Data Dashboards

*: Indicates a state with a unified corrections system in which a single corrections agency operates both prisons and jails in the state. These states receive the same grade as in Figure 5 above.

^: Indicates that there is a non-corrections state agency (usually a public health agency) that collects data on COVID in all correctional facilities, but does not disaggregate cases between prisons and jails

Grade	State Dashboards
A+	N/A
A	N/A
A-	N/A
B+	N/A
B	Vermont*
B-	N/A
C+	California
C	Hawaii*
C-	Delaware* , West Virginia*
D+	Rhode Island*
D	Colorado , Connecticut* , Texas
D-	Alaska*
F	Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota^, Mississippi, Missouri, Montana, Nebraska, Nevada^, New Hampshire, New Jersey, New Mexico, New York, North Carolina^, North Dakota, Ohio, Oklahoma^, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia^, Washington, Wisconsin, Wyoming

Figure 10 shows the number of states that are publishing data for each of the metrics and whether they are presenting the data in ways that make the information easily accessible, understandable, and meaningful. Shockingly few states (fewer than 10) are reporting information on any single metric – even the most basic ones about infections, deaths, and tests – which leaves

stakeholders with an enormous dearth of critical information about what is happening in jails with respect to COVID. Absent statewide data about what is happening in jails, policymakers have no way to assess the risk to incarcerated people and staff in these facilities and no information to guide an appropriate policy response.

Figure 10: Number of States Publishing Specific COVID Metrics and Features on Jails Statewide (out of 50)

Dashboard Metrics			
Tier 1 Metrics		Tier 2 Metrics	
Cumulative number of COVID infections	9	Number of people on lockdown or in medically-restricted housing	3
Cumulative number of tests	6	Number of people hospitalized due to COVID	6
Number of active cases	9	Names of people who have died from COVID	1
Number of COVID death	9	Indicates whether infections are from new entries into a facility or show spread within a facility	3
Staff COVID infections	9	Average diagnostic time	0
Staff COVID deaths	3		
Number of vaccinated incarcerated people	2		
Number of vaccinated staff	2		
Population changes during COVID	5		
Dashboard Features			
Tier 1 Features		Tier 2 Features	
Facility-level data	9	Mobile phone accessibility	10
Time series data	3	Agency COVID protocols	8
Regularly updated	4	Data dictionary	4
Demographic data (including race, ethnicity, age, and sex)	1	Date when data was last updated	8
Easy to locate	10		
Easy to interpret	10		

Even among the few states that do publish statewide jail COVID data – Alaska, California, Colorado, Connecticut, Delaware, Hawaii, Rhode Island, Texas, Vermont, West Virginia – there is a dearth of important information. For example, only one state (Vermont) reports demographic data, while only three states (California, Colorado, and Hawaii) show how the impact of COVID is

changing over time for jails in the state. Only three states (Hawaii, Texas, and Vermont) provide any information about the conditions in which people in jail are being housed and how many people are on lockdown or medically-restricted housing status. And only four states (Alaska, Colorado, Vermont, and West Virginia) provide a data dictionary to help in interpretation of the information that is reported.

Because it is not necessarily obvious which entity would track and report data about COVID in jails at a statewide level, we also identified which state agencies are taking responsibility for this task. Figure 11 below shows the sources of this COVID jail data in the 10 states where such statewide data is available.

Absent statewide data about what is happening in jails, policymakers have no way to assess the risk to incarcerated people and staff in these facilities and no information to guide an appropriate policy response.

Figure 11: Sources for Statewide Jail COVID Data

Departments of Correction* (*each of these states operates a unified corrections system)	State Jail Oversight Bodies	Departments of Health
Alaska Connecticut Delaware Hawaii Rhode Island Vermont West Virginia	California Board of State and Community Corrections Texas Commission on Jail Standards	Colorado

Figure 11 above shows that there are seven states where the department of corrections reports COVID data on people in pre-conviction confinement. As mentioned above, all of these states have unified corrections systems, meaning that in these states the department of corrections operates these pre-trial detention facilities, so that agency would naturally be the source of this data.

More surprising is our finding about the limited role being played by state jail regulatory bodies with respect to COVID data. Twenty-four states have independent government oversight bodies that regulate local jail systems across the state by promulgating minimum standards and inspecting the jails to ensure compliance with the standards.⁵³ As Figure 11 reveals, however, only two of these oversight bodies – in California and Texas – are tracking and reporting coronavirus jail data at a statewide level. Only Texas’s oversight body – the Commission on Jail Standards – appropriately took on the responsibility of tracking and reporting jail COVID data from the start of the pandemic. California’s oversight entity – the Board of State and Community Corrections – did not begin reporting this data until July 2020, only after a number of news articles critiqued the Board for not being more transparent with this information.⁵⁴

Another potential source for data is the state health department, which is usually in charge of tracking COVID cases in each state as a whole. We found that state health departments publish data dashboards that provide this information for the general public, but do not include information specifically about the incarcerated population in jails. The one exception is the state department of health in Colorado, which currently tracks and reports data on COVID cases in local jails. The Colorado Department of Public Health and the Environment separately reports all COVID cases that originated from certain congregate settings such as schools, residential healthcare facilities, and correctional facilities. Additionally, four other

53 See Deitch, Michele, “But Who Oversees the Overseers? The Status of Prison and Jail Oversight in the United States,” 47 Amer. J. Crim. L. 151 (2020).

54 Pohl, Jason, “‘A moral failure’: California not tracking jail inmates and staff infected with coronavirus,” Sacramento Bee, June 23, 2020, <https://www.sacbee.com/news/coronavirus/article243724172.html>; Pohl, Jason, “Five months after outbreak, California to publish COVID-19 data on local jails,” Sacramento Bee, July 15, 2020, <https://www.sacbee.com/news/coronavirus/article244252932.html>.

Figure 18 in the Appendix provides a detailed assessment of data transparency for each state with respect to jails at a statewide level.

state departments of health collect and publish data about COVID cases in correctional facilities, but unlike in Colorado, those dashboards do not distinguish between prisons and jails in reporting this information. These states are Minnesota, North Carolina, Oklahoma, and Virginia. This information is a step in the right direction, but there are differences between jails and prisons, and the distinction in the data is important for policymakers and advocates.

For more detailed information about whether a particular state is transparent with respect to statewide data about jails on each metric, readers should refer to Figure 18 in the Appendix.

Rating Individual Jail COVID Data Dashboards

In addition to asking whether state authorities are reporting data about what is happening in jails across the state, we also inquired into whether local authorities are publishing COVID data about individual jails that they operate.

Figure 12 provides an overview of the COVID data provided by 12 representative jail systems operated at the local level. For our analysis, we selected jail systems that were diverse in size and geographic locations. To avoid duplication, we did not select any jails located in states that are reporting jail COVID data at a statewide level. The grades for these individual jail systems reflect the data available on the jail agency website or social media accounts as well as other local government websites as of the end of February 2021.

Figure 12: Grading the Transparency of COVID Data for Twelve Representative Jail Systems

Jurisdiction Size	Jail System	Grade
Over 1 million people	New York City	C+
	Cook County, IL	C-
	Maricopa County, AZ	D
	Miami-Dade County, FL	F
500,000-1 million people	Shelby County, TN ⁵⁵	D-
	Oklahoma County, OK	F
	Jackson County, MO	F
	Spokane County, WA	F
Under 500,000 people	Washoe County, NV	F
	Orleans Parish, LA	F
	Buncombe County, NC	F
	Minnehaha County, SD	F

Figure 12 shows that it is primarily the largest jurisdictions with a population of over one million people that are tracking and reporting enough data on COVID in local jails to receive a passing rating under our rubric. Three of the jail jurisdictions we examined – Jackson County (MO), Spokane County (WA), and Orleans Parish (LA) – have some publicly available information on COVID in jails, but the data is either too limited or too outdated to earn a passing grade. We were not able to find any information on COVID in jails for the final five jail jurisdictions – Miami-Dade County, Florida, Oklahoma County, Oklahoma, Washoe County, Nevada, Buncombe County, North Carolina, and Minnehaha County, South Dakota – on a local government website.

55 The Shelby County Sheriff’s Office publishes updates on COVID in jails on its Twitter page rather than on the agency website.

For the jurisdictions that do report some type of data on COVID in jails, Figure 13 shows which type of local government agency is currently tracking and reporting the data.

Figure 13: Sources for Individual Jail COVID Data		
Sheriff's Departments	Public Health Agencies	Local Jail Oversight Bodies
Cook County, IL	New York City	New York City ⁵⁶
Shelby County, TN	Maricopa County, AZ	
Spokane County, WA	Jackson County, MO	
Orleans Parish, LA		

As we found with the reporting of statewide jail data, there are a variety of sources of COVID data for jails. But we found it very surprising that many jail agencies did not track and report this data on their own websites, since that is the most obvious place where a stakeholder would seek this information.

Findings about Jail Data Transparency

Finding 8: There is an enormous data gap when it comes to information at the state level about how COVID is affecting local jails, and a confusing patchwork of sources for this information in those rare states where such information is available.

There is no entity at the state level in 40 states that provides publicly available data regarding the number of COVID infections or deaths in jails across the state. This creates a huge deficit in public understanding about how the virus is impacting institutions that affect the lives of millions of Americans each year. Moreover, the lack of statewide data impedes the ability of public health

officials, jail administrators, and policymakers to compare the success of various facilities in controlling the spread of the virus, which limits opportunities for the sharing of best practices.

Additionally, there is little consistency in where statewide jail data is published. The lack of clarity on where COVID data about jails can be found limits transparency if stakeholders do not know where to find that data.

Finding 9: Relatively few individual jail agencies provide data about COVID in their facilities, based on our representative sample, leaving local communities, local government leaders, and justice-impacted individuals and families in the dark about how COVID has affected people in county jails and how surrounding communities may be impacted.

Of the 12 representative jail systems we assessed, 5 publish no data at all about COVID in their facilities and only the largest jail systems publish any meaningful information. Given the high level of churn in jail facilities, this lack of data means that the communities surrounding the jails do not have access to relevant information about how outbreaks in the jails might be contributing to COVID spread in their communities. And individuals who experience detention, as well as their loved ones, do not have any information about what they may have been exposed to during the time they were incarcerated.

There is a notable and surprising lack of transparency among the jail systems we reviewed in jurisdictions that have under a million residents, with seven out of eight receiving a grade of "F." These jurisdictions mostly represent mid- and large-sized cities and should have the resources and capacity to track and report data on COVID in jails.

In the rare jurisdictions that do provide some public accounting of COVID data for the jail, it is not always clear which local government agency has assumed responsibility for tracking and reporting this data, creating confusion for anyone in search of this information. Among the counties we sampled, data was found on the websites of three types of government agencies: sheriff's

⁵⁶ In New York City, both the independent oversight agency, the New York City Board of Correction, and the public health agency, the NYC Health + Hospitals/Correctional Health Services, report data on COVID in the city's jail system.

offices, local public health agencies, or local jail oversight bodies, as shown in Figure 13 above.

Finding 10: Among those few states that do report statewide jail COVID data and the local jurisdictions that report COVID jail data, most publish data on essential metrics such as the number of total infections, active cases, and deaths, but almost none publish data about demographics or the number of people in lockdowns or medically-restricted housing.

The ten states that report statewide jail COVID data provide information about the number of COVID infections and deaths for people who live and work in jails, but few report any of the other information in our rubric. Almost no states are reporting detailed information on the demographics of people who become sick and die from COVID in jail, or on the numbers of people who are hospitalized or put in medical isolation. Similarly, of the 12 local jail systems we examined, none report information on the demographics of people who become sick and die from COVID in jail, only Maricopa County and New York City report information on hospitalizations, and only New York City reports information on the use of medically-restricted housing in its jails. All of this information is needed for stakeholders to understand and respond effectively to the COVID crisis in jails.

Finding 11: Some county-operated jails refuse to report data about their facilities to state authorities tracking COVID in jails across the state or they produce misleading data about deaths in custody, leading to incomplete information about the impact of the pandemic on the state's jails and less effective mitigation strategies.

In order for state authorities to assess the full impact of COVID on jails across the state and to enable cross-county comparisons and appropriate state-level mitigation responses by health officials and policymakers, local jail officials must cooperate by sharing their data with state officials. In most

states, as noted above, there is no state agency designated to gather this information, but there are three states (California, Colorado, and Texas) where this data is collected by a central agency.

For the most part, this sharing of county-level data with state officials appears to be happening routinely and without incident in those three states, though the limited information collected and reported by certain jail facilities hinders the ability of the state authorities to present any comprehensive data analyses. However, there have been a few incidents in California that have raised questions about the willingness of local officials to be fully transparent with state officials about the impact of COVID in their jails, and there are significant questions about the accuracy of the data regarding deaths in custody.

- The **Sacramento County and Tehama County Sheriffs' Departments** have refused to share COVID data from their jails with the California Board of State and Community Corrections (BSCC), the state's jail regulatory body.⁵⁷
- The **San Diego County Sheriff's Department** has been accused of undercounting the number of COVID deaths in the jail. For example, the agency failed to report a COVID death from someone incarcerated in one of the county's jails to BSCC for over two months or even to announce that the death had occurred, stating that there was no medical examiner's report. The agency also refused to report how many jail residents' deaths were under investigation as likely COVID deaths.⁵⁸ This refusal to provide even preliminary information about suspected COVID deaths in custody leads to inconsistencies in reporting practices across the state and can delay the implementation of appropriate policy responses to the situation.

57 Pohl, Jason, "Sacramento sheriff refuses to share COVID-19 case information with state oversight board," *The Sacramento Bee*, August 14, 2020, <https://www.sacbee.com/news/coronavirus/article244945102.html>.

58 Plummer, Mary, and Sofía Mejías-Pascoe, "As prisons and jails in California battle COVID-19, some inmate deaths go uncounted," *inewssource*, January 28, 2021, <https://inewssource.org/2021/01/28/tracking-covid-19-inmate-deaths-in-california-proves-challenging/>.

**“This is an urgent public health matter.
... You can’t effectively respond to
a public policy crisis when you are
keeping secrets from the people who
need to plan.”**

– Sharon Dolovich
UCLA Prison Law and Policy Program
(Source: inewsourc, January 28, 2021)

To slightly paraphrase one news story that investigated inconsistent practices for reporting deaths in custody across California: when COVID cases and deaths are not accurately and promptly captured and reported, “it complicates disease management, can cause resources to be misdirected, and puts inmates, staff and the public at risk.”⁵⁹

59 Ibid.

VI. State Juvenile Agencies: Assessing and Rating the Transparency of COVID Data

There are approximately 11,000 youth incarcerated in state-operated long-term secure facilities in the United States.⁶⁰ While studies have shown that youth are less likely to have severe cases of COVID, these youth are not immune to the virus, and the same elevated risk factors for COVID that exist among the incarcerated adult population also exist among the youth. There are youth in custody who have been infected with COVID, but the impact of COVID in juvenile facilities has not generated the same level of attention as its impact in prisons and jails. Yet incarcerated youth have difficulty advocating for themselves, making it even more urgent for outside advocates to obtain information about how COVID is affecting these youth. Transparency of COVID data is just as essential in the juvenile context as it is for adult prisons and jails.

This section rates the COVID data transparency of all 50 state juvenile corrections agencies, and highlights findings from our analysis.

Ratings of Juvenile Agencies' COVID Data Dashboards

Figure 14 reveals the poor state of COVID data transparency on the part of juvenile corrections agencies. There are only 27 juvenile corrections agencies that publish any COVID data at all. Half the states – 25 – received a failing grade with respect to their data transparency, while an additional 15 states earned only a “D.” Four states received a “C” for their COVID data dashboards, while six agencies warranted an “A” or a “B.”

Figure 14: Grading State Juvenile Agency COVID Data Dashboards

*: Indicates a state where the adult department of corrections publishes information about the juvenile incarcerated population

Grade	State Dashboards
A+	N/A
A	N/A
A-	Wisconsin *
B+	Minnesota *
B	N/A
B-	Colorado , Ohio , Virginia , West Virginia *
C+	N/A
C	Maryland
C-	Indiana *, Iowa , New Jersey
D+	Louisiana , North Carolina
D	Connecticut *, Georgia , Kansas *, Maine *, Missouri , Montana *, Oregon , South Carolina , Texas
D-	California , Florida , Illinois , Nebraska *
F	Alabama , Alaska , Arizona , Arkansas , Delaware , Hawaii , Idaho , Kentucky , Massachusetts , Michigan , Mississippi , Nevada , New Hampshire , New Mexico , North Dakota , New York , Oklahoma , Pennsylvania , Rhode Island , South Dakota , Tennessee , Utah , Vermont , Washington , Wyoming

60 Sawyer, Wendy, “Youth Confinement: The Whole Pie 2020,” *Prison Policy Initiative*, December 19, 2020, <https://www.prisonpolicy.org/reports/youth2019.html>.

Figure 15 details the number of state juvenile corrections agencies that report data on different

COVID metrics and that adhere to specific data transparency practices.

Figure 15: Number of State Juvenile Agencies Reporting Specific COVID Metrics and Features (out of 50)			
Dashboard Metrics			
Tier 1 Metrics		Tier 2 Metrics	
Cumulative number of COVID infections	24	Number of people on lockdown or in medically-restricted housing	6
Cumulative number of tests	13	Number of people hospitalized due to COVID	2
Number of active cases	17	Indicates whether infections are from new entries into a facility or show spread within a facility	3
Staff COVID infections	23	Average diagnostic time	0
Staff COVID deaths	9		
Number of vaccinated staff	1		
Population changes during COVID	11		
Dashboard Features			
Tier 1 Features		Tier 2 Features	
Facility-level data	24	Mobile phone accessibility	48
Time series data	7	Agency COVID protocols	44
Regularly updated	23	Data dictionary	6
Demographic data (race, ethnicity, age, and sex)	0	Date when data was last updated	23
Easy to locate	26		
Easy to interpret	25		

More than half of state juvenile agencies do not report even the most basic metrics about COVID. Even among the 27 states that do publish some COVID data, only a fraction provide information

about the number of tests conducted and the number of active infections at any time.⁶¹ Even fewer share information about whether youth in the facility are on lockdown and how many are in

⁶¹ Only 13 states provide data about both active infections and testing: Colorado, Indiana, Iowa, Maine, Maryland, Minnesota, Nebraska, New Jersey, North Carolina, Ohio, Texas, West Virginia, and Wisconsin.

Figure 19 in the Appendix provides a detailed assessment of each state juvenile agency's data transparency with respect to each element of the rubric.

medically-restricted housing.⁶² Without such fundamental information, it is impossible to know whether there are outbreaks in any facility, putting youth in that facility at particular risk, or whether youth are housed in ways that can exacerbate mental health challenges, stress, and anxiety from the isolation.

Moreover, no state publishes information disaggregating COVID data by demographic factors such as race, ethnicity, gender, or age, which would help policymakers understand whether there are health and safety inequities that need to be addressed with respect to incarcerated youth.

For additional information on whether a specific state's juvenile justice agency is tracking a particular metric or whether their dashboard includes certain features, readers should refer to Figure 19 in the Appendix.

Findings about Juvenile Agency Data Transparency

Finding 12: Around half the states do not report even the most basic information about the spread of COVID in juvenile facilities, which means that policymakers, advocates, and family members do not have a clear picture of how COVID is impacting incarcerated youth or the staff who work with them.

Only 27 states publish any data at all with respect to COVID in juvenile secure facilities. Of the other 23 states that do not publish any data on COVID

in juvenile facilities, 8 juvenile agencies do not even mention COVID on the relevant agency website, as if this crisis is not relevant to them: Arizona, Michigan, Mississippi, Nevada, New Hampshire, New York, Pennsylvania, and Rhode Island. The lack of data transparency in these 23 states makes it difficult to determine if juvenile corrections agencies are responding to the complex and unique needs of incarcerated youth during a pandemic.

Finding 13: Virtually no states publish information about the demographics of the youth who have been impacted by COVID, how serious their cases are, and the conditions in which they are housed, nor do most publish information about staff deaths.

Among the states that do publish juvenile facility COVID data, the majority publish information about how the virus has spread in juvenile facilities, but often share little other information. This other information can be crucial for a clear understanding of how youth and staff are impacted by COVID. By not reporting information on staff deaths, agencies are not only preventing stakeholders from grasping the seriousness of the situation inside these youth facilities, they are also failing to account for the trauma and grief youth may experience from the death of someone in their life. By not reporting information about the number of youth on lockdown or in medical isolation, agencies are failing to disclose the ways in which youth are facing serious restrictions of movement and activities as a result of COVID. Often the responses to COVID exacerbate the isolation that already exists in correctional facilities, something that is especially harmful to youth with developing brains. Information on the different ways COVID impacts these youth is needed to enable appropriate and targeted responses.

⁶² Only seven states provide information about lockdowns and medically-restricted housing: Colorado, Florida, Indiana, Ohio, Virginia, Wisconsin, and Wyoming.

VII. Recommendations

Recommendation 1: Prisons, jails, and juvenile agencies should establish high-quality dashboards that present all the data elements we identified, with the objective of making this data as transparent, readily accessible, and easy to understand as possible. If agencies do not produce this information voluntarily, state and local executives and legislative bodies should step in to require the collection and reporting of this data.

Agencies should enhance their data dashboards to include all the information highlighted in the box below labeled “Recommended Metrics and Features for COVID Data Dashboards for Corrections Agencies,” along with any other information administrators can share about how COVID is

impacting their institutions. For more detail, see [Figure 16 in the Appendix](#), which describes the level of information that should be reported with respect to each metric. Corrections agencies should also disaggregate all metrics by facility, race, ethnicity, age, and sex in order to accurately identify and protect high-risk populations. Agencies should also update the COVID data on dashboards consistently and regularly, at a minimum multiple times per week and preferably on a daily basis, and should include information that shows how the COVID situation is changing inside the facilities over time. Every dashboard should also include a data dictionary to aid in interpretation and cross-comparisons of the information presented.

Recommended Metrics and Features for COVID Data Dashboards for Corrections Agencies

All adult and juvenile corrections agencies should collect and report the following information:

- Cumulative number of COVID cases
- Cumulative number of COVID tests
- Number of currently active COVID cases
- Cumulative number of confirmed and suspected COVID deaths
- Cumulative number of staff COVID cases
- Cumulative number of staff COVID deaths
- Number of currently active staff COVID cases
- Number of both partially and fully vaccinated incarcerated people
- Number of both partially and fully vaccinated staff
- Population changes during COVID
- Number of incarcerated people currently on lockdown or in medically-restricted housing
- Number of current hospitalizations due to COVID
- Names of the incarcerated people and staff who have died from COVID
- Number of vaccine refusals by incarcerated people and staff
- Total number of vaccine doses a corrections agency has received
- Numbers of cases from new admissions to the facility
- Average diagnostic time
- Copies of the agency’s COVID policies and protocols

Additionally, all data about COVID tests, cases, deaths, and vaccines should be:

- Disaggregated by facility
- Disaggregated by demographic factors including race, ethnicity, age, and sex
- Presented chronologically
- Updated daily, with the date provided for the last update
- Easy to locate on the agency’s webpage
- Easy to understand
- Easy to interpret through a data dictionary providing clear definitions of the metrics
- Accessible on a mobile device

Corrections agencies should work alongside local and state public health officials to develop, update, and improve their data dashboards. Even if other government agencies, such as public health departments or correctional oversight bodies, are maintaining COVID data dashboards that include information about correctional facilities, correctional agencies should also include that data on the agency's website, either through a clearly-marked link to the other source or on its own dashboard. All individual jail agency websites should include links to statewide jail COVID dashboards as well, if they exist. The first place family members will look for information about the impact of COVID on their loved ones is on the corrections agency's website, and officials should make sure that the information is readily accessible.

State and local executives and legislative bodies should ensure that these COVID data dashboards exist and that the dashboards follow the best practices outlined in this report. Where the correctional agencies fail to establish high-quality dashboards, the officials should step in and require the correctional agencies within their jurisdiction to collect and report the key indicators, and should provide the agencies with the necessary resources to take on this responsibility.

Recommendation 2: Every state should designate by executive order a government agency to collect and publish COVID data on jails statewide, and should require local jail officials to provide that information to the statewide entity.

In all states without a unified corrections system, local jail authorities should be required to report their COVID data to a statewide entity that compiles and reports the data from all jails around the state. Twenty-four states have a state regulatory body that sets standards for jails around the state, and those entities should gather and report this data on their websites to make it readily accessible for policymakers, health authorities, advocates, the media, and interested citizens. Where there is no such jail regulatory body, the state should designate the statewide health authority to serve the function of collecting and reporting the data from all jails around the state, taking care to distinguish jail data from prison data.

Recommendation 3: Corrections agencies should recognize that data transparency improves public understanding about the challenges faced by prisons, jails, and juvenile facilities, enables appropriate policy responses, and enhances trust among key stakeholders.

While there is a natural tendency on the part of government agencies to “circle the wagons” and limit public access to information during challenging times, this is exactly when it is most important to shine a light on what is happening inside correctional institutions and build public trust. Without access to critical data about how COVID is affecting people who live and work in prisons, jails, and juvenile facilities, policymakers do not have an understanding about the scope of the challenges and cannot direct the necessary resources towards addressing the problem. Corrections officials need to switch their mindset to one that recognizes that improved data transparency benefits everyone, from people who live and work inside the facilities and their loved ones to the communities near correctional institutions to correctional administrators to policymakers.

Recommendation 4: To the extent possible given the scope of their authority, correctional oversight bodies should consider maintaining parallel COVID data dashboards for the agencies they review.

One of the missions of correctional oversight bodies is to enhance transparency of the institutions they review. Towards that end, oversight bodies – in those jurisdictions where these entities exist – should seek to establish their own COVID data dashboards, even if corrections agencies are already doing so. Oversight bodies can serve as a check on corrections agencies, especially if the oversight organization has statutory authority to access data. Corrections agencies will have a much harder time obscuring or changing data without explanation if the oversight body has access to the same data. For example, the U.S. Department of Justice's Office of the Inspector General maintains a [COVID data dashboard](#) for the federal Bureau of Prisons that provides a parallel source of information about what is happening inside the prison agency.

Recommendation 5: Corrections agencies should maintain and expand data dashboards post-COVID to include other health and safety-related data.

The COVID crisis has driven home the critical need for data transparency in correctional settings. Readily available and accurate data helps protect the people who live and work in correctional facilities by providing policymakers, advocates, the media, families, and citizens with information about what is happening inside these closed institutions. Even before the pandemic, there was a dearth of publicly available data with respect to health and safety issues in prisons, jails, and juvenile facilities.

For example, it is difficult if not impossible in most correctional facilities to find data about non-COVID-related deaths in custody, violence, use of force, suicides, the use of solitary confinement, access to medical care, programming, and other issues that go to the heart of the well-being and safety of people in custody.⁶³

Corrections agencies should work with public health officials and correctional oversight bodies to expand data dashboards beyond COVID-focused metrics to include information on these other key indicators. Dashboards that provide this type of data should continue permanently, long after the pandemic is over.

⁶³ See, e.g., Travis, Jeremy and Bruce Western, Eds., *The Growth of Incarceration in the United States: Exploring Causes and Consequences*, National Research Council, National Academies Press, 2014, p. 198.

VIII. Conclusion

The COVID pandemic has laid bare a host of concerns about conditions in correctional facilities and about the health and safety of the people who live and work in these institutions. The sheer number of infections and deaths reveals the vulnerability of people in custody and the people who supervise them, and impresses on us the need to address this crisis behind bars. But correctional facilities remain among the most opaque government institutions in our society.

Data is crucial in the fight against COVID, and that is especially true for institutions like prisons, jails, and juvenile facilities where the public and policymakers typically do not know what is occurring inside. If we do not know the most basic information about how COVID is affecting people inside correctional facilities, we cannot expect the

COVID crisis behind bars to end any time soon. Correctional agencies – especially jails and juvenile agencies – are failing at publishing adequate data on how COVID is impacting the people who work and live in these institutions. Beyond the need for this data to be transparent for the public, the failure to report data raises troubling questions about whether the agencies are even collecting and monitoring these key indicators internally.






Corrections agencies must collect a robust array of COVID data if they are to stop the spread and toll of COVID. Transparency demands that they must publish that data in order to establish trust on the part of the public and to enable effective collaboration with other key government bodies to address this public health crisis.

APPENDIX

Appendix

Figure 16 presents the complete grading rubric we developed based on our research into best practices for COVID data dashboards in

correctional environments, as described in more detail in the Methodology section (Section II of the report).

Figure 16: Corrections COVID Dashboard Transparency Rating System				
 Indicates that this number of points is not available for this metric ⁶⁴				
<p><i>NOTE: Metrics in italics were not graded for the purposes of this report due to the limited availability of vaccines in some states' correctional facilities, but corrections agency with operational vaccination programs should be tracking and reporting these metrics</i></p>				
Dashboard Metrics				
Tier 1 Metrics				
Dashboard Metric	Number of Points			
	0	1	2	3
Does it show the cumulative number of incarcerated people infected?	No		Conflates number of people infected with number of positive test results (including multiple tests from same person)	Shows the discrete number of people infected
Does it show the cumulative number of tests?	No		Yes	Yes, and includes the number of negative and pending tests or the positivity rate
Does it show how many COVID cases are currently active?	No		Yes	Yes, includes currently active and recovered cases
Are COVID deaths of incarcerated people reported? ⁶⁵	No		Yes, but only the number of confirmed COVID deaths	Yes, includes numbers of confirmed <u>and</u> suspected COVID deaths

⁶⁴ For Tier 1 Metrics, this method of blocking out the one-point option allows us to weigh more heavily the reporting of any information with respect to a particular metric. Thus, agencies reporting any data on that metric will receive at least two points. For Tier 2 Metrics and Tier 2 Features, the most points awarded was either two points or one point, thus the three-point option was blocked out.

⁶⁵ There have been no reported deaths among youth housed in juvenile facilities, and only about 200 COVID deaths among youth in all of the United States. Therefore, we do not grade juvenile agencies on whether they publish information on COVID deaths.

Does it show the number of incarcerated people vaccinated? ⁶⁶	No	Provides information about who is currently eligible to receive vaccines as well as when different categories of incarcerated people and staff will become eligible	Shows the number of incarcerated people at least partially vaccinated	Shows the number of incarcerated people vaccinated, and distinguishes between partially and fully vaccinated
Does it provide information about staff COVID cases, deaths, and/or vaccinations?	No	Yes, staff data is provided for one of the three metrics	Yes, staff data is provided for two of the three metrics	Yes, staff data is provided for COVID cases, deaths, and vaccinations
Does it provide information about population changes during COVID?	No	Provides information about specific types of releases during COVID, but not about the overall population change	Indicates the total population increase or decrease during COVID	Provides explanation and provides details about the nature of the population changes
Tier 2 Metrics				
Dashboard Metric	Number of Points			
	0	1	2	3
Does it state how many people are in lockdown or medically-restricted housing?	No	Information about lockdowns or medically-restricted housing, but not both	Information on both lockdowns and medically-restricted housing	
Does it provide information on COVID-related hospitalizations?	No	Yes, just the number	Yes, and indicates whether hospitalization is in a correctional medical facility or a community hospital	

⁶⁶ This metric is applicable only for adult facilities in our rubric. We did not count it in our scores for juvenile facilities since most youth are not yet eligible for the vaccines.

Does it state the names of incarcerated people and staff who died from COVID? ⁶⁷	No	Yes		
Does it state the number of people who have refused COVID vaccines?	No	Yes		
Does it show how many doses of the vaccine the agency has received?	No	Yes		
Does it indicate whether cases are from new entries into facilities?	No	Yes		
Does it state how soon test results come back on average?	No	Yes		
Dashboard Features				
Tier 1 Features				
Dashboard Feature	Number of Points			
	0	1	2	3
Is the data broken down by individual facilities?	No	Shows which facilities have active cases but not how many cases per facility	Yes, for some metrics	Yes, for all metrics
Is the data broken down by date?	No	Sporadically or inconsistently	Weekly or more often	Daily, and shows trends or seven-day averages

67 There have been no reported deaths among youth housed in juvenile facilities, and only about 200 COVID deaths among youth in all of the United States. Therefore, we do not grade juvenile agencies on whether they publish information on COVID deaths..

Is the data regularly updated?	No	Sporadically or inconsistently	Weekly or twice a week	Daily
Does it provide demographic breakdowns for different metrics?	No	Reports some demographic data	Reports data on age, race and ethnicity for infections and deaths	Reports data on age, race, and ethnicity for infections, deaths, and vaccinations
Is the data easy to locate?	No information available on website	Information available on the website but is difficult to locate	Information is available on the website but is not prominently displayed	Information is prominently displayed on the website's front page
Is the data easy to interpret?	No information available on website	Data is confusing or unclear	Data is simply laid out in tables	Includes features that make the data easier to interpret, such as graphs, maps, or rates

Tier 2 Features

Dashboard Feature	Number of Points			
	0	1	2	3
Accessible on a mobile device?	No	Yes		
Includes information on the correction agency's COVID protocols?	No	Yes		
Does it have a COVID data dictionary?	No	Yes		
Does it indicate when the data was last updated?	No	Yes		

Bonus Points Dashboard Metrics or Features				
Dashboard Feature	Number of Points			
	0	1	2	3
Does it include additional features that improve the quality of the dashboard?	No	Yes, it has one extra feature that improves the transparency and quality of the dashboard	Yes, it has two extra features	Yes, it has three or more extra features

The following tables, Figures 17, 18, and 19, provide state-by-state scores on each COVID metric and dashboard feature for prison agencies, jails at a statewide level, and juvenile justice agencies, respectively.

Figure 17: Prison COVID Data Dashboards — Detailed State Scores

State	Metrics										Features										TOTAL POINTS							
	Tier 1					Tier 2					Tier 1					Tier 2												
AL	3	3	2	2	0	2	0	0	0	1					0	0	3	0	2	3	3	3	1	1	1	1		28
AK	2	3	0	2	0	0	0	0	1	0					1	0	0	0	2	0	3	2	1	1	1	1		20
AZ	3	3	2	3	1	1	0	0	0	1					0	0	3	0	3	0	3	3	1	1	1	1		30
AR	3	2	3	0	0	1	0	0	0	0					0	0	1	2	2	0	2	2	1	1	0	1		21
BOP	3	3	3	2	3	3	1	0	0	1					0	0	3	0	3	0	3	3	1	1	1	1		35
CA	3	3	3	2	2	3	3	0	0	0					0	0	3	3	0	3	3	3	1	1	1	1	2	38
CO	3	2	3	2	2	2	2	0	0	0					0	0	3	0	3	0	3	3	1	1	1	1	2	34
CT	3	0	2	2	2	2	0	0	1	0					0	0	2	0	2	0	3	2	1	1	0	1		24
DE	3	2	3	2	3	2	1	0	0	1					0	0	2	0	1	0	3	2	1	1	0	1		28
FL	3	0	2	2	0	1	1	1	1	0					0	0	1	0	1	0	2	1	1	1	1	1		20
GA	3	0	2	2	0	2	0	0	0	0					0	0	3	0	3	0	3	3	1	1	0	0		20
HI	3	3	3	2	0	1	2	2	1	0					0	0	3	3	0	3	3	3	1	1	0	1		31
ID	3	3	2	2	2	2	0	1	0	0					0	0	2	0	3	0	2	2	1	1	1	1		26

	Metrics										Features										TOTAL POINTS						
	Tier 1					Tier 2					Tier 1					Tier 2											
	Infections	Tests	Active Cases	Deaths	Vaccines	Staff	Population Changes	Lockdown/ Med-Restricted	Hospitalizations	Names of Deceased	Vaccines Refusals	Vaccines Received	Case Source	Diagnostic Time	Facilities	Time Series	Updated	Demographics	Easy to Locate	Clarity	Mobile Phone	Protocols	Dictionary	Date Last Updated	Bonus Points		
IL	3	2	3	0	1	1	1	0	0	0			0	0	3	0	3	0	3	2	2	1	1	0	0		24
IN	3	2	3	3	0	2	1	0	0	0			0	0	3	0	3	0	3	2	2	1	1	1	1		29
IA	3	2	3	2	0	2	2	0	0	0			0	0	3	0	3	0	3	2	2	0	1	1	1		28
KS	3	0	2	2	2	2	0	0	0	0			0	0	3	0	3	0	3	2	2	1	1	0	1		25
KY	3	0	2	2	0	2	0	0	0	0			0	0	3	0	3	0	3	2	2	1	1	0	1		23
LA	3	2	3	3	0	2	2	0	0	0			0	0	3	0	3	0	3	2	2	1	1	0	1	1	30
ME	3	2	0	2	0	0	2	0	0	0			0	0	3	0	3	0	3	2	2	1	1	0	0		22
MD	3	2	2	2	0	2	1	0	0	0			0	0	3	0	2	0	3	2	2	1	1	0	1		25
MA	0	2	2	3	2	2	1	2	0	0			0	0	3	3	3	2	2	1	1	1	1	1	1	1	30
MI	3	2	3	2	2	2	0	0	0	0			0	0	3	0	3	0	3	2	2	1	1	1	1	1	30
MN	3	3	3	2	3	2	3	0	1	0			0	0	3	3	3	0	3	3	3	1	1	1	1	2	41
MS	3	3	2	0	0	1	0	0	0	0			0	0	3	0	1	0	3	2	2	1	1	0	1		21
MO	3	2	3	2	1	2	0	0	0	0			0	0	2	0	1	0	2	2	1	1	0	0		22	

	Metrics										Features										TOTAL POINTS						
	Tier 1					Tier 2					Tier 1					Tier 2											
	Infections	Tests	Active Cases	Deaths	Vaccines	Staff	Population Changes	Lockdown/ Med-Restricted	Hospitalizations	Names of Deceased	Vaccines Refusals	Vaccines Received	Case Source	Diagnostic Time	Facilities	Time Series	Updated	Demographics	Easy to Locate	Clarity	Mobile Phone	Protocols	Dictionary	Date Last Updated	Bonus Points		
MT	3	0	0	2	0	2	2	0	0	1			0	0	2	0	2	0	3	2	2	0	1	0	1		21
NE	3	2	3	2	0	1	0	0	0				0	0	2	0	1	0	3	2	2	0	1	0	1		21
NV	3	0	0	2	0	2	0	0	0				1	0	0	3	3	0	1	3	3	1	1	1	1	2	24
NH	3	2	2	2	0	1	0	0	0				0	0	3	0	3	0	2	2	2	1	1	0	1		23
NJ	3	2	0	2	0	1	1	0	0				0	0	3	1	3	0	2	2	2	1	1	0	0		24
NM	3	2	3	2	1	0	1	0	0				0	0	3	0	3	0	3	2	2	1	1	0	0		22
NY	3	3	3	2	0	2	0	0	0				0	0	3	0	3	0	3	2	2	1	1	0	1	1	28
NC	3	3	3	2	1	0	3	0	1				0	0	3	3	3	0	1	3	3	1	1	0	0		31
ND	3	2	3	2	1	0	0	0	0				0	0	3	0	3	0	2	2	2	1	1	0	1		24
OH	3	3	3	3	0	2	0	2	0				0	0	3	1	3	0	3	3	3	1	1	0	1	1	33
OK	3	2	2	3	0	1	0	2	1				0	0	3	2	3	0	2	3	3	1	1	0	0	1	30
OR	3	2	3	2	0	1	1	0	0				0	0	2	1	3	0	3	2	2	1	1	1	1	1	28
PA	0	0	2	2	1	2	1	0	0				0	0	3	0	3	0	3	2	2	1	1	0	1	1	23
RI	2	0	3	2	1	2	3	0	0				1	0	3	0	1	0	2	2	1	1	0	1	1	1	26

	Metrics										Features										TOTAL POINTS					
	Tier 1					Tier 2					Tier 1					Tier 2										
	Infections	Tests	Active Cases	Deaths	Vaccines	Staff	Population Changes	Lockdown/ Med-Restricted	Hospitalizations	Names of Deceased	Vaccines Refusals	Vaccines Received	Case Source	Diagnostic Time	Facilities	Time Series	Updated	Demographics	Easy to Locate	Clarity	Mobile Phone	Protocols	Dictionary	Date Last Updated	Bonus Points	
SC	3	0	3	2	0	2	0	0	0	1			0	0	3	0	3	0	3	2	1	1	0	1		25
SD	3	2	3	2	0	2	2	0	0	1			0	0	3	0	3	0	3	2	1	1	0	1		29
TN	3	3	3	3	0	2	0	0	0	0			0	0	3	0	3	0	3	2	1	1	0	1		29
TX	3	3	3	3	0	2	0	2	0	1			0	0	3	0	3	0	2	3	1	1	1	1		32
UT	3	2	2	3	1	1	0	0	0	0			0	0	3	0	2	0	3	2	1	1	0	1		25
VT ⁶⁷	3	3	2	0	1	1	3	1	1	0			0	0	3	0	3	2	3	2	1	1	1	1	2	34
VA	3	0	3	2	2	3	3	0	1	0			0	0	3	0	3	0	3	2	1	1	0	1		31
WA	3	1	3	2	3	2	2	0	1				0	0	3	1	3	3	3	2	1	1	0	1	3	40
WV	3	3	3	3	0	2	0	0	0	0			0	0	3	0	3	0	3	2	1	1	1	1		28
WI	3	3	3	2	1	2	0	2	0	0			0	0	3	3	3	0	3	3	1	1	1	1	2	37
WY	0	0	2	2	0	1	0	0	0	0			0	0	3	2	2	0	3	2	1	1	0	1		20

⁶⁷ According to "A State-by-State Look at Coronavirus in Prisons", a project from *The Marshall Project* that independently tracks the number of cases and deaths from COVID in prisons through public information requests, Vermont is the only state that has not reported that a person incarcerated in a state prison has died from COVID. Due to this fact, we did not consider whether the Vermont DOC tracked and reported information about COVID deaths. The grade of a B that Vermont received is based on a total of 45 possible points.

Figure 18: Jail COVID Data Dashboards — Detailed State Scores

	Metrics										Features										TOTAL POINTS					
	Tier 1					Tier 2					Tier 1					Tier 2										
AL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AK	2	3	0	2	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	3	2	1	1	1	20
AZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CA	3	2	2	2	0	1	3	0	2	0	1	0	3	2	2	3	2	2	3	2	1	1	1	1	1	33
CO	3	0	2	3	0	2	0	0	0	0	0	0	3	3	2	2	0	2	2	1	1	0	1	1	1	24
CT	3	0	2	2	2	2	0	0	1	0	0	0	2	0	2	0	0	3	2	1	1	1	0	1	1	24
DE	3	2	3	2	3	2	1	0	0	1	0	0	2	0	1	0	3	2	1	1	0	1	0	1	1	28
FL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HI	3	3	3	2	0	1	2	2	1	0	0	0	3	3	3	0	3	3	1	1	0	1	0	1	1	31
ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

													Metrics							Features																																								
NE	0	0	0	0	0	0	0	0	0	0	0	0	Tier 1							Tier 2				Tier 1					Tier 2																															
													Infections	0	0	0	0	0	0	0	0	0	0	0	Lockdown/ Med-Restricted	0	0	0	0	0	0	0	0	0	0	0	Facilities	0	0	0	0	0	0	0	0	0	0	0	Mobile Phone	0	0	0	0	0	0	0	0	0	0	0
													Tests	0	0	0	0	0	0	0	0	0	0	0	Hospitalizations	0	0	0	0	0	0	0	0	0	0	0	Updated	0	0	0	0	0	0	0	0	0	0	0	Protocols	0	0	0	0	0	0	0	0	0	0	0
													Active Cases	0	0	0	0	0	0	0	0	0	0	0	Names of Deceased	0	0	0	0	0	0	0	0	0	0	0	Demographics	0	0	0	0	0	0	0	0	0	0	0	Dictionary	0	0	0	0	0	0	0	0	0	0	0
													Deaths	0	0	0	0	0	0	0	0	0	0	0	Vaccines Refusals	0	0	0	0	0	0	0	0	0	0	0	Easy to Locate	0	0	0	0	0	0	0	0	0	0	0	Date Last Updated	0	0	0	0	0	0	0	0	0	0	0
													Vaccines	0	0	0	0	0	0	0	0	0	0	0	Vaccines Received	0	0	0	0	0	0	0	0	0	0	0	Clarity	0	0	0	0	0	0	0	0	0	0	0	Bonus Points	0	0	0	0	0	0	0	0	0	0	0
													Staff	0	0	0	0	0	0	0	0	0	0	0	Case Source	0	0	0	0	0	0	0	0	0	0	0	TOTAL POINTS	0	0	0	0	0	0	0	0	0	0	0												
													Population Changes	0	0	0	0	0	0	0	0	0	0	0	Diagnostic Time	0	0	0	0	0	0	0	0	0	0	0																								

	Metrics										Features										TOTAL POINTS						
	Tier 1					Tier 2					Tier 1					Tier 2											
	Infections	Tests	Active Cases	Deaths	Vaccines	Staff	Population Changes	Lockdown/ Med-Restricted	Hospitalizations	Names of Deceased	Vaccines Refusals	Vaccines Received	Case Source	Diagnostic Time	Facilities	Time Series	Updated	Demographics	Easy to Locate	Clarity	Mobile Phone	Protocols	Dictionary	Date Last Updated	Bonus Points		
TN	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TX	0	0	2	3	0	1	2	2	1	0			0	0	3	0	3	0	3	2	1	0	0	1		24	
UT	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0		0	
VT ⁶⁸	3	3	2	0	1	1	3	1	1	0			0	0	3	0	3	2	3	2	1	1	1	1	2	34	
VA	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0		0	
WA	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0		0	
WV	3	3	3	3	0	2	0	0	0	0			0	0	3	0	3	0	3	2	1	1	1	1		28	
WI	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0		0	
WY	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0		0	

68 According to "A State-by-State Look at Coronavirus in Prisons", a project from *The Marshall Project* that independently tracks the number of cases and deaths from COVID in prisons through public information requests, Vermont is the only state that has not reported that a person incarcerated in a state prison has died from COVID. Due to this fact, we did not consider whether the Vermont DOC tracked and reported information about COVID deaths. The grade of a B that Vermont received is based on a total possible points of 45.

Figure 19: Juvenile Agency COVID Data Dashboards — Detailed State Scores

	Metrics						Features										Bonus Points	TOTAL POINTS			
	Tier 1			Tier 2			Tier 1					Tier 2									
	Infections	Tests	Active Cases	Staff	Population Changes	Lockdown/ Med-Restricted	Hospitalizations	Case Source	Diagnostic Time	Facilities	Time Series	Updated	Demographics	Easy to Locate	Clarity	Mobile Phone	Protocols	Dictionary	Date Last Updated		
AL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
AK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
AZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
AR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
CA	3	0	2	3	0	0	0	0	0	0	3	3	3	2	1	1	1	0	1	1	19
CO	3	3	3	1	3	1	0	0	0	3	0	3	0	3	3	1	1	0	1	1	30
CT	3	0	2	2	0	0	1	0	0	2	0	2	0	3	2	1	1	0	1	1	20
DE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
FL	3	0	0	1	0	1	0	0	0	3	0	2	0	3	2	1	1	0	1	1	18
GA	3	0	2	1	0	1	0	0	0	3	1	2	0	3	2	1	1	0	1	1	21
HI	0	0	0	1	0	0	0	1	0	0	0	1	0	1	1	1	0	0	1	1	8
ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
IL	3	0	0	1	0	0	0	0	0	3	0	1	0	3	2	1	1	0	1	1	18

	Metrics										Features										TOTAL POINTS
	Tier 1					Tier 2					Tier 1					Tier 2					
	Infections	Tests	Active Cases	Staff	Population Changes	Lockdown/ Med-Restricted	Hospitalizations	Case Source	Diagnostic Time	Facilities	Time Series	Updated	Demographics	Easy to Locate	Clarity	Mobile Phone	Protocols	Dictionary	Date Last Updated	Bonus Points	
IN	3	2	3	2	1	0	0	0	0	3	0	3	0	3	2	1	1	1	1		24
IA	3	3	3	2	0	0	0	0	0	3	1	3	0	2	2	1	1	0	1		25
KS	3	0	2	2	0	0	0	0	0	3	0	3	0	3	2	1	1	0	1		21
KY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		2
LA	3	0	2	1	2	0	0	0	0	3	0	3	0	3	2	1	1	0	1		25
ME	3	2	0	0	2	0	0	0	0	3	0	3	0	3	2	1	1	0	0		20
MD	3	3	3	1	0	0	0	0	0	3	2	3	0	2	2	1	1	1	1		20
MA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		2
MI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		1
MIN	3	3	3	2	3	0	0	0	0	3	3	3	0	3	3	1	1	1	1	2	35
MS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		1
MO	3	0	3	1	2	0	0	0	0	3	0	3	0	2	2	1	0	0	0		20
MT	3	0	0	2	2	0	0	0	0	2	0	2	0	3	2	0	1	0	1		20
NE	3	2	3	1	0	0	0	0	0	2	0	1	0	3	2	0	1	0	1		19
NV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		1

	Metrics						Features											Bonus Points	TOTAL POINTS		
	Tier 1			Tier 2			Tier 1				Tier 2										
	Infections	Tests	Active Cases	Staff	Population Changes	Lockdown/ Med-Restricted	Hospitalizations	Case Source	Diagnostic Time	Facilities	Time Series	Updated	Demographics	Easy to Locate	Clarity	Mobile Phone	Protocols	Dictionary	Date Last Updated		
NH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
NJ	3	2	0	1	2	0	0	0	0	3	1	3	0	3	2	1	1	0	1	2	
NM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		
NY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
NC	3	3	2	0	0	0	0	0	0	3	1	3	0	3	2	1	1	0	1		
ND	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		
OH	3	3	3	2	2	2	0	1	0	3	0	3	0	3	2	1	1	0	1	1	
OK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		
OR	0	0	0	1	2	0	2	1	0	3	2	2	0	3	1	1	1	0	1		
PA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
RI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
SC	3	0	0	1	2	0	0	0	0	3	0	3	0	3	2	1	1	0	1		
SD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		
TN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		
TX	3	3	0	0	0	0	0	0	0	3	2	2	0	3	2	1	1	0	0	1	

	Metrics						Features											TOTAL POINTS			
	Tier 1			Tier 2			Tier 1				Tier 2										
	Infections	Tests	Active Cases	Staff	Population Changes	Lockdown/ Med-Restricted	Hospitalizations	Case Source	Diagnostic Time	Facilities	Time Series	Updated	Demographics	Easy to Locate	Clarity	Mobile Phone	Protocols	Dictionary	Date Last Updated	Bonus Points	
UT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	2
VT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	2
VA	3	0	3	1	3	1	0	0	0	3	3	3	0	3	3	1	1	0	1	2	31
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		2
WV	3	3	3	1	0	0	0	0	0	3	2	3	0	3	2	1	1	1	1		30
WI	3	3	3	2	0	2	0	0	0	3	3	3	0	3	3	1	1	1	1	2	37
WY	0	0	0	0	0	0	0	0	0	1	0	1	0	2	1	1	1	1	0	1	8

