

OUTDOOR VISIT NOTIFICATION

Please see the revised guidelines to be adhered to for all NJDOC facilities' Outdoor Visitation Programs commencing **Saturday, May 1, 2021**:

1. All visitations shall be no more than **1 hour** in duration in an outdoor location and offered seven (7) days per week.
2. All visitations shall be by **appointment only**. All appointments shall be coordinated through the facilities Administration via a designated telephone number, staff member and backup. All inmates shall be advised of the designated number via JPay, Tier Representative Meetings and posting on inmate bulletin boards.
3. Visit time slots will be allocated on a first come first serve basis.

However, records will be maintained of all visit appointments to ensure a fair and equitable allocation of time slots to all inmates. Visit appointments can only be made seven (7) days in advance with limitations on the number of total visitors dependent upon each facilities' capacity, and the need to maintain social distancing protocols.
4. All visitations shall be limited to two (2) adult visitors and two (2) children/youth.
5. Facility staff will obtain a signed consent form from **each** individual visitor at the time of the visit indicating that they are aware of the risk of exposure to COVID-19 during the visit, and that they will strictly comply with the facility policies during visitation. They will also be required to comply that if they test positive for COVID-19, or exhibit symptoms of COVID-19 **within 14 days** of the visit they will notify the facility immediately. (*see attached*)
6. Facility staff shall verify each visitors' contact number during the visit screening in the event inclement weather causes visits to be cancelled and the facility would need to contact them after the visit or prior to.

Social distancing: All visitation programs must allow for social distancing. If facilities are not able to maintain the CDC recommended physical distance, appropriate barriers shall be put into place.

Face coverings: All visitors are required to wear face coverings (*a DOC provided surgical mask or fabric mask*) at all times during visits, unless doing so would inhibit the individual's health.

NOTE - Masks should not be placed on:

- Babies/Children younger than 2 years of age
- Anyone who has trouble breathing or is unconscious
- Anyone who is incapacitated or otherwise unable to remove the cover without help.

If a visitor claims to have a medical condition that prevents them from wearing a mask, they **will** still be permitted to visit. These visitors are **not** required to present medical documentation.

- **Seating is to be adjusted to create a distance of 10 feet, instead of the standard 6 feet**
- **They should be seated in an area that is not in close proximity to other visitors, and on the perimeter of the designated visit area.**

Cleaning/disinfecting: Procedures have been implemented by each facility to ensure the cleaning and disinfecting of all hard surfaces before and after each visit session. Increased hand washing measures and sanitizing products will be made available to all visitors.

Initial Screen at entry points: Temperatures are to be taken on **all visitors** entering any state correctional facility outdoor visit area. All individuals that have a fever of **100.4° or above**, or show other signs of COVID-19 illness are **not permitted** inside the facility.

Visitors are to be screened for signs of COVID-19 illness prior to being permitted entry, via a questionnaire. (*see attached*)

Symptoms related to COVID-19 include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue • Muscle or body aches • Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Transports: Should a visitation program involve transport of visitors to a specific location, social distancing on the transport vehicle will be adhered to. The CDC guideline recommendations for seating is ***“one per row, skipping a row between when possible”*** shall be followed. All transport vehicles will be cleaned and sanitized after each use.

Inmates that require Isolation/Quarantine shall be ineligible for visitation until medically cleared.

All inmates residing in a housing unit that housed an inmate(s) that received a positive COVID-19 test result, shall be ineligible for visits until 28 days has passed since the last positive results were received.

For the purpose of establishing visit eligibility, all Administrators shall monitor all COVID-19 positive inmates for not only housing unit visit restriction, but also contact tracing results that would warrant further inmate visit restrictions and a 28 day waiting period.

VISITOR AGREEMENT

Please read and sign below acknowledging your understanding of the following guidelines:

Upon entrance into the facility, all individuals are required to receive a medical temperature screening. For a temperature **100.4° or above**, you will not be permitted to visit. If you are feeling ill or experiencing symptoms of being sick, you are strongly encouraged to stay home.

By signing below you agree to cooperate with the facility policies during visitation and agree to notify the facility if you have been in close contact with someone having COVID-19, if you test positive for COVID-19, or exhibit symptoms of COVID-19 within 14 days of the visit.

Please answer the following:

1. Within the past 48 hours, have you experienced any of the following symptoms: fever/chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea? Yes No

2. Within the past 14 days, have you been in close physical contact (*6 feet or closer for at least 15 minutes*) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19? Yes No

3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19, are worried that you may be sick with COVID-19, or due to a recent visit to a designated state under the 14 day quarantine travel advisory? Yes No

4. Are you currently waiting on the results of a COVID-19 test? Yes No

I certify that the above information is true, correct and complete and agree to indemnify and hold the NJDOC from any loss, liability, claim or damage arising from any inaccuracy therein.

I acknowledge the contagious nature of COVID-19 and acknowledge that the NJDOC cannot and does not guarantee that I will not become infected with COVID-19.

I understand, accept and assume the risk of becoming exposed to and/or infected by COVID-19 whether from the actions, omissions, or negligence of myself or others.

I hereby waive any right to bring suit/claim damages, and I release and agree not to hold the NJDOC liable. I waive all rights on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of NJDOC, or that may otherwise arise in any way in connection with my entry to the facility.

Visitor Name: _____
Print Name

Signature

Date: _____

Phone Contact: _____

Inmate Name: _____

SBI #: _____