

Bryan Stirling – Testimony for June 2, 2020

Good morning. My name is Bryan Stirling and I am the Director of the South Carolina Department of Corrections (SCDC). I was appointed by Governor Nikki Haley as Interim Director on October 1, 2013 and later confirmed by the South Carolina Senate. I now serve in the role for Governor Henry McMaster. My family has served this country in law enforcement for the better part of one hundred years. My great-grandfather was a Boston Police Officer and my grandfather, Robert Hudson, rose up the ranks to become Chief Detective of Homicide for Suffolk County District Attorney Newman Flanagan. I am honored to be able to testify today, representing over 400,000 corrections professionals from across the country.

I apologize that I am unable to testify in person; however, SCDC follows the guidelines given by the South Carolina Department of Administration and Department of Health and Environmental Control (DHEC), who have suspended non-emergent or non-essential travel for staff. If I were to travel to attend this hearing, then per SCDC's policies and procedures, I would be required to quarantine for fourteen days, placing even further strain on the Agency.

Background

SCDC has 4,853 dedicated employees to serve our incarcerated population of 17,559 individuals.¹ Our current three-year recidivism rate for releases from SCDC in Fiscal Year 2016 is 21.2%. This is due in large part to reentry services and 2010 Sentencing Reform support from state senators and representatives. These efforts will be discussed in more detail below, but more information concerning SCDC can be found at <http://doc.sc.gov/research/statistics.html>

Initial Actions in Response to COVID-19 Pandemic

The COVID-19 pandemic has brought immeasurable changes to communities across the United States. Corrections is no exception. We have faced many challenges and made systemic changes in an effort to stem the tide of COVID-19. Understandably, incarcerated individuals and their families are very concerned about their loved ones during this time. If my family member or friend were incarcerated, I would certainly be concerned for their health due to COVID-19. I want to assure them, and this Committee, that we are doing everything within our power to keep both staff and incarcerated individuals safe.

SCDC was proactive and took early measures to prepare for the COVID-19 pandemic. We began developing and implementing a COVID-19 Action Plan in

¹ This is the projected population count for June 1, 2020 after releases for the month of June.

February 2020, using the Agency's flu plan as a starting point and modifying it based on guidance from the Centers for Disease Control and Prevention (CDC). This plan is a multidisciplinary effort within SCDC and we are working closely with other state agencies to protect those in our custody and care, staff, and the general public. First, we educated both staff, through posters, flyers, notifications online with Action Plan, as well as through the use of social media, and incarcerated individuals about COVID-19, using the CDC guidelines for reducing the risk of transmission. Next, best practices to mitigate the spread of the virus were put into action while allowing for continued effective and critical operations of the state prison system. We knew the initial transmission of the virus would likely be from employees to incarcerated individual, therefore, some of the early measures taken include:

- Only critical staff are permitted to enter institutions and executive staff have daily calls with the leadership of each of the correctional institutions;
- All offsite work for those in our custody and care remains suspended
 - South Carolina was one of the first states in the country to suspend work release programs;
- All use of volunteers and visitation, except for legal visits, remains suspended; this decision was not made lightly as I know how vital volunteers and visitation are to incarcerated individuals and their loved ones.
 - SCDC made contact with the state bar to request that attorneys utilize phone calls as much as possible during this time, however, we will allow attorney in person visits;
- In consultation with court administration, court transports are suspended; video conferencing is being utilized for court appearances as requested, but courts are currently closed in most circumstances so this is infrequent;
- Movement of incarcerated individuals between prisons is limited to exceptional circumstances, such as if an individual is in need of a higher level of mental health care;
- Global Tel Link (GTL), which provides phone services to SCDC's population, gave all individuals two free phone calls each week for 10 weeks, totaling 228,982 phone calls;
- All employees, essential contractors, and vendors are screened for symptoms prior to entering any SCDC facility, using Form M-216, Coronavirus Screening Tool, which is attached;

- Staff meetings are scheduled through telephonic and video platforms to encourage social distancing;
- Personal protective equipment (PPE) was ordered from private and public entities and provided to our staff and incarcerated population;
- Training of more than ten employees at a time was discontinued or scheduled utilizing video conferencing platforms;
- Institutional tours remain suspended;
- Staff work-related travel remains suspended;
- SCDC met with the National Guard on March 9, 2020 to start planning for assistance if and when the virus started spreading within the institutions;
 - Cleaning every two hours
 - Masks to staff and incarcerated population (2)
 - Foggers

While these are major changes to our institutions, in order to avoid unnecessary disruptions to the daily lives of the incarcerated population, we made an effort to maintain a normal schedule with respect to movement, i.e. showers, recreation, and canteen, with programs and education moving to a virtual platform. The COVID-19 pandemic resulted in the Palmetto Unified School District (PUSD) transitioning from face-to-face instruction to remote learning, in accordance with school systems across the world. Since March 2020, the delivery of educational services for our adult and youthful populations in PUSD has changed dramatically, whereby our teachers are providing interactive teaching and learning opportunities and experiences across a variety of academic disciplines via the Polycom system within SCDC. In addition, teachers have collaborated using additional online tools such as Zoom and APEX Online Learning.

Ongoing Preventative Measures

The Division of Operations, Division of Medical Services, and all other areas are working closely together to help ensure CDC guidelines for detention are implemented as best as possible. A multidisciplinary phone call occurs daily with headquarters and institutional staff to review operational standards, provide medical updates, and discuss challenges. We also have frequent phone calls with DHEC to ensure any updated guidelines are implemented as well as possible. I was on daily calls with Governor McMaster, our Emergency Management Division, and other state agencies.

Good hand hygiene and wearing face coverings are by far the most important tools we have to slow the spread of COVID-19. All incarcerated individuals and employees were provided two face coverings early in the pandemic and also have surgical masks. Reform Alliance, Van Jones and Shawn “Jay-Z” Carter’s group, has been instrumental in providing masks to departments of corrections across the country. Employees and incarcerated individuals are also provided with hand sanitizer and additional cleaning supplies, EPA registered to kill COVID-19, so units and offices can be cleaned every two hours. Transportation vehicles are cleaned and disinfected after each use; items used by multiple people, i.e. keys, weapons, duty belts, and body alarms, are also cleaned a minimum of twice a day. After speaking with Commissioner Timothy Ward of the Georgia Department of Corrections, I learned they were using “foggers” inside their facilities to prevent spreading the virus. The Georgia National Guard trained the Georgia Department of Corrections on the use of the foggers; therefore, I asked the South Carolina National Guard to train our staff on the proper use of the foggers after they traveled to Georgia as well. We now use a cold disinfectant fogger and sanitizing sprayer in all our living units a minimum of once a week.

Communication

SCDC prioritizes communication and transparency in all of its relationships. For that reason, SCDC communicates as much as possible with other agencies, the incarcerated population and their families, and the general public. SCDC’s IT Department updates the public website daily to keep families and the public apprised of what is happening at SCDC. In addition, we utilize posters, an automated kiosk system, and tablets (we are in the process of putting tablets in all institutions), which are currently available in three of our institutions, to get information to individuals in our custody and care as quickly as possible. Character programming is currently available on the tablets and we are working to add even more education services on the tablets. Wardens meet weekly with their population representative committee to keep incarcerated individuals educated about the pandemic and informed on issues. We also participate in numerous listserv surveys, teleconferences and webinars with the South Carolina Hospital Association (SCHA), South Carolina Association for Professionals in Infection Control, South Carolina Emergency Management Division, other law enforcement agencies, county jails, the National Governors Association, the American Correctional Association, the Correctional Leaders Association, and the National Institute of Corrections in order to stay abreast of the latest information and best practices, not only in the community but specifically in corrections.

Telecommuting

In March 2020, the South Carolina Department of Administration issued a memorandum directing state agencies to maximize telecommuting opportunities for all essential and non-essential staff. SCDC has been reporting its staffing numbers daily since March 20, 2020; currently, more than 45% of SCDC is either working from home or on leave. The majority of those still reporting to work are critically essential institutional personnel whose jobs do not lend themselves to telecommuting. These staff members practice social distancing when possible, however, there are some limitations within the institutions.

Beginning on March 17, 2020, employees reporting physically to work must complete Form M-216, Coronavirus Screening Tool, daily, and have their temperatures taken with a non-contact thermometer. If an employee answers yes to any of the screening questions or has a temperature of 100.4 degrees or higher, they are not permitted to work and must receive approval by SCDC's medical staff before gaining entry into any facility. This quickly became an overwhelming task, therefore, on April 2, 2020, we created the SCDC COVID-19 Hotline. This hotline is utilized to monitor and respond to employees who indicate any symptoms or answer yes to any of the questions on Form M-216 as well as for those employees who self-report illness, travel outside of South Carolina or the United States, or are exposed to someone who is ill or who has traveled outside of South Carolina or the United States. The COVID-19 Hotline is currently staffed by over 90 employees, from all divisions within SCDC, who have volunteered to assist with this process; originally, there were almost 125 volunteers. The hotline operates from 8am until 11pm, seven days a week and allows employees to telecommute and practice social distancing while also helping the Agency and their co-workers.

COVID-19 Hotline and Staff Tracking

Once an employee calls the hotline, they leave a voicemail in the appropriate mailbox and a Call Team member returns their call. The Call Team member gathers information related to any symptoms, travel, and/or exposure the employee has or may have had to COVID-19. The information is gathered using a preliminary information form created by SCDC's IT Department, with input and assistance from the Division of Medical Services, which builds based on the questions answered. This information was initially populated in a spreadsheet that was managed by medical personnel, but it now auto-populates into a Microsoft app created by SCDC's IT Department that went live on May 13, 2020. A Call Team member from the Division of Medical Services then follows up with the employee to either clear them to return to work, instruct them to stay home and monitor any symptoms, or refer them for testing. Based on the employee's symptoms, they are directed to the Medical

University of South Carolina’s telehealth website, to schedule a test if the employee desires.

Pursuant to the CDC, there are two strategies to clear employees for work:

- “*Symptom-based strategy*. Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 10 days have passed *since symptoms first appeared*
- *Test-based strategy*. Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - **Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).**” (Citations omitted).²

SCDC uses a more rigorous version of the symptom-based strategy, allowing employees to return to work fourteen days after symptoms first appeared as long as at least 72 hours have passed without any symptoms; this is four days longer than the CDC guidelines.

The information contained in the Call Team app interfaces with the app that front gate officers use called iCheck. This app allows front gate officers to quickly see if an employee is cleared to enter the institution or if entry should be denied. Part of the Call Team also includes a Contact Tracing component, which calls anyone who has been in close contact with an individual who has tested positive for COVID-19. The list of employees who need to be contacted is gathered by the Division of Medical Services (it has ranged anywhere from a few employees to over 90 employees who have been contacted at one time), and this specific team gathers information related to any symptoms the potentially exposed employee may be experiencing. The

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Centers for Disease Control and Prevention, Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html> (May 29, 2020).

Contact Tracing team then makes contact with each employee for a total of fourteen days from the date of the potential exposure to monitor their status.

Testing and Tracking of Incarcerated Individuals

Incarcerated individuals who show symptoms of COVID-19 are tested at SCDC using lab instrumentation and testing equipment provided by DHEC. SCDC is using the Abbott ID Now Rapid Test, which tests samples within ten minutes. If the individual tests positive, they are moved to SCDC's isolation unit at a different institution, where they are single-celled in a cell that does have a toilet and sink. Showers are not located in their cells, but they do have access to showers daily. Their symptoms and a full set of vitals are recorded twice daily by medical staff. Additionally, the dorms where the individuals were previously housed are placed on quarantine and then monitored with vitals and symptom checks twice daily; due to our limited medical staff, three institutions currently utilize the assistance of the National Guard. If needed, incarcerated individuals who have tested positive for COVID-19 are taken to local hospitals for more acute care. Chaplains notify families of those who test positive for COVID-19 and update the families if the person is moved to quarantine or to the hospital, as well as when they return to SCDC and their normal housing unit. Medical personnel answer any questions for families concerning patient care as long as there is a release of information on file to discuss private health information. SCDC initially used the symptom-based strategy for clearing incarcerated individuals to return to their living units, however we now utilize the test-based strategy to help prevent further spread of the virus.

Support for the Correctional Community

The COVID-19 pandemic and all of the attendant changes have increased the stress levels of both the incarcerated population and my staff. We have made efforts to provide support to both staff and those in our custody and care, understanding that both are facing difficult circumstances.

- **Support for Employees**

The Division of Behavioral Health Services and Division of Programs, Reentry & Rehabilitative Services collaborated with the South Carolina Department of Mental Health to organize self-help services for staff struggling to cope with the effects of COVID-19, social distancing, and increased stress. This includes a support line, self-help tips, and an array of services that are available. These resources are available to employees on SCDC's website, as well as physically shared at facilities.

The Critical Incident Stress Management (CISM) Program, within the Division of Programs, Reentry & Rehabilitative Services, expanded support services for employees to talk with Peer Team members by telephone, as well as video, whenever meeting in-person is not possible due to COVID-19 precautions. The CISM Program has provided support to over 140 employees. There has been a total of seventeen “check-in” meetings utilizing Microsoft Teams with an average of ten to fifteen employees participating in each of these meetings.

- **Support for the Incarcerated Population**

These divisions also developed and distributed self-care tips for all incarcerated individuals to practice in an effort to reduce stress caused by the reduction in programming. These tips for self-care, stress reduction, and available methods to obtain help were physically posted at the institutions, but our behavioral health services staff have also modified services to see incarcerated individuals outside of routine services by request, when possible. Mental Health officers also complete occasional rounds in our general population dorms to check on these individuals and provide support.

Positive Cases

As stated above, SCDC has also implemented as many of the CDC guidelines for detention as possible to ensure the safety and health of our employees and those in our custody and care.³ As of May 29, 2020, SCDC has monitored more than 1,400 employees for COVID-19 with an average of 250 employees monitored daily. To date, 73 employees tested positive for COVID-19, with 48 having already been cleared and returned to work. Regrettably, we had one employee pass away from complications related to COVID-19. We have no reason to believe that any of our incarcerated population contracted the virus from this employee.

We contracted with the Medical University of South Carolina (MUSC) to expedite testing of our employees to ensure employees who test negative can return to work as soon as possible. We also utilize other testing sites at community hospitals and established first responder testing centers throughout South Carolina. Prior to these expanded testing facilities, it took two weeks or longer to get test results back, which had the potential to cause staffing shortages in our prisons. However, with the

³ One guideline SCDC has been unable to implement is social distancing with single ceiling incarcerated individuals. Unfortunately, SCDC, like many Departments of Corrections across the country, simply does not have the physical space to single cell high risk incarcerated individuals, which totals more than 6,400 people.

help of MUSC and other hospitals, employees now receive their results in one to two days.

To date, 91 incarcerated individuals at SCDC have tested positive for COVID-19 with 50 cleared of the illness. Unfortunately, two passed away from complications related to COVID-19. One person dying from this disease is too many and we are working closely with South Carolina hospitals to ensure incarcerated individuals are treated, if they require a higher level of care than that which is provided by SCDC medical staff. SCHA has been instrumental in facilitating community hospital collaboration. SCDC staff speak frequently with community hospitals to ensure they are aware of and prepared for potential transfers of incarcerated individuals confirmed or suspected of having COVID-19. A total of eleven incarcerated individuals have been hospitalized, including the two who died and four who have been discharged back to facilities; five remain at the hospital.

Custodial Releases

I understand there is great concern about the number of individuals who remain incarcerated, living in close quarters, many of who are medically vulnerable, during this pandemic. Every state has a unique release authority scheme. Many state departments of corrections do not have any authority or discretion to release individuals early, absent executive action, a court order, or legislative action. SCDC has two pathways for releasing individuals early besides parole from prison: medical parole, applicable when an individual is only expected to live two more years, and medical furlough, applicable when an individual is expected to live only one more year. For example, an individual is diagnosed with cancer and given one to two years to live. However, it is not forward looking, meaning we cannot anticipate someone may get sick and pass away and therefore release them through either of these pathways.

For those incarcerated individuals who are released from SCDC due to the completion of their sentences during the ongoing pandemic, and they live in a unit that is under quarantine, they are placed in a separate quarantine area for fourteen days prior to their release and monitored by medical staff. All individuals who are released are given hand sanitizer and information about COVID-19, which includes where to go if they start developing symptoms upon release. If someone is being released from an isolation or quarantine unit, they are moved to a different institution and are quarantined for fourteen days prior to their release. If a situation were to arise where an individual was to be released *prior* to the completion of their fourteen-day quarantine, they are provided with information on the length of their remaining isolation or quarantine period. SCDC has released three COVID-19 positive

individuals. Prior to their releases, SCDC's Director of Infectious Disease Management contacted the families of these individuals to inform them of their status and to educate them on how to prevent the spread of the virus. She verified that the families were able to house and care for the released individual, however, she also made a contingency plan with DHEC for alternative housing, should it become necessary.

The Importance of Reentry Planning and Services

SCDC's Division of Programs, Re-Entry, and Rehabilitative Services has continued to assist individuals who are nearing their release dates. I am concerned with reentry efforts and the outlook for jobs for returning citizens as long as this pandemic continues, but we do everything we can to prepare them for release. Thankfully, releasing an individual no longer consists of simply opening the door and handing them a bus ticket and some money. When I am invited to speak about our prisons, I remind the audience that eighty five percent of incarcerated individuals serve five years or less and will then be back out in the community. I give them a choice of who they would like sitting next to them or a family member at the bus stop, library, or elsewhere: someone with no skills, no connections to family or a support network, no job, no place to live, no identification, and no hope; or do they want someone who has a job, a connection to family, mental health treatment, treatment for substance use disorder, a place to live, and identification. It's a simple answer! We all want the latter. It leads to safe reentry back into society, as well as improved public safety. This is why South Carolina is tied with Virginia for the lowest recidivism rate in the country. Recidivism has a three year look back, so this rate includes people leaving prison in 2016.

We do everything we can to help returning citizens re-integrate into society with the goal of reducing recidivism. This includes completing applications for birth certificates, Selective Services, Social Security cards, and South Carolina Thrive benefits entitlements, which includes Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and other state assistance; providing individuals with IDs from the South Carolina Department of Motor Vehicles; securing safe housing and employment; drafting resumes; and providing referrals and making connections to numerous local community partners. This helps ensure that people who are released back into the community are productive members of society and do not return to prison. Attached is an Op-Ed that ran in the Post and Courier about SCDC's efforts in this regard.

South Carolina was one of the first states to implement sentencing reform in 2010. These efforts were led by state Senator Gerald Malloy, state Representative

Murrel Smith and others. These changes, along with our robust reentry programs, have reduced our prison population from 24,710 in 2010 to 17,559,⁴ constituting a 29% reduction in our population which also led to the closing of seven prisons.

New Admissions

The issue of new admissions to a state prison during a pandemic poses a unique set of challenges. SCDC continues to have newly sentenced individuals sent to our Reception and Evaluation (R&E) centers. We have instituted new screening systems for these individuals, in response to the COVID-19 pandemic. All new admissions are processed through a modified version of the R&E process, whereby necessary information related to mental health, medical, and sentences, including fingerprinting, are gathered. The individual is then placed in a fourteen-day quarantine where they are double-celled with another inmate from their same county and then monitored by SCDC medical personnel. After the quarantine period ends, the full R&E process is completed. This includes photographing the new admits as they appear upon entry, then another photograph is taken after the new admit showers and has a haircut; fingerprints are sent to the South Carolina Law Enforcement Division (SLED); the new admit is interviewed for personal information (address, family members, etc.), their statement related to their crime if they wish to provide one, and any information related to past sexual assaults; a full medical evaluation is performed, including bloodwork, as well as a mental health evaluation; and all records are audited for sentencing purposes. This takes a total of 45 days. Of note, SCDC's usual R&E center for our male population remains temporarily closed due to a growing number of COVID-19 cases within that institution. R&E for our male population now takes place at another institution to help ensure new admits do not contract the illness as a result of their housing environment. From April 21, 2020 until May 18, 2020, SCDC did request that counties postpone sending new male admits to our R&E center until the temporary center was located.

Modifications to Behavioral Health Services

SCDC enjoys the benefits of behavioral health services throughout all our institutions. Under normal circumstances, these critical services are provided in person. In response to COVID-19, the Division of Behavioral Health Services expanded telemedicine and telepsych engagements as a precautionary measure. All routine mental health counseling sessions and psychiatric sessions are currently provided via telehealth to reduce the threat of staff bringing the virus into the institution, while maintaining routine services. This has allowed numerous staff to

⁴ This is the projected population count for June 1, 2020 after releases for the month of June.

work from home and practice social distancing, while continuing to provide essential services to incarcerated individuals with mental illness.

In addition, all group activities are suspended in accordance with social distancing guidelines. Mental health counselors on site continue to make their rounds on mental health residential units and restricted housing areas to ensure that incarcerated individuals remain stable, and to ensure they are referred for a higher level of care, if needed. Mental health counseling staff rotate days on-site, to the greatest extent possible, to limit cross staff contact and reduce the threat of the virus spreading. SCDC continues to provide Crisis Stabilization services on site and transfers to the Crisis Stabilization Units have been maintained throughout the implementation of COVID-19 precautions. Each transfer is monitored in the same manner as any hospital or outside transfer, with the individual being screened in accordance with CDC and DHEC guidelines.

National Perspectives

Like myself, my colleagues in corrections across the United States are working hard every day to manage this pandemic. Throughout the past several months, I have learned of the incredible work that corrections departments are doing across the country to prevent and halt outbreaks of COVID-19, provide opportunities for incarcerated individuals to stay connected to their families and communities, and continue programming in innovative and creative ways.

Numerous departments of corrections have utilized a combination of existing authorities, such as parole and furlough, to release vulnerable individuals to home confinement, transitional housing or directly home. For example, Illinois has statutory authority to reduce sentences through the award of earned discretionary sentence credit and to place people on home confinement. That Department has also been granted the ability to offer extended medical furloughs through an executive order issued by the Governor in response to COVID-19. Since March 1st, there have been 4823 exits from the Illinois Department of Corrections. Of that, 1289 have been "early releases."⁵

Other departments have statutory authority to exercise discretion to release individuals early. For example, the Commissioner of Corrections in Connecticut has broad authority to release individuals on various forms of release and he has utilized these release mechanisms during the Covid-19 crisis. From March 1st to May 13th, Connecticut has reduced the incarcerated population reduction by 1,773. Of these, 1,360 individuals were released to halfway house programs, sober houses and/or

⁵ These numbers are as of May 12th.

sponsors/residences in the community. Similarly, the North Dakota Department of Corrections has also utilized its existing authority to release individuals and has released over 250 since the start of the pandemic. In addition, the New Jersey Department of Corrections has released 1265 individuals from March 13th to May 13th, under an Executive Order that expanded the Department's release authority, while the New York population has decreased by 3500 since the start of the pandemic.

We also must recognize, however, that the majority of incarcerated individuals will remain in the system and corrections must also make efforts to provide virtual programming and additional telephone calls and video visitation to keep people connected with their loved ones.

Conclusion

I, along with SCDC, appreciate the opportunity to present the unique situation state prisons are in while dealing with the COVID-19 pandemic. I appreciate the support the U.S. Senate provides us and any assistance that can be provided during this time. I would like to thank you for the additional support that Congress provided corrections in the CARES Act. Below are some additional ways Congress can support corrections during these difficult times:

1. Improved internet access in rural areas for education, medical/mental health treatment, video visitation in prisons;
2. Expanded access to medically assisted treatment;
3. Assessment tools/tracking to set a plan from entry to reentry;
4. Halfway houses, especially for mentally ill returning citizens;
5. Nursing level of care housing for those in need;
6. Training credits for businesses to train people leaving prison, especially prior to release.
7. Support for programs to encourage people to enter the medical/mental health field especially if they would like to work in corrections.

I have been very vocal regarding staff shortages that the South Carolina Department of Corrections has experienced, and this pandemic only highlights the need for additional staff. However, I would like to take this opportunity to thank my staff for the tremendous job they have done under incredibly challenging circumstances. We have numerous staff working literally around the clock to make sure all the necessary work is completed and to do all they can to help keep everyone who touches the system safe. Employees have stepped up time and time again to help this Department. The assistance you give to the Department—and to state corrections departments across the country—will help all of my employees to

do their job at this critical time, as well as help keep the incarcerated population, staff, and the public as safe and healthy as we can during these unprecedented times.

Attachments:

SCDC Form M-216

Bryan Stirling, Reentry, jobs program helps SC offenders state new life. Post and Courier (September 11, 2019).

COVID-19 Statistical Information Snapshot

SCDC COVID-19 Action Plan

SCDC COVID-19 FAQs

SCDC Population, 2010-2020

SCDC COVID-19 spreadsheet & app PowerPoints

SCDC iCheck app PowerPoint

SC DHEC Informational Posters (English and Spanish)