



June 29, 2021

Applicant c/o
Jeffrey Sunstrum, Access and Privacy Officer
Corporate Information Management, ATIPP Office

Final Response ATIPP Access Request 21-083

Decision

The Department of Justice searched Whitehorse Correctional Centre and identified records responsive to Access Request #21-083. Our final response on the information is as follows:

Access Granted in Full

The Department of Justice has provided access in full to the information relating to the request noted below:

I am requesting standing orders and policy directives documenting correctional institution COVID-19 screening procedures for prisoners, prison staff, oversight body officials, lawyers, and volunteers.

Additional Information: I'm seeking information regarding people admitted to Whitehorse Correctional Centre custody by courts.

Timeframe: 01 October 2020 - 20 December 2020

There will be no charge for this request.

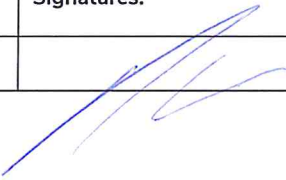
Right to Complain

You have the right to make a complaint in respect of this response to the Yukon Information and Privacy Commissioner under Section 66 of the ATIPP Act, no later than 30 business days after you receive this response. To make a complaint, contact:

Yukon Information and Privacy Commissioner
3162 3rd Ave.
Whitehorse, YK Y1A 1G3
E-mail: intake@yukonombudsman.ca
Phone: (867) 667-8468; toll free (in Yukon) 1-800-661-0408 (ext. 8468)

Contact Person in Department

If there are any questions, please contact Scott Tyrner, Access and Privacy Analyst for the Department of Justice at (867) 667-9477 or jus.atipp@yukon.ca

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|---------------------------------------|--|
| Reviewed by: | Signatures: |
| John Phelps, Deputy Minister, Justice |  |

SHIFT REPORT

0001

| | | | |
|-------------------------|--|--------------------------------|--|
| Date: | | Day Shift 0700-1900 | |
| MCS Name: | | Evening Shift 1900-0700 | |
| Manager on Call: | | | |

| Incident Type | Quantity | Details |
|-----------------------------------|----------|---|
| Security Incidents | | Time of incident and on call notification |
| Hearings | | |
| Property Damage | | |
| Segregation Placement | | Time of incident and on call notification |
| Restrictive Confinement Placement | | |
| H / F-Unit Placement | | |
| Inmate Complaints | | |
| New Internal Charges | | |

| H-West | | | | |
|--------------------|----------|-------------|-------------|----------|
| Name (LAST, First) | Location | Date Placed | Review Date | CAR Sec. |
| | H 326 | | | |
| | H 327 | | | |
| | H 328 | | | |
| | H 329 | | | |
| | H 330 | | | |
| | H 331 | | | |
| | H 332 | | | |

| H-East | | | | |
|--------------------|----------|-------------|-------------|---------------------------|
| Name (LAST, First) | Location | Date Placed | Review Date | Rationale/ Classification |
| | H 301 | | | |
| | H 302 | | | |
| | H 303 | | | |
| | H 304 | | | |
| | H 305 | | | |
| | H 306 | | | |
| | H 307 | | | |

| Self-Harm Checks | | |
|--------------------|----------|-------------|
| Name (LAST, First) | Location | Date Placed |
| | | |

| Restrictive Confinement / Segregation Placement | | | | |
|---|----------|-------------|--------|-------------|
| Name (LAST, First) | Location | Date Placed | Reason | Review Date |
| | | | | |

| Intermittent Cell Confinement (ICC) | | | | |
|-------------------------------------|----------|-------------|-------------|------|
| Name (LAST, First) | Location | Date Placed | Review Date | Time |
| | | | | |

| Rotational Unlock | | | | |
|--------------------|----------|-------------|-------------|--------------|
| Name (LAST, First) | Location | Date Placed | Review Date | Unlock Group |
| | | | | |

| Observation Check Sheet | | |
|-------------------------|----------|-------------|
| Name (LAST, First) | Location | Review Date |
| | | |

| Assigned Posts | | | | |
|----------------|-----|-------|----|----|
| Post | Day | Night | d8 | e8 |
| | | | | |

SHIFT REPORT

0002

| | | | |
|-------------------------|--|--------------------------------|--|
| Date: | | Day Shift 0700-1900 | |
| MCS Name: | | Evening Shift 1900-0700 | |
| Manager on Call: | | | |

| | | | | |
|------------------|--|--|--|--|
| MCS | | | | |
| Control | | | | |
| SEG/SLU | | | | |
| B | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| Prowl | | | | |
| Prowl | | | | |
| Cover | | | | |
| APU | | | | |
| APU | | | | |
| A&D | | | | |
| Programs | | | | |
| Work Crew | | | | |
| Nursing | | | | |
| Nursing | | | | |
| Nursing | | | | |
| Provost | | | | |
| Provost | | | | |

| STAFF ABSENT | | | | |
|---------------------|-------------------|-------------|-----------------|---------------|
| Name | Sick / special lv | Replacement | OT authorize by | Assigned Post |
| | | | | |
| | | | | |
| | | | | |

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|--|
| Releases: ➤ (Inmate , Unit & time) |
| New Admits: ➤ (Inmate , Unit & time) |
| Courts: ➤ (Inmate , Unit & time) |
| Escorts: ➤ (Inmate , Unit & time) plus names of officers |
| Moves: ➤ |
| Violation Hearings: |
| Searches: |
| B Unit: (Unit Officer) ➤ |
| D Unit: (Unit Officer) ➤ |
| E Unit: (Unit Officer) ➤ |
| F Unit: (Unit Officer) ➤ |
| G Unit: (Unit Officer) ➤ |
| SEG / SLU: (Unit Officer) |

SHIFT REPORT

0003

| | | | |
|-------------------------|--|--------------------------------|--|
| Date: | | Day Shift 0700-1900 | |
| MCS Name: | | Evening Shift 1900-0700 | |
| Manager on Call: | | | |

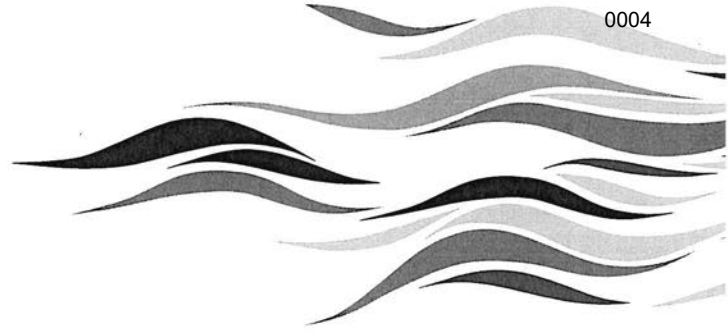
| | | | | |
|---|------------------|---------------|--------------|----------------|
| ➤ | | | | |
| BSCS Issues: | | | | |
| Building Issues: | | | | |
| Memos: | | | | |
| Visits: | | | | |
| Programs: | | | | |
| ION Scan Verification: (Officer & time) | | | | |
| Outside Check: (Officer & time) | | | | |
| COUNTS: inside + Court = Total | | | | |
| | Sentenced | Remand | Males | Females |
| All of WCC | | | | |

| INFORMATION FOR ONCOMING SHIFT | | | | |
|--------------------------------|--|--|--|--|
| Releases: | | | | |
| Escorts: | | | | |
| Appointments: | | | | |
| Visits: | | | | |
| Programs: | | | | |
| APU: | | | | |
| Other: | | | | |

| |
|--|
| Shift Report Completed and Verified by: |
| Signature: |
| Date/Time: |
| Shift Briefing Completed by: |
| Oncoming MCS Briefed by: |

| |
|---------------------------------------|
| Reports Completed and Scanned: |
| ➤ |

| | | |
|---|------------------------------|-----------------------------|
| COVID Verbal Screening completed | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|



Memorandum

December 7, 2020

To: All Managers

From: Robert Clarke
Deputy Superintendent, Operations
Whitehorse Correctional Centre

Subject: Verbal COVID Screening of staff

Hello all

To complement our efforts to keep COVID19 out of our facility and to ensure the safety of our staff and population, the following will be implemented with immediate effect.

At the beginning of each shift, managers are required to conduct a verbal screening of their staff by asking the following questions:

Have you currently experiencing any of the following symptoms?

- Fever/Chills
 - Cough
 - Shortness of breath
 - Fatigue
 - Muscle aches
 - Headache
 - Loss of appetite
 - New loss of sense of taste or smell
 - Sore throat
 - Runny nose
 - Nausea and/or vomiting
 - Diarrhea
-

Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:

- Anyone who is known to have laboratory-confirmed COVID-19?
 - Or
 - Anyone who has symptoms consistent with COVID-19?
-

Have you been asked/directed to self-isolate (this could be due to illness, travel or contact)?

Are you currently waiting on the results of a COVID-19 test?

Should anyone answer yes to the above questions, they should be advised to go home and consult 811 for further advice and direction.

For all MCS personnel, the MCS Shift report has been amended to include a check box to ensure that the verbal screening has been completed.

Thank you,

A handwritten signature in black ink, appearing to read 'R Clarke', written over a horizontal line.

Robert Clarke
Deputy Superintendent, Operations



WHITEHORSE CORRECTIONAL CENTER COVID-19 SCREENING FORM

Name: _____
Phone Number: _____
Email: _____
Address: _____

| PLEASE READ EACH QUESTION CAREFULLY | PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU | |
|--|--|----|
| <p>Have you currently experiencing any of the following symptoms?</p> <ul style="list-style-type: none">• Fever/Chills• Cough• Shortness of breath• Fatigue• Muscle aches• Headache• Loss of appetite• New loss of sense of taste or smell• Sore throat• Runny nose• Nausea and/or vomiting• Diarrhea | YES | NO |
| <p>Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:</p> <ul style="list-style-type: none">• Anyone who is known to have laboratory-confirmed COVID-19? Or• Anyone who has symptoms consistent with COVID-19? | YES | NO |
| <p>Have you been asked/directed to self-isolate (this could be due to illness, travel or contact)?</p> | YES | NO |
| <p>Are you currently waiting on the results of a COVID-19 test?</p> | YES | NO |

Signature: _____

Date: _____