



DEPARTMENT OF JUSTICE | OFFICE OF THE INSPECTOR GENERAL

# PANDEMIC RESPONSE REPORT

## 20-087

JULY 2020

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## Remote Inspection of Federal Correctional Complex Tucson

EVALUATION AND INSPECTIONS DIVISION

## INTRODUCTION



### OIG COVID-19 Inspection Efforts

In response to the coronavirus disease 2019 (COVID-19) pandemic, the U.S. Department of Justice (Department, DOJ) Office of the Inspector General (OIG) initiated a series of remote inspections of Federal Bureau of Prisons (BOP) facilities, including BOP-managed institutions, contract institutions, and Residential Reentry Centers. In total, these facilities house approximately 160,000 federal inmates. The OIG inspections sought to determine whether these institutions were complying with guidance related to the pandemic, including Centers for Disease Control and Prevention (CDC) guidelines, DOJ policy and guidance, and BOP policy. While the OIG was unable to meet with staff or inmates as part of these remote inspections, the OIG issued a survey to over 38,000 BOP employees, as well as staff of contract institutions and Residential Reentry Centers.

[DOJ COVID-19 Complaint](#)

[Whistleblower Rights and Protections](#)

The CDC has noted that the confined nature of correctional facilities, combined with their congregate environments, “heighten[s] the potential for COVID-19 to spread once introduced” into a facility. According to BOP data, as of July 14, 2020, 8,642 inmates and 887 staff in BOP-managed institutions and community-based facilities had tested positive for COVID-19.<sup>1</sup> However, testing within most BOP facilities has been limited. In those institutions where widespread inmate testing has been conducted, the percentage of inmates testing positive has been substantial. At the time of our fieldwork, FCC Tucson was not conducting widespread inmate testing for COVID-19. There were no COVID-19 active inmate cases in the institution.

Between April 27 and June 8, 2020, the DOJ OIG conducted a remote inspection of the BOP’s Federal Correctional Complex (FCC) Tucson, located in Pima County, Arizona, to understand how the COVID-19 pandemic affected the complex and to assess the steps FCC Tucson officials took to prepare for, prevent, and manage COVID-19 transmission within its facilities (see [Appendix 1](#) for the scope and methodology of the inspection). As part of that effort, we considered whether FCC Tucson’s policies and practices complied with BOP directives implementing CDC guidance, as well as DOJ policy and guidance. We conducted this inspection through telephonic interviews with FCC Tucson and BOP officials, review of documents, assessment of inmate demographic data and staff and inmate COVID-19 case data by the OIG’s Office of Data Analytics (ODA), analysis of FCC Tucson-specific results from a BOP-wide employee survey regarding COVID-19 issues that the OIG conducted in late April, and consideration of complaints to the OIG Hotline by inmates (see [Appendix 2](#) for a summary of survey results from FCC Tucson respondents).

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<sup>1</sup> This estimate does not include inmates who have tested positive, recovered, and have since been released by the BOP.

## Summary of Inspection Results

In accordance with BOP guidance, FCC Tucson began modified operations with social distancing measures on March 17 and enacted a Shelter-in-Place (SIP) on April 1.<sup>2</sup> These measures were extended three times and were to remain in effect until at least July 31. We found that Tucson officials adhered to applicable COVID-19 related BOP policies and CDC guidelines and regularly communicated these changes to staff and inmates. We determined that several factors assisted FCC Tucson in responding to the COVID-19 pandemic, including FCC Tucson's proactive implementation of preventative measures before they were required by the BOP. Specifically, we found that:

- FCC Tucson had empty housing units available in its U.S. Penitentiary (USP), which it was able to repurpose as quarantine and medical isolation areas.
- FCC Tucson implemented a precautionary 14-day quarantine for incoming inmates before it was required by BOP guidance.
- FCC Tucson, with guidance from the Western Regional Office, limited staff movement within its facilities before the BOP instructed facilities to do so. Unlike other BOP institutions, FCC Tucson was not experiencing a staffing shortage. Having sufficient staff allowed it to more easily separate its rosters and assign staff to a single institution, thereby limiting possible staff cross-contamination.
- The only FCC Tucson staff member to test positive for COVID-19 at the time of our inspection had not been in the institution for several weeks prior to the positive test, reducing the chance of spread.<sup>3</sup>
- FCC Tucson management regularly updated staff and inmates about new guidance and procedural changes related to COVID-19, and staff we interviewed from FCC Tucson told us that communication from management was "top notch" and "tremendous."

We describe these findings in greater detail, and other observations we made during our inspection, in the [Inspection Results](#) section of this report.

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<sup>2</sup> The BOP enacted a "14-day nationwide action to minimize movement to decrease the spread" of COVID-19 in its Phase Five Action Plan on April 1 and extended this action in its Phase Six, Seven, and Eight Action Plans, effective through July 31. Some institutions chose to describe this action as a "Shelter in Place," "Stay in Place," or "Stay in Shelter." In announcing this action, the BOP noted, "the BOP's actions are based on health concerns, not inmate disruptive behavior." See [Appendix 3](#) for a timeline of the BOP's guidance to its institutions.

<sup>3</sup> The staff member had recovered and returned to work at the time of our inspection. As of July 13, a total of 11 staff members had tested positive for COVID-19.

## COVID-19 at FCC Tucson

FCC Tucson employs 586 federal staff members and houses approximately 1,900 high, medium, and minimum security male inmates, as well as pretrial male and female inmates, in 3 separate facilities: a USP, a Federal Correctional Institution (FCI), and a camp. As a Care Level 2 and 3 complex, FCC Tucson's population includes inmates with chronic care needs and inmates requiring specialized medical care.<sup>4</sup> Additionally, the USP is a Sex Offender Management Program institution, and about 77 percent of USP inmates are incarcerated for sex offenses.

At the time of our fieldwork, there had been no inmate cases and only one staff case of COVID-19 at FCC Tucson. As of July 13, FCC Tucson reported that no inmates, and 11 staff members, had tested positive for COVID-19, 8 of which were active cases.<sup>5</sup> By contrast, the county in which FCC Tucson is located, Pima County, experienced a steady increase in the number of positive COVID-19 cases in April and May and an exponential increase in the number of positive cases in June. As of June 25, Pima County had over 6,500 total confirmed cases. The number of COVID-19 cases in Arizona continued to spike into July. As of July 13, the CDC reported that Pima County had over 11,800 total cases. Below, we provide a snapshot of FCC Tucson's COVID-19 cases as of July 13.

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<sup>4</sup> BOP officials assign each inmate a care level based on the inmate's individual medical needs. Care levels range from Care Level 1 for the healthiest inmates to Care Level 4 for inmates with the most serious medical conditions. The BOP also assigns each institution a care level from 1 to 4, based on the institution's level of medical staffing and resources. The goal of the care level system is to match inmate medical needs with institutions that can meet those needs. A Care Level 2 institution is capable of treating inmates with conditions requiring clinical contact every 3 months. A Care Level 3 institution is capable of treating inmates with conditions requiring daily to monthly clinical contact.

<sup>5</sup> The BOP defines "active cases" as open and confirmed cases of COVID-19. Once someone has recovered or died, he or she is no longer considered an active case.

Inmate Population<sup>a</sup>



1,866

Active Inmate Cases<sup>b</sup>

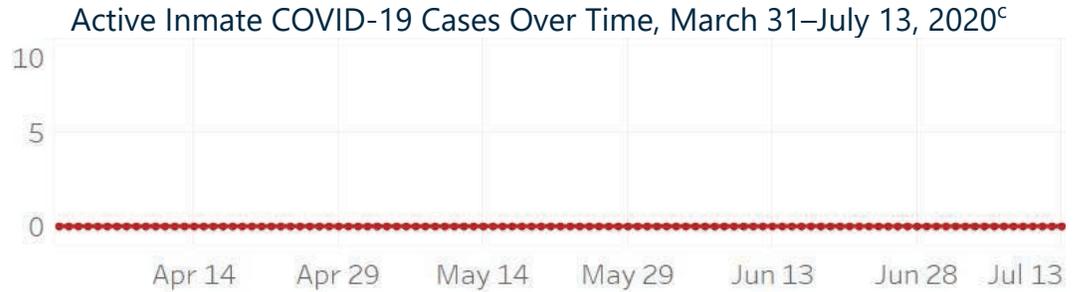


0

Inmate Deaths<sup>c</sup>



0



<sup>a</sup> As of June 14, 2020. Population totals may differ from BOP statistics due to categories of inmates (e.g., juveniles) excluded from the data received by the OIG.

<sup>b</sup> As of July 13, 2020. The BOP defines “active cases” as open and confirmed cases of COVID-19. Once someone has recovered or died, he or she is no longer considered an active case.

<sup>c</sup> As of July 13, 2020. Deaths due to COVID-19.

Data Source: BOP

DOJ Federal Staff<sup>a</sup>



585

Active Staff Cases<sup>b</sup>

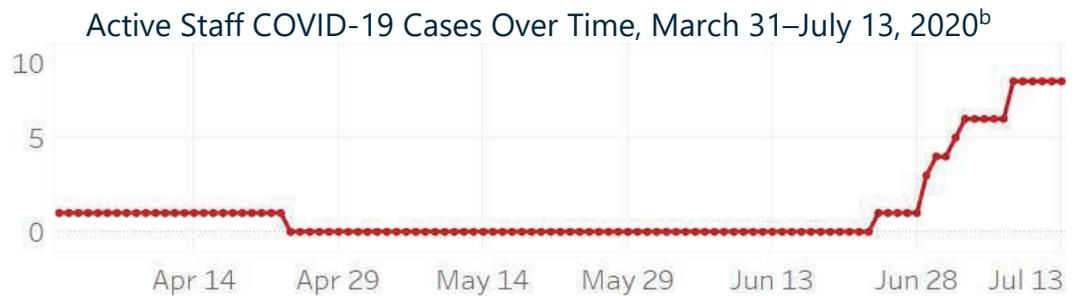


8

Staff Deaths<sup>c</sup>



0



<sup>a</sup> As of June 25, 2020.

<sup>b</sup> As of July 13, 2020. Active cases are open and confirmed cases of COVID-19. Once someone has recovered or died, he or she is no longer considered an active case.

<sup>c</sup> As of July 13, 2020. Deaths due to COVID-19.

Data Sources: BOP, National Finance Center

Total Confirmed COVID-19 Cases in Pima County Over Time, March 31–July 13, 2020<sup>a</sup>



<sup>a</sup> As of July 13, 2020. Total confirmed cases are cumulative positive COVID-19 cases.

Data Sources: Johns Hopkins University Center for Systems Science and Engineering

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# INSPECTION RESULTS

## Social Distancing and Quarantine Measures

In accordance with BOP guidance, FCC Tucson implemented two sets of social distancing procedures. Social distancing, also called “physical distancing,” means keeping at least 6 feet between people and avoiding group gatherings. In a correctional setting, the CDC recommends implementing a host of strategies to increase the physical space between inmates (ideally 6 feet between all individuals, regardless of symptoms), noting that not all strategies will be feasible in all facilities and that strategies will need to be tailored to individual spaces within the facility and the needs of the population and staff.<sup>6</sup>

Starting on March 17, FCC Tucson implemented modified operations, under which one housing unit at a time went to the dining hall for meals or to the outdoor recreation yard. Starting on April 1, FCC Tucson enacted a SIP, which was extended three times and was to remain in effect until at least July 31. FCC Tucson’s Warden emphasized that the SIP is distinct from a punitive lockdown, comparing it to local community guidelines in response to COVID-19. Institution emails and memoranda to inmates that we reviewed also emphasized this message. Under the SIP, inmates remain in their housing units with services brought in, without access to the outdoor recreation yard, as follows:



<sup>6</sup> See CDC, “[Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html),” March 23, 2020, [www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html) (accessed July 15, 2020).

In the USP and male housing units at the FCI, each of which has closed cells surrounding a common area (see photograph above), inmates remained in their cells for most of the day. They could access the common area for 2-hour blocks each day in groups of about 30 inmates. During these 2-hour blocks, inmates had access to showers, TRULINCS email, and telephones.<sup>7</sup> Food Services and Correctional Staff delivered meals (packaged in clamshells or meal bags) to each inmate's cell. Commissary and laundry collection were available in the housing unit common areas.



Open dormitory-style housing in the female pretrial unit at FCC Tucson.

**Source:** BOP, with OIG enhancement

In the camp and the FCI's female pretrial housing unit (see photograph), which have open, dormitory-style housing, inmates continued to have open access to showers, TRULINCS email, and telephones. Food Services and Correctional Staff delivered meals to the dormitories, and commissary and laundry were available in the housing unit common areas. Due to a decrease in the camp population as the number of incoming inmates decreased and other inmates moved to quarantine units in preparation for release or home confinement transfer, FCC Tucson was able to increase the distance between inmates by spacing out bed assignments.

FCC Tucson officials told the OIG that two previously empty units in the USP were designated for quarantine and medical isolation of male inmates and that the designated units have sufficient

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<sup>7</sup> TRULINCS is an electronic messaging system through which inmates in BOP-managed institutions may exchange email with preapproved individuals.

space for those purposes.<sup>8</sup> On March 20, before it was required by BOP guidance, FCC Tucson issued to all staff a memorandum stating that as a precautionary measure all incoming male inmates would be quarantined in the designated USP housing unit for 14 days before joining the rest of the institution's inmate population.<sup>9</sup> Incoming female inmates would be quarantined in the Special Housing Unit at the FCI.

## Conditions of Confinement

As discussed above, inmates had access to showers, TRULINCS email, telephones, the commissary, and laundry services, with FCI and USP inmates' access limited to 2 hours a day. We also found that:

- According an internal memorandum, on April 1 and April 8, FCI and USP inmates, respectively, received a monthly allotment of hygiene supplies free of charge. Inmates could also purchase soap from the commissary, FCC Tucson officials told us. Survey results confirmed our findings; only 18 percent (30 out of 166) of FCC Tucson staff survey respondents reported that more personal hygiene supplies such as soap and hand sanitizers were needed for the inmates.<sup>10</sup>
- Regular group extracurricular programs and activities provided by Recreation, Education, and Chaplain Services halted under the SIP; however, FCC Tucson staff were providing educational and recreational materials to the inmates. FCC Tucson officials told us that staff from the Education, Recreation, and Chaplain Services made daily rounds in the units.
- In lieu of group therapies conducted by Psychology Services, which halted under the SIP, Psychology Services staff visited the housing units twice per day. Inmates dealing with mental health challenges were provided with MP3 devices programmed with cognitive behavioral therapy techniques. The Chief Psychologist told us that he ordered more of these devices in order to reach more inmates who may need help coping with anxiety. He added that mental health issues could increase among inmates due to the monotony of inmates being in their cells for 22 hours a day. A Unit Manager and the Chief Psychologist

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<sup>8</sup> Quarantine is used to keep someone who might have been exposed to COVID-19 away from others for 14 days to help prevent the spread of disease and determine if the person develops symptoms. In a correctional setting, the CDC recommends, ideally, quarantining individuals in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the person should be placed in medical isolation and evaluated for COVID-19.

Isolation is used to separate people who (1) are infected with the virus (those who are sick with COVID-19 and those with no symptoms), (2) are awaiting test results, or (3) have COVID-19 symptoms from people who are not infected. In a correctional setting, the CDC recommends using the term "medical isolation" to distinguish it from punitive action. See CDC, "Interim Guidance."

<sup>9</sup> On March 26, the BOP implemented Phase Four of its Coronavirus Action Plan, which required asymptomatic inmates entering a facility to be quarantined for at least 14 days or until cleared by medical staff.

<sup>10</sup> We did not include this survey result in the summary of survey results in [Appendix 2](#) because it was not in the top five immediate needs identified by respondents. FCC Tucson staff told us that the BOP does not provide hand sanitizer to inmates due to the alcohol content.

believed that beginning to allow inmates controlled access to the outdoor recreation yard would benefit inmate mental health.<sup>11</sup>

## Staff Movement Restrictions

We found that FCC Tucson, with guidance from the Western Regional Office, took steps to prevent staff movement and potential cross-contamination before the BOP required it nationally. On April 13, the BOP implemented Phase Six of its Coronavirus Action Plan in a memorandum stating that “compartmentalization of staff and inmate movement will continue to help slow the cross-contamination of work spaces and housing units.”<sup>12</sup> The memorandum limited supervisor and manager movements to specific locations, discouraged changing staff post assignments other than to fill a vacant post, and permitted changes in shift hours only if the shift location remained the same. FCC Tucson took the following actions prior to the BOP’s April 13 guidance:

- On April 2, FCC Tucson developed rosters assigning two managers to each housing unit to make daily rounds rather than making rounds throughout the complex.
- On April 5, FCC Tucson implemented a split Correctional Services custody roster that assigned staff to either the FCI or the USP and camp for the duration of the pandemic. Non-custodial staff were also instructed not to move between facilities without approval.<sup>13</sup>

Further, on April 21, FCC Tucson implemented an Institutional Duty Officer (IDO) Buddy System to assist with further limiting staff movements. The new system assigned each IDO a “buddy” to conduct the IDO’s Prison Rape Elimination Act and Special Housing Unit rounds in the facility to which the IDO was not assigned according to the split Correctional Services custody roster.<sup>14</sup>

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<sup>11</sup> The OIG’s 2017 restrictive housing report identified recent studies that suggested that the frequency, duration, and conditions of confinement of restrictive housing, even for short periods of time, can cause psychological harm and significant adverse effects on inmates’ mental health. For more information, see DOJ OIG, *The Federal Bureau of Prisons’ Use of Restrictive Housing for Inmates with Mental Illness*, E&I Report 17-05 (July 2017), [www.oig.justice.gov/sites/default/files/reports/e1705.pdf](http://www.oig.justice.gov/sites/default/files/reports/e1705.pdf).

<sup>12</sup> See BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Six Action Plan, April 13, 2020, 5. For a timeline of the guidance that the BOP provided to its institutions, see [Appendix 3](#).

<sup>13</sup> FCC Tucson management noted that some of the smaller departments might still need to move between facilities on occasion and that such exceptions required Associate Warden approval.

<sup>14</sup> Per regulations for implementing the Prison Rape Elimination Act, the BOP institutions “shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.” 28 C.F.R. § 115.13.

Per BOP policy governing Special Housing Units, “one or more responsible officers the Warden designates (ordinarily the Institution Duty Officer) visit each segregated inmate daily, including weekends and holidays.” BOP Program Statement 5270.11, Special Housing Units, November 23, 2016.

FCC Tucson managers identified two factors as instrumental to its ability to implement these actions. First, managers emphasized that partnership with the local union was essential for changing the staff rosters and ensuring staff cooperation. The Warden and local union worked together to keep staff informed of these and other guidance and direction that fluctuated throughout the pandemic. Second, FCC Tucson was staffed at 96 percent and did not have many staff absences, allowing for greater flexibility when splitting the staff roster.

## Health Screening and Medical Capacity

Based on interviews with Tucson staff and review of emails from management, we found that FCC Tucson complied with BOP screening protocols by screening all staff entering the facility for COVID-19 symptoms starting on March 21, following a determination that the state of Arizona had “sustained community transmission.” The institution’s implementation of all-staff screening predated by 5 days the BOP’s instruction in its Phase Four Action Plan that all individuals entering any facility be screened using a screening questionnaire and a temperature check. At the time of our review, there were no positive COVID-19 cases in the inmate population and only incoming inmates were screened for COVID-19.<sup>15</sup>

FCC Tucson management identified as a major challenge the impact that modified operations due to the pandemic had on FCC Tucson’s Health Services. Due to the institution’s SIP, Health Services staff had to provide all medical services, such as sick calls and medication deliveries, inside housing units, which FCC management described as “taxing.” At the time our review, FCC Tucson’s Health Services was 82 percent staffed, including three employees temporarily deployed to other BOP institutions to help with the COVID-19 response. FCC Tucson’s Clinical Director said that their absence placed more burden on the current staff, but that medical staff were managing both emergency and routine visits and dealing with the challenges well.

When asked whether the Health Services staff could use additional resources, the Clinical Director stated that there were only two no-touch thermometers for the whole complex and that both of them were used at the staff screening sites. The Clinical Director said that ideally there would be four additional thermometers for the nurses to use to sufficiently monitor inmate temperatures while they are making rounds. We found that FCC Tucson tried to order no-touch thermometers on March 16 but the vendor rejected the order. While supply-chain challenges have been widely reported, finding a way to source additional no-touch thermometers could help FCC Tucson, and other BOP institutions, ensure early detection of potentially symptomatic inmates.

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<sup>15</sup> Incoming inmates were screened daily during their 14-day quarantine. Below, we further discuss inmate quarantine at FCC Tucson.

## COVID-19 Testing

On March 13, the BOP issued guidance for institutions to test symptomatic inmates for COVID-19 consistent with local health authority protocols.<sup>16</sup> We found that FCC Tucson tested inmates for COVID-19 in accordance with BOP directives, and FCC Tucson did not report any issues with testing inmates. According to the FCC Tucson Clinical Director, the institution has a small supply of test kits. At the time of our inspection, FCC Tucson reported that only one inmate had met the criteria to be tested.<sup>17</sup>

Neither BOP nor CDC guidance currently requires institutions to test staff for COVID-19. On May 6, the BOP Medical Director told the OIG that guidance on how institutions could begin offering testing to staff was forthcoming. According to the FCC Tucson Clinical Director, in the absence of regular testing, institution management could only suggest that symptomatic staff quarantine themselves and seek testing for COVID-19 on their own. FCC Tucson reported that, at the time of our inspection, 11 staff had to be tested for COVID-19 (1 staff member tested positive and 10 tested negative).<sup>18</sup> Given the institution's low number of inmate infections and surplus of COVID-19 test kits, we encourage FCC Tucson management to evaluate its current practice and determine how best to implement the BOP's guidance on staff testing once it is issued. FCC Tucson's Chief Psychologist told us that it is critical for the BOP to maintain staff morale by providing services to ensure their health and safety during the pandemic.

## Personal Protective Equipment and Cloth Face Coverings

We found that FCC Tucson complied with BOP directives implementing CDC guidelines on the use of personal protective equipment (PPE) for staff and inmates in correctional settings. Between January 31 and April 6, the BOP issued seven policy directives intended to help its institutions implement evolving CDC guidance concerning the use of PPE and face coverings in various scenarios.<sup>19</sup> Specifically, there has been separate PPE guidance for staff in close contact with suspected or diagnosed COVID-19 cases, staff conducting screening, and staff generally. On April 6, in response to revised CDC guidance on April 3 advising that face coverings be worn in public settings where social distancing measures are difficult to maintain, the BOP directed institutions to “[issue] surgical masks as an interim measure to immediately implement CDC

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<sup>16</sup> BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Two Action Plan, March 13, 2020, 3.

<sup>17</sup> As of July 14, the BOP reported that 158 FCC Tucson inmates had tested negative for COVID-19 and none had tested positive.

<sup>18</sup> As of July 13, the BOP reported that a total of 11 staff members had tested positive for COVID-19.

<sup>19</sup> The CDC defines PPE as “a variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents.” Depending on the situation, PPE may include gloves, surgical masks, N95 respirators, goggles, face shields, and gowns. Cloth face coverings are intended to keep the wearer from spreading respiratory secretions when talking, sneezing, or coughing. The CDC does not consider cloth face coverings to be PPE.

guidance, given the close contact environment of correctional institutions.”<sup>20</sup> On April 7, FCC Tucson began providing its inmates with one surgical mask per week and its staff with two surgical masks per week, according to interviews with Tucson staff and our review of emails from management. FCC Tucson management directed, via email, that staff and inmates wear face coverings when unable to maintain appropriate social distance from other individuals.

Although FCC Tucson is in compliance with BOP directives on surgical mask distribution to staff and inmates, the Clinical Director told us that, ideally, they would have a new mask at least every day, stating that continued use of a surgical mask might decrease its efficacy in blocking transmission. Of the FCC Tucson staff who responded to our survey, 77 percent (128 of 166 respondents) wanted more PPE for staff and 1 respondent stated that it was unsanitary for staff to receive only 2 surgical masks per week.<sup>21</sup> UNICOR has begun manufacturing washable cloth face coverings for staff and inmates; however, at the time of our inspection, FCC Tucson had not yet received its shipment of cloth face coverings.<sup>22</sup>

## Other Aspects of FCC Tucson’s Experience Managing COVID-19

### Returning TDY Staff

At the time of the OIG’s inspection, there were 24 FCC Tucson staff members on temporary duty assignments (TDY) to other BOP institutions to help with the COVID-19 response. On April 13, FCC Tucson management forwarded BOP guidance for returning TDY staff that stated that as long as the staff members were asymptomatic they should return to work at their home institution.<sup>23</sup> Based on our review of emails, we found that staff were concerned about the risk of COVID-19 transmission from TDY staff returning to work immediately. On April 23, FCC Tucson management alerted staff that, per updated BOP guidance, TDY staff returning from institutions where COVID-19 was prevalent would be placed on 2 weeks of administrative leave.

### Communication

Based on interviews, document review, and survey results, we found that FCC Tucson staff on average felt that information on COVID-19 and corresponding guidance were adequately communicated to them. A review of emails showed that FCC Tucson management regularly

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<sup>20</sup> BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Update–Use of Face Masks, April 6, 2020. For more information, see CDC, “[Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission.](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html)” April 3, 2020, [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html) (accessed July 15, 2020).

<sup>21</sup> Our survey asked institution staff about the distribution of PPE but did not specifically define the term. In open-ended responses, some respondents grouped cloth face coverings with PPE.

<sup>22</sup> Federal Prison Industries, called UNICOR, is a government corporation within the BOP that provides employment to staff and inmates at federal prisons throughout the United States.

<sup>23</sup> BOP, Guidance for Staff Returning from TDY for COVID-19, posted to BOP intranet on April 10, 2020.

updated staff about new guidance and procedural changes related to COVID-19. According to the survey, FCC Tucson staff were more likely than the average respondent to report that the guidance on what to do after being exposed to COVID-19 was timely, clear, and comprehensive. FCC Tucson survey respondents were more likely to report that they received sufficient information about COVID-19 symptoms and preventive actions such as washing hands and wearing a mask. In addition, the Unit Team staff we interviewed from FCC Tucson told us that communication from management to staff and inmates was “top notch” and “tremendous.” They also said that FCC Tucson adequately disseminated COVID-19 related information to inmates through printed memoranda delivered to their cells, electronically through TRULINCS emails, and verbally during rounds in the units.

## Use of Home Confinement and Compassionate Release Authorities

In response to the COVID-19 pandemic, the Attorney General authorized the BOP, consistent with pandemic-related legislation enacted in late March 2020, to reduce the federal prison population by transferring inmates from prison to home confinement.<sup>24</sup> In an April 3 memorandum, the Attorney General also directed the BOP to “immediately maximize appropriate transfers to home confinement of all appropriate inmates” at those facilities “where COVID-19 is materially affecting operations.”<sup>25</sup> The BOP assigned to its Central Office the responsibility for developing guidance implementing the Attorney General’s directives and initially identifying inmates who would be considered for possible transfer to home confinement.

Over the next 5 weeks, the BOP Central Office issued three guidance memoranda and sought to assist institutions in identifying eligible inmates by providing them with rosters of inmates that the Central Office determined might be eligible for transfer pursuant to the BOP’s guidance. The Central Office’s initial policy guidance in early April was focused on transferring to home confinement those inmates who faced the greatest risks from COVID-19 infection, including elderly inmates. In late April, the BOP began to expand its use of home confinement to cover inmates other than those who were elderly or at high risk for serious illness due to COVID-19, as determined by CDC guidance. In addition, the BOP allowed institution Wardens to identify inmates otherwise ineligible for home confinement under BOP Central Office guidance criteria and to seek approval from the Central Office to transfer those inmates to home confinement.

During the period from April 4 to May 15, the Central Office sent FCC Tucson 9 rosters identifying a total of 45 inmates who were potentially eligible for transfer to home confinement. FCC Tucson staff reviewed the inmates on the rosters to determine whether each inmate met the criteria for

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<sup>24</sup> Home confinement, also known as home detention, is a custody option whereby inmates serve a portion of their sentence at home while being monitored.

<sup>25</sup> William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, [Increasing Use of Home Confinement at Institutions Most Affected by COVID-19](#), April 3, 2020, [www.justice.gov/file/1266661/download](http://www.justice.gov/file/1266661/download) (accessed July 15, 2020), 1.

home confinement and had a viable home release plan. This review process, coupled with the 14-day prerelease quarantine period that the BOP required to ensure that inmates placed into a community did not have COVID-19, resulted in at least 3 to 4 weeks between the time the Central Office identified an inmate for transfer consideration to the date the inmate was actually transferred to home confinement. By May 6, 4 weeks after receiving the initial roster from the Central Office, FCC Tucson had transferred eight inmates to home confinement. FCC Tucson staff observed that most inmates eligible for home confinement were housed at FCC Tucson's minimum security camp, and, as inmates moved from the camp to quarantine units in preparation for transfer to home confinement, FCC Tucson was able to adjust bed assignments to create additional space between inmates.

### **Attorney General and BOP Memoranda Regarding the Use of Home Confinement**

On March 26, 2020, the Attorney General directed the BOP to prioritize the use of home confinement as a tool to combat the dangers that COVID-19 posed to "at-risk inmates who are non-violent and pose minimal likelihood of recidivism."<sup>26</sup> At the time, the BOP had the authority to transfer an inmate to home confinement for the final months of his or her sentence, subject to the following statutory limitations: (1) for any inmate, the shorter of 10 percent of the term of imprisonment or 6 months; (2) for inmates age 60 or older, up to one-third of his or her sentence, if he or she met certain additional criteria; and (3) for a terminally ill inmate, any period of time, if he or she met certain additional criteria.<sup>27</sup> The Attorney General's memorandum identified a "non-exhaustive" list of factors that the BOP should consider in determining whether to transfer an inmate to home confinement. Those factors included:

- the age and vulnerability of the inmate to COVID-19, based on CDC guidelines;
- the security level of the institution where the inmate was currently housed, with priority given to those in low and minimum security facilities;
- the inmate's disciplinary history, with inmates who engaged in violent or gang-related activity in prison or incurred a BOP violation during the prior 12 months not receiving priority treatment;

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<sup>26</sup> William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, Prioritization of Home Confinement as Appropriate in Response to COVID-19 Pandemic, March 26, 2020, [www.justice.gov/file/1262731/download](http://www.justice.gov/file/1262731/download) (accessed July 15, 2020)

<sup>27</sup> 18 U.S.C. § 3624(c)(2) and 34 U.S.C. § 60541(g)(5)(A). Additionally, federal law allows the BOP Director to seek court approval to modify an inmate's sentence of imprisonment for "extraordinary and compelling reasons," which is commonly referred to as "compassionate release" (18 U.S.C. § 3582(c)). As we describe below, following the issuance of the Attorney General's April 3 memorandum, the BOP Director did not need to seek judicial approval under § 3582(c) if he determined that an inmate should be transferred to home confinement.

- the inmate’s Prisoner Assessment Tool Targeting Estimated Risk and Needs (PATTERN) score, with inmates exceeding a minimum score not receiving priority treatment;<sup>28</sup>
- whether the inmate had a verifiable reentry plan “that will prevent recidivism and maximize public safety”; and
- the inmate’s crime of conviction.

The memorandum further required an assessment by the BOP Medical Director, or designee, of the inmate’s risk factors for severe COVID-19 illness, the risks of COVID-19 infection at the inmate’s prison facility, and the risks of COVID-19 infection at the planned home confinement location.

The following day, on March 27, the President signed into law the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which authorized the BOP Director to lengthen the maximum amount of time that an inmate may be placed in home confinement “if the Attorney General finds that emergency conditions will materially affect the functioning of the [BOP].”<sup>29</sup> The following week, on April 3, the Attorney General issued a memorandum that found, as provided for in the CARES Act, “that emergency conditions are materially affecting the functioning of the [BOP].”<sup>30</sup> As a result of that finding, the BOP Director was authorized by the CARES Act to increase the amount of time that inmates could be placed in home confinement. The memorandum instructed the BOP to “immediately maximize appropriate transfers to home confinement of all appropriate inmates” at those facilities “where COVID-19 is materially affecting operations.” In assessing inmates for transfer to home confinement, the memorandum stated that the BOP should be “guided by the factors in my March 26 Memorandum, understanding, though, that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations.”

In response to the Attorney General’s memoranda, the BOP issued three policy memoranda, on April 3, April 22, and May 8, 2020. The BOP’s April 3 memorandum provided institutions with

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<sup>28</sup> To assess inmates’ recidivism risk, the BOP uses the PATTERN system, which the Department developed in response to the FIRST STEP Act of 2018. The FIRST STEP Act directed the Department to complete its initial risk and needs assessment for each federal inmate by January 15, 2020. Among other things, the assessment calculated inmates’ recidivism risk using a point system that classifies inmates into either minimum, low, medium, or high risk categories based on: (1) infraction convictions during current incarceration, (2) number of programs completed, (3) work programming, (4) drug treatment while incarcerated, (5) noncompliance with financial responsibility, (6) history of violence, (7) history of escape, (8) education score, (9) age at time of the assessment, (10) instant violent offense, (11) history of sex offense, and (12) criminal history score. For more information, see Office of the Attorney General, *The First Step Act of 2018: Risk and Needs Assessment System–Update* (January 2020), [www.nij.ojp.gov/sites/g/files/xyckuh171/files/media/document/the-first-step-act-of-2018-risk-and-needs-assessment-system-updated.pdf](http://www.nij.ojp.gov/sites/g/files/xyckuh171/files/media/document/the-first-step-act-of-2018-risk-and-needs-assessment-system-updated.pdf) (accessed July 15, 2020).

<sup>29</sup> Pub. L. No. 116-136.

<sup>30</sup> Barr, memorandum for Director of Bureau of Prisons, April 3, 2020.

“sample rosters...to aid in the identification of inmates who may be eligible for home confinement” and stated that eligible inmates “must be reviewed utilizing [the BOP’s] Elderly Offender Home Confinement Program criteria and the discretionary factors listed in the [Attorney General’s March 26 memorandum].”<sup>31</sup> As mentioned above, among the discretionary factors was an inmate’s age and vulnerability to COVID-19, based on CDC guidelines, which includes people 65 years and older and people of all ages with underlying medical conditions.<sup>32</sup> The April 3 memorandum also stated that inmates were required to have “maintained clear conduct for the past 12 months to be eligible.” It further provided that pregnant inmates should be considered for placement in home confinement or an available community program.

The BOP’s April 22 memorandum expanded the number of inmates who were eligible for consideration for transfer to home confinement, as authorized by the Attorney General’s April 3 finding pursuant to the CARES Act.<sup>33</sup> Specifically, the memorandum stated that the BOP was prioritizing for consideration for home confinement those inmates who either (1) had served 50 percent or more for their sentence or (2) had 18 months or less remaining on their sentence and had served 25 percent or more. In assessing whether inmates who met the expanded prioritization criteria were candidates for home confinement, the memorandum continued to apply the criteria from the Attorney General’s March 26 memorandum. Additionally, the BOP’s April 3 memorandum continued to provide that pregnant inmates should be considered for placement in home confinement or an available community program. Finally, the BOP’s memoranda allowed a Warden to seek approval from the BOP Central Office to transfer to home confinement an inmate who did not meet the memorandum’s criteria if the Warden determined that transfer was necessary “due to [COVID-19] risk factors, or as a population management strategy during the pandemic.” We note, however, that the April 22 memorandum did not specifically address the instruction in the Attorney General’s April 3 memorandum that the BOP “immediately maximize appropriate transfers to home confinement” at those facilities “where COVID-19 is materially affecting operations” and “that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations.”

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<sup>31</sup> The criteria in the BOP’s Elderly Offender Home Confinement Program generally mirror those found in § 603 of the FIRST STEP Act, 34 U.S.C. § 60541, and require an inmate to, among other things, be at least 60 years old, have served at least two-thirds of his or her prison sentence, and not have been convicted of a crime of violence or sex offense.

<sup>32</sup> The CDC states that people with chronic lung disease, moderate to severe asthma, serious heart conditions, severe obesity, diabetes, chronic kidney disease, and liver disease, particularly if not well controlled, are at high risk for severe illness from COVID-19. The CDC’s guideline also identifies people who are immunocompromised as being at risk. The guideline states that many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. CDC, “[People Who are At Increased Risk for Severe Illness](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html),” [www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html) (accessed July 15, 2020).

<sup>33</sup> The BOP’s April 22 memorandum rescinded its April 3 memorandum.

The BOP's third memorandum, issued on May 8, was generally consistent with its April 22 memorandum, with one specific difference.<sup>34</sup> The May 8 memorandum permitted inmates to be considered for transfer to home confinement despite having committed certain misconduct in prison in the prior 12 months if in the Warden's judgment home confinement "does not create an undue risk to the community." The May 8 memorandum, like the April 22 memorandum, did not specifically address the Attorney General's instruction that the BOP "immediately maximize appropriate transfers to home confinement" at institutions most affected by COVID-19 or that inmates at such institutions "with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention."

### **OIG Estimate of Tucson Inmates Potentially Eligible for Home Confinement Consideration Based on BOP Guidance and Available Authorities**

In order to independently assess the number of FCC Tucson inmates potentially eligible for transfer to home confinement applying the authorities described above and BOP guidance criteria, the OIG's ODA used data from the BOP's inmate management system, SENTRY. That data did not allow ODA to replicate every criterion used by the BOP to determine home confinement eligibility and, as a result, in some instances, the ODA used certain proxies. For example, in applying the public safety criteria in the BOP guidance, the ODA considered all Tucson inmates at a minimum or low security level as potentially eligible for home confinement, whereas the BOP considered certain additional public safety factors that may have limited the eligibility of some of those inmates for home confinement consideration. Separately, in estimating the number of inmates who were eligible for transfer to home confinement under 18 U.S.C. § 3624(c)(2) prior to enactment of the CARES Act, the ODA included only those inmates in minimum or low security facilities with a remaining sentence of 6 months or less, although the statute applies to all inmates regardless of the security level of the institution where they are incarcerated but limits placement into home confinement to no more than 10 percent of the inmate's sentence.<sup>35</sup> Further, in determining the number of inmates who were at high risk of severe illness from COVID-19 and therefore eligible for home confinement consideration under BOP guidance, the ODA included only inmates aged 65 or older only. Determinations about whether specific underlying medical conditions for inmates under age 65 placed them in a high risk category or made them appropriate for transfer were made by the institution based on a case file review, which the OIG did not undertake in connection with our remote inspection.<sup>36</sup>

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<sup>34</sup> The BOP's May 8 memorandum rescinded its April 22 memorandum.

<sup>35</sup> The text of 18 U.S.C. § 3624(c)(2) states that "the authority under this subsection may be used to place a prisoner in home confinement for the shorter of 10 percent of the term of imprisonment of that prisoner or 6 months. The [BOP] shall, to the extent practicable, place prisoners with lower risk levels and lower needs on home confinement for the maximum amount of time permitted under this paragraph."

<sup>36</sup> Moreover, according to the BOP Administrator of Reentry Services, different institutions may have different interpretations of how severe a medical condition deemed by the CDC as high risk must be for the inmate to be considered eligible for home confinement.

Based on the available data, the ODA estimated that, as of April 12, approximately 92 FCC Tucson inmates were potentially eligible for home confinement under existing authorities and BOP guidance.<sup>37</sup> By comparison, the BOP Central Office included 45 inmates in the 9 rosters it provided to FCC Tucson for home confinement consideration between April 4 and May 15.<sup>38</sup> The table below details the ODA's estimated number of inmates eligible for transfer by available authority or BOP guidance factor.

**Table**

**Estimated Number of FCC Tucson Inmates Eligible for Transfer to Home Confinement Based on BOP Guidance and Available Authorities**

Authority	18 U.S.C. § 3624	FIRST STEP Act: Elderly and Family Reunification for Certain Non-Violent Offenders Pilot Program	CARES ACT Attorney General's Memoranda Referencing CDC Guidelines BOP Implementing Guidance	
<b>Inmate Population</b>	Inmates in low and minimum facilities with a remaining sentence of 6 months or less	Inmates in low and minimum facilities at least 60 years of age and having served at least two-thirds of their sentence	Inmates in low and minimum facilities and at least 65 years of age (i.e., at high risk according to the CDC)	Inmates in low and minimum facilities, under the age of 65, and having served at least 50 percent of sentence or at least 25 percent with 18 months or less remaining
<b>Number of Inmates as of April 12, 2020</b>	9	9	3	71

Notes: Some inmates may have been eligible for transfer under multiple authorities, but the table counts each inmate only once. If eligible under multiple authorities, the inmate would be counted under the first authority for which he or she was eligible, moving from left to right.

Sources: 18 U.S.C. § 3624(c)(2); 34 U.S.C. § 60541(g); CARES Act, Pub. L. No. 116-136; and OIG data analysis

### FCC Tucson's Use of Home Confinement

To facilitate institutions' implementation of the Attorney General's directives, the BOP Central Office created and disseminated to institutions a series of rosters applying the factors identified in the criteria from the BOP memoranda. FCC Tucson received 9 different rosters identifying 45 inmates potentially eligible for home confinement. BOP officials told us that multiple rosters

<sup>37</sup> In addition to the general eligibility criteria described above, BOP officials applied a series of additional criteria, such as presence of an adequate release plan and conduct in the institution, to determine actual eligibility.

<sup>38</sup> As we noted above, the OIG's ODA used data from the BOP's inmate management system, SENTRY, to assess the universe of potentially eligible Tucson inmates. The ODA did not have data to replicate all of the criteria that the BOP used to determine home confinement eligibility, which included the BOP's PATTERN risk data.

were needed because each time the eligibility criteria expanded additional inmates became potentially eligible. We were not surprised that this figure was relatively small given that FCC Tucson houses a significant number of sex offenders and those inmates would have been ineligible for home confinement.

FCC Tucson officials told us that they received rosters of potentially eligible inmates from the BOP Central Office and reviewed each listed inmate's file to confirm eligibility. In determining an inmate's eligibility for home confinement, BOP officials were required to consider the list of factors stipulated in the Attorney General's and BOP's memoranda (discussed above), including the risk to public safety. As of June 5, FCC Tucson reported that:

- 55 inmates had been considered for transfer to home confinement, including 11 who were not on the rosters provided by the BOP's Central Office;<sup>39</sup>
- 25 inmates had been transferred to home confinement;
- 4 inmates were in quarantine in preparation for transfer to home confinement;<sup>40</sup>
- 10 inmates were awaiting final approval before entering quarantine; and
- 16 inmates were denied home confinement because they were deemed ineligible or did not have a viable release plan.<sup>41</sup>

## Compassionate Release

Another means by which inmates can be moved from prison to home is through a reduction to their sentence pursuant to the compassionate release statute, 18 U.S.C. § 3582(c)(1)A(i).<sup>42</sup> Under the statute, either the BOP or an inmate may request that a federal judge reduce the inmate's sentence for "extraordinary and compelling reasons," such as age, a terminal illness, other physical or medical conditions, or family circumstances. An inmate must first submit a compassionate release request to the BOP, but the inmate is permitted to file a motion directly

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<sup>39</sup> One inmate identified in the rosters of potentially eligible inmates was released prior to the receipt of the first roster and is not included in this total.

<sup>40</sup> The Attorney General directed the BOP to place eligible inmates in a mandatory 14-day quarantine before discharge from a BOP facility to home confinement. Barr, memorandum for Director of Bureau of Prisons, March 26, 2020.

<sup>41</sup> Most of the eligible inmates were housed at the camp. FCC Tucson officials told the OIG that inmates at the institution's FCI and USP requested home confinement but were found ineligible.

<sup>42</sup> For more information about how the BOP manages its compassionate release program, see BOP Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g), January 17, 2019. In 2013, the OIG issued a report examining the BOP's compassionate release program. The OIG found, at that time, that the program had been poorly managed and inconsistently implemented. See DOJ OIG, *The Federal Bureau of Prisons' Compassionate Release Program*, Evaluation and Inspections Report I-2013-006 (April 2013), [www.oversight.gov/sites/default/files/oig-reports/e1306.pdf](http://www.oversight.gov/sites/default/files/oig-reports/e1306.pdf).

with the court if the BOP denies the petition or 30 days after the inmate files the petition with the BOP, whichever occurs first.

We were told that the BOP prioritized using the home confinement authorities described above to respond to the COVID-19 pandemic, rather than the compassionate release statute, because those authorities allowed the BOP to approve inmates for release whereas compassionate release requires the approval of a federal judge. Officials in the BOP's Office of General Counsel told us that the COVID-19 pandemic has not changed the BOP's eligibility requirements for compassionate release. Additionally, the Department has taken the position, in legal guidance when responding to compassionate release motions filed by inmates with courts, that the risk of COVID-19 by itself is not an "extraordinary and compelling" circumstance that should result in the grant of a compassionate release request.<sup>43</sup> Thus, COVID-19 would not cause the BOP to support a petition for compassionate release that it would not have supported otherwise.

FCC Tucson told us that while the number of compassionate release requests varies, the number of requests in March and April were larger than the monthly average of fewer than three requests. In March and April, 21 inmates applied for compassionate release but none were approved.

To provide more insight into these issues, the OIG is reviewing and will report separately on the Department's and the BOP's use of early release authorities, especially home confinement, to manage the spread of COVID-19 within BOP facilities.

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<sup>43</sup> Executive Office for United States Attorneys, "Compassionate Release Litigation Guidance," May 18, 2020.

## SCOPE AND METHODOLOGY OF THE INSPECTION

The OIG conducted this inspection in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation* (January 2012). We conducted this inspection remotely because of CDC guidelines and DOJ policy on social distancing. This inspection included telephone interviews with Tucson officials, review of documents produced by the BOP related to the BOP's and FCC Tucson's management of the COVID-19 pandemic, the results of an OIG survey issued to all BOP staff, and analysis of BOP and COVID-19 data. We also considered eight complaints we received from inmates in FCC Tucson. The photographs we used to illustrate the housing units we describe in the report were taken by Tucson officials at our request.

To understand staff concerns, impacts, and immediate needs related to COVID-19, we issued an anonymous electronic survey to all BOP government employees from April 21 through April 29, 2020. We invited these 38,651 employees to take the survey and received 10,735 responses, a 28 percent response rate. Institution staff represented 9,932 of the 10,735 responses (93 percent). We received 213 survey responses from FCC Tucson personnel, representing about 36 percent of staff assigned to the institution.

We conducted telephone interviews with the FCC Tucson Clinical Director, a Case Manager, the Case Management Coordinator, two Unit Managers, a Lieutenant, and the Chief Psychologist. We also conducted a group teleconference with FCC Tucson management, including the Warden, the Associate Warden, Deputy Captain, Health Services Administrator, Safety Administrator, Senior Attorney, and the Union President.

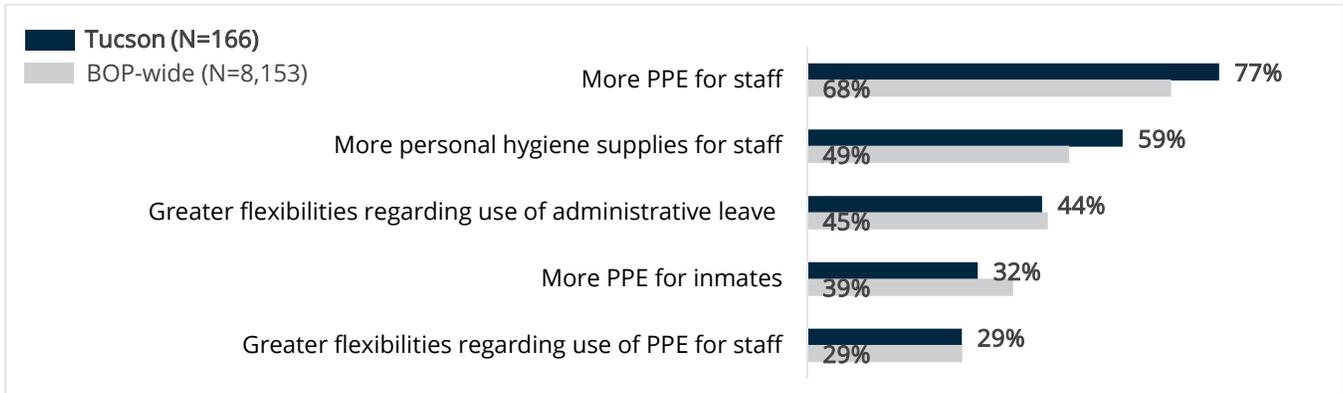
The main issues we assessed through our interviews and data requests were the institution's compliance with BOP directives and CDC guidance related to PPE; COVID-19 testing; medical response and capability; social distancing, quarantine, sanitation, supplies, and cleaning procedures; and conditions of confinement. We also assessed actions taken to reduce the inmate population through implementation of relevant authorities.

We reviewed CDC guidelines and BOP-wide guidance and procedures, as well as the information and guidance provided to FCC Tucson staff and inmates, including emails from FCC Tucson management, PPE and cleaning supplies inventory documents, staff respiratory program Fit Test results, documentation of staff COVID-19 screening, documentation of inmate COVID-19 screening in the quarantine, and FCC Tucson staffing reports.

## OIG COVID-19 SURVEY RESULTS FOR FCC TUCSON

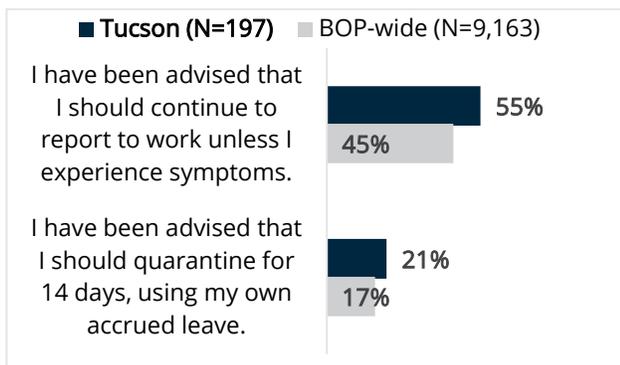
Open Period: April 21–29, 2020	Invitations Sent: 38,651	Overall Responses: 10,735 (of 38,651)	Tucson Responses: 213 (of 585)
Tucson Responses: Departments–199 (of 213 responses): Correctional Services: 34%   Correctional Programs: 14%   Health Services: 12%   All Other Departments: 41%			

Which of the following are immediate needs for your institution during the COVID-19 pandemic? Top 5 Responses)



Note: Personal hygiene supplies are defined as soap and hand sanitizer. Use of administrative leave is defined as COVID-19 related absences.

Which of the following statements best describes the current guidance you have received from facility leadership about what you should do if you have been exposed to COVID-19? (Top 2 Responses)



How strongly do you agree with the following statements about the adequacy of the guidance you have received about what you should do if you have been exposed to COVID-19? (All Responses)

Respondents rated each item on a 5-point scale, with "strongly disagree" worth 1 point and "strongly agree" worth 5 points. "Don't know" responses are excluded.

	Tucson Rating	BOP-wide Rating
The guidance was timely.	3.70	3.18
The guidance was clear.	3.51	2.97
The guidance was comprehensive.	3.48	3.03

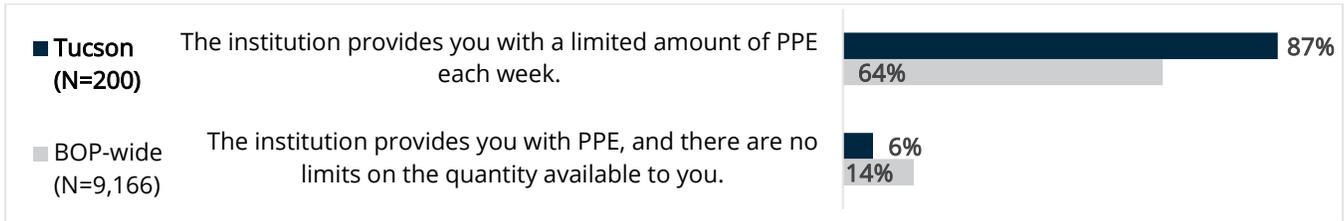
**How strongly do you agree with the following statements about the adequacy of the practices your institution is taking to mitigate the risk of spreading COVID-19? (Top 3 and Bottom 3 Responses)**

<i>Respondents rated each item on a 5-point scale, with "strongly disagree" worth 1 point and "strongly agree" worth 5 points. "Don't know" responses are excluded.</i>	<b>Tucson Rating (N=197)</b>	<b>BOP-wide Rating (N=8,978)</b>
<b>Three Practices Rated Highest:</b>		
Inmates have ample opportunity to shower at least three times a week.	4.46	4.27
Inmates diagnosed with, or showing symptoms of, COVID-19 are being sufficiently segregated from other inmates to mitigate the virus spreading.	4.30	3.94
Staff are given sufficient information about COVID-19 symptoms and preventive actions (hand washing, wearing masks).	4.27	4.09
<b>Three Practices Rated Lowest:</b>		
Staff are provided a sufficient supply of masks.	3.22	3.13
Inmates are provided a sufficient supply of hand sanitizer where sinks are not available.	2.89	3.07
Staff are provided a sufficient supply of hand sanitizer.	2.77	3.18

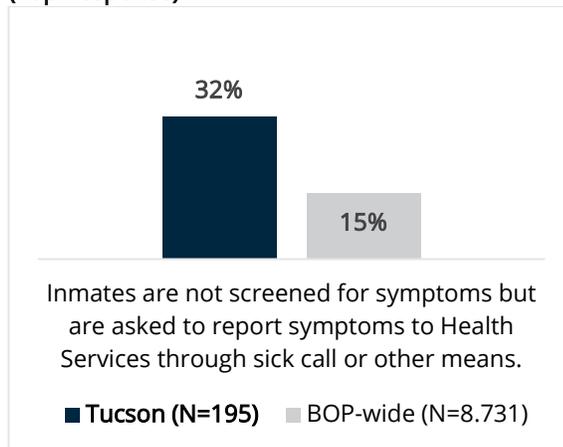
**Please identify which, if any, of the following social distancing measures your institution is currently employing to increase the amount of space between staff and inmates. (Top 5 Responses)**

<b>Social Distancing Measures</b>	<b>Tucson Percent of Respondents (N=188)</b>	<b>BOP-wide Percent of Respondents (N=8,435)</b>
The amount of time that inmates are required to remain in their housing units each day has been increased.	63%	59%
Daily schedules are adjusted so that only one housing unit at a time is allowed to enter common space (such as the inmate cafeteria, Health Services clinic, library, classrooms, chapel, work space, or recreation space).	54%	44%
The number of inmates participating in a program or activity at one time has been reduced.	54%	42%
Alternative activities for in-person programs have been introduced.	26%	20%
The number of inmates released, including those transferred to halfway houses or placed on home confinement, has increased.	15%	26%

Which of the following statements best describes the current guidance you have received from facility leadership about your use of personal protective equipment (PPE)? (Top 2 Responses)

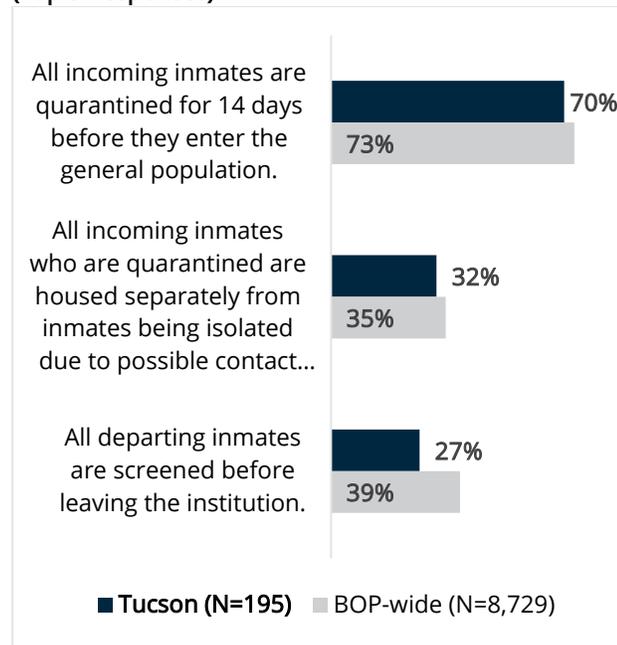


Which of the following statements best describes the current approach to COVID-19 screening of existing inmates (temperature check, questioning about other symptoms) at your institution? (Top Response)

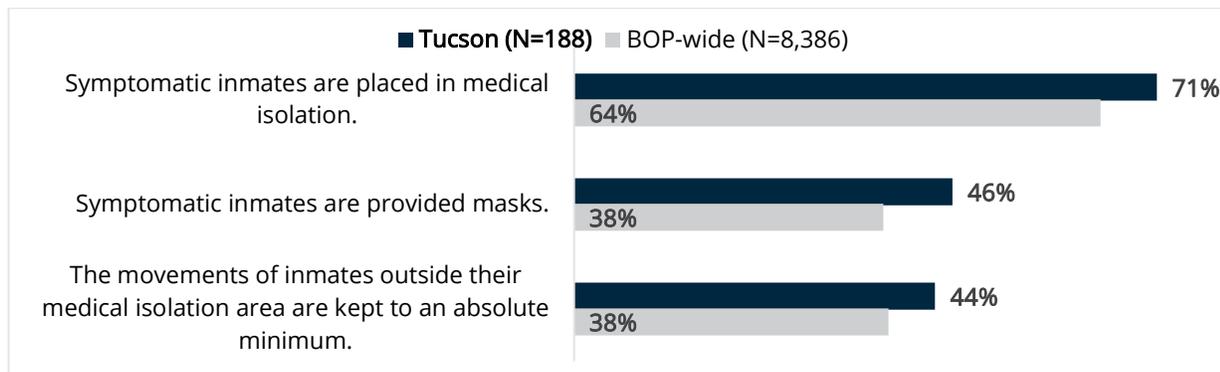


Fifty-four percent of respondents chose "I don't know." The remaining chose categories amounting to less than 6 percent each.

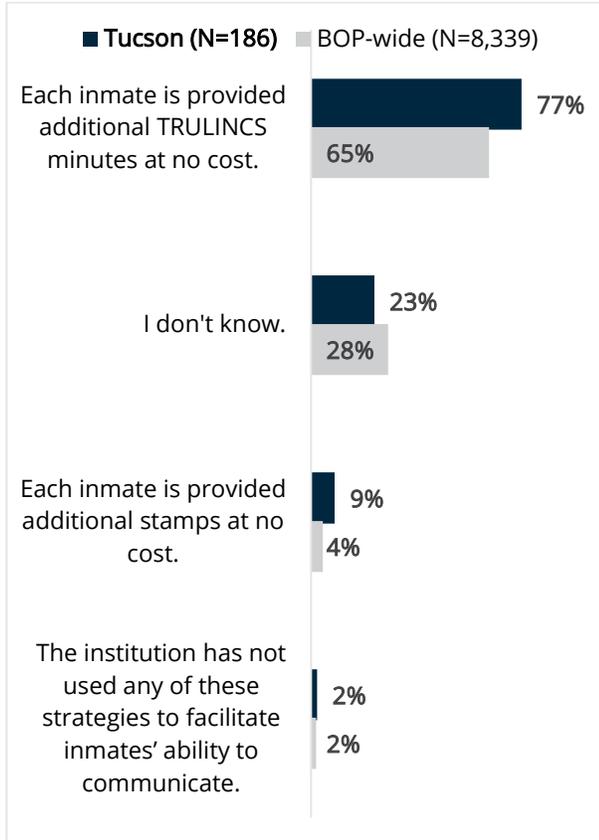
Please identify which, if any, of the following COVID-19 measures for screening incoming and departing inmates (temperature check, questioning about other symptoms) your institution is currently taking. (Top 3 Responses)



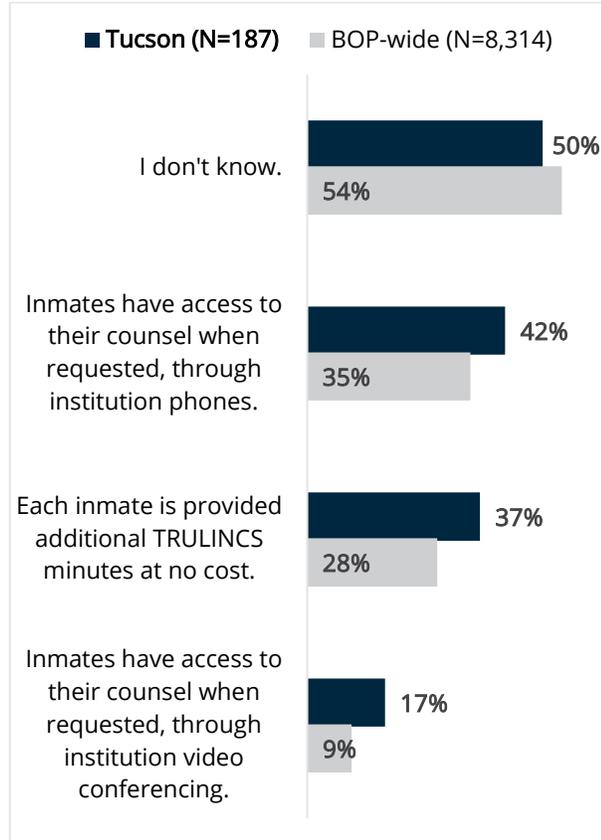
Please identify which, if any, of the following measures your institution is currently employing to manage inmates with COVID-19 symptoms. (Top 3 Responses)



Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with family and friends outside the institution with whom they would normally interact. (Top 4 Responses)



Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with legal counsel. (Top 4 Responses)



Note: TRULINCS is the BOP's email system for inmates.

## TIMELINE OF BOP GUIDANCE

January	31	<p><b>The BOP Issued Action Plan Phase One:</b></p> <ul style="list-style-type: none"> <li>Identified the potential risk of exposure within BOP facilities and informed recipients about risk factors, symptoms to look for, and preventive measures.</li> <li>Recommended screening all new inmate arrivals to the BOP for COVID-19 risk factors and symptoms using a provided screening questionnaire.</li> <li>Recommended use of PPE for those in close contact with individuals who are suspected of being infected or individuals who have been diagnosed with COVID-19.</li> </ul>	
	29	<p><b>The BOP Issued Updated Guidance for COVID-19 to BOP Medical Staff:</b></p> <ul style="list-style-type: none"> <li>Recommended screening staff with potential risk factors and all new inmate arrivals using a screening questionnaire.</li> <li>Recommended conducting fit-testing for N95 respirators, disseminating information about proper PPE use, and establishing baseline supplies of PPE.</li> <li>Recommended establishing communication with local public health authorities, identifying possible quarantine areas, and alerting visitors that people with illnesses will not be allowed to visit.</li> </ul>	
February	9	The BOP issued screening and leave guidance for staff.	
	11	The World Health Organization declared COVID-19 a pandemic.	
	13	<p><b>The BOP Issued Action Plan Phase Two:</b></p> <ul style="list-style-type: none"> <li>Suspended internal inmate movements for 30 days (exceptions for medical treatment and other exigencies) and legal visits (exceptions on a case-by-case basis), social visits, and volunteer visits.</li> <li>Canceled staff travel and training.</li> <li>Instructed institutions to assess inventories of food, medicine, cleaning supplies, and sanitation supplies.</li> <li>Required screening of staff (by self-reporting and temperature checks) “in areas with sustained community transmission” and all new BOP inmates and quarantining inmates where appropriate (those with exposure risk factors or symptoms).</li> <li>Required Wardens to modify operations to maximize social distancing, such as staggering meal and recreation times, for 30 days.</li> </ul>	
			The BOP issued a memorandum to Chief Executive Officers outlining necessary inmate mental health treatment and services during social distancing.
			<p><b>The BOP Issued an Update to Action Plan Phase Two:</b></p> <ul style="list-style-type: none"> <li>Stated that additional accommodations could be made for staff in high risk categories.</li> </ul>
	18	<p><b>The BOP Issued Action Plan Phase Three:</b></p> <ul style="list-style-type: none"> <li>Provided guidance for non-institutional locations that perform administrative services.</li> </ul>	
	19	The first two BOP staff were presumed positive for COVID-19.	
	20	The BOP issued guidance re-prioritizing outside medical and dental trips.	
	21	The first BOP inmate tested positive for COVID-19.	
	23	The CDC issued Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.	
March			

March (Cont'd.)	26	<p><b>The BOP Issued Action Plan Phase Four:</b></p> <ul style="list-style-type: none"> <li>Required all new inmates to be screened using a screening questionnaire and temperature check. If asymptomatic, inmates were to be quarantined for at least 14 days or until cleared by medical staff. If symptomatic, inmates were to remain in isolation until they tested negative for COVID-19 and were medically cleared.</li> <li>Required all inmates to be screened upon exiting the facility. Any symptomatic inmates were to be placed in isolation.</li> <li>Required all staff/contractors/other visitors to be screened upon entering the facility using screening questionnaire and temperature check.</li> <li>Required institutions to develop alternatives to in-person court appearances.</li> <li>Required all non-bargaining unit positions to comply with and participate in the respiratory protection program, including completing medical clearance, training, and fit-testing for N95 respirators.</li> </ul>
	28	<p><b>The BOP Issued an Update to Action Plan Phase Four:</b></p> <ul style="list-style-type: none"> <li>Required inmates transferring within the BOP, in addition to new inmates, to be screened upon arrival.</li> </ul>
	31	<p><b>The BOP Issued Action Plan Phase Five:</b></p> <ul style="list-style-type: none"> <li>Enacted a 14-day nationwide action, effective April 1, to minimize movement within BOP facilities.</li> <li>Emphasized continued and ongoing screening of all inmates to identify asymptomatic cases and encourage early reporting by inmates of symptoms.</li> <li>Required prompt and thorough contact tracing investigations for symptomatic cases, quarantining close contacts of suspected or confirmed COVID-19 cases, and isolating any inmates with symptoms similar to COVID-19.</li> <li>Emphasized good hygiene and cleaning practices.</li> <li>Required institutions to limit staff movements to the areas to which they were assigned.</li> <li>Limited inmate movements to prevent group gatherings and maximize social distancing. Directed work details to continue with appropriate screening.</li> <li>Worked with the U.S. Marshals Service to limit inmate movements between institutions.</li> <li>Required all staff to be fit-tested for N95 respirators (included shaving all facial hair).</li> <li>Announced that UNICOR had initiated the manufacturing of face masks for inmates.</li> </ul>
April	3	<p>The BOP issued a memorandum directing Chief Executive Officers to: (1) establish a point of contact with local public health officials and local hospitals, if not already established, and (2) be responsive and transparent with outside stakeholders to demonstrate that the BOP is taking aggressive action to mitigate the spread of COVID-19.</p>
		<p>The CDC issued new guidance recommending the use of cloth face coverings in addition to social distancing.</p>
	6	<p>The BOP issued a memorandum to Chief Executive Officers indicating that it was working to issue face masks to all staff and inmates to lessen the spread of COVID-19 by asymptomatic or pre-symptomatic individuals.</p>
	7	<p>The BOP issued a memorandum to Chief Executive Officers establishing that all inmates being released or transferred from a BOP facility into the community be placed in quarantine for 14 days prior to release.</p>
	13	<p><b>The BOP Issued Action Plan Phase Six:</b></p> <ul style="list-style-type: none"> <li>Extended guidance issued in Phase 5 through May 18.</li> </ul>
	24	<p>The BOP expanded COVID-19 testing to include asymptomatic inmates following the acquisition of rapid ribonucleic acid testing equipment at select BOP facilities.</p>
May	18	<p><b>The BOP Issued Action Plan Phase Seven:</b></p> <ul style="list-style-type: none"> <li>Extended guidance issued in Phase Six through June 30.</li> </ul>
June		<p><b>The BOP Issued Action Plan Phase Eight:</b></p> <ul style="list-style-type: none"> <li>Extended guidance issued in Phase Seven through July 31.</li> <li>Established new procedures for in-person court trips and inmate movement between BOP institutions.</li> <li>Required COVID-19 testing of all incoming inmates.</li> </ul>
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Source: OIG analysis of documents provided by the BOP