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PANDEMIC RESPONSE REPORT

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Remote Inspection of Federal Correctional Complexes Oakdale and Pollock

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 prisons, and Residential Reentry Centers. In total, these facilities house approximately 155,000 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 incorporated staff, inmate, and other stakeholder input into each inspection. The OIG issued a survey to over 40,000 staff working at facilities housing BOP inmates. The OIG also established a COVID-19 specific hotline through which we received complaints from inmates, staff, and other parties.

[DOJ COVID-19 Complaints](#)

[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.¹ According to BOP data, as of November 6, 2020, 18,702 inmates and 2,395 BOP staff in BOP-managed institutions and community-based facilities had tested positive for COVID-19.² In those institutions where more widespread inmate testing has been undertaken, the percentage of inmates testing positive has been substantial. According to BOP data, as of November 8, 256 Federal Correctional Complex (FCC) Oakdale inmates had tested positive for COVID-19 and 8 inmates had died due to the disease.

Between May 7 and June 16, the DOJ OIG conducted a remote inspection of FCC Oakdale and FCC Pollock to understand how the COVID-19 pandemic affected the complexes and to assess the steps officials took to prepare for, prevent, and manage COVID-19 transmission (see [Appendix 1](#) for the scope and methodology of the inspection). As part of that effort, we considered whether Oakdale’s and Pollock’s policies and practices complied with BOP directives implementing CDC guidelines, as well as DOJ policy and guidance.³ We conducted this inspection through telephone interviews with Oakdale and Pollock officials; review of documents related to the BOP’s, Oakdale’s, and Pollock’s management of the COVID-19 pandemic; assessment of data regarding Oakdale and Pollock inmates and Oakdale and Pollock related staff and inmate COVID-19 cases that was developed by the OIG’s Office of Data Analytics (ODA); and the incorporation of Oakdale and Pollock

¹ CDC, “[Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#)” March 23, 2020 (updated October 7, 2020), www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html (accessed November 12, 2020).

² In this report, all estimates of total BOP, or total institution-specific, inmate cases do not include inmates who tested positive, recovered, and were released by the BOP.

³ Starting in January 2020, the BOP began issuing to its institutions policy directives detailing requirements for managing a range of activities intended to control the transmission of COVID-19. Several of these directives were aligned with CDC guidance and were intended to assist BOP institutions in implementing CDC guidelines. (See [Appendix 4](#) for a timeline of the BOP’s guidance to its institutions.) Our focus was assessing FCC Oakdale and FCC Pollock’s adherence to these BOP directives.

specific results from a BOP-wide employee survey that the OIG conducted in late April. (See [Appendix 2](#) for survey results for Oakdale and [Appendix 3](#) for survey results for Pollock.) We also considered complaints we received from union officials at Oakdale, as well as Oakdale and Pollock complaints reported to the [OIG Hotline](#), including those from inmates at those institutions. We detail our findings from both complexes in this report because of their geographic proximity and the disparate outcomes related to COVID-19 transmission we observed at each, which we will discuss in greater detail below.

Summary of Inspection Results

Despite their geographic proximity—only 53 miles apart in Central Louisiana—FCC Oakdale and FCC Pollock experienced disparate outcomes regarding COVID-19 transmission. Specifically, Oakdale suffered one of BOP’s early and serious COVID-19 outbreaks, while Pollock did not have as serious an outbreak. At Oakdale, as of June 16, at the conclusion of our fieldwork, 225 inmates and 29 staff members had tested positive for COVID-19 and 8 inmates had died. As of November 8, an additional 31 inmates and 22 staff had tested positive for COVID-19. As of November 8, no additional staff or inmates had died. At Pollock, as of June 16, no inmates and 3 staff members had tested positive, but no one had died. As of November 8, 52 inmates and an additional 39 staff had tested positive for COVID-19. As of November 8, no Pollock staff or inmates died due to COVID-19.

Although we cannot fully identify all of the reasons why Oakdale experienced a significant early COVID-19 outbreak and Pollock did not, we noted that Oakdale experienced a large-scale spread of COVID-19 within its low security Federal Correctional Institution (FCI) I and minimum security Satellite Camp, facilities with open layouts in which it is inherently difficult to socially distance inmates. Conversely, at FCC Pollock, which did not experience as significant an outbreak, other than the approximately 100 inmates housed in the Camp, inmates are housed in two-man cells.

Notwithstanding this inherent challenge, we identified numerous failures in Oakdale officials’ response to the COVID-19 outbreak that undermined their ability to contain the spread of the disease at the complex. For example, we found that:

- Oakdale failed to promptly implement BOP inmate screening guidance issued in January and staff screening guidance issued February 2020, and, by the time Oakdale expanded screening to all staff on March 19, COVID-19 had already entered the institution.
- Oakdale did not fully limit inmate movement until after it identified its first COVID-19 positive inmate on March 21. Conversely, due to issues unrelated to COVID-19, FCC Pollock limited inmate movement beginning in early March and maintained that posture after the onset of COVID-19 in the surrounding community.
- While Oakdale officials asserted that they always had sufficient supplies of personal protective equipment (PPE) on hand, we found that, at the beginning of the COVID-19

outbreak at Oakdale in mid- to late March, some staff did not have, and in some cases did not understand the necessity of wearing, proper PPE when in close contact with infected or potentially infected inmates. According to staff we interviewed, concern about access to PPE was so dire after the first inmate tested positive on March 21 that PPE supplies were being taken from the complex medical unit after hours and without permission. We note that Oakdale distributed surgical masks to staff and inmates on March 26 and 28, respectively, prior to April 3 CDC and April 6 BOP guidance to do so. However, by the time masks were distributed, Oakdale was already experiencing staff and inmate cases and, as subsequent data reflects, the virus was already spreading rapidly.

- After receiving test results in mid-May that nearly 100 asymptomatic inmates were COVID-19 positive, Oakdale failed to comply with BOP and CDC isolation, quarantine, and PPE guidance. Some inmates who had tested positive were left in their housing units for up to 6 days without being isolated. Moreover, staff who supervised these inmates were not advised that they would be interacting with COVID-19 positive inmates and were not furnished proper PPE prior to the inmates' isolation.
- Numerous staff absences during the COVID-19 outbreak at Oakdale forced some institution staff to work longer shifts—in some instances as much as 40 hours straight.
- Oakdale staff told us that institution management failed to adequately communicate and engage with them at the beginning of the outbreak, which created an environment in which staff believed that management was not concerned for their well-being.

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

COVID-19 at FCC Oakdale

FCC Oakdale houses approximately 1,800 low and minimum security male inmates in 3 separate facilities in Oakdale, Louisiana: 2 FCIs and a Satellite Camp. Oakdale's FCI I has six housing units: half are six-man cubicles, and half are two-man cells. FCI II is composed entirely of two-man cells. The Camp has two open-bay dormitories. Oakdale's entire complex employs more than 450 BOP correctional staff who provide daily correctional services to inmates.

FCC Oakdale learned of its first positive COVID-19 test result of an inmate on March 21. On May 14, Oakdale expanded inmate testing to include all 880 FCI I inmates, which resulted in the identification of nearly 100 COVID-19 positive inmates. As of November 8, the BOP reported that over 1,400 Oakdale inmates had been tested for COVID-19 at least once and 24 staff and 12 inmates had active cases. Between March 30 and November 8, 8 Oakdale inmates died from COVID-19.

The following figures show the number of active inmate and staff COVID-19 cases. The steep rise in inmate cases in late April is attributable to the start of mass testing of Camp inmates, and the rise in mid-May to the start of mass testing at FCI I.

FCC Oakdale COVID-19 Data

Inmate Population as of May 17, 2020^a



1,823

Active Inmate Cases as of November 8, 2020^b



12

Inmate COVID-19 Deaths as of November 8, 2020



8

DOJ Federal Staff as of January 21, 2020



457

Active Staff Cases as of November 8, 2020



24

Staff COVID-19 Deaths as of November 8, 2020



0

Active Inmate COVID-19 Cases Over Time, March 30–November 8, 2020^b



^a Population totals may differ from BOP statistics due to categories of inmates (e.g., juveniles) excluded from the data received by the OIG.

^b 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.

Data Source: BOP

Active Staff COVID-19 Cases Over Time, March 30–November 8, 2020



Data Sources: BOP, National Finance Center

Total Confirmed Allen Parish COVID-19 Cases Over Time, March 30–November 8, 2020^a



^a Total confirmed cases are cumulative positive COVID-19 cases. As of November 8, Allen Parish, the county in which FCC Oakdale is located, had more than 1,888 reported COVID-19 cases.

Data Source: COVID-19 Data Repository by the Center for Systems Science and Engineering at Johns Hopkins University

COVID-19 at FCC Pollock

FCC Pollock houses approximately 2,600 high, medium, and minimum security male inmates in three separate facilities in Pollock, Louisiana: the U.S. Penitentiary (USP), which houses high security inmates in two-man cells; the Satellite Camp, which houses minimum security inmates in two open-bay dormitories; and the FCI, which houses medium security inmates in two-man cells. Pollock’s entire complex employs more than 600 BOP correctional staff who provide daily correctional services to inmates. On July 22, Pollock learned of its first positive COVID-19 test result of an inmate. As of November 8, FCC Pollock reported that more than 1,300 inmates had been tested and that there were 39 staff and 3 inmates with active COVID-19 cases.

FCC Pollock COVID-19 Data

Inmate Population as of May 17, 2020^a

 2,670

Active Inmate Cases as of November 8, 2020^b

 3

Inmate COVID-19 Deaths as of November 8, 2020

 0

Active Inmate COVID-19 Cases Over Time, March 30–November 8, 2020^b



^a Population totals may differ from BOP statistics due to categories of inmates (e.g., juveniles) excluded from the data received by the OIG.

^b 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.

Data Source: BOP

DOJ Federal Staff as of January 21, 2020

 618

Active Staff Cases as of November 8, 2020

 39

Staff COVID-19 Deaths as of November 8, 2020

 0

Active Staff COVID-19 Cases Over Time, March 30–November 8, 2020



Data Source: National Finance Center

Total Confirmed Grant Parish COVID-19 Cases Over Time,
March 30–November 8, 2020^a



^a Total confirmed cases are cumulative positive COVID-19 cases. As of November 8, Grant Parish, the county in which FCC Pollock is located, had 554 reported COVID-19 cases.

Data Source: COVID-19 Data Repository by the Center for Systems Science and Engineering at Johns Hopkins University

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INSPECTION RESULTS

Health Screening Procedures

FCC Oakdale

We found that FCC Oakdale failed to promptly implement BOP inmate screening guidance issued in January and staff screening guidance issued in February 2020. Further, by the time Oakdale expanded screening of all staff on March 19, in compliance with BOP guidance and based on the CDC's designation of the community surrounding Oakdale as an area experiencing "sustained community transmission," COVID-19 had already entered the institution.⁴ The BOP's South Central Regional Health Services Administrator (HSA) retrospectively stated that evidence suggested that COVID-19 was circulating widely at Oakdale by late February or early March, well before enhanced screening practices were implemented at the institution.⁵ Oakdale's acting HSA also stated that BOP guidance, based on CDC recommendations, "lagged behind" the spread of the disease at the institution early during the pandemic. We note that Louisiana's Governor declared a public health emergency in the state on March 11, 8 days before Oakdale expanded staff screening on March 19.

On January 31, the BOP issued to its Health Services staff guidance that described symptoms of COVID-19, its connection to China and international travel, and required screening of newly arriving inmates.⁶ The guidance encouraged staff to use a screening tool, i.e., a set of questions that collected information on new inmates' recent travel, close contacts with persons diagnosed with COVID-19, and symptoms. Our interviews and review of staff email showed that the former

⁴ BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Two Action Plan, March 13, 2020.

⁵ The BOP's South Central Regional Office oversees facilities in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. The South Central Regional Medical Team is led by the Regional Medical Director and Regional HSA. The Regional Medical Director reports to medical leadership officials at BOP Central Office, and the Regional HSA reports directly to the South Central Regional Director. The South Central Regional Medical Team also includes the Regional Pharmacist, the Regional Nurse, the Regional Dentist, the Regional Social Worker, Regional Physicians, Regional Infection Control personnel, and Regional Quality Improvement personnel.

⁶ BOP, Guidance on 2019 Novel Coronavirus Infection for Inmate Screening and Management, January 31, 2020. BOP Health Services staff told us that the COVID-19 virus relies on three primary pathways to enter BOP facilities—new inmates, staff, and visitors—and that screening these groups can contribute to controlling the virus's spread. We found that the BOP's January 31 guidance did not address screening requirements for staff and visitors. Some medical staff at Oakdale and the South Central Regional Office also told us that staff and visitors posed health risks; but they could not explain why the BOP did not require staff and visitor screening at the same time it implemented new inmate screening on January 31. The acting Oakdale HSA told us that the institution relied on guidance from BOP headquarters and the CDC and was not at liberty to impose local restrictions on staff or visitors. The BOP's Medical Director told us that as of late January 2020 the BOP assessed the risk from staff and visitors as low. He explained that the BOP was unsure where new inmates had traveled, which justified screening them, in contrast to staff who came from communities in which it was known that there was a low risk of transmission. He stated that in many locations staff and visitors who had traveled abroad were being screened upon reentry to the United States.

Oakdale HSA did not furnish the new inmate screening tool to Health Services staff until February 26, nearly 1 month after it was issued by the BOP. The former HSA stated that it was not until approximately February 24–27 when she established procedures to ensure that all new inmates processed in the institution’s receiving and discharge unit were screened for COVID-19. However, Oakdale’s Clinical Director stated that the standard protocol for new inmates arriving at the institution involves completion of a medical examination, including a temperature check.⁷ We note that the former HSA was reassigned from her position on March 5 and replaced, on an acting basis, with the institution’s Chief Pharmacist, who informed the OIG that she was “thrown into the position with no experience” as an HSA.

We also found that Oakdale did not promptly follow February 29 guidance from the BOP’s Medical Director to all Clinical Directors and HSAs that recommended that they educate staff about COVID-19 and screen them using criteria identified in a screening tool appended to the guidance. The screening tool for staff, also a set of questions, identified COVID-19 symptoms and risk factors, such as exposure to a COVID-19 positive individual and travel within the preceding 14 days to areas the CDC deemed an increased epidemiological risk for COVID-19 transmission.⁸ According to the BOP, at that time, it determined an area to have such a risk if the area was on the CDC’s travel advisory list, irrespective of determinations from state or local health authorities that the spread of COVID-19 in the area posed a public health emergency. We found that not all Oakdale staff were advised of the requirement to report risk factors until Oakdale executive staff conducted a COVID-19 town hall with staff on March 11.⁹ The BOP’s Medical Director told us that he intended the February 29 guidance to result in staff education about COVID-19 and staff self-reporting of risk factors. He stated that he believed the guidance should have been communicated to staff within the week.

⁷ After starting to receive positive COVID-19 test results on March 21, Oakdale began screening inmates who had been in contact with inmates who had tested positive. The institution was placed on lockdown on March 21, and thereafter nurses conducted “sick calls” in the housing units each day to assess inmates who reported COVID-19 like symptoms. According to Oakdale’s executive management, screening of all inmates at FCI I for temperature and symptoms began on March 31 and on April 2 for FCI II and the Camp.

⁸ BOP, memorandum for All Clinical Directors and Health Service Administrators, Guidance Update for Coronavirus Disease 2019, February 29, 2020.

⁹ We found, however, that on February 28 the Warden sent an email to his executive staff requesting them to “please encourage all staff to communicate if they have planned or returned from international travel,” have come into contact with someone who had completed such travel, or have COVID-19 symptoms. BOP policy imposes a duty on staff to report exposure to or contraction of infectious diseases: “Non-occupational exposure to infectious disease: Employees who become aware they have been exposed to or have acquired an infectious disease that could be transmitted under normal working conditions to others at the workplace must notify their supervisor.” BOP, Employee Health Care Policy 6701.01(B), October 30, 2013.

According to the BOP, Oakdale provided staff information about COVID-19 best practices and screening factors on March 18 and 19 and displayed preventive information posters throughout the complex on March 25.

At the March 11 town hall, staff were also informed of the BOP's March 9 guidance that staff who had traveled to "to any country or region of concern within the past fourteen days" should complete a screening tool before returning to work. Additionally, on March 13 the BOP issued guidance requiring enhanced health screening of staff in areas with "sustained community transmission." BOP documents show that the community surrounding Oakdale met this definition by March 19, at which time Oakdale instituted enhanced staff screening.

We also identified a specific situation in which earlier staff screening could have mitigated the spread of COVID-19 at the institution. On March 10, an Oakdale staff teacher returned to the institution after traveling to New York City in early March. We found no evidence that the teacher was screened prior to or after returning to work or instructed to quarantine.¹⁰ Staff stated that the teacher was complaining of illness on March 11, the same day as the town hall and nearly 2 weeks after the BOP issued the staff screening guidance. Another staff member stated that he was concerned when the teacher came to work on March 10 because of COVID-19 cases reported in New York at the time and that he expected the institution to instruct the teacher to stay home.

After Oakdale confirmed the initial inmate cases of COVID-19 at the institution on March 21, staff conducted contact tracing, which indicated a common nexus with the institution's Education Department. Contact tracing further revealed that the first four inmates to test positive came from the same education class, which was taught by the Oakdale staff teacher who developed COVID-19 after traveling to New York City. Additionally, the first inmate to die from COVID-19 at Oakdale was an assistant to the teacher.

According to the BOP, as of March 10, when the teacher returned to work, Oakdale would not have been required to screen the teacher because New York was not yet listed on the CDC's travel advisory list, the criteria which at that time BOP was using to determine whether an area was of increased epidemiological risk for COVID-19 transmission. However, on March 8, the New York City Department of Health and Mental Hygiene announced sustained community transmission of COVID-19 in the city; as of March 9, the State of New York accounted for approximately one-quarter of confirmed COVID-19 cases in the United States.¹¹ It is possible that even if screened on

¹⁰ An Oakdale staff member responding to the OIG's April survey stated:

Before the FCI I had its first case a guy from education notified his supervisor that he just got back from New York... His supervisor told him to report to work he did not need 14 days to quarantine, 3 days later the guy leaves work sick and goes to the [emergency room] gets tested and 3 days later tested positive for COVID-19 and thats [sic] how this got so bad. First inmate who tested positive plus died from COVID-19 was the education guys [sic] head orderly.

¹¹ Spectrum News NY1, "[City Officials: 21 Positive Coronavirus Cases in New York City](https://www.ny1.com/nyc/all-boroughs/news/2020/03/09/new-york-city-coronavirus-case-numbers-health-update)," March 9, 2020, www.ny1.com/nyc/all-boroughs/news/2020/03/09/new-york-city-coronavirus-case-numbers-health-update (accessed November 12, 2020); Science Daily, "[COVID-19 Infections in U.S. May Be Much Higher, New Estimates Show](https://www.sciencedaily.com/releases/2020/03/200309110456.htm)," March 9, 2020, www.sciencedaily.com/releases/2020/03/200309110456.htm (accessed November 12, 2020). See also CDC, "[CDC Issues Domestic Travel Advisory for New York, New Jersey, and Connecticut](https://www.cdc.gov/media/releases/2020/s038-travel-advisory.html)" March 28, 2020, www.cdc.gov/media/releases/2020/s038-travel-advisory.html (accessed November 12, 2020).

In addition, the World Health Organization declared COVID-19 a pandemic on March 11.

March 10 the returning teacher may have been allowed to enter the institution because New York was not on the CDC's travel advisory list and the teacher did not report symptoms until March 11. However, delays in staff education about COVID-19 transmission and the complete lack of initial staff screening for COVID-19 risk factors gave Oakdale no opportunity to consider or discuss the risks of allowing the teacher to enter the institution at a time when New York was an area known to be experiencing sustained community spread of COVID-19.

According to Oakdale executive staff, it was not possible to determine the origins of the infection for the teacher or inmates who attended classes in Oakdale's Education Department. They said that other inmates and staff stated that they had COVID-19 symptoms as early as December. According to the South Central Regional HSA, his retrospective analysis of data from Oakdale and other institutions with outbreaks of COVID-19 led him to conclude that COVID-19 likely was circulating in Oakdale by late February or early March. He explained that, because not all persons infected with COVID-19 are symptomatic, it is possible for the virus to spread widely before staff or inmates begin showing symptoms. He also stated that screening has limited utility because so many persons infected with COVID-19 were asymptomatic yet contagious.¹² Testing conducted at Oakdale and other BOP institutions identified large numbers of inmates who were asymptomatic yet COVID-19 positive. The Regional HSA stated his belief that Mardi Gras in New Orleans on February 25 was a significant contributor to the serious COVID-19 outbreak in Louisiana and in all probability was linked to infections at Oakdale.

The Regional HSA also stated that institutions should have been considering local conditions, for example, the Governor of Louisiana's March 11 declaration of a public health emergency, when formulating their response to the virus. However, the BOP's Medical Director told us that there was no established expectation in the BOP that institutions would prefer a state's guidance over the CDC's guidance. Oakdale's acting HSA told us that the institution was following BOP Central Office directives and was not at liberty to require additional screening or limitations on visitation sooner than directed by the Central Office.¹³ However, as noted above, Oakdale failed to promptly implement the BOP directives, likely resulting in serious consequences.

According to Oakdale's Clinical Director, once enhanced staff screening began on March 19, Oakdale employees who showed symptoms were turned away and advised to see a physician and had to be cleared before returning to work. Oakdale's Human Resources Manager reported that operations at the screening site evolved over time. The screening tool was revised multiple times, infrared thermometers were substituted for oral thermometers (with disposable probe covers), and the location of the site was moved from the parking lot of FCI I to a location on the perimeter

¹² The Regional HSA explained that, of approximately 6,000 staff members in the South Central Region, fewer than 5 were identified during screening and later tested positive for COVID-19. This result was after over 2 months of screening, with approximately 25,000 screenings per week.

¹³ According to the BOP's Medical Director, institutions that wanted to deviate from the CDC's guidance could vet their proposed action through the BOP's incident command system.

of the complex. She explained that for a time employees were being screened only for temperature and screening staff were not completing the screening tool. Instead, screening staff created a laminated poster of the screening tool and relied on employees to self-report symptoms or travel. Some staff we interviewed reported that the questioning at the screening site was not consistent and that there were times when only temperatures were being taken. Our survey results showed that 81 percent of Oakdale respondents, in contrast to 94 percent of respondents in all BOP institutions, agreed that “all staff are screened for symptoms at least once a day.” One Oakdale survey respondent explained: “Staff are screened at the screening site upon entry to the campus. However, this is only a temperature check. Other symptoms, such as new onset cough, fatigue, loss of taste/smell, etc. are not questioned or accounted for.”

FCC Pollock

We found that FCC Pollock instituted screening for new inmates on February 6 (6 days after the BOP issued the January 31 screening guidance) and instituted staff screening on March 20. Pollock’s HSA told us that the institution did not begin individual staff screening immediately after receiving the previously mentioned February 29 staff screening guidance because management did not interpret the screening guidance to be mandatory. In hindsight, the HSA said, it would have been better to have instituted individual staff screening earlier. The HSA stated that the institution undertook numerous efforts to educate staff about COVID-19 and requested that staff report symptoms or travel to areas where there were high numbers of COVID-19 infections. Like Oakdale, Pollock established a screening site for staff temperature and symptom checks. According to Pollock’s HSA, inmate screening for temperature and symptoms began on March 17. Inmates could also report symptoms during staff rounds.

Social Distancing and Inmate Movement

On March 13, the BOP directed Wardens to immediately “implement modified operations to maximize social distancing in [BOP] facilities” to the extent practicable.¹⁴ Specifically, the guidance advised institutions that programs should continue, when feasible, but also recommended that institutions stagger meal times and recreation time in order to limit congregate gatherings.¹⁵

¹⁴ See BOP, memorandum for All Chief Executive Officers, March 13, 2020, 3.

Social distancing, also called “physical distancing,” means keeping at least 6 feet between yourself and other people and not gathering in groups. In a correctional setting, the CDC recommends implementing a host of social distancing strategies to increase the physical space between incarcerated people (ideally 6 feet between all individuals, regardless of the presence of symptoms), noting that not all strategies will be feasible in all facilities and strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. See CDC, “Interim Guidance,” March 23, 2020 (updated October 21, 2020).

¹⁵ The BOP enacted a “14-day nationwide action to minimize movement to decrease the spread” of COVID-19 in its Phase Five Action Plan, effective April 1, and extended this action in its Phase Six, Seven, Eight, and Nine Action Plans. 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

(Cont’d.)

FCC Oakdale

By March 16, Oakdale had started to stagger inmate movements to dining halls and recreation space consistent with BOP guidance issued on March 13 to modify operations to maximize social distancing.¹⁶ However, we found that Oakdale did not fully limit inmate movements to education programming rooms and inmates continued to intermingle with inmates from other housing units there.¹⁷ While we cannot be certain of all the potential sources of COVID-19 spread throughout the institution, contact tracing conducted after Oakdale began to identify COVID-19 positive inmates on March 21 indicated that the first four inmates to test positive for COVID-19 all had a common nexus with the Education Department. Further, all four inmates attended the same education class taught by a staff teacher who developed COVID-19 and who had traveled to New York City in early March and returned to the institution on March 10. Earlier in this report, we discussed that the teacher returned to work before Oakdale instituted screening of all staff on March 19.

After Oakdale identified a COVID-19 positive inmate on March 21, the complex went on lockdown, restricting inmates to their cells or housing units. Notwithstanding this effort, Oakdale experienced a large-scale spread of COVID-19 within its FCI I and Satellite Camp, facilities whose physical layout makes it inherently difficult to socially distance inmates. Specifically, inmates in three of the six FCI I housing units live in six-man cubicles and inmates in the Camp live in two open-bay dormitories in which inmate beds are in close proximity and are adjacent to shared

noted, “the BOP’s actions are based on health concerns, not inmate destructive behavior.” See [Appendix 4](#) for a timeline of the BOP’s guidance to its institutions.

The BOP’s Extension to the Phase Nine Action Plan extended the restrictions through October 31 and provided new guidance on COVID-19 risk mitigation measures. Those measures included the suspension of nonessential staff travel and in-person training, increased accommodation of inmate access to counsel and legal materials, expansion of certain programming and resumption of outdoor recreation for general population inmates, and resumption of unannounced internal BOP compliance reviews. On August 31, the BOP issued a Modification to the Phase Nine Action Plan, which outlined measures to safely resume social visiting. Phase Nine also extended measures outlined in the Phase Eight Action plan, such as enhanced procedures for in-person court trips; inmate intake procedures, which required all inmates to be tested for COVID-19 on arrival at an institution; and inmate movement between BOP institutions. On November 1, the BOP extended Action Plan Phase Nine and its Modification until further notice.

¹⁶ BOP, memorandum for All Chief Executive Officers, March 13, 2020. We received conflicting information about the date that Oakdale began implementing this guidance. Oakdale received the guidance on March 13, a Friday; but some staff told us that the institution did not implement it until March 16, a Monday. Oakdale executive staff initially informed us that the institution began implementing the guidance on March 16; they later changed their response to March 13. We requested that the institution furnish documentary evidence in support of the March 13 implementation, but the institution did not provide any supporting documentation.

¹⁷ On March 17, a teacher in the Education Department emailed his supervisors, inquiring whether the Education Department should be limiting access to one unit at a time, but did not receive a response. On March 20, an Oakdale Correctional Employees Union official emailed the Warden, requesting that the Education Department cease all operations due to the risk of cross-contamination.

communal spaces.¹⁸ According to a supervisory Correctional Officer who has responsibilities at both FCI I and the Camp, maintaining social distance between inmates has been a challenge. At FCI I, this challenge was further exacerbated because a housing unit was closed due to mold remediation work early during the outbreak. Conversely, FCI II does not have the same physical layout challenges that make social distancing difficult because inmates are housed in two-man cells. We believe that this contributed, in part, to FCI II not experiencing the same level of outbreak as that which occurred at FCI I and the Camp.

FCI I and Camp staff did make some additional efforts to increase social distancing during the lockdown. Specifically, at FCI I, staff converted six-man cubicles to four-man cubicles; modified inmate living arrangements so inmates would sleep head to toe; and regulated the number of inmates who could shower, use an inmate computer, or use an inmate phone at one time. FCC Oakdale moved Camp inmates to the vacant housing unit with two-man cells at FCI I on April 16 at the completion of mold remediation work.¹⁹ However, Oakdale took this action too late to prevent the spread of COVID-19 to Camp inmates. Specifically, Oakdale reported to the OIG that as of June 24 Oakdale had tested 98 Camp inmates, 48 of whom (49 percent) tested positive.

FCC Pollock

Our inspection determined that FCC Pollock complied with the BOP's March 13 guidance on modified operations. Staff explained that in early March Pollock's USP was on modified operations due to construction and the FCI was ending a lockdown due to a security incident.²⁰ Both Pollock facilities adopted modified operations on March 13 after receipt of the guidance on staggered inmate movements, though staff told us that inmates mostly remained in their cells. For example, according to custody staff, during the third week of March Pollock started a 16-cell rotation, allowing 32 inmates at a time out of their cells for 2 hours. By the beginning of April, inmate movement was restricted to an eight-cell rotation due to the rising number of COVID-19 cases in Louisiana. According to the Regional HSA, Pollock's physical layout, an early lockdown, and later restrictions on inmate movement positioned the institution to limit the spread of the COVID-19 virus.²¹

In addition, staff and inmates at Pollock were instructed to maintain social distancing. According to Pollock executive staff, posters placed around the complex emphasized the importance of remaining 6 feet apart. The Warden told us that he discussed the need for social distancing each

¹⁸ As stated in the [Introduction](#), 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.

¹⁹ The Regional HSA also told us that, by moving Camp inmates, who regularly occupy a non-fenced compound, to the more secure FCI I, they decreased the risk that Camp inmates might attempt escape from the Camp during the pandemic.

²⁰ During a lockdown, inmate movement is halted. During modified operations or a modified lockdown, some inmate movement is permitted, such as staggered release of inmates from their housing units in smaller groups for shorter periods of time than what would otherwise be permitted during normal operations.

²¹ Pollock's USP and FCI have two-man cells, which facilitates social distancing. The Camp has two open-bay dormitories.

day with staff and had floor decals installed to remind staff and inmates of the importance of maintaining distance.

Personal Protective Equipment

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.²²

FCC Oakdale

We found that Oakdale and its staff did not comply with some of these BOP PPE directives. Of particular concern, we found that some staff who were in close contact with inmates suspected or confirmed to have COVID-19 did not have access to an N95 respirator at the beginning of the Oakdale outbreak in mid- to late March despite a February 29 BOP directive and attached inmate screening tool that made clear that such staff should wear an N95 respirator.²³

We also found that Oakdale distributed surgical masks to staff and inmates on March 26 and 28, respectively, which was in advance of April 3 CDC and related April 6 BOP guidance to do so.²⁴ However, Oakdale was already experiencing both staff and inmate cases and, as subsequent data reflects, transmission and spread of the virus within the institution was already occurring at a rapid pace. Further, evidence we collected indicates that some staff did not consistently wear surgical masks at the institution since receiving them.

In a May 15 written statement to the OIG, Oakdale officials asserted that “PPE was ALWAYS available at FCC Oakdale” and “we never had a lack of PPE at the institution.” Oakdale and BOP officials reiterated this statement to the OIG after reading a draft of this report and added that, when Oakdale experienced its outbreak in mid- to late March, staff concerns about PPE were based on a belief—counter to BOP guidance existing at the time, as well as subsequent CDC and BOP guidance—that all staff should receive and wear N95 respirators regardless of their post and

²² 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. See CDC, “Interim Guidance.”

²³ This guidance has been reiterated and expanded upon in additional guidance documents. See BOP, Guidance for COVID-19 Personal Protective Equipment, March 18, 2020, and CDC, “Interim Guidance,” Table 1. On April 2, the BOP distributed a “Vehicle Transport of Inmates Safety Check for COVID-19” to help institutions implement the CDC’s guidance in the transport setting. In addition to the BOP’s guidance on wearing appropriate PPE when in close contact with sick inmates, Oakdale’s preexisting pandemic plan recommended that staff wear appropriate PPE when escorting inmates with respiratory symptoms to a hospital.

²⁴ BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Update—Use of Face Masks, April 6, 2020, 1–2. For more information, see CDC, “[Considerations for Wearing Masks](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 (accessed November 12, 2020)

proximity to known or presumed COVID-19 positive inmates. We recognize that some Oakdale staff concern about access to PPE was likely informed by this belief, and that staff were also likely fearful of contracting COVID-19 at a time when little was known about preventive measures to mitigate the spread of the disease. Notwithstanding these circumstances, we found that not all staff in close contact with inmates suspected or confirmed to have COVID-19 wore or had access to N95 respirators and other appropriate PPE when Oakdale experienced its COVID-19 outbreak in mid- to late March, well after the BOP issued its February 29 guidance and screening tool that stated that staff in close contact with inmates suspected or confirmed to have COVID-19 should wear an N95 respirator. For example:

- A non-Health Services staff member told us that he did not have an N95 respirator or surgical mask available to him when he was in close contact with infected inmates shortly after COVID-19 began to spread throughout FCC Oakdale.
- Two non-Health Services staff members told us that they wore a surgical mask, not an N95 respirator when they were in contact with sick inmates.²⁵ One of the staff members later tested positive for COVID-19.

We also found that, despite BOP guidance requiring that institutions educate staff on the appropriate use of PPE when in close contact with infected or potentially infected inmates, management and non-management staff took actions that indicate they did not understand or merely disregarded this guidance.²⁶ For example:

- Oakdale officials reported that as of March 19 staff escorting sick inmates to the local community hospital were given N95 respirators. However, one staff member told us that he did not wear a mask while transporting and guarding a sick inmate in the hospital because his supervisor told him that he did not need to wear one. Additionally, an Oakdale Correctional Employees Union official told us that some staff refused to accompany sick inmates to the hospital because they were not provided proper PPE.
- Another staff member told us that non-Health Services staff did not appear to understand that they needed to protect themselves when in close contact with sick inmates and some did not use PPE properly during the entire first month of the outbreak.
- Over a 5- to 6-day period in May, during the mass testing of FCI I inmates after the identification of COVID-19 positive cases, Oakdale officials did not instruct staff members to

²⁵ The CDC guidance emphasized that an N95 respirator “is preferred” but stated that during a shortage “face masks are an acceptable alternative.” CDC, “Interim Guidance.”

²⁶ BOP, Guidance Update, February 29, 2020. The update states that institutions should disseminate education and provide demonstrations on appropriate procedures for donning and doffing PPE.

wear a full complement of PPE beyond a surgical mask and gloves.²⁷ We discuss this issue more in the Inmate Quarantine and Isolation section of this report.

- Several FCC Oakdale inmates submitted official complaints to the OIG expressing their concerns that staff were seen not wearing coverings.

We also found that FCC Oakdale first issued surgical masks to all staff and inmates on March 26 and 28, respectively. This was before an April 6 BOP guidance to institutions but well after COVID-19 began spreading through the institution: the first inmate with COVID-19 symptoms was hospitalized on March 19, and Oakdale received confirmation of its first inmate COVID-19 positive test result on March 21. Non-Health Services staff told us that they had little to no PPE to protect themselves from COVID-19 before the distribution of surgical masks and, in the absence of surgical masks, some staff members wore their own face coverings to work. In the text box, we describe a failure to fit test staff for N95 respirators in a timely manner, which limited the number of staff who could use the N95 respirator, under appropriate situations, while inside the institution.

In addition, one staff member told us that during the first couple of weeks of the COVID-19 outbreak concerns about access to PPE were so “dire” that Correctional Services staff took keys from the medical unit to find PPE. Two others told us that the Health Services staff would stock the medical unit with PPE only to find the next morning that Correctional Services staff had taken their supplies during the overnight shift. Health Services staff also told us that they generally had a sufficient supply of surgical masks, gloves, and gowns; but one told us that she did not use an N95 respirator until the institution received an additional supply, sometime into the second week of the outbreak. Another told us that he reused a single N95 respirator for multiple days, replacing it only on a weekly basis, because of the low supply.²⁸

Oakdale’s acting HSA told us that since the outbreak of the COVID-19 at Oakdale she made multiple requests for additional N95 respirators and received them from the national and regional stockpiles on an as-needed basis. Additionally, some staff we interviewed told us that the

Delays in N95 Respirator Fit Testing

The BOP’s February 29 guidance update stated that institutions should “assure fit-testing for use of the N95 respirator mask.” Guidance issued March 26 stated that fit testing was mandatory for non-bargaining unit employees and highly recommended for all other staff. On March 31, the BOP made fit testing mandatory for all staff. However, FCC Oakdale did not begin fit testing all staff until April 10, 6 weeks after the February 29 guidance update and 2 weeks after the March 26 and 31 guidance. The delay was due to the medical clearance process for fit testing.

Sources: BOP, Guidance Update, February 29, 2020; Coronavirus (COVID-19) Phase Four Action Plan, March 26, 2020; Coronavirus (COVID-19) Phase Five Action Plan, March 31, 2020; and interview with the Oakdale Safety Manager

²⁷ Inmates continued to be required to wear face coverings.

²⁸ BOP, Guidance for COVID-19 Personal Protective Equipment, March 18, 2020. The guidance stated that N95 respirators may be reused but should be discarded after use on five separate occasions.

availability of PPE had improved by the time of our inspection in May. Through the OIG's survey, 65 percent of Oakdale staff respondents indicated that more PPE for staff was an immediate need, a number comparable to the 68 percent of BOP-wide survey respondents reporting the same.

Our remote inspection did not allow us to definitively determine whether Oakdale lacked sufficient PPE; whether staff sought N95 respirators or surgical masks before Oakdale distributed them to staff on March 26; whether Oakdale had sufficient PPE in stock but it was not appropriately distributed in all instances; or whether staff performing duties that required only a surgical mask requested more PPE, such as N95 respirators.²⁹ Nonetheless, the anecdotal evidence that we were provided during our staff interviews, and the results from our survey, indicate that Oakdale staff did not always have or use the PPE necessary to contain the spread of the virus.

FCC Pollock

We found that FCC Pollock substantially complied with initial and subsequent BOP directives implementing the CDC's guidance regarding the use of PPE in correctional settings. As described above, Pollock implemented the BOP's January 31 guidance by beginning to screen all newly arriving inmates for exposure to COVID-19 risk factors on February 6. Pollock officials told us that surgical masks and gloves were available for staff and inmates at the time of screening. In accordance with the BOP's February 29 guidance, Pollock began fit testing staff for N95 respirators on March 25. Pollock officials reported that the institution began screening staff on March 20 and provided a complete complement of PPE to Health Services staff performing the screening. The officials reported that Health Services staff wore surgical masks, eye protection, gloves, and a gown during the screening process. Pollock officials also reported that, upon the establishment of quarantine and medical isolation units on March 25 and 26, they appropriately stocked the quarantine unit with surgical masks, gloves, gowns, and eye protection and the medical isolation unit with N95 respirators, gloves, gowns, and eye protection. Pollock first issued surgical masks to all staff and inmates on March 25 and March 31, respectively, before the BOP's April 6 guidance.³⁰ Pollock correctional staff also assisted FCC Oakdale by guarding inmates at local community hospitals, and Pollock's Complex Captain told us that he prepared "go bags" containing gowns, eye protection, N95 respirators, and gloves for the officers.

²⁹ We were told by multiple staff that they believed that they should have had access to N95 respirators to fully protect themselves notwithstanding the CDC's guidance that use of respirators is recommended or preferred in only limited circumstances. They explained that, when staff from the CDC and Attorney General's Office visited Oakdale, those staff wore N95 respirators to protect themselves, whereas Oakdale staff were left with surgical masks, which they believed provided less protection. When we explained this situation to the BOP's Medical Director, he stated that he understood why the BOP staff would think that the BOP was not giving them the right PPE and that the conduct of the CDC and staff of the Attorney General's Office sent a "mixed message."

³⁰ Like those at FCC Oakdale, the inmates at Pollock received cloth masks in April.

Pollock officials told us that because Pollock has a warehouse on its facility for regional stockpiles, it has never had a short supply of PPE. Pollock's HSA told us that, although Pollock had sufficient PPE supplies at the time of our inspection, the institution would likely need more N95 respirators in the event of an outbreak. He said that, if that happened, he believed that he would be able to obtain additional supplies from the BOP Command Center. He said that until that should happen he did not want to request more PPE from the BOP because he knew that other facilities need the supplies more. Instead, he placed an order with an outside vendor for more N95 respirators and was on a wait list.

According to staff members we interviewed, Pollock did not experience a shortage of PPE. Staff members told us that at the time of our inspection they had sufficient PPE, including surgical masks and gloves.³¹ In addition, N95 respirators, gowns, and face shields were available in units as appropriate. Nonetheless, 54 percent of Pollock staff who responded to our survey indicated that more PPE for staff was an immediate need. While this is a majority of Pollock survey respondents, Pollock survey results were lower than the 65 percent of Oakdale respondents and 68 percent of BOP-wide respondents who stated the same. Among the practices rated lowest among Pollock staff was a sufficient supply of masks for inmates.

Inmate Quarantine and Isolation

Beginning on February 29, the BOP issued a succession of guidance addressing the separation of persons with COVID-19, those suspected of infection, or those in close contact with either, from staff and the inmate general population. Institutions initially were instructed to identify locations for isolation and quarantining of inmates, followed by directives to (1) isolate and test symptomatic inmates with exposure risk factors; (2) quarantine asymptomatic inmates with exposure risk factors; (3) quarantine incoming or exiting asymptomatic inmates for 14 days and isolate those who were symptomatic; and (4) quarantine all close contacts of a COVID-19 case, either suspected or confirmed.³² As of April 13, the BOP required isolation in single cells of any inmates with COVID-19 symptoms. BOP guidance also called for screening staff for risk factors and having them quarantine as recommended in CDC guidance.

³¹ They also stated that they had sufficient supplies of hand sanitizer.

³² Isolation is used to separate people who (1) are infected with the virus (those who are sick with COVID-19 and those who are asymptomatic); (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 the isolation from punitive action. See CDC, "Interim Guidance."

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 whether the person develops symptoms. In a correctional setting, the CDC recommends, ideally, quarantining an inmate in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the inmate should be placed in medical isolation and evaluated for COVID-19. See CDC, "Interim Guidance."

FCC Oakdale

We found that FCC Oakdale established quarantine and isolation spaces in compliance with BOP guidance in late March.³³ However, we found that Oakdale failed to immediately isolate or quarantine inmates who tested positive for COVID-19 in May. From May 13 through May 15, Oakdale performed mass testing of 880 asymptomatic FCI I inmates and obtained the results on a rolling basis between May 14 and May 19. The testing showed 97 positive cases, and, according to Oakdale's acting HSA, the first positive results likely were obtained by May 14 or 15.³⁴ However, with the exception of three Food Service workers who tested positive and were moved into medical isolation on May 16, the other positive inmates were not moved to isolation until May 20.

During the 5 or 6 days before the COVID-19 positive inmates were moved to medical isolation on May 20, they remained in their units under the modified operations procedures that Oakdale had previously put in place for the entire complex.³⁵ Under these procedures, the inmates were permitted to leave their cells and open bays on a staggered schedule to use phones, showers, computer terminals, and common areas. They were also permitted to leave their units once each day to obtain a hot meal from Food Service. The acting HSA explained that the Regional Medical Team advised that inmates should wear face coverings and that all staff wore surgical masks and gloves. However, correctional staff and inmates in the housing units were not immediately advised of the inmates' positive results or instructed to wear appropriate PPE, including N95 respirators, goggles, gloves, and gowns, for close contact with COVID-19 infected individuals consistent with BOP guidance.

Oakdale's written plan for the mass testing event, which Oakdale provided to the Regional Medical Team on May 8, stated that COVID-19 positive inmates would be moved to isolation after all the testing was completed, within a 5-day period. Oakdale and the Regional Medical Team officials told us that they did not know how many FCI I inmates would test positive and that mass testing at other BOP institutions had indicated that the number of positives could possibly be much higher than the available space in Oakdale's medical isolation unit. As a result, the officials decided to keep the inmates in place until there were enough test results to make an informed decision about isolation. According to these officials, this plan was intended to minimize the amount of

³³ According to Oakdale executive staff, Oakdale first established space to quarantine inmates on March 18 and space to isolate inmates on March 22. A housing unit at Oakdale's FCI I with 164 beds was converted for these purposes, with one tier of the unit reserved for isolation of inmates in single cells and another tier for those quarantined. A second housing unit in FCI I was later used for isolation and quarantine of inmates from the Camp. Oakdale also erected tents at FCI I to temporarily house inmates who had completed quarantine to further monitor their condition before returning them to the general population.

³⁴ Oakdale also had 15 inconclusive results and treated inmates with inconclusive results as if they had tested positive.

³⁵ Oakdale retested the positive FCI I inmates in June to release them from quarantine.

inmate movement that would be necessary, which was safer than potentially moving inmates around the institution multiple times.

However, Oakdale's plan did not specifically require notification to, or added protection for, correctional staff during the waiting period or any special restrictions on inmate movement.³⁶ The Regional Medical Director told us that she was "disappointed" with how the situation was handled and, in hindsight, believed that she and the Regional Medical Team should have more explicitly communicated to Oakdale officials their expectation about the protocols to follow during the wait period. She and the Regional HSA told us that they had assumed that once Oakdale officials began identifying COVID-19 positive inmates they would quarantine the affected housing units and have staff follow medical isolation protocols regarding the use of PPE. The Regional HSA said that Oakdale should have immediately notified its staff of the positive inmates and told them to wear an N95 respirator and that he was "confused" when he learned that Oakdale had not. The Regional HSA also told us that he did not believe that the failure to notify staff to wear N95 respirators had led to any negative outcomes. He explained that he was not aware of any data establishing that wearing an N95 respirator makes a significant difference in personal protection against COVID-19 from the use of a surgical mask, and Oakdale did not experience a new "influx" of positive inmates or staff members after the mass testing in mid-May. Oakdale's acting HSA stated that she believed that any asymptomatic COVID-19 positive inmates would pose a low risk of transmission to others.

Concerned with the failure to isolate inmates and provide staff appropriate PPE, the Oakdale Correctional Employees Union filed a complaint with the Occupational Safety and Health Administration on May 21, immediately after learning of inmate COVID-19 positive test results. The complaint alleged that Oakdale management created a hazardous work environment by failing to immediately isolate the asymptomatic FCI I inmates who tested positive and provide notification and appropriate PPE to staff. The acting HSA told us that, since then, Oakdale received new Regional Medical Team guidance that includes treating the affected housing units as medical isolation units, as well as staff wearing N95 respirators, during any future mass testing.

In addition to the inmate quarantine and isolation issues discussed above, we identified staff quarantine issues occurring in March. Specifically, we found that two Oakdale staff members returned to work on March 17 after completing a temporary duty (TDY) assignment in New York City.³⁷ It was not until mid-morning on March 17 that FCC Oakdale Health Services staff informed them that they should return home and quarantine for 14 days. One of the two staff members told us that he was called back to work after a week. Conversely, FCC Pollock told its staff who traveled to New York on the same TDY assignment to quarantine for 14 days before they returned

³⁶ The plan also did not include separating COVID-19 positive inmates from their cellmates or open-bay mates who had negative or pending test results.

³⁷ Neither of these staff members were the Oakdale Education Department staff teacher who traveled to New York and tested positive for COVID-19 after returning to the institution.

to work. In addition, we found that at least two Oakdale staff members, who transported COVID-19 positive inmates to the hospital without wearing PPE on March 19, were told not to quarantine by BOP Central Office Health Services staff.

After reviewing completed staff screening tool forms detailing information about the staff members' exposures, including that the staff members were not wearing PPE, the BOP's Chief of the Occupational Safety and Health Branch determined that, due to the "absence of COVID-19 related symptoms in the exposed staff population" and the fact that "the institution is currently performing enhanced staff screening," no further quarantine of the staff was necessary. When asked by the OIG about this determination, the Branch Chief stated that she did not realize that the staff members did not have PPE and as a consequence should have been quarantined. While these staff members ultimately did not exhibit COVID-19 symptoms and subsequent CDC guidance issued for critical infrastructure workers would not have required quarantine of these individuals, some of the staff in question expressed serious concern about returning to work so soon after potential exposure to COVID-19.³⁸

Finally, we found that the early April reintroduction of an inmate who had cleared quarantine procedures to the general population caused inmates in one of the housing units to behave in a disruptive manner. In response, staff discharged pepper spray to subdue a combative inmate. An Oakdale Correctional Employees Union official told the OIG that, if institution management had adequately communicated to staff and inmates that the inmate being reintroduced to the general population had met requirements for safe reentry into the unit, the disturbance could have been avoided. The Oakdale Clinical Director stated that inmates were slow to understand that recovered inmates were safe to be returned to the general population. We reviewed Oakdale investigative documentation of the incident and found that efforts were made to communicate to the disruptive inmate and other inmates that the returning inmate was safe to return to the general population after his reintroduction.

FCC Pollock

Our inspection found that Pollock abided by BOP guidance on isolation and quarantine. Pollock established quarantine units at its FCI and USP on March 25 and created isolation space in its medical unit on March 26. Unlike Oakdale, as of June 23 Pollock had not needed to isolate any of its inmates and had quarantined a total of 141 inmates since the outbreak of the COVID-19 pandemic in March. As noted above, we found that Pollock staff who returned from TDY assignments to New York in March were told to quarantine at home for 14 days before returning to work.

³⁸ CDC, "[Critical Workers with Possible Exposure](https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html)," April 8, 2020 (updated September 11, 2020), www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html (accessed November 12, 2020).

COVID-19 Testing

On March 13, the BOP issued guidance that symptomatic inmates with exposure risk factors for COVID-19 should be tested consistent with local health authority protocols.³⁹

FCC Oakdale

Notwithstanding the medical isolation and PPE issues related to inmate testing described above, we found that FCC Oakdale tested inmates for COVID-19 in accordance with BOP guidance. According to Oakdale officials, the first symptomatic inmates self-reported on March 18 and were immediately isolated. Oakdale took swab samples from the first two inmates in house, and the third was tested while being treated at a local hospital. All three test results came back positive on March 21. According to BOP data, as of November 8, 1,439 Oakdale inmates had been tested at least once for COVID-19 and 256 had tested positive.

Oakdale officials told us that Oakdale did not have many test kits at the beginning of the COVID-19 crisis. They told us that when Oakdale received the first test kits it had a supply that allowed approximately 10 tests per week. The officials estimated that, because of the limited testing supply, seven or eight inmates had to wait to be tested. They said that these seven or eight inmates presented with very mild symptoms and were treated as if they were positive for COVID-19 and medically isolated. During the first month of Oakdale's outbreak, the facility used swab kits that were sent to an outside laboratory for testing. Although Oakdale was receiving the results within 2 days at the start of the crisis, as time went on test results took longer, sometimes up to 2 weeks. Prior to April 14, when Oakdale received a rapid test machine and began to test inmates on site, Oakdale sent 43 inmate samples to an outside laboratory for COVID-19 testing. In addition, inmates who received treatment at local hospitals were tested at the hospital.

Oakdale officials told us that potentially infected staff members were instructed to contact their own healthcare provider and get tested. During the time of our inspection, neither BOP nor CDC guidance required institutions to test staff for COVID-19. On May 6, the BOP's Medical Director told the OIG that guidance on how institutions could begin offering testing to staff was forthcoming.

In addition to the mass testing at FCI I and the Camp described earlier in this report, Oakdale tested 52 inmates from the Special Housing Unit in FCI II in June; all 52 inmates tested negative.

FCC Pollock

We found that FCC Pollock tested inmates for COVID-19 in accordance with BOP directives, and FCC Pollock did not report any issues with testing inmates. In May, at the start of our inspection, FCC Pollock was sending COVID-19 test kits to an outside laboratory for analysis. In June, Pollock received three rapid test machines (one for each institution), which allowed it to analyze test kits in

³⁹ BOP, memorandum for All Chief Executive Officers, March 13, 2020.

house. Pollock's HSA told us that the complex did not face a shortage of COVID-19 test kits. According to BOP data, the first inmate was tested on March 24 and Pollock's first positive inmate test was on July 22. As of November 8, 1,337 Pollock inmates had been tested at least once and 52 had tested positive.

Like Oakdale, Pollock did not test its own staff. Pollock's HSA told us that staff members visited their own healthcare provider to get tested. He said that he had confidence in the staff intake screening procedures to mitigate the risk of staff introducing COVID-19 into the complex, which, according to the HSA, would pose the greatest risk to inmates. According to BOP data, as of November 8, 42 Pollock staff members had tested positive for COVID-19.

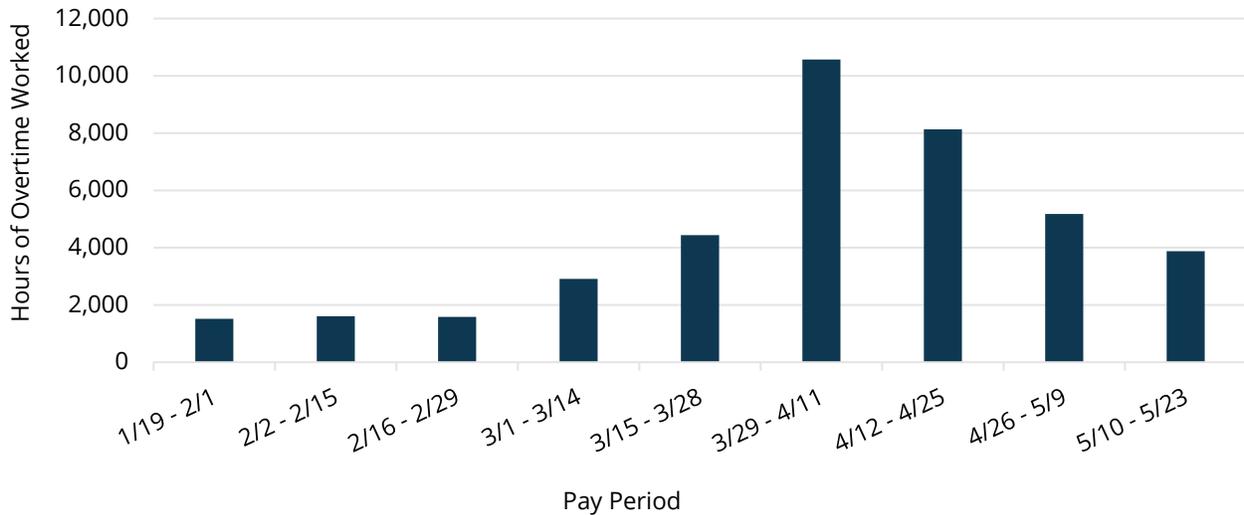
Staffing

FCC Oakdale

FCC Oakdale staff explained that, during the initial spread of COVID-19 at the institution in late March and early April, the institution was not well situated to contain the spread of infection due, in part, to staffing challenges. Specifically, numerous staff absences due to illness (28 staff members had tested positive for COVID-19 as of August 5), the need to quarantine, and fear of reporting to work forced some of the remaining staff to work longer shifts. The BOP acknowledged that some staff volunteered to work shifts as long as 40 hours straight but asserted that no staff member was mandated to work beyond a 16-hour shift. We also learned that Nurses and Correctional Officer Lieutenants (first line supervisors of Correctional Officers who provide daily supervision of inmates) were mandated to work up to 12-hour shifts rather than their standard 8-hour shifts. Further, staff from the Recreation, Education, Religious Services, Facilities Management, and Human Resources Departments were reassigned to cover general inmate supervision posts.

To further evaluate the increased use of overtime to address COVID-19 related staffing issues, the OIG's ODA evaluated BOP data from the National Finance Center and found that, collectively, Oakdale staff worked more than 18,700 overtime hours between March 29 and April 25, during the height of Oakdale's COVID-19 crisis. This was a 487 percent increase from the 3,186 collective overtime hours that Oakdale staff worked between February 2 and 29. As shown in the Figure, the number of overtime hours that Oakdale staff worked gradually decreased as TDY assistance from other institutions started to arrive beginning March 29.

Figure
Overtime Hours Worked by Oakdale Staff, January 19–May 23, 2020



Data Source: National Finance Center

Several Oakdale staff told the OIG that staff were fatigued and stressed during the early weeks of the COVID-19 outbreak at the institution because they were extremely overworked and overburdened. They explained that they were not as well situated to contain the spread of infection at the institution because they were too busy responding to emergencies. An Oakdale Correctional Employees Union official said that when staff are fatigued they can become complacent and may not fulfill important inmate supervision duties such as regular rounds of housing units.

FCC Oakdale received assistance from 85 TDY staff from March 29 to May 5. Specifically, 55 TDY staff provided general supervision of inmates at the institution, 16 TDY staff provided supervision of inmates receiving treatment at local hospitals, and 14 TDY staff provided medical services at the institution. Oakdale staff told the OIG that the additional help from the TDY staff eased the burden on Oakdale’s staff and made them better able to focus their efforts to contain the spread of COVID-19 at the institution.

FCC Pollock

According to FCC Pollock’s Warden, as of May 13 Pollock had 39 Correctional Officer positions and 1 Physician position vacant. Pollock officials and staff told the OIG that, despite being short staffed, Pollock had been able to safely manage operations largely because no inmates and no staff members had tested positive for COVID-19 at the time of our interview on May 13. At that time, Pollock staff told the OIG that Pollock’s staffing level had been largely unchanged since the onset of the pandemic and that generally they had not needed to work mandatory overtime. FCC Pollock survey respondents were also less likely (29 percent) to report that they needed additional

staff to cover posts compared to Oakdale staff respondents (54 percent) and BOP-wide institution staff respondents (39 percent).

Demonstrating the stable staffing situation at FCC Pollock, during the scope of our inspection 20 staff members completed TDY assignments to BOP institutions experiencing COVID-19 related staffing issues. Of those Pollock staff members who completed TDY assignments, 16 were temporarily assigned to Oakdale.

Staff Movement/Cross-Contamination

On March 31, the BOP instructed its institutions to limit staff movement in facilities with COVID-19 cases “to the areas to which [the staff] are assigned, such as departments/posts, whenever feasible to help control the spread of infection.”⁴⁰

FCC Oakdale

Our inspection determined that FCC Oakdale did not promptly comply with BOP guidance that would have limited cross-contamination by preventing staff from working between facilities. We found that Oakdale used a complex-wide roster that allowed staff to work posts at any of the three facilities until April 13, when the CDC inspected the complex and recommended that Oakdale “develop a staffing plan to assign staff to work in a single housing unit, at [a] minimum between FCI I, FCI II, and the Camp to avoid spread.”⁴¹

Thus, prior to the CDC’s inspection on April 13, a Correctional Officer, for example, could be assigned to work a shift at FCI I, which had multiple COVID-19 cases, only to be assigned to work another shift at FCI II, which did not have any identified cases.⁴² Staff told us that this practice disappointed them and that it unnecessarily increased the likelihood of staff and inmate exposure to COVID-19.

FCC Pollock

We found that executive staff at Pollock promptly acted to limit staff movement after receiving the BOP’s March 31 guidance even though Pollock did not have any identified COVID-19 cases.⁴³ On

⁴⁰ BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Five Action Plan, March 31, 2020.

⁴¹ The CDC also noted that it had observed staff who were not social distancing, as well as staff outside of the quarantine and isolation units who were not wearing masks. We also note that representatives of the Attorney General toured FCC Oakdale on April 11 to better understand COVID-19 mitigation efforts.

⁴² There are exceptions for certain staff, such as the Staff Dentist and Staff Pharmacist, who are assigned to the whole complex and not to an individual facility such as FCI I. Oakdale’s Complex Captain stated that the roster was split during the weekend of April 11 and 12.

⁴³ The BOP’s March 31 guidance stated, “At institutions with COVID-19 cases, staff should be [sic] limit their movement to the areas to which they are assigned.”

March 31, Pollock's Warden issued a memorandum to all staff requesting them "to limit their movement between institutions to the extent possible"; the Warden also developed a separate staff roster for each facility to restrict cross-contamination. Pollock custody staff told us that staff "cross-overs" between facilities were limited. The Warden explained, however, that it was difficult to manage a split roster and on some occasions it was necessary for staff from one facility to work at the other.

Conditions of Confinement

FCC Oakdale

Consistent with the BOP guidance issued on March 13, FCC Oakdale canceled social and legal visitation beginning March 14.⁴⁴ At the beginning of the COVID-19 lockdown, which started March 21, inmates at Oakdale had very limited access to showers (once every 3 days) and no access to telephones; the inmate computer system, TRULINCS; and the commissary.⁴⁵ Oakdale eventually eased the lockdown, and inmates were let out of their cells for 3 hours at a time and had daily access to showers, telephones, and TRULINCS and weekly access to the commissary.⁴⁶ Additionally, while recreation and other extracurricular programs had ceased since the start of the COVID-19 outbreak, Education Department staff delivered book carts and puzzles biweekly.

FCC Pollock

Although FCC Pollock did not see a spread of COVID-19 within its facilities, like at FCC Oakdale, social and legal visiting was canceled and inmate movement was limited. Specifically, staff told the OIG that 3 times a week, for 2 hours at a time, inmates were allowed to shower, use the telephone, and access TRULINCS. Inmates could also have commissary items delivered to their cells. Lastly, while inmates could not visit classrooms, the Education Department continued to perform rounds and make materials available for inmate self-study.

Sanitation/Hygiene

FCC Oakdale

On March 23, after the institution went on lockdown on March 21, FCC Oakdale's Sanitation Department developed and instituted an enhanced sanitation plan. The enhanced plan increased

⁴⁴ On March 13, the BOP directed institutions to suspend all legal and social visits for 30 days, which was subsequently extended until October 31 and, on November 1, until further notice. BOP, memorandum for All Chief Executive Officers, March 13, 2020; memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Nine Action Plan, August 5, 2020; memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Extension to Phase Nine Action Plan, November 1, 2020.

⁴⁵ The Trust Fund Limited Inmate Computer System (TRULINCS) is a secure system used by inmates to initiate and track financial transactions, as well as to access pay-as-you-go services such as limited messaging (email).

⁴⁶ Soap was provided to inmates free of charge and was also available for purchase at the commissary at both FCC Oakdale and FCC Pollock.

the required frequency of cleaning and identified the need to regularly clean high-contact areas such as showers, doorknobs, railings, and telephones. Inmate orderlies cleaned the housing units and common areas multiple times a day, and inmates cleaned their own cells. The inmate orderlies were provided PPE when cleaning. Oakdale staff told the OIG that, other than briefly running out of bleach, which was substituted with a disinfectant cleaner, there was no shortage of cleaning supplies. Most staff who responded to our survey indicated that toilets, sinks, and showers were regularly sanitized; but many also stated that common equipment, such as radios and keys, was not regularly sanitized.

FCC Pollock

Similar to FCC Oakdale, orderlies at FCC Pollock cleaned their designated housing units, high-contact areas, and their own cells. Orderlies wore gloves and a surgical mask when cleaning. Sunday was designated as deep cleaning day institution-wide. The Pollock Safety Administrator told the OIG that the institution increased the concentration of cleaning solution and the frequency of cleaning, which caused Pollock to deplete its cleaning supplies faster than normal. However, staff told us that they did not experience a shortage in cleaning supplies. Survey data indicates that respondents were generally pleased with levels of sanitation at the institution and, unlike Oakdale, most Pollock staff stated that common equipment, such as radios and keys, was regularly sanitized.

Communication

FCC Oakdale

FCC Oakdale staff told us that at the height of the COVID-19 outbreak there was poor communication from executive staff. In fact, only 15 percent of Oakdale survey respondents reported that guidance was timely and only 14 percent reported that guidance was clear. One respondent also wrote, "We get different guidance and it's conflicting." An Oakdale Correctional Employees Union official also reported to the OIG that during the outbreak Oakdale executive staff were not adequately notifying staff about various BOP guidance, which prompted the union to post information on social media platforms to inform union members of events at the institution.

Further, Oakdale staff members told us that, in their view, management's failure to adequately communicate and engage with staff at the beginning of the outbreak confused staff and created an environment in which staff felt that management did not appreciate them or lacked concern for their overall well-being. As we detailed throughout the report, we identified numerous instances in which better communication could have made staff aware of actions to mitigate the risks associated with COVID-19. For example, not all staff were aware of PPE requirements, staff at FCI I were not informed of inmate positive cases until all test results were received, and staff returning from TDY assignments and hospital trips were not given instructions about quarantine

procedures before reentering the complex.⁴⁷ Additionally, as we discussed above, concern about the reintroduction of an inmate who had cleared quarantine protocols contributed, in part, to inmates' disruptive behavior. We reviewed Oakdale investigative documentation of the incident and found that, after the inmate's reintroduction, efforts were made to communicate to the other inmates that the returning inmate was safe to return to the general population. Oakdale's Clinical Director also stated that inmates were slow to understand that recovered inmates were safe to be returned to the general population. Conversely, an Oakdale Correctional Employees Union official told us that he believed this situation could have been avoided if management had communicated more effectively with the inmates.

We also found that communication failures contributed to Oakdale's delay in implementing the BOP's February 29 staff screening guidance. Specifically, Health Services staff described differing interpretations of the February 29 guidance and of their responsibilities in implementing it. The former HSA told us that she interpreted the guidance to require individual screening of all staff, but, after consulting with the Regional HSA, she believed that the institution was not required to implement the guidance because Oakdale did not have sufficient staff to conduct the screening. The Regional HSA initially told us that the February 29 guidance required the screening of all staff coming into the institutions. After reviewing a draft of this report, the Regional HSA revised his interpretation of the February 29 guidance, telling us that it called not for the screening of all staff, but for the screening of all staff with potential risk factors, such as those who, within 14 days, had traveled from an area identified by the CDC as increasing epidemiological risk, had had contact with a COVID-19 positive individual, or had deployed for COVID-19 response and returned from deployment. After reviewing the draft of this report, the BOP also stated that "at no time were FCC Oakdale staff advised not to conduct screening of staff."

As stated above, on March 5 Oakdale's HSA was reassigned from her position and replaced, on an acting basis, with the institution's Chief Pharmacist, who informed us that she was "thrown into the position with no experience" as an HSA. She stated that her interpretation of the February 29 guidance was that it required staff reporting of travel, not the screening of all staff. She also explained that she did not have a role in ensuring that staff were screened because her duties concerned inmate health and that the responsibility to implement the BOP's staff screening requirements rested with Oakdale's Human Resources Department. However, Oakdale's Human Resources Manager told us that she did not see the February 29 guidance until the second week of March and had no responsibility to implement its requirements in the absence of instructions from the Warden. She explained that the Health Services staff, their supervising Associate Warden, and the Complex Warden were responsible for instituting staff screening. Reflecting these communication issues, 27 percent of Oakdale respondents to our survey said that guidance informing them what to do if they had been exposed to COVID-19 was timely and 29 percent said that it was clear. This score is significantly less than the 47 percent of BOP-wide institution staff

⁴⁷ Oakdale officials stated that the former Warden conducted conference calls with complex officials on March 27, advising them of the reason for lockdown operations, as well as discussing sanitation and prevention.

respondents who said that such guidance was timely and the 41 percent who said that such guidance was clear.

FCC Pollock

Based on our interviews with FCC Pollock staff and reviews of Pollock documents, we found that Pollock management consistently updated staff about new guidance and any procedural changes related to COVID-19. We also found that executive staff members conducted daily conference calls at the start of each shift to provide situational updates to staff. Staff we interviewed told us that the communication from management before COVID-19 was outstanding and, as COVID-19 spread throughout the surrounding community, communication increased. Demonstrating general approval of management's communication, 57 percent of FCC Pollock staff who responded to our survey reported that guidance informing them what to do if they had been exposed to COVID-19 was timely and 52 percent reported that such guidance was clear. This score is greater than that of FCC Oakdale, as well as BOP institutions as a whole.

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.⁴⁸ 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 prisons "where COVID-19 is materially affecting operations."⁴⁹ This memorandum specifically cited FCC Oakdale as a prison experiencing a significant level of infection. The BOP assigned to its Central Office the responsibility for developing policy guidance 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 disease due to COVID-19, as determined by CDC guidance. In addition, the BOP allowed institution Wardens to identify

⁴⁸ Home confinement, also known as home detention, is a custody option whereby inmates serve a portion of their sentence at home while being monitored.

⁴⁹ William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, [Increasing Use of Home Confinement at Institutions Most Affected by COVID-19](https://www.justice.gov/file/1266661/download), April 3, 2020, www.justice.gov/file/1266661/download (accessed November 12, 2020).

inmates otherwise ineligible for home confinement under Central Office guidance criteria and to seek approval from the Central Office to transfer those inmates to home confinement.

Beginning on April 4, the BOP Central Office and South Central Regional Office sent FCC Oakdale and FCC Pollock rosters of inmates who were potentially eligible for transfer to home confinement. Oakdale and Pollock staff reviewed the inmates on the rosters to determine whether each inmate met the criteria for home confinement and had a viable home release plan. This review process, coupled with the 14-day prerelease quarantine period the BOP required to ensure that inmates placed into a community did not have COVID-19, resulted in 2 weeks between the time the Central Office identified an inmate for transfer consideration to the date the inmate was actually transferred to home confinement consistent with pandemic related legislation. As a result, we found that in April and early May Oakdale's ability to use home confinement in response to the spread of COVID-19, as a mechanism to reduce either the at-risk inmate population or the overall prison population and facilitate social distancing, was limited. Indeed, as of May 15, nearly 2 months after Oakdale's outbreak began with its first inmate COVID-19 case confirmed on March 21, only 42 inmates determined eligible for home confinement under Coronavirus Aid, Relief, and Economic Security Act (CARES Act) authorities had been transferred out of Oakdale. Given that FCC Pollock did not have an outbreak of COVID-19 at that time, the delays in reviewing inmates' eligibility for home confinement did not have the same effect on Pollock's inmate population.

Attorney General and BOP Memoranda Regarding the Use of Home Confinement

On March 26, 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."⁵⁰ 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 an inmate 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.⁵¹ 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:

⁵⁰ William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, [Prioritization of Home Confinement as Appropriate in Response to COVID-19 Pandemic](https://www.justice.gov/file/1262731/download) March 26, 2020, www.justice.gov/file/1262731/download (accessed November 12, 2020).

⁵¹ 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 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 who incurred a BOP violation during the prior 12 months, not receiving priority treatment;
- the inmate’s Prisoner Assessment Tool Targeting Estimated Risk and Needs (PATTERN) score, with inmates exceeding a minimum score not receiving priority treatment;⁵²
- 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’s Medical Director, or designee, of the inmate’s risk factors for severe COVID-19 illness, 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 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].”⁵³ The following week, on April 3, the Attorney General issued a memorandum entitled “Increasing Use of Home Confinement at Institutions Most Affected by COVID-19,” which found, as provided for in the CARES Act, “that emergency conditions are materially affecting the functioning of the [BOP].”⁵⁴ 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 prisons “where COVID-19 is materially affecting operations” and specifically referenced Oakdale as one of those institutions. In assessing inmates for transfer to home confinement, the memorandum stated that the BOP

⁵² 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), nij.ojp.gov/sites/g/files/xyckuh171/files/media/document/the-first-step-act-of-2018-risk-and-needs-assessment-system-updated.pdf (accessed November 12, 2020).

⁵³ Pub. L. No. 116-136.

⁵⁴ Barr, memorandum for Director of Bureau of Prisons, April 3, 2020.

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 “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].”⁵⁵ As mentioned above, among the discretionary factors were an inmate’s vulnerability to COVID-19 and age, based on CDC guidelines, which included people with underlying medical conditions and, during our inspection, included people 65 years and older and people of all ages with underlying medical conditions.⁵⁶ 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.⁵⁷ Specifically, the memorandum stated that the BOP was prioritizing for home confinement consideration 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 memorandum 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

⁵⁵ 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.

⁵⁶ 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. While the CDC previously stated that individuals age 65 years and older were more at risk for serious illness, it later modified this guidance to state that risk steadily increases with age. CDC, “[People at Increased Risk](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 (accessed November 12, 2020).

⁵⁷ The BOP’s April 22 memorandum rescinded its April 3 memorandum.

was necessary “due to [COVID-19] risk factors, or as a population management strategy during the pandemic.” We note, however, that the BOP’s 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 institutions “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.”

The BOP’s third memorandum, issued May 8, was generally consistent with its April 22 memorandum, with one specific difference.⁵⁸ The May 8 memorandum permitted inmates to be considered for transfer to home confinement despite having committed certain misconduct in prison during 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 Oakdale and Pollock Inmates Potentially Eligible for Home Confinement Consideration Based on BOP Guidance and Available Authorities

In order to independently assess the number of FCC Oakdale and FCC Pollock inmates potentially eligible for transfer to home confinement applying the authorities described above and the BOP guidance criteria, the OIG’s ODA used data from the BOP’s inmate management system, SENTRY. This information did not allow the 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 Oakdale and Pollock inmates in a minimum or low security facility 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 release to no more than 10 percent of the inmate’s sentence.⁵⁹ Further, in determining the number of inmates who were at high risk of severe illness from COVID-19 and

⁵⁸ The BOP’s May 8 memorandum rescinded its April 22 memorandum.

⁵⁹ 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.”

therefore were eligible for home confinement consideration under BOP guidance, the ODA included inmates age 65 or older only. Determinations about whether inmates' specific underlying medical conditions 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.⁶⁰

Based on the available data, the ODA estimated that, as of April 12, approximately 629 of the 1,898 inmates in Oakdale's minimum and low security facilities and 98 of the 154 inmates in Pollock's Satellite Camp were potentially eligible for home confinement under existing authorities and BOP guidance.⁶¹ By comparison, the BOP Central Office identified 673 Oakdale inmates and 55 Pollock inmates on the rosters it provided for home confinement consideration.⁶² The table below details the ODA's estimated number of inmates eligible for transfer by available authority or BOP guidance factor.

⁶⁰ Moreover, according to the BOP's 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.

⁶¹ 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.

⁶² 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 Oakdale and Pollock 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.

Table

OIG Estimate of the Number of Oakdale and Pollock Inmates Eligible for Transfer to Home Confinement Based on BOP Guidance and Available Authorities

Authority	18 U.S.C. § 3624(c)(2) Prior to the CARES Act	FIRST STEP Act: Pilot Program for Elderly, Nonviolent Offenders	Post-CARES Act and the Attorney General's April 3 Finding: BOP Implementing Guidance	
Inmate Population	Inmates with a security level of minimum or low with a remaining sentence of 6 months or less	Inmates with a security level of minimum or low who were at least 60 years of age and had served at least two-thirds of their sentence	Inmates with a security level of minimum or low and at least 65 years of age (i.e., at high risk according to the CDC)	Inmates with a security level of minimum or low with COVID-19 risk factor(s) (e.g., at least 65 years of age) and who had served at least 50 percent of sentence or at least 25 percent with 18 months or less remaining
Number of Oakdale Inmates as of April 12, 2020	60	37	28	504
Number of Pollock Inmates as of April 12, 2020	1	1	2	94

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 was eligible, moving from left to right.

Our estimate of inmates with a minimum or low security level includes inmates who had a minimum or low individual security level and those who were assigned to a minimum or low security unit within a facility with multiple security levels.

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

Oakdale and Pollock’s Use of Home Confinement

To facilitate institutions’ implementation of the Attorney General’s directives, the BOP Central Office and South Central Regional Office created and disseminated to FCC Oakdale and FCC Pollock rosters of inmates potentially eligible for transfer to home confinement applying the factors identified in the criteria from the BOP memoranda. In addition to the rosters, we found that the institutions reviewed all inmates to determine whether they were eligible for transfer to home confinement. Overall, we found that Oakdale considered 1,761 inmates for transfer to home confinement under CARES Act authorities and BOP criteria and determined that 73 were in fact eligible for transfer to home confinement. As of July 15, all of those inmates had been transferred out of Oakdale. We found that Pollock considered 2,619 inmates for transfer to home confinement under CARES Act authorities and BOP criteria and determined that 41 were in fact

eligible for transfer to home confinement. As of May 27, 30 of those inmates had been transferred out of Pollock, with the remaining 11 awaiting a final transfer date.

We discussed with the Assistant Director of the BOP's Program Review Division, who at the time was serving as the acting Complex Warden of FCC Lompoc in California, why BOP institutions may determine that so many inmates are ineligible for home confinement. He told us that, while the BOP views the Attorney General's directives as a way to reduce the inmate population to better facilitate social distancing within its facilities, it also has a responsibility to ensure that inmates who pose a risk to public safety are not released into the community. He noted that many inmates housed in low and minimum security facilities may appear to present minimal risk to the community, based on their current institution security level, but that some have criminal histories including violence and sex offenses that preclude them from home confinement placement. He also explained that inmates initially classified as high security can, over time, work their way down to low or minimum security designations through good institutional conduct. As a result, the institution must review the case file for each potentially eligible inmate and cannot make generalized determinations of eligibility.

In reviewing FCC Oakdale and FCC Pollock home confinement denial logs, we found that many inmates fell into a category, such as previous violence or a status as a sex offender, that immediately would discount them from consideration. We also found that many inmates were criminal aliens who were likely to be subject to deportation following the completion of their criminal sentence.

The OIG recognizes and appreciates the importance of the public safety considerations associated with the potential release of a BOP inmate and the challenges that BOP officials face in determining whether to transfer an inmate to home confinement. These are difficult, risk-based decisions. However, we also note that in early April, at a time when FCC Oakdale was facing a growing COVID-19 outbreak, the BOP had been given authority to expand existing release criteria and the Attorney General had directed the BOP to "immediately maximize appropriate transfers to home confinement of all appropriate inmates" at prisons, like Oakdale, "where COVID-19 is materially affecting operations." Despite this admonition, the data does not reflect that the BOP took immediate action at Oakdale.⁶³ For example, as of April 12, approximately 60 minimum and low security Oakdale inmates had 6 months or less remaining in their sentence. Under the law, upon completion of the inmates' sentence, the BOP was obligated to release them from prison. Therefore, those inmates were going to be returning to their communities no later than early October, many likely much sooner. Moreover, nearly all of those 60 inmates would have been eligible for immediate home confinement consideration under BOP guidance and existing law.⁶⁴

⁶³ Additionally, the OIG received multiple complaints from Oakdale inmates expressing concern about the lack of transparency in the home confinement eligibility process.

⁶⁴ While 18 U.S.C. § 3624(c)(2) would normally have limited the maximum amount of time that such inmates could be placed in home confinement to 10 percent of their prison sentence, the BOP's post-CARES Act guidance eliminated that 10 percent

(Cont'd.)

Yet, we found that more than 75 percent (45 of 60) of these inmates still remained at Oakdale as of May 10. By June 14, 43 percent (26 of 60) of these inmates continued to reside at Oakdale despite impending release into the community upon the completion of their sentence and the institution's widespread COVID-19 outbreak. As a result, we concluded that the BOP did not fully leverage its expanded authorities under the CARES Act and the Attorney General's memoranda to promptly transfer Oakdale inmates into home confinement.

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).⁶⁵ 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, 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 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 because those authorities allow 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.⁶⁶ Thus, COVID-19 would not cause the BOP to support a petition for compassionate release that it would not have supported otherwise.

As a result of the COVID-19 pandemic, FCC Oakdale reported that the institution received 321 compassionate release petitions from March 1 through July 7. This is significantly greater

restriction for inmates who had already served 25 percent of their sentence. For inmates with less than 6 months remaining on their sentence, that meant any inmate who had received an 8-month or longer sentence. According to the BOP, approximately 98 percent of defendants sentenced to a term of imprisonment have received a sentence of at least 1 year.

⁶⁵ 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*, E&I Report I-2013-006 (April 2013), www.oversight.gov/sites/default/files/oig-reports/e1306.pdf.

⁶⁶ Executive Office for United States Attorneys, "Compassionate Release Litigation Guidance," May 18, 2020.

than the 4 requests the institution received between December 1, 2019, and February 29, 2020. From those 321 petitions, as of July 15, 15 inmates had been released in accordance with compassionate release authorities.⁶⁷ FCC Pollock reported that it received 70 compassionate release petitions from March 1 through May 29.⁶⁸ From those 70 petitions, as of July 20, 1 inmate had been released in accordance with compassionate release authorities.⁶⁹ Additionally, an inmate who had submitted a compassionate release petition to FCC Pollock in August 2019, and had not received a decision on his petition from the institution, separately petitioned the court on February 29, 2020. The court approved his petition on April 2, and the inmate was released from BOP custody the next day.

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.

⁶⁷ None of these 15 inmates had his petition for compassionate release approved by the BOP before the court approved his petition.

⁶⁸ FCC Pollock received one inmate compassionate release petition between December 1, 2019, and February 29, 2020.

⁶⁹ This inmate submitted a petition for compassionate release to FCC Pollock on April 9. The Warden denied his request on April 15. The inmate's attorney subsequently petitioned the court on the inmate's behalf, and the court approved the compassionate release petition on July 20. The inmate was released from BOP custody the next day.

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, between May 7 and June 16, 2020, because of CDC guidelines and DOJ policy on social distancing. This inspection included telephone interviews with FCC Oakdale and FCC Pollock officials; review of documents produced by the BOP related to the BOP's, FCC Oakdale's, and FCC Pollock's management of the COVID-19 pandemic; the results of an OIG survey issued to all BOP staff; and analysis of publicly available BOP and COVID-19 data. We also reviewed over 120 complaints received from Oakdale and Pollock inmates, staff, and other stakeholders submitted between April 4 and September 1 through our online COVID-19 Response Complaints form, which is an element of the OIG Hotline, and other means. The inspection team did not substantiate or assess the validity of the complaints received through the OIG Hotline. The complaints consisted of concerns about early release, inmate access to legal materials and counsel, testing, quarantine, social distancing, and COVID-19 exposure.

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 (for details of the survey results, see [Appendix 2](#) for Oakdale and [Appendix 3](#) for Pollock). BOP-managed institution staff represented 9,932 of the 10,735 responses (93 percent). We received survey responses from 26 percent of Oakdale personnel (123 of 457) and 26 percent of Pollock personnel (164 of 618).

For FCC Oakdale, we conducted telephone interviews with the Clinical Director, Regional Medical Director, two Registered Nurses, the acting Chief Psychologist, the former HSA and current (acting) HSA, the Regional HSA, the acting Captain, two Lieutenants, two Case Managers, one Correctional Officer, one Special Investigative Support Technician, two union officials, the Safety Manager, three Education Department staff, a Human Resources Manager, a Cook Supervisor, and a General Maintenance Supervisor. We also conducted a group telephone interview with FCC Oakdale executive staff, including the Warden, three Associate Wardens, the Commander, and the Executive Assistant.

For FCC Pollock, we conducted telephone interviews with the Chief Psychologist, one Unit Manager, one Lieutenant, one Correctional Officer, two Captains, the Safety Administrator, one union official, the HSA, the Regional HSA, and a Senior Officer Specialist. We also conducted a group telephone interview with FCC Pollock executive staff, including the Warden, two Associate Wardens, and the HSA. We did not interview inmates as part of our remote inspection of FCC Oakdale and FCC Pollock due to health and security considerations.

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

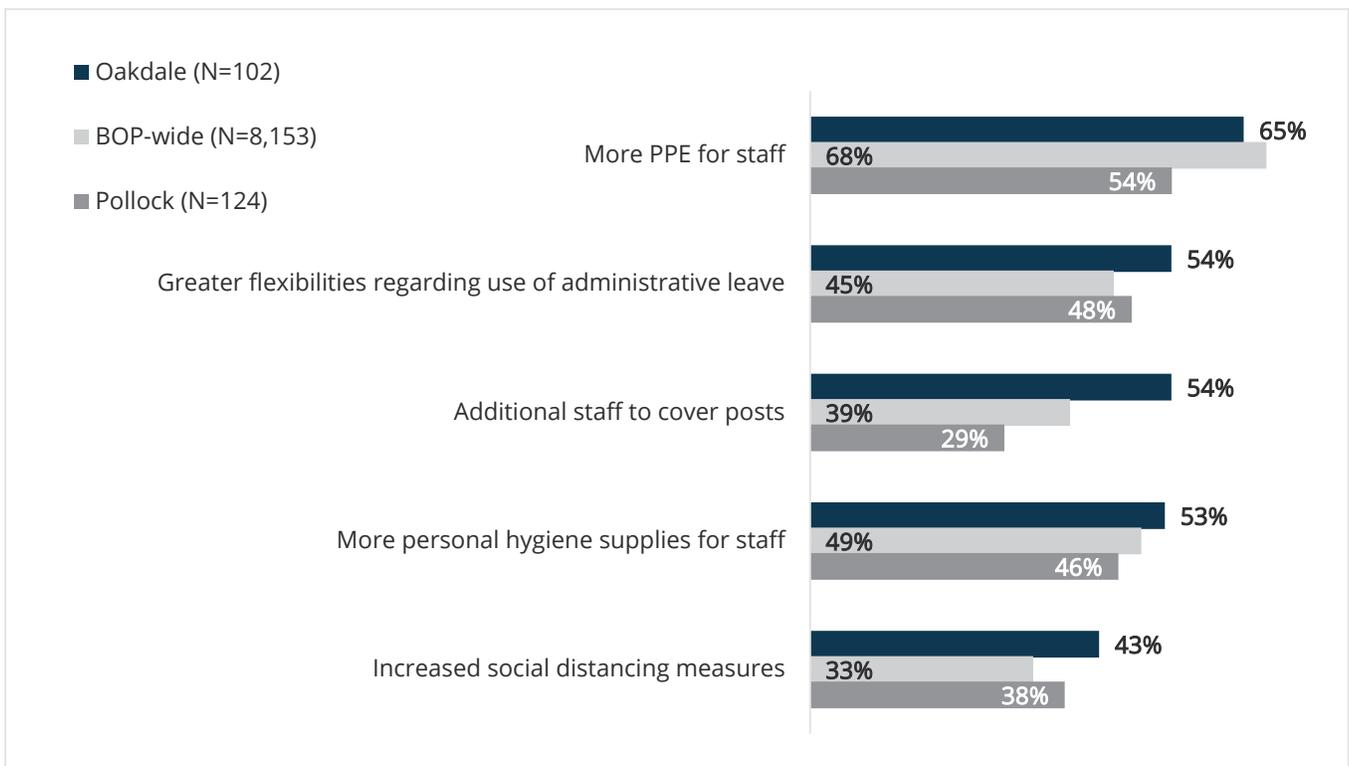
We reviewed CDC guidelines and BOP-wide guidance and procedures, as well as numerous documents furnished by FCC Oakdale and FCC Pollock, including communications with staff and inmates and information about cleaning and sanitation procedures and products. We also read media reports and litigation materials concerning FCC Oakdale.

OIG COVID-19 SURVEY RESULTS FOR FCC OAKDALE

Open Period	Invitations Sent to BOP Institution Staff	Overall Responses	Oakdale Responses
April 21–29, 2020	38,651	10,735 (of 38,651)	123

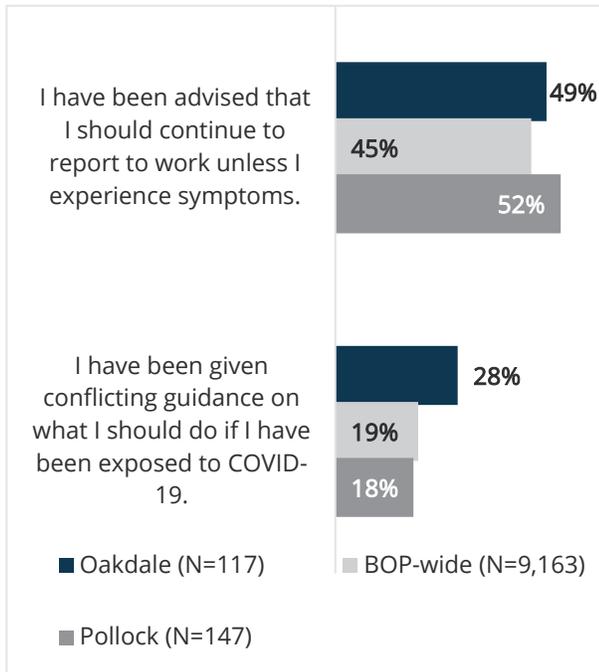
Oakdale Responses by Department
 Correctional Services: 39% | Health Services: 12% | All Other Departments: 49%

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.

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.

	Oakdale Rating	BOP-wide Rating	Pollock Rating
The guidance was timely.	2.37	3.18	3.36
The guidance was clear.	2.42	2.97	3.16
The guidance was comprehensive.	2.52	3.03	3.19

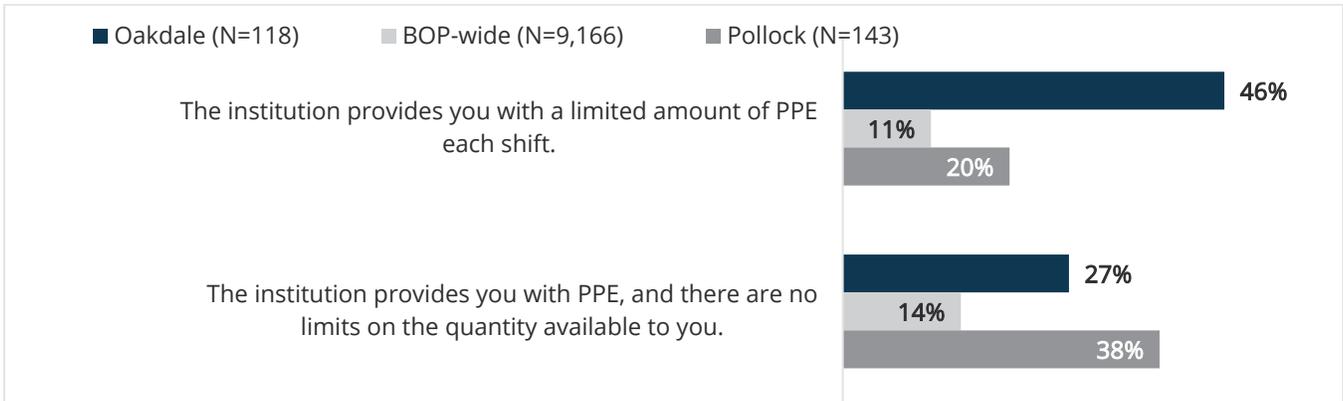
How strongly do you agree with the following statements about the adequacy of the practices your institution is taking to mitigate the risk of spreading COVID-19? (Top 3 and Bottom 3 Responses)

<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>	Oakdale Rating (N=112)	BOP-wide Rating (N=8,978)	Pollock Rating (N=145)
Three Practices Rated Highest:			
Inmates have ample opportunity to shower at least three times a week.	4.07	4.27	4.39
Toilets, sinks, and showers are in proper working order.	3.86	3.93	3.87
Staff are given sufficient information about COVID-19 symptoms and preventive actions (e.g., hand washing, wearing masks).	3.75	4.09	4.30
Three Practices Rated Lowest:			
Staff are provided a sufficient supply of hand sanitizer.	2.95	3.18	3.81
Inmates are provided a sufficient supply of hand sanitizer where sinks are not available.	2.66	3.07	3.13
Shared staff equipment such as radios and keys are regularly cleaned and sanitized.	2.43	3.15	4.11

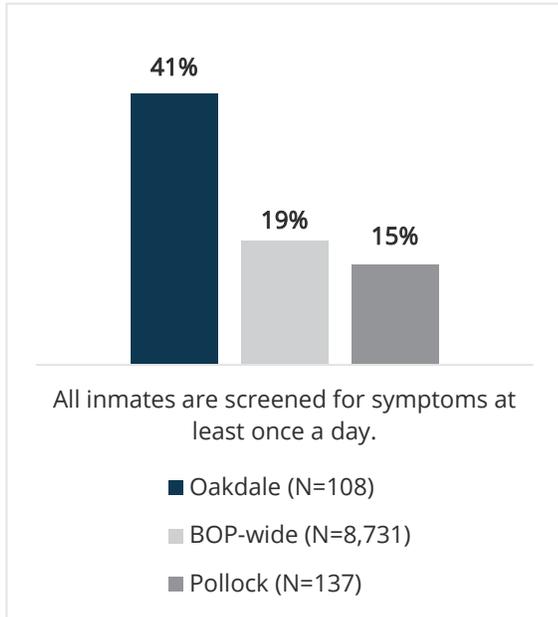
Please identify which, if any, of the following social distancing measures your institution is currently employing to increase the amount of space between staff and inmates. (Top 5 Responses)

	Oakdale Percent of Respondents (N=103)	BOP-wide Percent of Respondents (N=8,435)	Pollock Percent of Respondents (N=134)
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, workspace, or recreation space).	61%	44%	38%
The amount of time that inmates are required to remain in their housing units each day has been increased.	45%	59%	51%
The number of inmates released, including those transferred to halfway houses or placed on home confinement, has increased.	31%	26%	25%
The number of inmates participating in a program or activity at one time has been reduced.	25%	42%	44%
I don't know.	20%	15%	16%

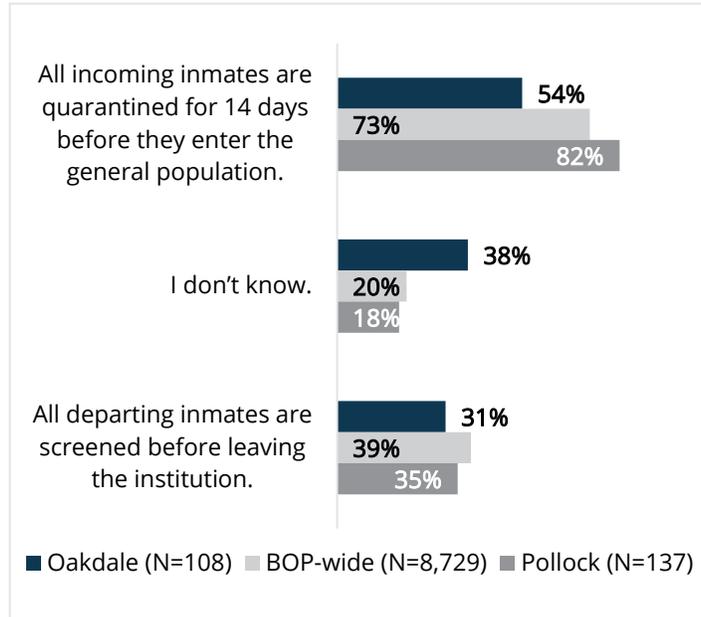
Which of the following statements best describes the current guidance you have received from facility leadership about your use of personal protective equipment (PPE)? (Top 2 Responses)



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)

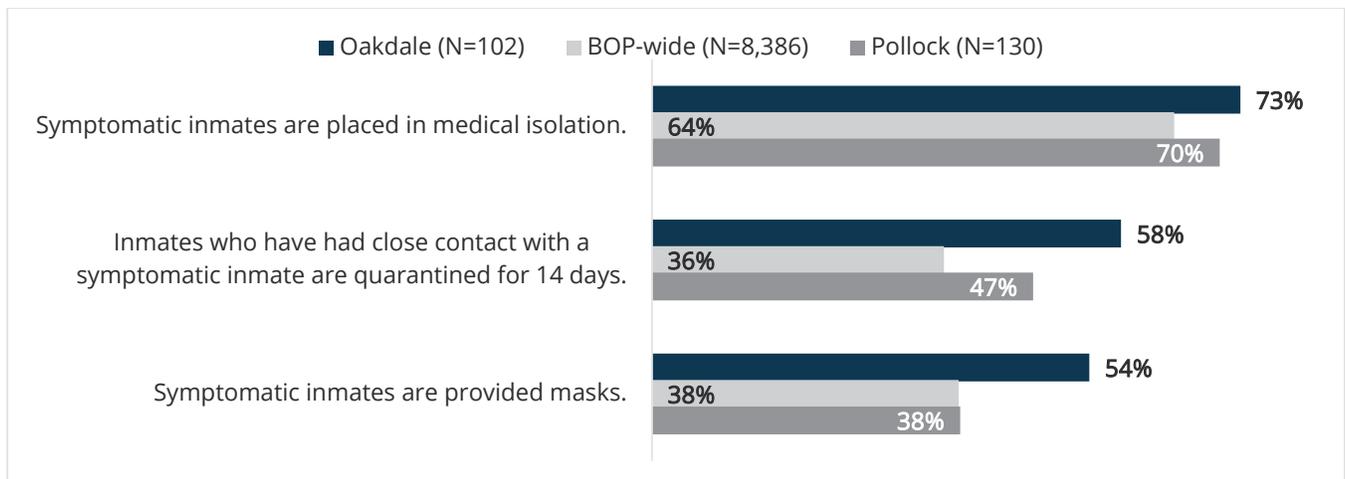


Please identify which, if any, of the following COVID-19 measures for screening incoming and departing inmates (temperature check, questioning about other symptoms) your institution is currently taking. (Top 3 Responses)

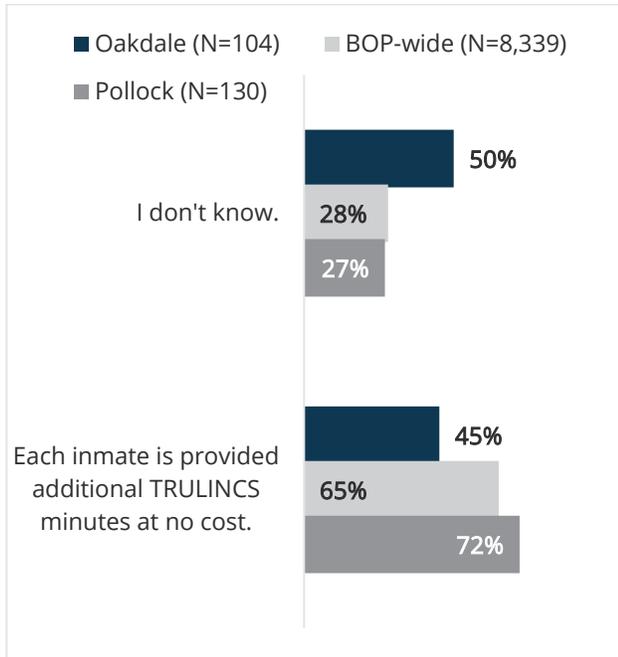


Note: Thirty-two percent of Oakdale respondents chose "I don't know." The remaining chose categories amounting to less than 13 percent each.

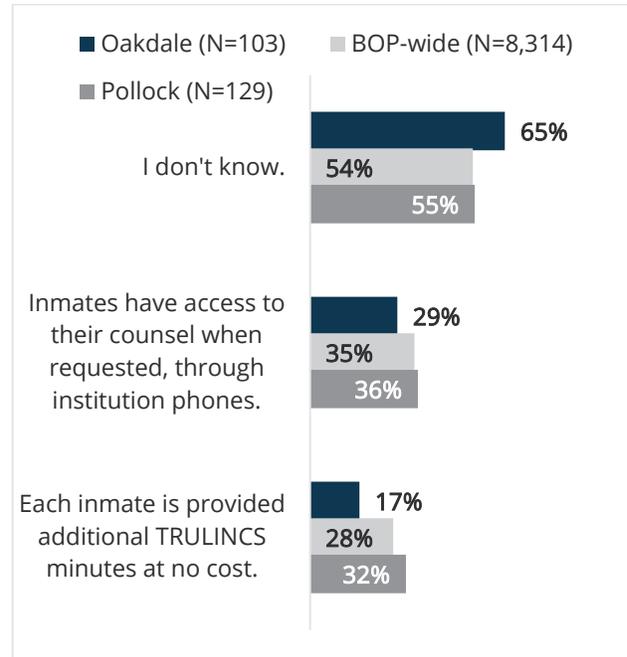
Please identify which, if any, of the following measures your institution is currently employing to manage inmates with COVID-19 symptoms. (Top 3 Responses)



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 2 Responses)⁷⁰



Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with legal counsel. (Top 3 Responses)⁷¹



⁷⁰ The BOP provides inmates both telephone and messaging options. Inmates received an increase, from 300 to 500 minutes, of monthly telephone time pursuant to the BOP's Phase Two Action Plan in March 2020. Per BOP policy governing TRULINCS, the BOP "provides a messaging option for inmates to supplement postal mail correspondence to maintain family and community ties." The policy provides time parameters for inmate use of this messaging option but does not set a limit on the number of minutes inmates may use it per month. Additionally, the policy states that inmates are charged a per-minute fee to use this messaging option. BOP Program Statement 4500.12, Trust Fund/Deposit Fund Manual, March 14, 2018.

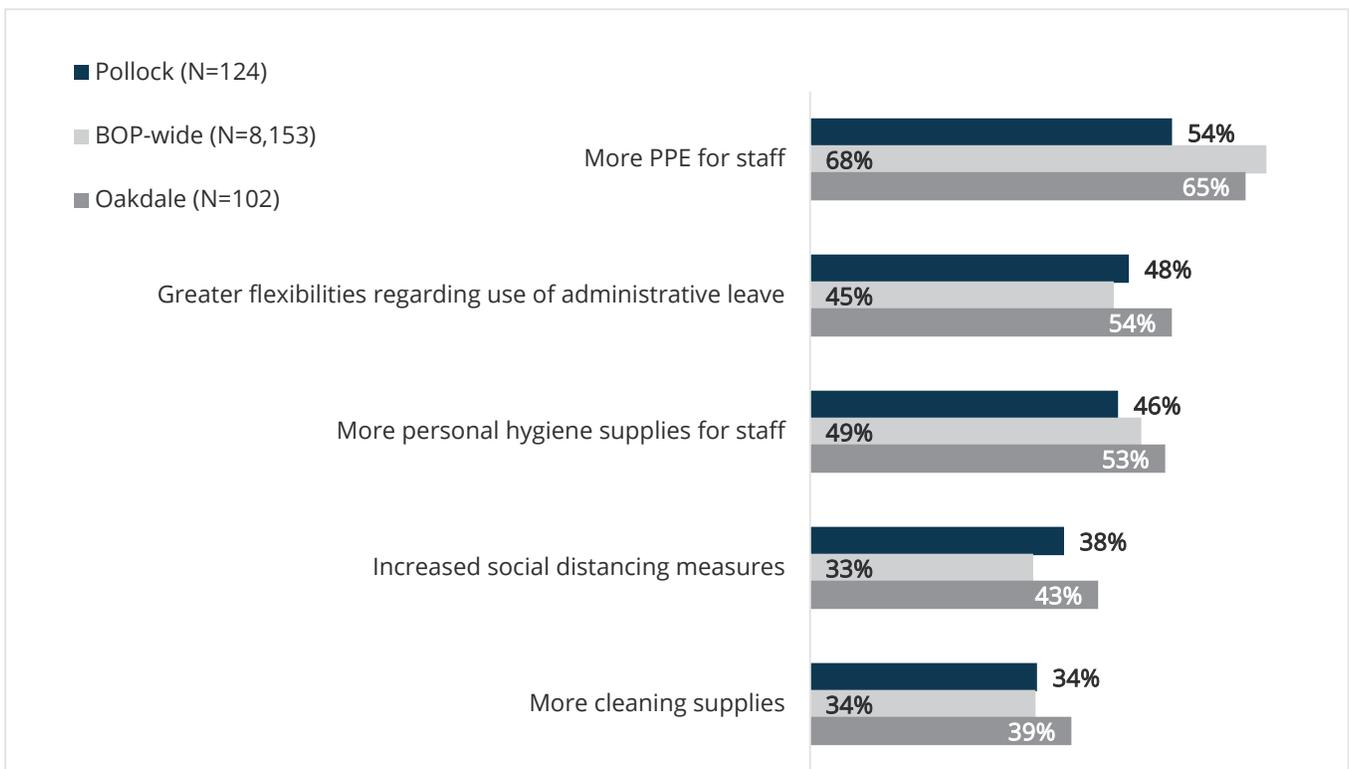
⁷¹ Per BOP policy governing TRULINCS, "inmates may place attorneys, 'special mail' recipients, or other legal representatives on their public email contact list, with the acknowledgment that public emails exchanged with such individuals will not be treated as privileged communications and will be subject to monitoring." BOP Program Statement 4500.12.

OIG COVID-19 SURVEY RESULTS FOR FCC POLLOCK

Open Period	Invitations Sent to BOP Institution Staff	Overall Responses	Pollock Responses
April 21–29, 2020	38,651	10,735 (of 38,651)	164

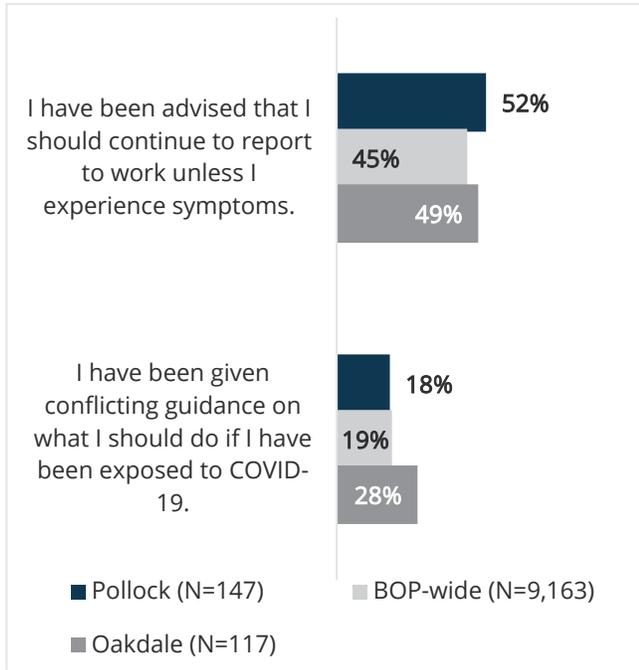
Pollock Responses by Department	
Correctional Services:	45%
Education/Recreation:	8%
All Other Departments:	47%

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.

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.

	Pollock Rating	BOP-wide Rating	Oakdale Rating
The guidance was timely.	3.36	3.18	2.37
The guidance was clear.	3.16	2.97	2.42
The guidance was comprehensive.	3.19	3.03	2.52

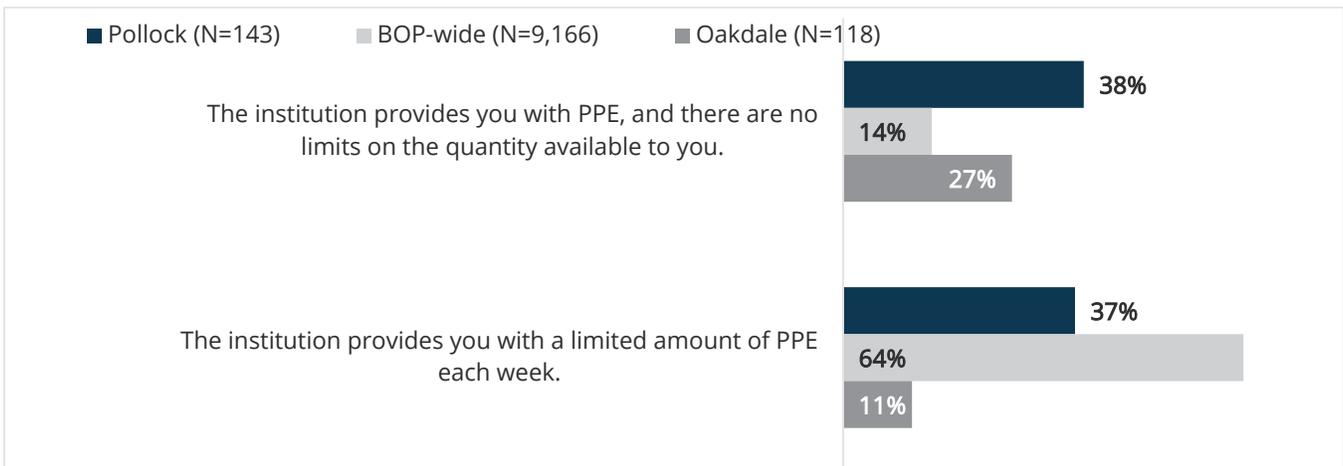
How strongly do you agree with the following statements about the adequacy of the practices your institution is taking to mitigate the risk of spreading COVID-19? (Top 3 and Bottom 3 Responses)

<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>	Pollock Rating (N=145)	BOP-wide Rating (N=8,978)	Oakdale Rating (N=112)
Three Practices Rated Highest:			
Inmates have ample opportunity to shower at least three times a week.	4.39	4.27	4.07
Staff are given sufficient information about COVID-19 symptoms and preventive actions (hand washing, wearing masks).	4.30	4.09	3.75
Inmates are given sufficient information about COVID-19 symptoms; preventive actions (e.g., hand washing, wearing masks); and changes to their daily routines.	4.24	4.1	3.70
Three Practices Rated Lowest:			
Staff are provided a sufficient supply of hand sanitizer.	3.81	3.18	2.95
Inmates are provided with a sufficient supply of masks.	3.75	3.44	3.30
Inmates are provided a sufficient supply of hand sanitizer where sinks are not available.	3.13	3.07	2.66

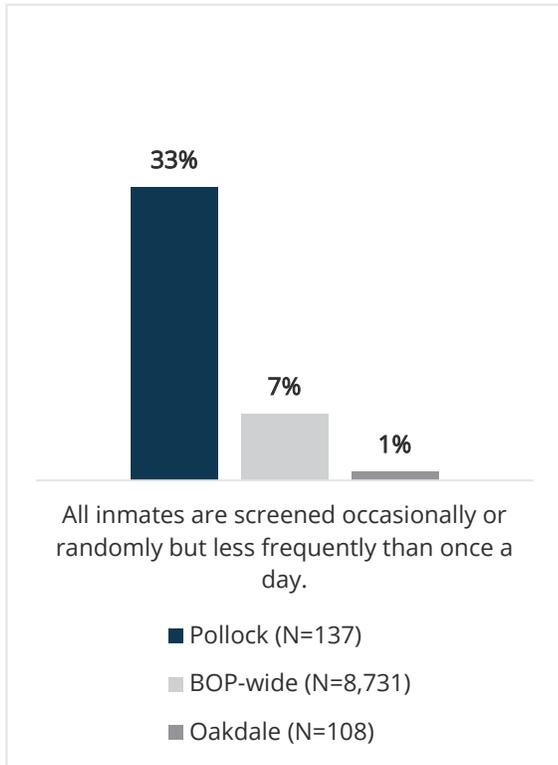
Please identify which, if any, of the following social distancing measures your institution is currently employing to increase the amount of space between staff and inmates. (Top 5 Responses)

	Pollock Percent of Respondents (N=134)	BOP-wide Percent of Respondents (N=8,435)	Oakdale Percent of Respondents (N=103)
The amount of time that inmates are required to remain in their housing units each day has been increased.	51%	59%	45%
The number of inmates participating in a program or activity at one time has been reduced.	44%	42%	25%
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).	38%	44%	61%
The number of inmates released, including those transferred to halfway houses or placed on home confinement, has increased.	25%	26%	31%
Alternative activities for in-person programs have been introduced.	21%	20%	12%

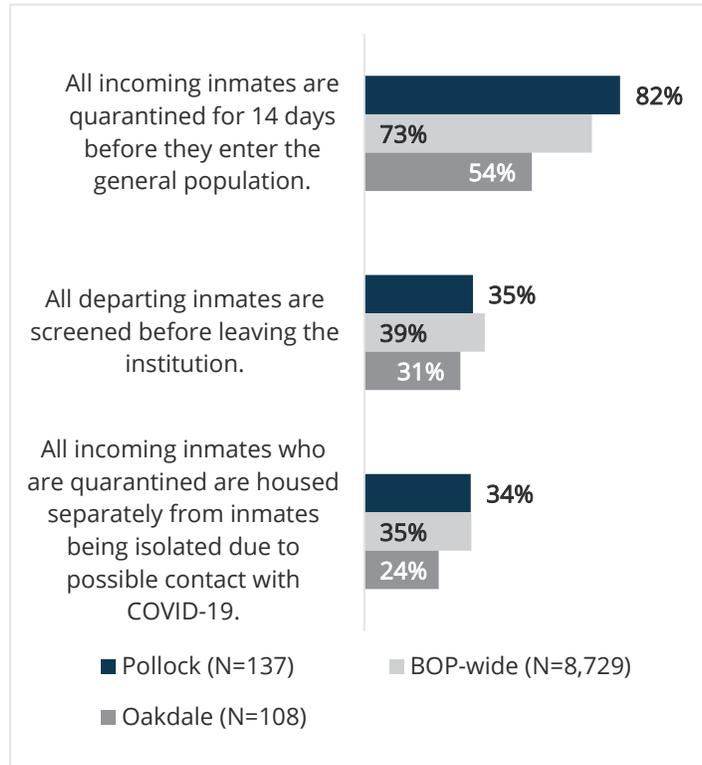
Which of the following statements best describes the current guidance you have received from facility leadership about your use of personal protective equipment (PPE)? (Top 2 Responses)



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)

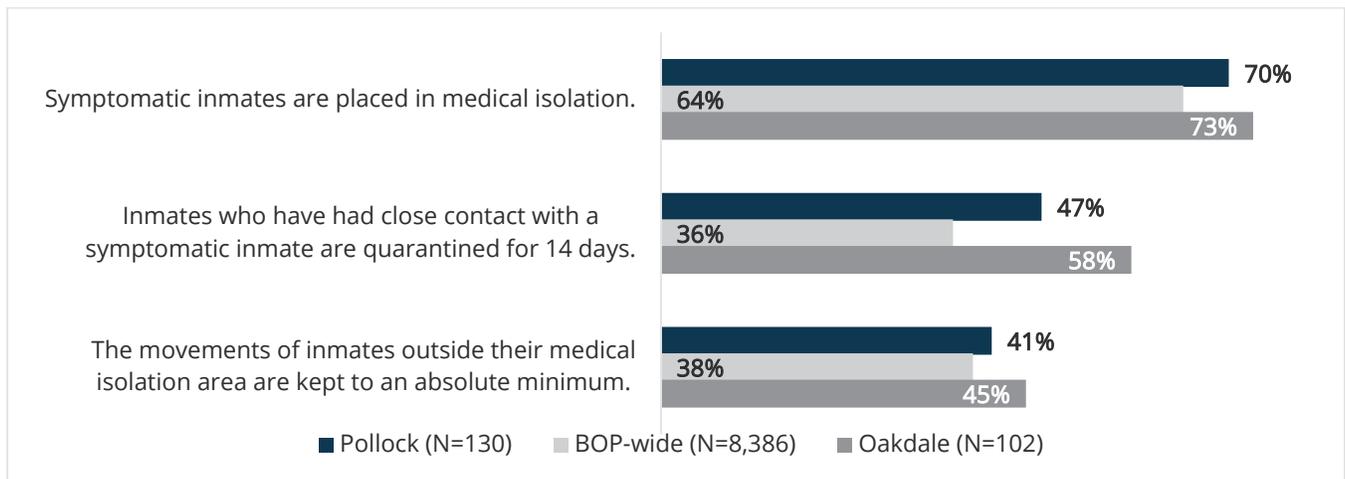


Please identify which, if any, of the following COVID-19 measures for screening incoming and departing inmates (temperature check, questioning about other symptoms) your institution is currently taking. (Top 3 Responses)

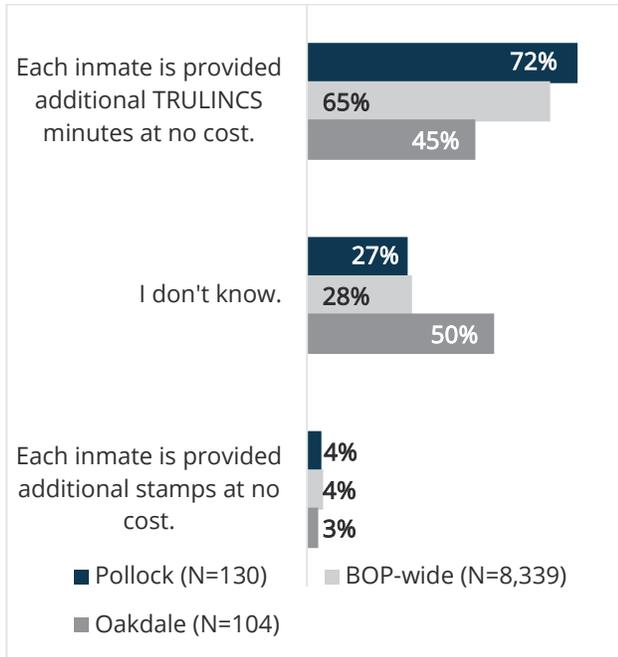


Note: Thirty percent of respondents chose "I don't know." The remaining chose categories amounting to less than 15 percent each.

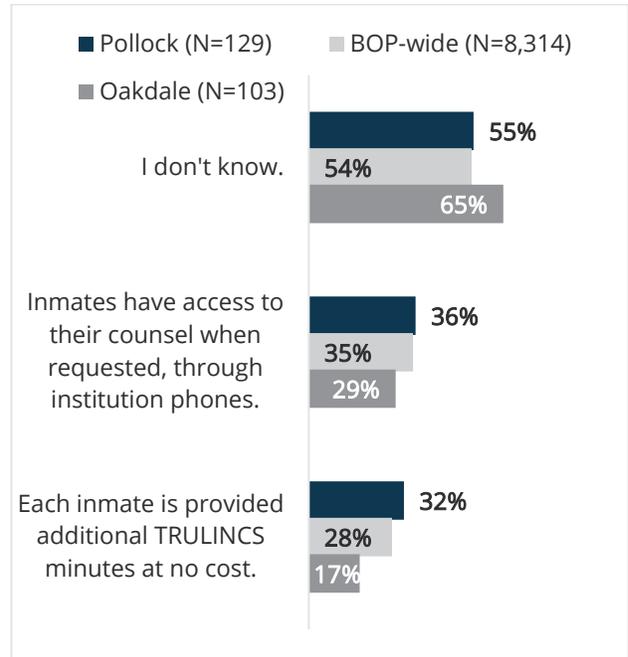
Please identify which, if any, of the following measures your institution is currently employing to manage inmates with COVID-19 symptoms. (Top 3 Responses)



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 2 Responses)⁷²



Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with legal counsel. (Top 3 Responses)⁷³



⁷² The BOP provides inmates both telephone and messaging options. Inmates received an increase, from 300 to 500 minutes, of monthly telephone time pursuant to the BOP's Phase Two Action Plan in March 2020. Per BOP policy governing TRULINCS, the BOP "provides a messaging option for inmates to supplement postal mail correspondence to maintain family and community ties." The policy provides time parameters for inmate use of this messaging option but does not set a limit on the number of minutes inmates may use it per month. Additionally, the policy states that inmates are charged a per-minute fee to use this messaging option. BOP Program Statement 4500.12.

⁷³ Per BOP policy governing TRULINCS, "inmates may place attorneys, 'special mail' recipients, or other legal representatives on their public email contact list, with the acknowledgment that public emails exchanged with such individuals will not be treated as privileged communications and will be subject to monitoring." BOP Program Statement 4500.12.

TIMELINE OF BOP GUIDANCE

January	31	<p>The BOP Issued Action Plan Phase One:</p> <ul style="list-style-type: none"> Identified the potential risk of exposure within BOP facilities and informed recipients about risk factors, symptoms to look for, and preventive measures Recommended screening all new inmate arrivals to the BOP for COVID-19 risk factors and symptoms using a provided screening questionnaire 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
February	29	<p>The BOP Issued Updated Guidance for COVID-19 to BOP Medical Staff:</p> <ul style="list-style-type: none"> Recommended screening staff with potential risk factors and all new inmate arrivals using a screening questionnaire Recommended conducting fit testing for N95 respirators, disseminating information about proper PPE use, and establishing baseline supplies of PPE 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
	9	The BOP issued screening and leave guidance for staff.
March	11	The World Health Organization declared COVID-19 a pandemic.
	13	<p>The BOP Issued Action Plan Phase Two:</p> <ul style="list-style-type: none"> 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 Canceled staff travel and training Instructed institutions to assess inventories of food, medicine, cleaning supplies, and sanitation supplies 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) Required Wardens to modify operations to maximize social distancing, such as staggering meal and recreation times, for 30 days
		The BOP issued a memorandum to Chief Executive Officers outlining necessary inmate mental health treatment and services during social distancing.
	18	<p>The BOP Issued an Update to Action Plan Phase Two:</p> <ul style="list-style-type: none"> Stated that additional accommodations could be made for staff in high risk categories
		<p>The BOP Issued Action Plan Phase Three:</p> <ul style="list-style-type: none"> Provided guidance for non-institutional locations that perform administrative services
	19	The first two BOP staff were presumed positive for COVID-19.
	20	The BOP issued guidance reprioritizing 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.	

26

The BOP Issued Action Plan Phase Four:

- 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.
- Required all inmates to be screened upon exiting the facility. Any symptomatic inmates were to be placed in isolation.
- Required all staff/contractors/other visitors to be screened upon entering the facility using a screening questionnaire and temperature check
- Required institutions to develop alternatives to in-person court appearances
- 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

28

The BOP Issued an Update to Action Plan Phase Four:

- Required inmates transferring within the BOP, in addition to new inmates, to be screened upon arrival

31

The BOP Issued Action Plan Phase Five:

- Enacted a 14-day nationwide action, effective April 1, to minimize movement within BOP facilities
- Emphasized continued and ongoing screening of all inmates to identify asymptomatic cases and encourage early reporting of symptoms by inmates
- 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
- Emphasized good hygiene and cleaning practices
- Required institutions to limit staff movements to the areas to which they were assigned
- Limited inmate movements to prevent group gatherings and maximize social distancing, directed work details to continue with appropriate screening
- Worked with the U.S. Marshals Service to limit inmate movements between institutions
- Required all staff to be fit tested for N95 respirators (included shaving all facial hair)
- Announced that UNICOR had initiated the manufacturing of face masks for inmates

3

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.

The CDC issued new guidance recommending the use of cloth face coverings in addition to social distancing.

6

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.

7

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.

13

The BOP Issued Action Plan Phase Six:

- Extended guidance issued in Phase Five through May 18

24

The BOP expanded COVID-19 testing to include asymptomatic inmates following the acquisition of rapid ribonucleic acid testing equipment at select BOP facilities.

18

The BOP Issued Action Plan Phase Seven:

- Extended guidance issued in Phase Six through June 30

June	30	<p>The BOP Issued Action Plan Phase Eight:</p> <ul style="list-style-type: none"> Extended guidance issued in Phase Seven through July 31 Established new procedures for in-person court trips and inmate movement between BOP institutions Required COVID-19 testing of all incoming inmates
	5	<p>The BOP Issued Action Plan Phase Nine:</p> <ul style="list-style-type: none"> Extended guidance issued in Phase Eight through August 31 Provided guidance for virtual and in-person legal visits Instructed the resumption of inmate programming, including residential programs and Evidence-based Recidivism Reduction Programs and Productive Activities, with social distancing modifications Instructed the resumption of outdoor recreation time, not including group sports or use of gym equipment Instructed Wardens to develop safety plans to restore UNICOR operations to 80 percent capacity by September 1 and to 100 percent by October 1
August	31	<p>The BOP Issued Modification of Action Plan Phase Nine:</p> <ul style="list-style-type: none"> Extended guidance issued in Phase Nine through September 30 Provided guidance for safely resuming social visits
	2	<p>The BOP Issued Extension to Action Plan Phase Nine:</p> <ul style="list-style-type: none"> Extended guidance issued in Phase Nine through October 31
September		
October		
November	1	<p>The BOP Issued Extension to Action Plan Phase Nine:</p> <ul style="list-style-type: none"> Extended guidance issued in Phase Nine and the Modification to Phase Nine until further notice

Source: OIG analysis of documents provided by the BOP

THE BOP'S RESPONSE TO THE DRAFT REPORT



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

MEMORANDUM FOR RENÉ ROCQUE LEE
ACTING ASSISTANT INSPECTOR GENERAL
EVALUATION AND INSPECTIONS

FROM:

Gene Beasley
Gene Beasley
Deputy Director

SUBJECT:

Response to the Office of Inspector General's (OIG)
Draft Audit Report: Remote Inspection of Federal
Correctional Complexes Oakdale and Pollock During
the COVID-19 Pandemic (A-2020-006-D)

The Bureau of Prisons (BOP) appreciates the opportunity to provide a response to the Office of the Inspector General's above referenced report. The BOP would like to address the following areas in the draft report.

Draft Report: Page ii, 1st bullet under the heading Summary of Inspection Results, "Oakdale failed to promptly implement BOP inmate and staff screening guidance issued in January and February 2020, and, by the time Oakdale expanded screening to all staff on March 19, COVID-19 had already entered the institution."

BOP's Response: FCC Oakdale complied with BOP-issued guidance dated January 31, 2020, which included screening of staff who traveled internationally. Additionally, FCC Oakdale implemented enhanced screening in March for staff per BOP-issued guidance as well as Center for Disease Control (CDC) guidelines.

Draft Report: Page ii, 2nd bullet under the heading Summary of Inspection Results, "Oakdale did not fully limit inmate movement until after it identified its first COVID-19 positive inmate on March 21. Conversely, due to issues unrelated to COVID-19, FCC Pollock limited inmate movement beginning in early March and maintained that posture after the onset of COVID-19 in the surrounding community."

BOP's Response: On March 13, 2020, FCC Oakdale was placed on modified operations. During the modified operations, inmates had limited, controlled movement to the Recreation Department and Food Service. On March 21, 2020, FCC Oakdale was placed on lockdown status once the first confirmed positive case was identified.

Draft Report: Page iii, 1st bullet on the page, 3rd bullet under the heading Summary of Inspection Results, "While Oakdale officials assert that they always had sufficient supplies of personal protective equipment (PPE) on hand, we found that, at the beginning of the COVID-19 outbreak at Oakdale in mid-to-late March, some staff did not have, and in some cases did not understand the necessity of wearing, proper PPE when in close contact with infected or potentially infected inmates. According to staff we interviewed, concern about access to PPE was so dire after the first inmate tested positive on March 21 that PPE supplies were being taken from the complex medical unit after hours and without permission. We note that Oakdale distributed surgical masks to staff and inmates on March 26 and 28, respectively, prior to April 3 CDC and April 6 BOP guidance to do so. However, by the time masks were distributed, Oakdale was already experiencing staff and inmate cases and, as subsequent data reflects, the virus was already spreading rapidly."

BOP's Response: FCC Oakdale followed CDC guidance on PPE usage, which was reviewed and confirmed by the CDC when they visited. Medical staff conducted training on how to don and doff PPE in the isolation units and medical trips. In addition, PPE donning and doffing instructions were located on FCC Oakdale's main menu on the internal website which is accessible to all staff. PPE signage was placed throughout the complex. According to PPE inventory documents, FCC Oakdale had an adequate supply of surgical masks which was in accordance with CDC guidelines. Additionally, PPE was readily available for staff to utilize on medical escort trips. The PPE was placed in gun lockers and was available for escorted trips. The staff in the housing units also received PPE. Additionally, staff requested a greater level of PPE than what was required per CDC guidelines. Specifically, they requested N95 masks and face shields for areas they were not required; therefore, this led to the remarks that proper PPE was not available.

Draft Report: Page iii, 3rd bullet on the page, 5th bullet under the heading Summary of Inspection Results, "Numerous staff absences during the COVID-19 outbreak at Oakdale forced some

institution staff to work longer shifts-in some instances as much as 40 hours straight."

BOP's Response: Even though FCC Oakdale was operating during a pandemic emergency, staff were not mandated past a 16-hour shift. Additionally as noted, TDY staff were deployed to the site to assist in staffing shortages.

Draft Report: Page iii, 4th bullet on the page, 6th bullet under the heading Summary of Inspection Results, "Oakdale staff told us that institution management failed to adequately communicate and engage with them at the beginning of the outbreak, which created an environment in which staff believed that management was not concerned for their well-being."

BOP's Response: On March 18, 2020, the Complex Warden sent out COVID-19 guidance to all staff. Additionally, the Executive Staff continued to send out daily emails regarding COVID-19 information facts along with institutional information. Executive Staff also made daily rounds at the complex speaking to staff and inmates in regard to the outbreaks and addressing their concerns. Staff at Oakdale, like staff nationwide, had access to the agency intranet which included all, and a significant amount, of agency guidance related to COVID management.

Draft Report: Page 7, 2nd paragraph, "FCC Oakdale moved Camp inmates to a vacant housing unit with two-man cells at FCI I on April 16. However, Oakdale made this decision too late to prevent the spread of COVID-19 to Camp inmates."

BOP's Response: The vacant housing unit was not available until April 16, 2020, because of a mold remediation project; however in the interim, FCC Oakdale ensured that inmates were provided with face coverings and social distancing was implemented as much as was practicable at the time. The same day the contractor cleared the housing unit for occupancy, the camp inmates were subsequently moved.

Draft Report: Page 8, 3rd paragraph, "We found that Oakdale and its staff did not comply with some of these BOP PPE directives. Of particular concern, we found that some staff who were in close contact with inmates suspected or confirmed to have COVID-19 did not have access to a N95 respirator at the beginning of the Oakdale outbreak in mid-to-late March despite a February 29 BOP directive and attached inmate screening tool that made clear that such staff should wear an N95 respirator."

BOP's Response: Staff had access and were provided proper PPE in accordance with CDC and BOP guidance. Oakdale had an adequate inventory of PPE and was able to acquire additional PPE if necessary from the Region. As of March 16, 2020, FCC Oakdale had a total of 800 N95 respirators.

OIG ANALYSIS OF THE BOP'S RESPONSE

The OIG provided a draft of this report to the BOP for its comment. The BOP's response is included in [Appendix 5](#) to this report. Below is the OIG's analysis of the BOP's response.

Highlights of the BOP's Response

The BOP raised six issues (in seven comments) in its response to the draft of this report. First, the BOP stated that FCC Oakdale complied with BOP-issued guidance dated January 31, 2020, which included screening of staff who had traveled internationally. Second, the BOP stated that on March 13, in advance of the identification of the first case of COVID-19 at the institution, Oakdale implemented modified operations in which inmates had limited, controlled movement to the Recreation Department and Food Service. Third, the BOP stated that it had followed CDC guidance regarding PPE, educated staff on how to use PPE, and always had a sufficient inventory of PPE. The BOP also stated that staff requested a greater level of PPE than CDC guidelines required. Specifically, staff requested N95 respirators and face shields for work in areas in which that type of PPE was not required. Fourth, the BOP stated that staff were not mandated to work more than a 16-hour shift. In a subsequent email, after a request for clarification from the OIG, the BOP acknowledged that some staff voluntarily worked shifts as long as 40 hours straight but asserted that no staff member was mandated to work beyond a 16-hour shift. Fifth, the BOP stated that Oakdale's Complex Warden sent out COVID-19 guidance to all staff on March 18, 2020, and that Oakdale's executive staff reached out to staff daily. Additionally, the BOP stated that staff had access to agency intranet, which included all agency guidance related to COVID-19. Sixth, the BOP stated that it was unable to use a vacant housing unit to further distance inmates until April 16, due to mold remediation work being conducted in the vacant housing unit. While unable to use the vacant space to further socially distance inmates, the BOP stated, FCC Oakdale socially distanced inmates as much as practicable at the time and provided them with face coverings.

OIG Analysis

We found that FCC Oakdale did not promptly comply with the BOP's January 31 guidance that advised BOP staff about COVID-19 symptoms and risk factors and directed institutions to begin screening all incoming inmates (not staff, as suggested in the BOP's response to the draft of this report) for COVID-19 symptoms. As stated in the report, our interviews and review of staff email showed that the former Oakdale HSA did not furnish the new inmate screening tool to Health Services staff until February 26, nearly 1 month after it was issued by the BOP. For clarity, the OIG made a modification to its final report to emphasize that it identified noncompliance with the January 31 guidance regarding inmate screening and noncompliance with the February 29 guidance regarding staff screening.

With regard to FCC Oakdale's use of modified operations, the OIG's report acknowledged that, "by March 16, Oakdale had started to stagger inmate movements to dining halls and recreation space consistent with BOP guidance issued on March 13 to modify operations to maximize social distancing." Our report also noted, however, that "FCC Oakdale did not fully limit inmate movements to education programming rooms and inmates continued to intermingle with inmates from other housing units there" and that "contact tracing further revealed that the first four inmates to test positive came from the same education class."

With regard to the availability of PPE at FCC Oakdale, our report acknowledged that we could not definitively determine whether Oakdale lacked sufficient PPE; whether Oakdale had sufficient PPE in stock but it was not appropriately distributed in all instances; or whether staff performing duties that required only a surgical mask requested more PPE, such as N95 respirators." Nonetheless, the anecdotal evidence we collected and presented in the report indicates that Oakdale staff did not always have or use the PPE necessary to contain the spread of the virus and maintain compliance with CDC guidance. We also note that, despite the BOP's statements that FCC Oakdale educated staff on the proper use of PPE, our report identified multiple instances in which staff demonstrated a lack of knowledge on how to appropriately use PPE.

Regarding the duration of overtime that some staff worked in response to the COVID-19 outbreak at FCC Oakdale, the OIG added language to the final report to reflect that the BOP acknowledged that some staff were allowed to voluntarily work shifts as long as 40 hours but that the BOP asserted that no staff member was mandated to work greater than a 16-hour shift.

The BOP also asserted that numerous times it provided staff with information regarding COVID-19 and the institution's response during the pandemic. Throughout the report, we noted multiple communication efforts made by FCC Oakdale staff. However, we also reported that staff found these communication efforts insufficient. Specially, we detailed multiple staff concerns about communication, as well differing interpretations of screening guidance by management officials. Additionally, we noted that only 15 percent of Oakdale survey respondents reported that guidance was timely and only 14 percent reported that guidance was clear.

Finally, in response to the draft report, the BOP noted that it was not until April 16, approximately 1 month after FCC Oakdale identified its first positive COVID-19 inmate, that it was able to move some inmates into a vacant housing unit following the completion of mold remediation work. We noted this issue in our draft report and clarified in our final report that the delay in moving inmates to the vacant housing unit was directly related to the mold remediation work. However, the OIG views this facilities management issue as a contributing factor to Oakdale's broader failures in effectively managing the institution during the COVID-19 pandemic, not as an issue that excuses Oakdale from this responsibility.