



DEPARTMENT OF JUSTICE | OFFICE OF THE INSPECTOR GENERAL

PANDEMIC RESPONSE REPORT

21-006

NOVEMBER 2020

Remote Inspection of the CORE Services
Group, Inc.'s Brooklyn House Residential
Reentry Center,
Brooklyn, New York

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 (RRC). 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](#)

On March 23, 2020, the CDC issued guidance specific to correctional institutions, noting 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 Although the BOP houses the majority of its inmates in prisons, it may also place certain eligible inmates under the supervision of RRCs—commonly known as halfway houses—which are contracted to supervise inmates who are generally nearing release and to help prepare them for their transition back into the community.

Before the COVID-19 pandemic, generally, only inmates with fewer than 12 months remaining on their sentence were eligible for placement on an RRC roster, with some of these RRC-eligible inmates permitted to complete the final portion of their sentence (10 percent or 6 months, whichever is shorter) in home confinement. In addition, in 2018 the FIRST STEP Act expanded the eligibility of certain elderly and terminally ill inmates for home confinement.² RRCs maintain responsibility for most of these inmates until they complete their sentence, regardless of whether they reside inside an RRC facility or in a home setting.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) of March 2020 and ensuing DOJ directives expanded the population of BOP inmates potentially eligible for placement out of prison and into these alternative RRC custody settings—

¹ CDC, “[Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities](https://www.cdc.gov/coronavirus/2019-ncov/downloads/managing-COVID19-in-correctional-detention.pdf),” March 23, 2020, www.cdc.gov/coronavirus/2019-ncov/downloads/managing-COVID19-in-correctional-detention.pdf (accessed November 13, 2020).

² 34 U.S.C. § 60541.

particularly home confinement.³ During the pandemic, the BOP also granted RRCs flexibilities to place a wider group of inmates on their rosters into a home setting, with the primary determinant for home placement being the availability of a suitable home address.

As of October 22, of the approximately 155,000 federal inmates in BOP custody, the BOP had more than 14,000 assigned to the rosters of RRCs to reside either in RRC facilities or at home. Data we received from the BOP indicates a cumulative total of at least 700 confirmed positive cases among RRC inmates since the start of the pandemic, and, as of October 18, the BOP publicly reported about 120 active cases of COVID-19 among inmates assigned to RRCs.⁴

During the summer of 2020, the BOP maintained contracts for services at over 150 RRCs around the country, managed by approximately 80 different contracted providers. One of these facilities was Brooklyn House RRC, which provides reentry services in Brooklyn, New York, and is operated by CORE Services Group, Inc. (CORE).⁵ Brooklyn was one of the areas hit hardest nationally by COVID-19 in March 2020, when the World Health Organization declared COVID-19 a pandemic. Between May 4 and June 22, the DOJ OIG conducted a remote inspection of the Brooklyn House RRC to understand how the COVID-19 pandemic affected this facility and to assess the steps its management officials took to prepare for, prevent, and manage COVID-19 transmission. We evaluated whether the policies and practices of CORE and Brooklyn House RRC complied with BOP directives intended to control the transmission of COVID-19 within each facility, as well as general guidance publicly available from the CDC (see [Appendix 3](#) for a timeline of the BOP's guidance for RRCs). We conducted this inspection through telephonic interviews with corporate and facility-based officials and staff, a review of contractual agreements and documents related to BOP and CORE management of the COVID-19 pandemic, and analysis of data on Brooklyn House RRC inmate rosters and case counts (see [Appendix 1](#) for more information on the scope and methodology of this inspection). We also considered Brooklyn House specific results from an RRC staff survey conducted by the OIG in mid-May regarding COVID-19 issues (see [Appendix 2](#) for a summary of survey results).⁶

Summary of Inspection Results

The OIG's remote inspection of Brooklyn House RRC found that:

³ Pub. L. No. 116-136.

⁴ BOP, "[COVID-19 Coronavirus](https://www.bop.gov/coronavirus)," www.bop.gov/coronavirus (accessed October 18, 2020). This public estimate of active cases does not include inmates who had tested positive and recovered, were released by the BOP, or died.

⁵ The contract between CORE and the BOP to house inmates at Brooklyn House RRC had started August 1, 2019, and was set to expire in July 31, 2020. The BOP awarded CORE an additional 10-year contract to take effect in August 2020.

⁶ We sent the survey to all 31 staff members at the Brooklyn House RRC. Ten of these staff members responded to the survey. Based on responses, we categorized five staff members as managers and the other five as non-managers. Survey results discussed in this report generally reflect 32 percent (10 of 31) of staff, though not all respondents replied to every question.

- Beginning in March, the facility began maximizing the use of alternative home custody settings for all inmates who had suitable home destinations and could meet accountability monitoring requirements. As a result of these efforts, the RRC was able to reduce the number of inmates living inside the facility by more than half from February to May.
- The RRC took a gradual approach to distributing and requiring the use of personal protective equipment (PPE) from the onset of the pandemic to the time of our inspection. In the absence of BOP requirements on use of PPE in general RRC settings, Brooklyn House did not enforce universal use of PPE such as masks and gloves for staff and inmates until late April.⁷
- In accordance with BOP and CDC recommendations, the RRC suspended most forms of movement and implemented enhanced social distancing for those inmates remaining inside the RRC, before confirmation of the first positive case among its inmates.
- The RRC implemented screening requirements for both inmates and staff in March but took a week to implement BOP screening directives and did not uniformly apply screening to all inmates in its custody.
- Local conditions limited the availability of COVID-19 tests for both inmates and staff and therefore the ability to confirm and manage positive cases.

While Brooklyn House RRC staff whom the OIG interviewed said that they felt that the facility did its best to address the virus and its effects, we noted several systemic factors that potentially heightened the risk of COVID-19 spreading within RRCs and their surrounding communities. For example, the BOP required prisons to quarantine inmates leaving prison environments for RRCs, but the BOP did not require RRCs to quarantine asymptomatic inmates either upon entry into custody or departure from the RRC for long-term home placement.⁸ In addition, because RRCs are not authorized to use force to detain inmates, an RRC resident who tests positive for COVID-19 may walk out of the RRC without authorization. This occurred at Brooklyn House RRC, a couple of weeks after an inmate had tested positive, resulting in the inmate being placed in “escape” status. Furthermore, the BOP generally does not provide its own transportation for RRC inmates, thereby requiring inmates to use public, commercial, or personal transportation, both when they leave the prison environment to report to RRC custody (at home or in the facility) and when they attend outside appointments for purposes including medical care.

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

⁷ On April 6, the BOP issued a memorandum to Chief Executive Officers of federal prisons 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.

⁸ The BOP noted that its intent was to have inmates quarantine upon arrival to the home setting.

RRCs and Brooklyn House Overview

As part of its release preparation program, the BOP has the authority to place inmates in RRCs, also known as halfway houses, or home confinement while serving the remainder of their sentence. An inmate placed in an RRC or home confinement remains in BOP custody. RRCs provide a supervised environment that supports inmates in finding employment and housing, completing necessary programming such as drug abuse treatment, participating in counseling, and strengthening ties to family and friends. Home confinement provides similar opportunities but is used for inmates who the BOP believes do not need the structure provided by RRCs.⁹

The BOP contracts with RRC providers such as CORE to maintain accountability for these individuals. Traditionally, under the BOP's RRC model, the BOP assigns to RRC contractors rosters of individuals who may complete their sentences inside an RRC facility, at an alternate address on home confinement, or through a combination of these two custody settings. While inmates in both RRC facility and home custody settings are subject to close monitoring and accountability requirements, under normal circumstances they are permitted fluidity of movement for purposes such as employment shifts, family visits, religious services, and medical appointments.

Brooklyn House is a 21,286-square-foot RRC facility staffed, according to its contract, by 34.5 full-time personnel positions. CORE officials said that approximately 20 of these staff work the day shift inside the facility, with about 3 staff on each of the other two shifts, in the evening and overnight.

Brooklyn House RRC is contracted to house up to 161 BOP inmates (male and female) inside the facility and to supervise additional inmates in home custody settings. We learned that in December 2019 the BOP's termination of a contract with a different nearby RRC provider meant that Brooklyn House RRC began assuming responsibility for



Brooklyn House RRC Building

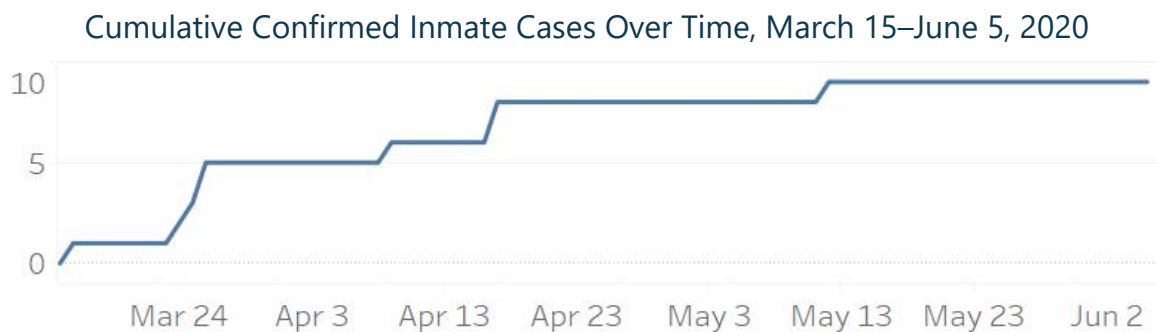
Source: CORE, with OIG enhancement

⁹ The OIG has issued several oversight reports involving RRC contractors and programming, including a November 2016 audit of the BOP's management of inmate placements in RRCs and home confinement. See DOJ OIG, [Audit of the Federal Bureau of Prisons' Management of Inmate Placements in Residential Reentry Centers and Home Confinement](#), Audit Report 17-01 (November 2016), www.oversight.gov/sites/default/files/oig-reports/a1701.pdf.

additional inmates who normally would have been routed to the other RRC.¹⁰ According to Brooklyn House RRC staff, this development was originally manageable but presented an additional challenge as the pandemic unfolded.

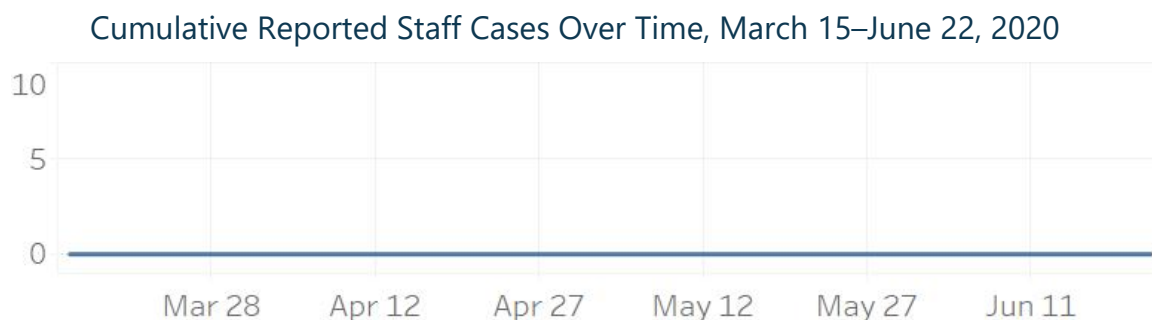
COVID-19 at Brooklyn House RRC

As discussed below, COVID-19 tests were not available at the facility directly. Because the BOP's RRC contractual model relies on community providers for the provision of healthcare, we found that the ability of both RRC inmates and staff to access tests for COVID-19 was limited by the testing capacity of the surrounding community.



Data Source: CORE, as of June 5. As of October 2020, CORE reported no additional inmate cases.

As of June 5, Brooklyn House RRC reported to the OIG that a total of nine inmates on Brooklyn House's roster had tested positive, though we found that there were limitations in the availability of testing. According to RRC officials, all nine of these individuals have since recovered.



Data Source: CORE, as of June 22. As of October 2020, CORE reported two subsequent staff cases, confirmed on August 3 and September 29.

¹⁰ As of June 2020, the BOP explained that the RRC with the terminated contract had resumed supervising some inmates residing at home but still was not housing any inmates inside its facility.

CORE and Brooklyn House RRC officials did not report to us any confirmed positive cases of COVID-19 among staff at the facility. However, as we discuss below, staff reported that tests in their location were not consistently and widely accessible, even for workers such as RRC personnel, during the relevant time period.

Cumulative Confirmed COVID-19 Cases in New York City, New York, Over Time,
March 22–November 9, 2020



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

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INSPECTION RESULTS

Reducing the Facility Population Through Implementation of Relevant Authorities

As the country began to shut down in mid-March due to the COVID-19 pandemic, opportunities for programming and activities that the RRCs traditionally supported were curtailed. In order to achieve social distancing and minimize outside contacts, RRCs had to adapt or suspend many in-person programs on their premises. Home settings, for those inmates who were able to establish a suitable home address, could offer a custody option that potentially posed less risk to inmates and RRC staff than the congregate setting of correctional facilities. For this reason, some RRCs expanded home placement for inmates on their rosters.

Beginning in March, Brooklyn House RRC progressively placed large numbers of its inmates outside of the congregate setting of the RRC facility and into home locations to minimize the spread of COVID-19. The RRC used several authorities to decrease the number of inmates residing in the facility and increase the placement of inmates in home settings. Under the BOP's RRC contractual model, RRCs may not place inmates on home confinement until (1) they meet a home confinement eligibility date provided by the BOP and (2) the RRC can verify a suitable home address with mechanisms, such as a landline telephone, in place to maintain accountability.¹¹

On March 26, 2020, Attorney General William Barr directed the BOP to prioritize the use of the home confinement program to assist in the response to the COVID-19 pandemic. The next day, 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 upon a finding by the Attorney General that emergency conditions exist, a finding that the Attorney General made on April 3. Consequently, by early April the BOP had increased authority to place individuals on home confinement using the program's eligibility criteria, as well as additional discretionary factors. An ensuing BOP policy directive to RRC contracted providers, dated April 3, noted that the BOP aimed to utilize the home confinement program to the fullest extent practicable, as outlined in the Attorney General's memorandum, while maintaining accountability and protecting staff, inmates, and the public. This BOP directive noted that referrals must be made based on appropriateness for home confinement and that consideration should be given to whether inmates had a verifiable release plan that would prevent recidivism and maximize public safety. RRCs such as Brooklyn House also received direction from BOP officials that they could expand the use of home visit passes, which are traditionally used by RRCs to allow for temporary, short-term home visits.

We found that Brooklyn House RRC heeded this direction and moved the majority of its inmates into home custody settings as the pandemic worsened and as the BOP routed additional inmates

¹¹ Home confinement, also known as home detention, is a custody option whereby inmates serve a portion of their sentence at home while being monitored.

to this facility's rosters. From January to June 2020, the RRC experienced an increase in the number of inmates for whom it was responsible, with its total headcount for inmates residing in all settings rising from 164 in January to more than 220 by early June. We concluded that this increase was attributable to two factors: the BOP's overall efforts to move inmates out of prison environments during the pandemic and the closing of a nearby RRC provider in December 2019. A facility staff member indicated that historically Brooklyn House RRC would receive 8 to 10 inmates per week for intake; but, due to this cessation of services by the neighboring provider, that number grew significantly.

We learned during our inspection that the primary determinant for a Brooklyn House RRC inmate to be placed in a home setting was whether the inmate could secure a suitable permanent address with a landline telephone for monitoring, which the RRC staff would need to verify. If these conditions were met, the RRC used two mechanisms to move him or her out of the facility. First, the RRC placed an inmate in the traditional home confinement custody category if the inmate had met his or her BOP-defined home confinement eligibility date or if the BOP routed the inmate to the RRC with instructions that he or she was to be placed directly on home confinement. Second, the RRC used flexibilities that the BOP afforded to contractors during the pandemic and modified its home visit pass process to allow inmates who did not meet home confinement eligibility to be placed in a home setting as well. Specifically, in coordination with BOP officials, Brooklyn House RRC modified the bases for approval and terms of these passes to allow for extended, long-term stays at home.

As a result of these actions, by the time of our remote interviews in early May, a staff member told us that the only inmates residing at the facility at that time were homeless or lacked a home address suitable for placement.

Table

Estimates of Brooklyn House RRC Inmate Placement Throughout the COVID-19 Pandemic

	January	February	March	April	May
Inside RRC	85	68	67	39	31
Home (All Settings)	79	108	91	144	192
<i>Home-Home Confinement</i>	55	65	91	96	130
<i>Home-Extended Pass</i>	24	43	0	48	62 ^a
Total	164	176	158	183	223

Note: This table does not reflect individuals in a probation status who were under Brooklyn House RRC's supervision; facility records show a count of 11 such inmates as of January, decreasing to 1 individual by May.

^a This number includes two inmates designated on medical furlough.

Source: Brooklyn House RRC records and staff interviews. Brooklyn House RRC could not provide an exact historical count of inmates on extended home passes, but it did provide the number of inmates at home on the last day of each month under review, which served as the basis for these estimates.

Staff we interviewed also stated that the facility had accelerated its processing of inmates into home confinement. A BOP reentry official we interviewed explained that, for the inmates the BOP referred to the RRC intended for placement directly to home confinement, Brooklyn House RRC was generally able to process them home the same day they arrived for intake. This turnaround time was within the BOP's April 3 guidance that RRC contractors process referrals for home confinement within 3 days of receipt. RRC staff we interviewed also said that, for other inmates they received who were not designated by the BOP as direct to home confinement placements, the RRC aimed to confirm a home placement plan and generally processed these individuals home within 3–5 days if they had a suitable residence. CORE's corporate management also stated that, if new intake inmates were symptomatic and had an approved home address, they would be placed at home immediately or isolated in the facility if they did not have a viable alternative home address. Eight of the nine staff survey respondents who responded on this topic reported that the facility had reexamined residents' eligibility and accelerated timelines for placement for home confinement or other extended stays.

Personal Protective Equipment

We found that distribution and use of PPE at Brooklyn House gradually expanded over the March–May timeframe and was shaped by both the availability of supplies and a lack of BOP guidance.¹² Facility leadership and staff stated that, especially when the pandemic first began in early March, there were shortages and supply chain challenges for PPE, such as masks, and that there was a particular shortage of N95 respirators, which had to be rationed. We also found that, while the BOP issued some specific directives for RRC staff to wear masks and gloves during interactions with inmates in home confinement settings, there was a lack of specific guidance from the BOP to RRCs that governed the use of PPE in general population settings inside RRCs. Absent such directives, CORE officials explained that the RRC began distributing masks “as needed” on March 13 and, beginning March 26, no one was allowed inside the RRC facility without a mask.

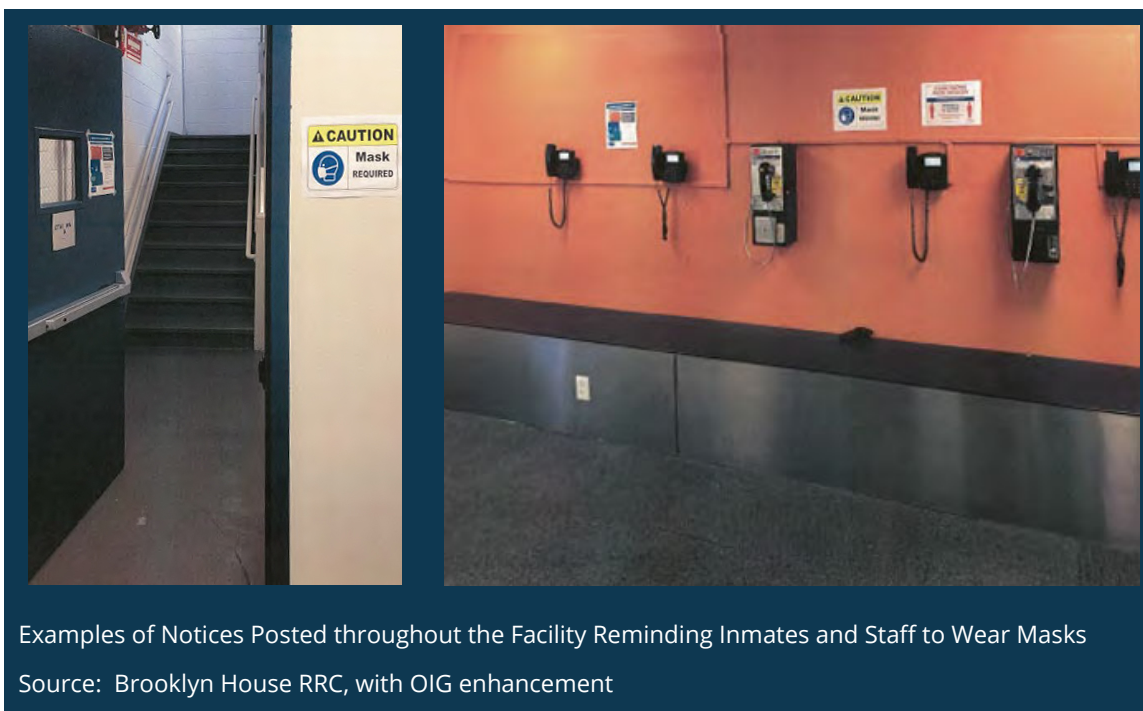
During our interviews of RRC staff, we heard somewhat varying accounts on the actual use of PPE. For example, one staff member noted that at the beginning of the pandemic inmates and staff were told to wear PPE but some wore it and some did not. Although the CDC recommended the use of cloth face coverings in early April, the RRC did not mandate and enforce universal use of masks inside the facility until April 24, when CORE formally implemented a universal policy requiring employees as well as inmates to wear face coverings at all times. CORE also issued a reminder on the universal masking policy on April 29.

¹² 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.

Inside the RRC Facility

For inmates residing inside the facility, the RRC initially focused on providing PPE to symptomatic inmates and began doing so in early March. Survey results confirmed that symptomatic inmates received at least some form of PPE, with 9 out of 10 respondents stating that symptomatic inmates were provided masks. During subsequent weeks, according to corporate officials, Brooklyn House RRC also made masks available to all inmates, not just those experiencing symptoms. Officials explained that, while they had provided some PPE to asymptomatic inmates before mid-April, the RRC formalized its distribution process for inmates on April 15 and implemented the universal masking policy on April 24. At this time, the RRC began distributing PPE on a weekly basis to all inmates residing inside the facility and started requiring inmates to acknowledge receipt. Facility officials provided to the OIG examples of the PPE acknowledgment forms.

By the time of our remote inspection in early May, staff interviews indicated that inmates were complying with the universal masking policy. The Facility Director explained that inmates were required to wear masks and gloves at all times, except when they were in their rooms. Staff we interviewed said that inmates had their own supply of masks and gloves and that, while they were not required to wear masks in their rooms, any inmate interacting with staff had to wear PPE. For example, any inmate needing to come to the office would wear a mask and gloves. The RRC provided photographic evidence of signs posted throughout the facility showing broad notice that wearing masks was required, and several Brooklyn House RRC staff we interviewed confirmed that inmates were wearing masks at all times, as required.



Examples of Notices Posted throughout the Facility Reminding Inmates and Staff to Wear Masks

Source: Brooklyn House RRC, with OIG enhancement

For staff working inside the RRC facility, CORE officials stated that distribution of PPE began in early March for RRC personnel who were interacting with sick inmates. Among staff we interviewed, we heard most commonly that PPE was made available more broadly to the staff, not only to those interacting with sick inmates, around March 13–18. Staff we interviewed in May, during our remote inspection, indicated that the RRC was providing unlimited access to masks and gloves, and one staff member we interviewed expressed the opinion that Brooklyn House RRC management was doing the best it could on the provision of masks and gloves. Staff we interviewed also noted that if staff ran out of PPE they could request more. RRC personnel confirmed during interviews that the facility also supplied hand sanitizer, though some staff said that they preferred to bring their own PPE and sanitizer. At the time of our remote inspection, staff members said that the front desk of the facility was well supplied with masks, gloves, and sanitizers.

According to our May survey, of the 10 respondents reporting on the availability of PPE for staff, 8 responded that supplies of PPE for staff were unlimited, with the remaining 2 respondents indicating that the supply was more limited. Based on the description from one respondent, the RRC progressively provided wipes, hand sanitizer, a weekly supply of masks, and a face shield in the weeks leading up to our survey.

CORE did not implement formal PPE requirements until April 24, when it began requiring employees in the workplace to wear face coverings at all times. During our inspection, staff we interviewed confirmed that everyone received PPE upon arrival at the front desk and that no one was allowed in the building without a mask.

Home Settings

The BOP's most specific guidance to RRCs on the use of PPE governed staff contact with inmates in home settings. On April 3, the BOP outlined protocols for such interactions that included having staff wear gloves and a mask, in addition to employing social distancing measures.¹³ A CORE official stated that the staff who conducted home visits were instructed to wear a mask and gloves and noted that such staff did not have close contact with inmates who were COVID-19 positive. During our interviews, Brooklyn RRC staff responsible for checking in with inmates at home reported wearing a mask and gloves during these interactions, taking additional precautions by social distancing, and not entering the homes.

For inmates processed through the RRC and subsequently placed at home, the RRC reported issuing masks and gloves. RRC and CORE corporate personnel described providing verbal instructions to inmates at home for the purpose of protecting other members of the household.

¹³ These recommended measures included calling from outside to determine whether the inmate or anyone in the household was ill (and if so, not entering); considering meeting outside; and making personal contact only to handle remote monitoring devices.

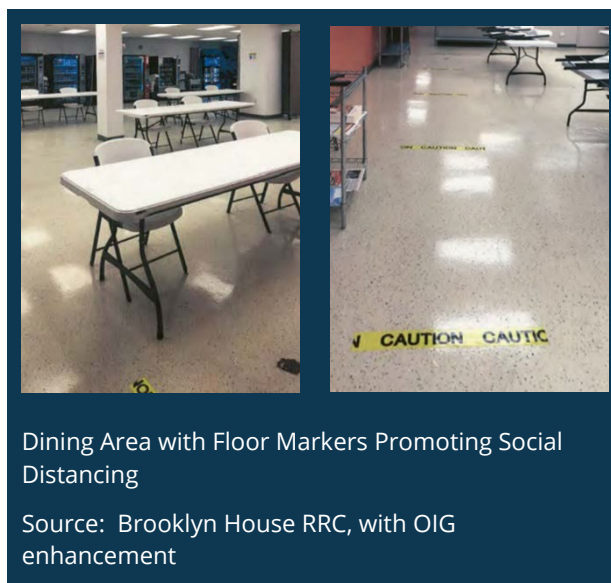
These instructions included advice to wear masks and gloves, as well as recommendations to wash hands frequently and practice social distancing at home.

Social Distancing, Isolation, and Quarantine Measures

Inmates

As described above, Brooklyn House RRC used expanded home placement to reduce the population of inmates residing at the facility, thereby allowing for increased social distancing. We found that the RRC took several additional measures to promote social distancing and limit movement within the RRC to lower the risk of COVID-19 transmission.¹⁴

On March 3, CORE communicated to Brooklyn House RRC staff links to state and CDC resources, as well as general information known at the time about the spread of the virus, including the need to avoid interacting with symptomatic persons and the increased risks of contact closer than 6 feet. In response to guidance from the BOP on March 13 restricting visitation and allowing for discontinuation of other movements, the RRC suspended all visitation. Pursuant to BOP guidance, the RRC also limited inmate movement only to “essential” purposes, such as school, work, and medical appointments. The RRC also discontinued groups facilitated by outside providers and attendance of outside religious services as of March 13.



Dining Area with Floor Markers Promoting Social Distancing

Source: Brooklyn House RRC, with OIG enhancement

According to discussions with staff and supporting documents, by mid-March several inmates were diagnosed with COVID-19 and did not know where or how they contracted it. Staff confirmed that around March 15 the RRC facility management further restricted all nonessential movement of inmates in and out of the facility. By March 16, state Executive Orders had canceled or postponed all large gatherings or events involving 50 or more people, including schools and worship services. Following these state orders, Brooklyn House RRC permitted outside movement only for inmates conducting essential work or seeking medical care. Specifically, at the time of our RRC staff interviews in early May, only 8 inmates were employed, compared with 84 inmates who were

¹⁴ Social distancing, also called “physical distancing,” means keeping at least 6 feet between people and avoiding group gatherings. In a correctional setting, the CDC recommends implementing a host of strategies to increase the physical space between inmates (ideally 6 feet between all individuals, regardless of symptoms), noting that not all strategies will be feasible in all facilities and that strategies will need to be tailored to individual spaces within the facility and the needs of the population and staff. See CDC, “Interim Guidance.”

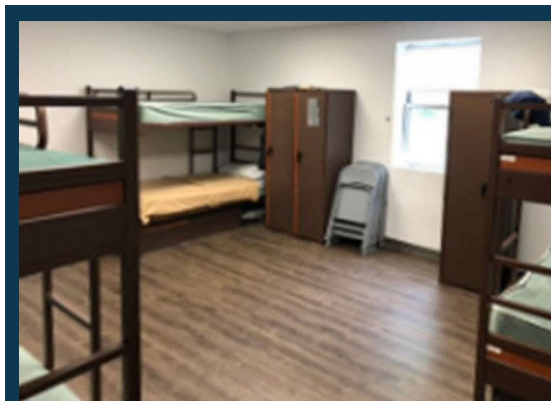
employed just before the onset of the pandemic in March. Due to COVID-19, many inmates lost their jobs.

According to staff member descriptions and photographic evidence, the facility adopted various precautionary measures, including marking 6-foot distances on the floors to promote social distancing, reducing the number of inmates in the cafeteria and recreation areas at one time, and increasing spacing between cafeteria tables.

Staff stated that the facility also increased the spacing in inmates' rooms. Brooklyn House is a dormitory-style facility with rooms that can house between 2 and 20 inmates in bunk beds under normal circumstances. However, CORE officials explained that because of the pandemic they reduced the placement of inmates in residential rooms, for example, placing only about 7 or 8 inmates in a room with capacity for 20. Further, as described below, inmates who tested positive were relocated to isolation rooms.¹⁵

Although the BOP required that its prisons conduct 14-day quarantines for all inmates incoming to prison institutions as of March 26 (and departing inmates beginning April 7), this was not an explicit requirement for RRC contractors.¹⁶ Consequently, Brooklyn House RRC did not formally quarantine individuals upon new intake or departure from the facility to a home placement; however, the RRC did employ isolation measures for inmates who were symptomatic, awaiting tests, or confirmed to be positive for COVID-19.

As early as March 13, the BOP directed RRC contractors to isolate inmates exhibiting symptoms, and subsequent March 24 interim guidance from the CDC for correctional and detention facilities also recommended that people confirmed or suspected of COVID-19 should have minimum movement



Bedroom Adjusted for Social Distancing Requirements. Unmade beds (green mattresses) are unoccupied.

Source: Brooklyn House RRC, with OIG enhancement

¹⁵ 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."

¹⁶ 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."

outside their medical isolation space. Within 1 day of the CDC guidance, CORE provided isolation rules to its facilities, including instructions regarding social distancing, monitoring of symptoms, and room isolation. In response, Brooklyn House RRC designated three rooms as isolation spaces to help prevent the spread of COVID-19 from inmates who were confirmed positive or experiencing symptoms. One of these rooms had a five-bed capacity, and each of the other two rooms could house up to two inmates. CORE confirmed to the OIG that it was able to use its isolation rooms on a single occupancy basis. Due to the layout of the facility, residents of these rooms did share a communal bathroom with other inmates.

CORE officials explained that, because COVID-19 test results could take up to 7 days, inmates awaiting test results would be isolated in the facility until the results were provided. RRC staff also explained that any other residents who felt ill would be relocated to the isolation rooms even if they did not receive a COVID-19 test. For those inmates who tested positive, the RRC generally tried to place them at home if they had suitable housing arrangements. The BOP did not issue formal guidance to RRCs on this point, but this practice aligned with a general direction from BOP officials to this RRC that it should place as many people as it could at home. We found that for three positive cases such an option was not available, and the inmates returned from medical treatment at an outside provider to reside at the RRC. The RRC reported employing isolation procedures for these inmates that included placing them in the designated isolation rooms for a 2–3 week period and having them wear gloves and a mask.

Staff described additional sanitation procedures relating to symptomatic and positive inmates that included enhanced cleaning of the restroom facilities in addition to sanitization of the dormitory areas where the inmates had resided prior to isolation. Brooklyn House RRC also modified both accountability check and mealtime procedures for symptomatic inmates inside the facility. As stated in the RRC's guidance and confirmed during our interviews, staff wearing PPE delivered meals at the door of symptomatic inmates to avoid having them dine with other inmates in the cafeteria. The RRC's isolation guidance also directed security staff responsible for monitoring symptomatic inmates in isolation to use verbal checks through the door when confirming inmates remained in their rooms.

According to the survey results, all 10 respondents agreed and/or strongly agreed that inmates diagnosed with or showing symptoms of COVID-19 were being sufficiently segregated from other inmates to mitigate the virus spreading.

Staff

In most circumstances, we found that Brooklyn House RRC adjusted its staff procedures to promote social distancing and adhere to contemporaneous BOP guidance. The BOP's March 24 guidance afforded RRC contractors flexibility in staff coverage, and we found that Brooklyn House RRC staff had options to remain home if they were ill. CORE officials informed us that Brooklyn House RRC staff were considered essential workers and expected to report to work according to

their regular work schedule. However, CORE and Brooklyn House RRC implemented policies that adhered to state guidelines and afforded staff leave options for remaining home if they themselves were ill or otherwise required to isolate or quarantine. According to supporting documents provided by CORE, on April 9 corporate officials informed RRC staff about state policy related to COVID-19 that supplemented existing corporate policy for staff. As a result, employees could apply for paid family leave if they or a dependent child were subject to a mandatory or precautionary order of quarantine or isolation. Staff confirmed that, if an employee had documentation confirming a positive test result for COVID-19, he or she could take special medical leave and would have to isolate before being cleared to return to work.

Brooklyn House RRC also modified its staff procedures for inmate intake and monitoring. On March 13, the BOP removed the requirement that staff conduct in-person home check-ins for certain inmates at higher risk for infection. On March 24, the BOP further relaxed its requirements to allow RRC staff to more broadly suspend physical site checks for employment and home checks and replace them with virtual accountability measures. This guidance also allowed for telephonic family orientations and case management meetings. While as of March 24 the BOP affirmed the need for initial site checks for new home confinement locations, by April 3 the BOP had instructed RRC contractors to conduct initial site verification of home address locations via remote technology or drive-by visit. On April 3, the BOP further modified guidance for interaction with and monitoring of inmates placed at home by:

- providing RRCs options to minimize contact during intake at RRC of new inmates destined for home confinement;
- requiring all inmates on home confinement be monitored via remote technology;¹⁷ and
- allowing for virtual supervision and confirmation of electronic monitoring equipment functionality in certain circumstances, with the expectation that RRCs would physically verify inmate location via visual confirmation at least monthly.

For incoming inmates new to the Brooklyn House RRC roster, particularly those destined for direct home placement, CORE described conducting intake procedures in the cafeteria, with social distancing measures in place.

For interactions with inmates residing in the facility, staff described communication as taking place from doorways while both staff and inmates wore masks and remained 6 feet apart. Some staff mentioned generally minimizing interactions with inmates beyond those specifically required by their job-related duties. Corporate guidance also imposed distancing protocols for interactions with symptomatic inmates.

¹⁷ A BOP reentry official noted during an interview that there was flexibility in these requirements.

In addition, Brooklyn House RRC implemented changes for interactions involving inmates not residing in the facility. Eight of the nine Brooklyn House RRC survey respondents who responded on this topic noted that the facility had increased its use of remote monitoring tools such as electronic monitoring or telephone check-ins. The RRC adopted two strategies for monitoring such inmates, depending on whether these individuals had met BOP eligibility criteria for home confinement. For those inmates officially on home confinement, the RRC electronically monitored the location of reentry placements through ankle tracking bracelets, as required by its contract; it also employed telephone check-ins. For those inmates who did not qualify for home confinement but were home on extended home visit passes, the RRC did not use ankle monitors but conducted monitoring through telephone check-ins and required the inmates to report to the RRC facility twice per week for an accountability check-in. CORE officials told us that it took about 10 minutes to check in and check out these inmates. We also found that RRC staff still conducted some in-person verifications of new home addresses.



Brooklyn House RRC Cafeteria, Check-in and Screening Area

Source: CORE, with OIG enhancement

In general, we heard that changes to inmate movement and interactions because of COVID-19 presented challenges for staff in completing the tasks associated with their jobs. We also identified one situation in which the RRC appeared to have its staff interact more than necessary with individuals who were likely ill. That situation involved an RRC employee physically meeting with a sick inmate in the hospital to have him sign furlough paperwork even though, as we confirmed with BOP officials, furlough paperwork does not have to be completed in person by an inmate and an RRC provider can note in the form's signature block that the inmate has been admitted to the hospital and is unable to sign.

In other instances, staff described that they had found alternate ways to continue their responsibilities remotely. For example, Brooklyn House RRC shifted in-person case management discussions to telephonic discussions. Additionally, at the time of our remote inspection, programming traditionally provided to inmates in person—such as substance abuse treatment and mental healthcare—had switched to remote interactions. Further, we learned that the RRC suspended routine drug and alcohol testing (which involves close interactions between staff and inmates)—a modification that the BOP permitted beginning March 24.

COVID-19 Screening

We found that Brooklyn House RRC implemented screening requirements for both inmates and staff but took 1 week to deploy new protocols and did not uniformly apply screening to all of the inmates in its custody. As of March 2, internal communications within the BOP acknowledged the importance of having RRC contractors screen new arrivals for exposure risk factors and symptoms and the BOP circulated CDC guidance and inmate screening tools internally among reentry personnel. However, the first official guidance on this topic from the BOP to all RRC contractors came on March 13. At that time, the BOP directed RRC facilities to:

- screen new arrivals and prohibit entry for individuals who presented symptoms,
- implement daily temperature testing and symptom screening of all inmates and staff, and
- isolate anyone with symptoms.

CORE provided us with examples of the screening form and the corresponding instruction sheet that Brooklyn House RRC used. Each form included screening questions on three main topics: (1) travel within 14 days from or through a location identified by the CDC as increasing epidemiological risk for COVID-19; (2) close contact within 14 days with anyone diagnosed with COVID-19; and (3) temperature. Although the BOP developed three different screening forms for distinct populations of inmates, staff, and visitors, RRC officials confirmed that the BOP directed them to use the same Visitor/Volunteer/Contractor COVID-19 Screening Tool for everyone the RRC screened.¹⁸ While the BOP screening tool questions covered generally similar content, we believe that it would have been more appropriate to have the RRC use the screening tool and questions tailored for each specific population because the respective screening tools also included instructions for staff regarding how to proceed depending on the type of individual being screened and the response provided. For example, the Inmate Screening Tool included detailed instructions for how staff should implement infection prevention control measures for symptomatic and asymptomatic inmates.

CORE officials stated that on March 20 they began implementing regular temperature checks and screening questions for all inmates, staff, and visitors, and we were able to verify examples of completed screening forms that CORE provided us for March 20–May 1, 2020. However, we identified some evidence indicative of inconsistent screening among staff and inmates at this facility and note that the BOP established screening requirements 1 week before the RRC could

¹⁸ The BOP website lists three types of screening tools: (1) an Inmate Screening Tool, (2) a Staff Screening Tool, and (3) a Visitor/Volunteer/Contractor Screening Tool. For the screening tool that Brooklyn House RRC used, see BOP, ["Visitor/Volunteer/Contractor COVID-19 Screening Tool"](https://www.bop.gov/coronavirus/docs/Visitor_Volunteer_Contractor_COVID-19%20Screening_v1_March_2020.pdf) www.bop.gov/coronavirus/docs/Visitor_Volunteer_Contractor_COVID-19%20Screening_v1_March_2020.pdf (accessed November 13, 2020).

demonstrate implementation. During this time, at least one inmate was confirmed positive for COVID-19.

Inmates

For new additions onto the RRC roster, according to both CORE policy and staff interviews, all new intake inmates were screened for symptoms and exposure. By mid-May, during the release of our survey, eight of the nine respondents who answered the question on this topic reported that all new inmates were screened upon arrival to and placement at the RRC.

For inmates residing in the facility, RRC staff confirmed that any inmates who left and reentered the facility were required to have their temperature taken and to complete a health screening before being granted access upon their return. According to CORE's corporate management, CORE instructed inmates to inform the facility and seek medical attention if they exhibited any of the COVID-19 symptoms; RRC staff interviews confirmed that staff would document any instances of inmates developing symptoms. The Facility Director also stated that inmates' temperatures were checked upon inspection of their room and, according to CORE's corporate management, staff were also directed to be observant of potential symptoms and to ask an inmate about his or her well-being and health status if they suspected that the inmate was unwell. However, only five of the nine staff respondents surveyed confirmed that all residents were screened for symptoms at least once a day and we could not confirm that all inmates residing in house received a regular formal screening. Documentation provided by Brooklyn House RRC included some examples of a completed screening form used to check in an inmate.

For RRC inmates placed in home settings, the RRC reported conducting wellness checks during their regular phone check-ins with this population. Based on an example of case notes that the RRC provided, we noted that there is a screening and temperature section on the monitoring form the RRC was using for its remote conversations with inmates. Case note examples we reviewed included summary notes regarding screening and temperature checks, as well as instructions that inmates received from RRC staff on what to do if they were experiencing medical symptoms. Those inmates who were mostly residing at home but still required to check in at the RRC twice per week (due to their status on extended home pass) also received temperature checks during these facility check-ins.

We did not find evidence of screening for inmates leaving the facility, and survey results indicated that departing inmates were screened less frequently than incoming inmates and staff. While this was not a requirement that the BOP placed on RRCs, such screening would have been an additional measure to help mitigate the risk of spread to the community when inmates exited the facility.

Staff and Outside Vendors

According to CORE officials, Brooklyn House RRC began implementing regular temperature checks and screening questions for all staff and any outside vendors on March 20, the same day these procedures took effect for inmates. CORE officials and the Facility Director explained that all staff were screened every day upon arrival for their shift and that all outside vendors making deliveries or providing essential services, such as food provisions and pest control, were temperature checked as well. We obtained and reviewed examples of the screening forms and confirmed that screening forms were completed for such vendors and staff beginning as early as March 20. Some facility staff we interviewed confirmed that forehead temperature screenings were conducted daily for staff upon shift arrival. While five of the nine survey respondents reported that all staff were screened for symptoms at least once a day, four of the nine respondents indicated that staff had never been screened or were screened less frequently than once a day. In addition, at least one staff member we interviewed described not being subjected to temperature checks upon arrival at work for a period of at least 1 week. Staff explained that anyone at the facility who reported having COVID-19 symptoms immediately received a temperature check, and staff interviewed told us that, if someone had an underlying medical condition such as asthma that became worse, this individual's temperature would be checked and they would be advised to get tested.

Access to COVID-19 Testing and Medical Treatment

While RRC contractors do not directly provide medical care, they are obligated under their contracts to ensure that inmates in the custody of the RRC—either in the facility or a home setting—have the opportunity to access medical care and treatment, which inmates obtain through community providers (as opposed to in-house medical staff). As with other medical tests and services, COVID-19 tests were not available from the facility directly. Because the BOP's RRC contractual model relies on community providers for the provision of healthcare, we found that the ability of both inmates and staff to access tests for COVID-19 was limited by the capacity of the surrounding community.

The BOP did not require either its own prison staff or RRC contract staff to be tested for COVID-19, and its formal guidance on inmate cases was limited to March 13 notifications that: (1) RRCs should notify the BOP and appropriate Public Health Services of any suspected cases; (2) there were certain populations more vulnerable to COVID-19; and (3) ill inmates in home environments should immediately call the RRC and remain home until contacting their healthcare provider.

We learned that, while tests were not widely accessible either for inmates or staff in the community surrounding Brooklyn House RRC, nine inmates received positive diagnoses—at least four of whom received treatment in a hospital. Further, in the case of one of the inmates who tested positive, our inspection found that this individual left the RRC without authorization 16 days after testing positive and did not return to the facility. According to RRC officials, this individual was tested and immediately quarantined pending results of the test, which took 6 days for

confirmation. The RRC reported to us that, in the time that followed the test, the inmate declined medical furlough and remained in quarantine until walking out of the facility on April 5—2 months before his eligibility date for home confinement and approximately 3 and a half months before the completion of his sentence. CORE noted that this individual was not displaying symptoms and was presumed negative at that time. RRCs are not authorized to use force to detain inmates and must rely on voluntary compliance with established BOP and contractor rules and disciplinary mechanisms governing location accountability. Leaving the RRC triggered a designation of “escape” status for the inmate, and he has not been apprehended.

Inmates

Under standard RRC procedures, inmates are responsible for informing the RRC of medical needs and may leave the facility for reasons that include medical appointments. When we asked the Brooklyn House RRC officials to describe the criteria the facility used to determine when inmates and staff members should seek testing for COVID-19, they told us that inmates were supposed to inform the RRC staff when they did not feel well and needed to see a doctor. If an inmate residing in the facility needed medical attention, he or she would inform front desk staff; if an inmate in a home custody setting needed medical attention, the inmate would notify the RRC staff by telephone. RRC inmates who needed medical attention had a variety of options available to them to travel to medical providers. We were told by staff that inmates staying at the RRC who displayed COVID-19 symptoms would be transported to the hospital via ambulance. Staff interviews described other situations in which inmates could walk, take a cab or public transportation, or ask a family member for a ride to a nearby hospital to seek medical attention and potential testing if they did not feel well.

As of June 5, Brooklyn House RRC reported to the OIG that nine inmates on its rosters had tested positive for COVID-19.¹⁹ The RRC received confirmation of these cases between March 16 and May 12, with more than half of the diagnoses occurring in the latter portion of March. According to discussions with staff, the inmates first diagnosed with COVID-19 did not know where or how they contracted it. Six of the nine cases were among inmates who resided in the facility before they tested positive, while two cases occurred in inmates who were already residing at home. One case was an individual referred to the RRC for new intake but instead directly placed on medical furlough (and subsequently home confinement). According to RRC officials, all nine have recovered. The sick inmates generally recovered in hospital or home settings, as opposed to inside the RRC facility. Depending on the severity of the case, the inmates who tested positive either isolated at home to recover or were admitted to a hospital for treatment. At least four of the individuals positive for COVID-19 were admitted to a hospital for treatment: in two of these hospitalization cases, the inmate returned to the RRC facility after discharge; in the other two instances, the hospitalized inmate was discharged home. RRC officials told us that there were no

¹⁹ An additional inmate was admitted to a hospital with pneumonia, which the RRC reported to both the BOP and the OIG. According to the RRC, this inmate did not test positive for COVID-19.

other inmates on the roster presumed to be positive but who had not received a test confirming an infection. However, given the capacity constraints of medical providers in the area and comments from staff interviews, we believe that not all inmates who sought care or testing with a community healthcare provider could be tested for COVID-19. According to RRC officials, medical professionals and hospitals would administer a test only in severe cases if they determined it was necessary.

According to the BOP, existing RRC contract terms required that RRC contract providers immediately report any suspected cases of infectious disease within the facility. In its March 13 guidance, the BOP affirmed this requirement by directing RRCs to notify both the BOP and appropriate Public Health Services of any suspected cases. Brooklyn House RRC staff explained that the RRC verbally notified inmates that they were required to provide their COVID-19 test results to the facility and that both COVID-19 test results and discharge documentation were covered by the preexisting facility requirement that all inmates submit documentation from medical appointments following all visits.²⁰ CORE officials stated that, if an inmate tested positive for COVID-19, Brooklyn House RRC staff would notify the BOP's Residential Reentry Manager (as well as CORE's President and Chief Executive Officer) via email. CORE provided the OIG with supporting emails between corporate leadership and BOP officials regarding positive COVID-19 cases among Brooklyn House RRC inmates, though during our conversations with facility management we did at times receive case counts that did not align with the more complete records we eventually received from the RRC. Further, despite the records of notification to the BOP, we identified two discrepancies in the case count ultimately maintained by the BOP—with two cases reported to the OIG by the RRC not among those included in the BOP's records.

Staff

RRC officials we spoke with explained that staff could be tested at a local hospital; however, the quantity of tests available was limited. CORE officials stated that they directed staff to seek medical attention if they experienced any COVID-19 symptoms and provided staff with a telephone number they could call to schedule an appointment for a COVID-19 test. CORE officials provided an example of a May 1 staff poster containing this number and told the OIG that this number was available for frontline workers even if they were asymptomatic. However, during interviews, RRC staff described an inability to freely access tests. One staff member described observing during a visit to a doctor's office signage informing patients that the doctor's office did not have tests available. Another staff member told us that patients in the area had to be symptomatic to obtain access to a test. In the face of a limited testing environment, CORE officials began by informing staff on March 13 that they should stay home if they felt unwell, and, by

²⁰ According to CORE's corporate management, if an inmate did not report the test result to the RRC within 5–7 days after receiving the test, corporate management would follow up with a telephone call requesting the documentation. Based on our review of sample emails, we noted that, in most cases, upon receiving inmate's consent, a doctor called the RRC and/or CORE corporate office to notify them of the COVID-19 test result and subsequently provided a copy of the medical results.

March 25, CORE instructed employees that they should self-isolate if they experienced any symptoms associated with COVID-19. As of June 5, according to Brooklyn House RRC officials and staff members, there were not any known positive COVID-19 cases among staff.

Cleaning and Sanitation

Given the sources of evidence available through a remote inspection, we concluded that Brooklyn House RRC ensured access to adequate cleaning supplies and enhanced its cleaning protocols inside the facility. According to internal BOP communications from March 11, the BOP instructed its reentry personnel to provide RRCs with BOP Health Services Division and CDC information on enhanced cleaning protocols (e.g., frequent disinfection of common areas and wide provision of soap and hygiene products). This BOP communication also attached general CDC guidance on “Stop the Spread” and handwashing.

CORE officials stated that they implemented enhanced protocols for the cleaning and disinfection of facilities in accordance with state directives.²¹ According to CORE’s corporate management, as a response to the BOP’s COVID-19 Phase Two Action Plan guidance to assess inventories of food, medicines, cleaning supplies, and sanitation supplies, CORE corporate staff centralized purchasing for all programs to ensure appropriate supplies. Corporate officials told us that they provided Brooklyn House RRC with additional supplies such as bleach, disinfecting wipes, hand sanitizers, gloves, paper towels, toilet paper, and isopropyl alcohol placed throughout the facility. They also stated that staff and inmates were encouraged to clean and disinfect frequently touched objects and surfaces.

Staff we interviewed told us that staff members and inmates were working together to keep the building and surroundings clean. We heard during our interviews that, when staff learned about a COVID-19 positive case, extra disinfecting in the bathroom and other areas was done as an additional precaution. Although hand sanitizer was not usually permitted in the facility prior to the pandemic, we learned that the RRC made it available in supervised areas. Maintenance staff confirmed that the facility maintained control of other cleaning agents by requiring inmates to sign in and out to retrieve necessary cleaning chemicals. Facility management staff we interviewed described disinfecting all high-touch areas such as doors, doorbells, the entrance area, bathrooms, and handrails, as well as the shared programs and operations areas, at least twice a day.

²¹ New York State Department of Health, “[Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](https://www.health.ny.gov/system/files/documents/2020/08/interim-guidance-public-and-private-facilities_1.pdf)” March 10, 2020 (updated August 12, 2020), www.health.ny.gov/system/files/documents/2020/08/interim-guidance-public-and-private-facilities_1.pdf, and “[Coronavirus Disease \(COVID-19\) Guidance for Congregate Settings](https://static1.squarespace.com/static/562a3197e4b0493d4ffd3105/t/5e6fbe63aecb6364dfb669d0/1584381543457/UPDATEDguidance-for-congregate-settings-covid19.pdf),” March 15, 2020, [www.static1.squarespace.com/static/562a3197e4b0493d4ffd3105/t/5e6fbe63aecb6364dfb669d0/1584381543457/UPDATEDguidance-for-congregate-settings-covid19.pdf](https://static1.squarespace.com/static/562a3197e4b0493d4ffd3105/t/5e6fbe63aecb6364dfb669d0/1584381543457/UPDATEDguidance-for-congregate-settings-covid19.pdf) (both accessed November 13, 2020).

The majority of survey respondents strongly agreed that staff and inmates were supplied with sufficient cleaning and sanitizing products, though 3 of 10 respondents expressed a desire for more personal hygiene supplies for staff. All but one respondent strongly agreed that sinks, toilets, and showers were regularly sanitized and cleaned, and the majority of respondents strongly agreed that shared staff equipment (i.e., radios and keys) were regularly cleaned and sanitized.

SCOPE AND METHODOLOGY OF THE INSPECTION

The OIG conducted this inspection in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation* (January 2012). We conducted this inspection remotely because of CDC guidelines and DOJ policy on social distancing. This inspection included telephonic interviews with CORE management officials, as well as on-site Brooklyn House RRC management and staff; a review of documents produced by the BOP, CORE, and the RRC related to the management of the COVID-19 pandemic at the RRC; the results of an OIG survey issued to RRC personnel, including all staff at the Brooklyn House RRC; and an analysis of BOP and CDC COVID-19 data. The photographs in the report were provided by CORE and Brooklyn House RRC officials, at our request, to illustrate the physical layout of the facility and the modifications made to facilitate social distancing.

We conducted telephonic interviews with Brooklyn House RRC management, including the Facility Director, Deputy Director of Programs, and Deputy Director of Operations. We also held telephonic interviews with Brooklyn House RRC staff members responsible for case management, employment placement, home site verification and monitoring, and maintenance. In addition, we conducted a group teleconference with CORE's corporate management, including the Vice President and Chief Administrative Officer, General Counsel, and Director of Quality Assurance. We did not interview inmates as part of our remote inspection of Brooklyn House RRC.

To help understand staff concerns, impacts, and immediate needs related to COVID-19, we issued an anonymous, electronic survey, open May 5–12, to staff members employed by RRC providers across the country, including Brooklyn House RRC. We invited 1,514 total RRC contract staff to take the survey and received 395 responses, a 26 percent overall response rate. For Brooklyn House RRC specifically, of its 31 staff invited to take the survey, we received 10 survey responses, representing about 32 percent of staff from this facility.

The main issues we assessed through our interviews and data requests were the RRC's compliance with BOP directives related to population management, PPE, social distancing and isolation, screening, access to testing and treatment, and cleaning and sanitation.

We reviewed CDC guidelines and BOP-wide guidance to inform this inspection. We also obtained and reviewed documents, including award agreements, corporate policies, sample PPE acknowledgment forms, sample COVID-19 screening records, examples of telephonic case management notes, and case notifications to the BOP. Our inspection also included a review of guidance and directives provided to staff and inmates, including emails from CORE management, guidance documents, and signage.

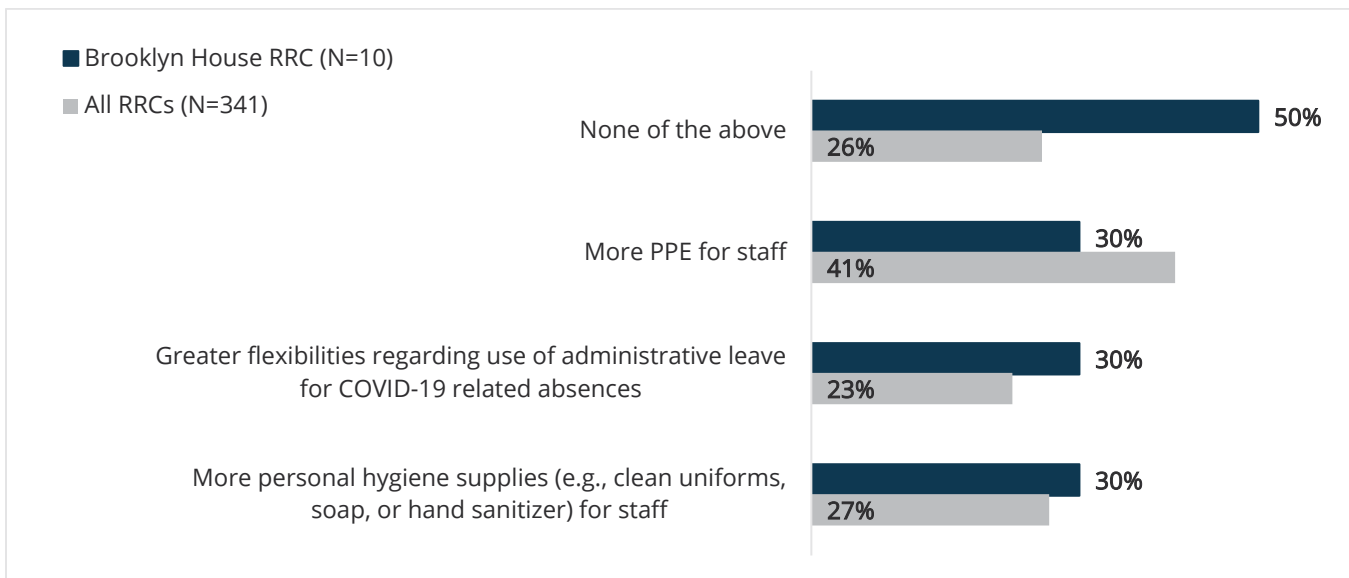
OIG COVID-19 SURVEY RESULTS FOR BROOKLYN HOUSE RRC

Open Period May 5–12, 2020	RRC Staff Invitations Sent 1,514	Overall Responses 395 (of 1,514)	Brooklyn House RRC Responses 10 (of 31 Staff)
Job Positions of Brooklyn House RRC Survey Respondents: *			
Directors: 22% Case Management: 22% All Other Departments: 56%			

Note: Not all of the 10 Brooklyn House RRC respondents provided answers for every question on the survey.

** One respondent did not identify a position.*

Which of the following are immediate needs for your institution during the COVID-19 pandemic? (Top 4 Responses)



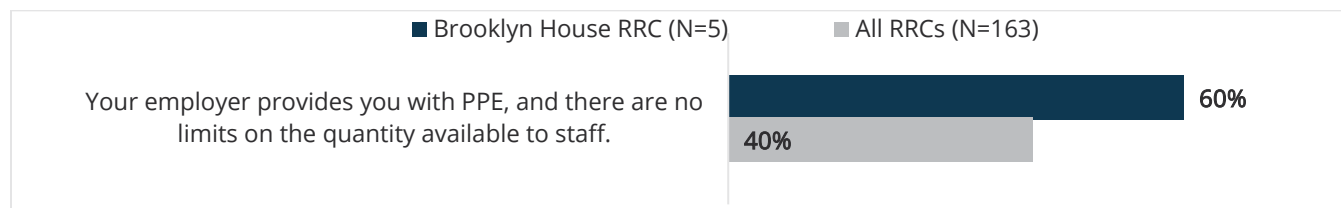
Note: Personal hygiene supplies are defined as soap and hand sanitizer.

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

<i>Respondents rated each item on a 5-point scale, with "strongly agree" worth 1 point and "strongly disagree" worth 5 points. "Don't know" responses are excluded.</i>	Brooklyn House RRC Managerial Respondents' Rating (N=5)	Brooklyn House RRC Non-Managerial Respondents' Rating (N=5)
The guidance was timely.	1.8	3.8
The guidance was clear.	1.5	4
The guidance was comprehensive.	1.5	4

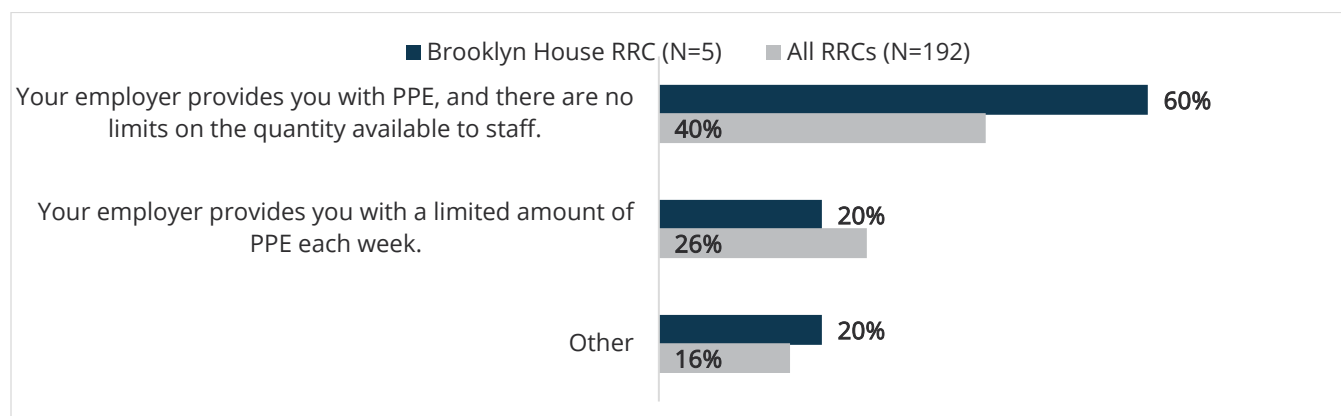
Note: Managerial staff were asked about guidance they received from BOP officials and/or corporate leadership, while non-managerial staff were asked about guidance they received from facility leadership, about what should be done if they had been exposed to COVID-19.

Which of the following statements best describes the current guidance you have received from BOP officials and/or corporate leadership about facility staff's use of personal protective equipment (PPE)?



Note: Respondents to this question were categorized as managers.

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 3 Responses)

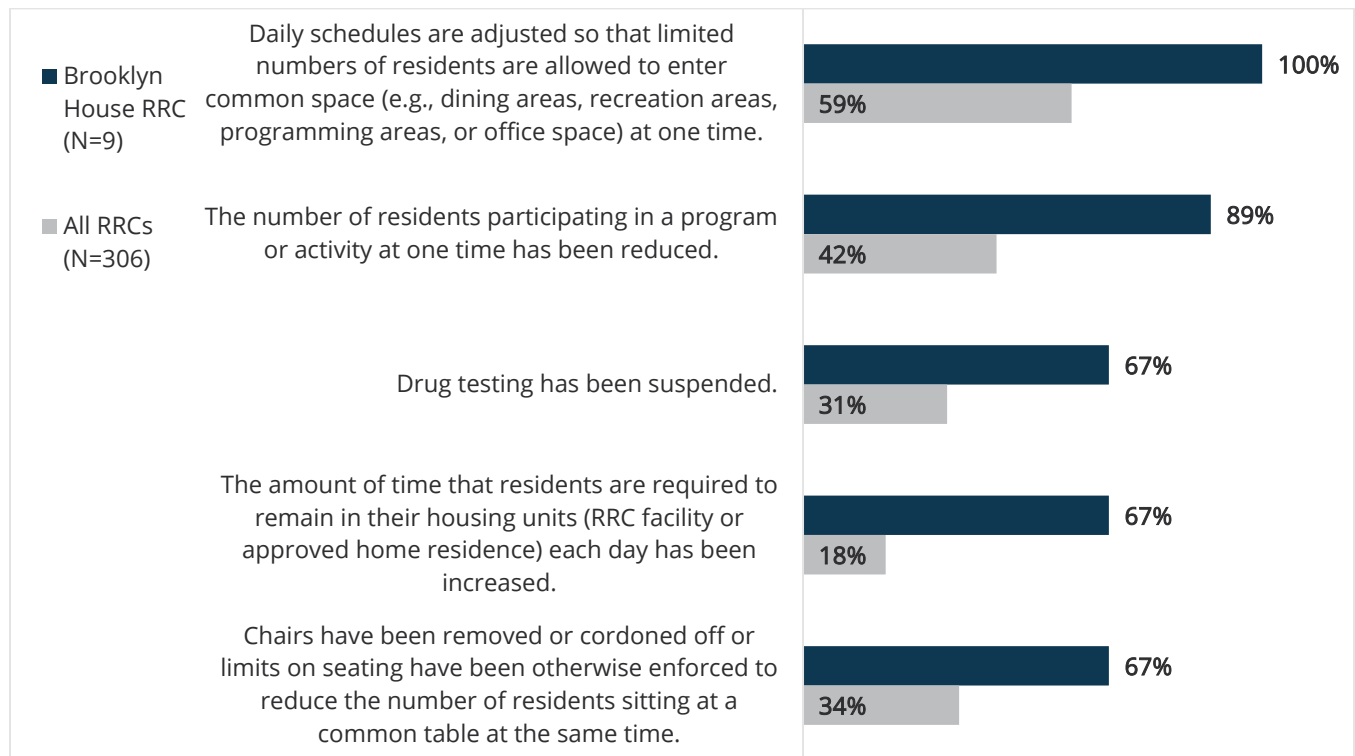


Note: Respondents to this question were categorized as non-managers.

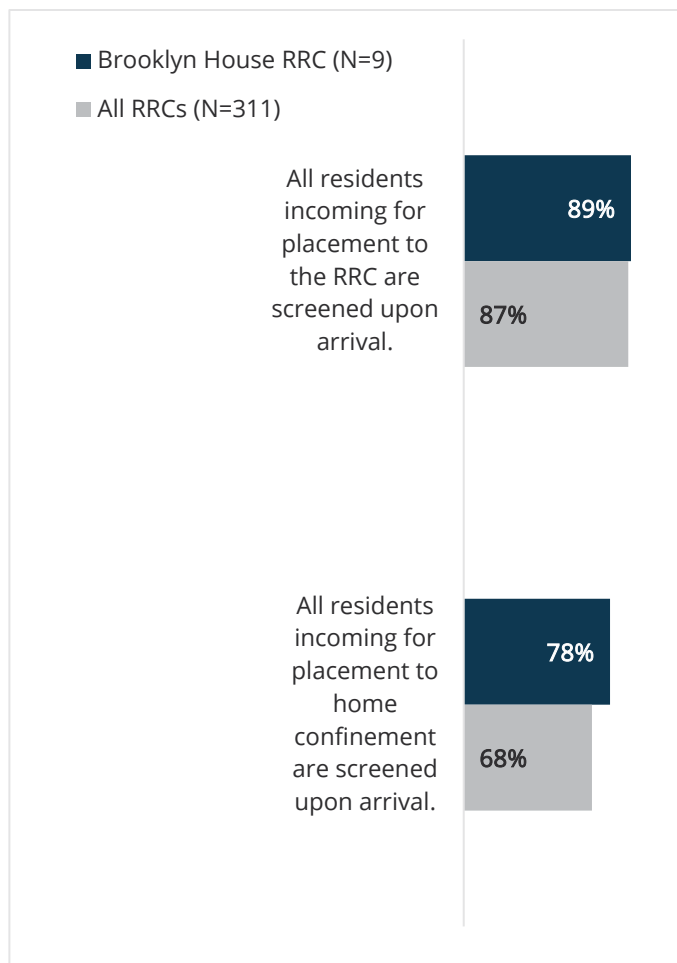
How strongly do you agree with the following statements about the adequacy of the practices your institution is taking to mitigate the risk of spreading COVID-19? (Top 3 and Bottom 3 Responses)

<i>Respondents rated each item on a 5-point scale, with "strongly agree" worth 1 point and "strongly disagree" worth 5 points. "Don't know" responses are excluded.</i>	Brooklyn House RRC Rating (N=10)	All RRCs Rating (N=345)
Three Practices Rated Highest:		
Staff are provided a sufficient supply of soap.	1.1	1.5
Residents have the opportunity to shower at least three times a week.	1.1	1.5
Residents diagnosed with, or showing symptoms of, COVID-19 are being sufficiently segregated from other residents to mitigate the virus spreading.	1.3	2.1
Five Practices Rated Lowest:		
Staff are provided a sufficient supply of uniforms.	2.7	2.9
Residents at high risk for contracting COVID-19 are afforded adequate protections (e.g., accommodations for dining, programming, or recreation).	2.3	2.3
Residents are given sufficient information about COVID-19 symptoms.	2.1	1.9
Residents are provided a sufficient supply of hand sanitizer where sinks are not available.	2.1	2.1
Residents are provided a sufficient supply of soap.	2.1	1.7

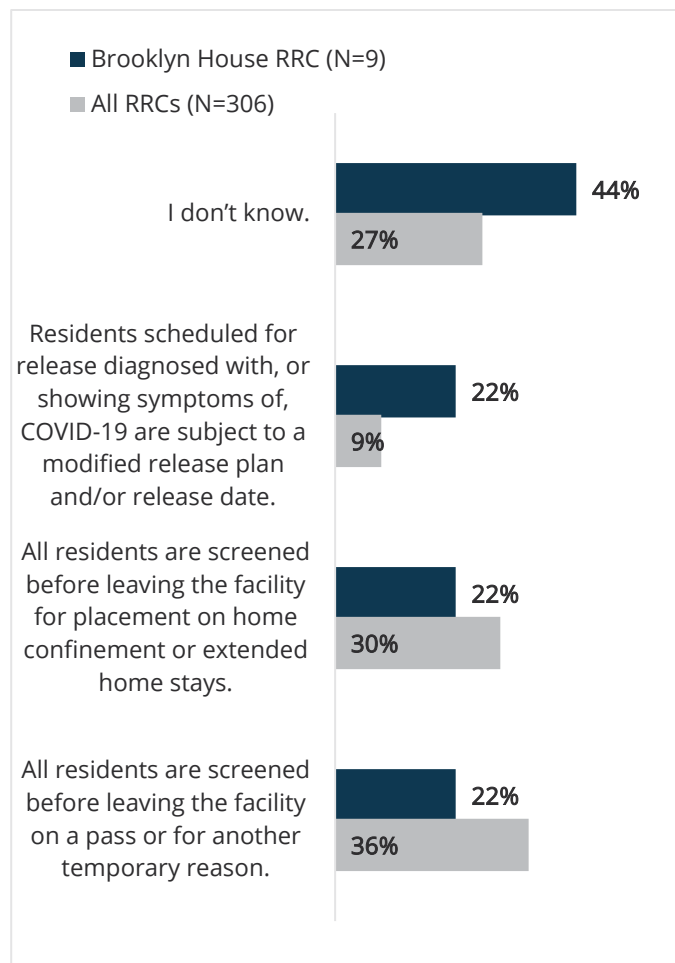
Please identify which, if any, of the following social distancing measures your facility is currently employing to increase the amount of space between staff and inmates. (Top 5 Responses)



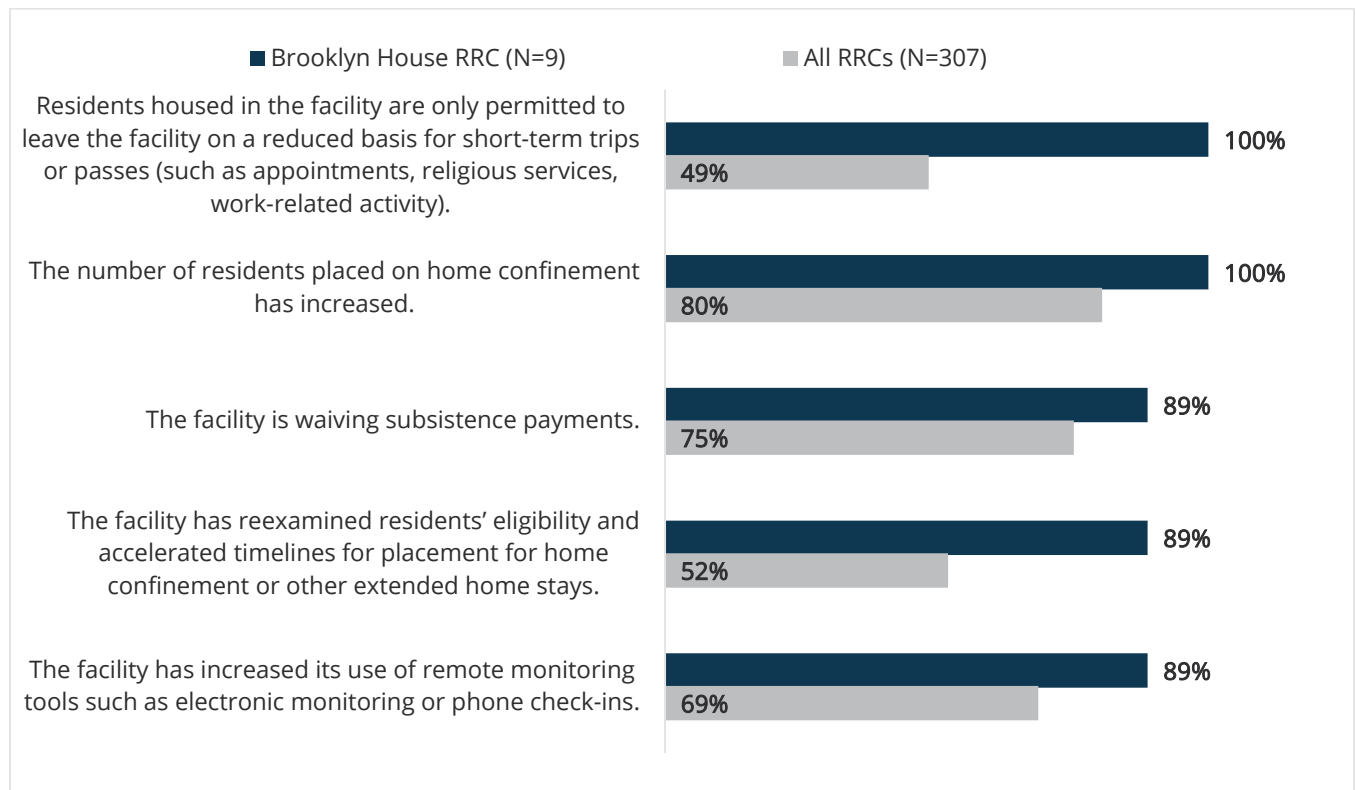
Please identify which, if any, of the following COVID-19 measures for screening (e.g., temperature check, questioning about other symptoms) your facility is currently taking for incoming residents. (Top 2 Responses)



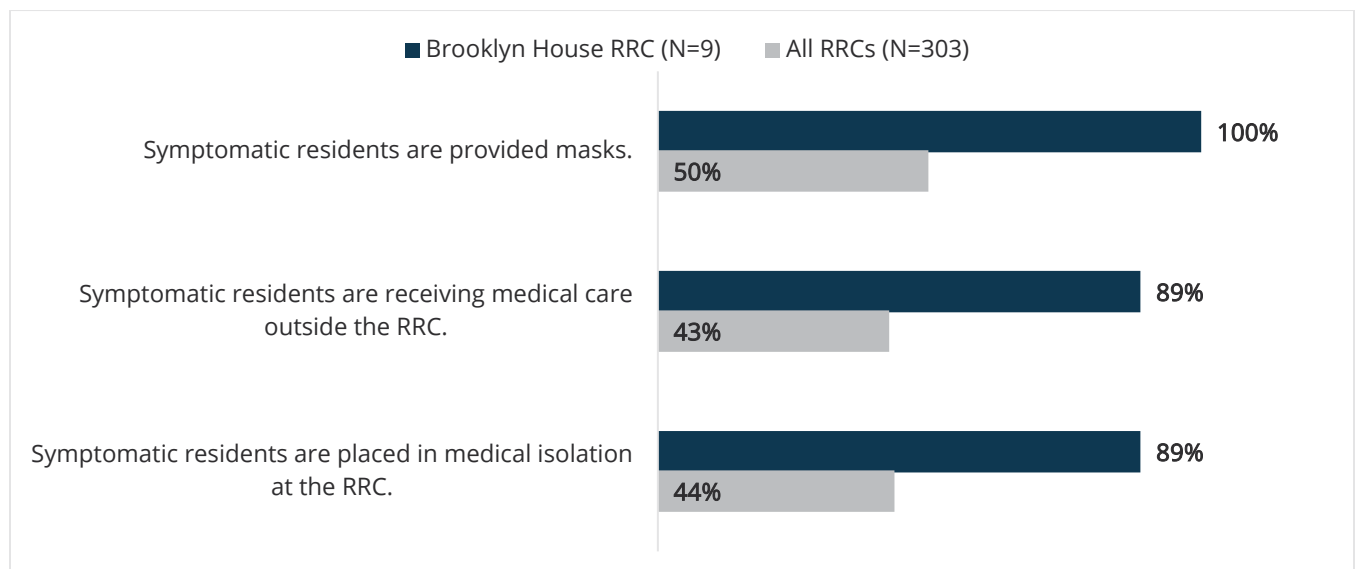
Please identify which, if any, of the following COVID-19 measures for screening (e.g., temperature check, questioning about other symptoms) your facility is currently taking for departing residents. (Top 4 Responses)



Please identify which, if any, of the following measures your facility is currently employing. (Top 5 Responses)



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



TIMELINE OF BOP GUIDANCE FOR RRCs

March	2	<p>The BOP Residential Reentry Management Branch (RRMB) Administrator Emailed BOP Reentry Officials:</p> <ul style="list-style-type: none"> Acknowledged that the BOP had received numerous questions from RRC contractors Directed senior BOP reentry personnel to: <ul style="list-style-type: none"> Remind RRCs to review and update contingency plans on infectious disease control Refer RRCs to the CDC website and BOP Sector Health Services Specialists Ensure that RRCs were screening new arrivals Remind RRCs of the requirement to notify the BOP of suspected cases of infectious disease Included a January 31 BOP Health Services Division (HSD) memorandum on CDC and World Health Organization guidance/health advisories, along with an inmate screening tool
	11	<p>The BOP RRMB Administrator Emailed BOP Reentry Officials:</p> <ul style="list-style-type: none"> Directed senior BOP reentry personnel to immediately: <ul style="list-style-type: none"> Review RRCs' infectious disease contingency plans Consult with the HSD if RRCs report any suspected cases Provide RRCs with HSD and CDC information on increased sanitation measures (e.g., frequent disinfection of common areas, wide provision of soap and hygiene products) Included general CDC guidance on "Stop the Spread" and hand washing
		The World Health Organization declared COVID-19 a pandemic.
	13	<p>The RRMB Issued a Memorandum to RRCs on COVID-19 Precautions:</p> <ul style="list-style-type: none"> Directed facilities to (1) implement daily temperature testing and symptom screening of all inmates and staff, (2) isolate anyone with symptoms, and (3) notify the BOP and appropriate Public Health Services of any suspected cases Required new arrivals from the community to be screened and prohibited entry for those who presented symptoms Restricted visitation at RRCs and allowed social movements to be discontinued Allowed for restriction of inmates on home confinement, limiting trips beyond their approved residence locations Allowed for discontinuation of groups and nonessential services by external providers and vendors Allowed for discontinuation of access to outside religious services (with in-house alternatives) Removed requirement of in-person visits at RRC or home address for inmates who were sick, immunocompromised, over 60, or otherwise at high risk (contact via telephone required) Instructed that inmates ill at home should immediately call their RRC and remain home until contacting a healthcare provider Allowed employed inmates without COVID-19 symptoms to continue to work outside the RRC facility Included an attachment of the statement of work clause on <i>continuing contract performance during a pandemic</i> Noted that Community Treatment Providers could provide tele-health remote care in locations with no-contact orders
	23	The CDC issued Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.
		<p>The RRMB Issued a Memorandum to RRCs on Religious Accommodations:</p> <ul style="list-style-type: none"> Instructed RRCs to consider local restrictions and provided general guidelines to support safe religious observances

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The RRMB Issued a Memorandum to RRCs on COVID-19 Precautions and Modified Operations:

- Allowed RRCs to temporarily suspend routine breathalyzer/drug testing (but called for continued alcohol and drug testing in suspected use instances)
- Allowed for temporary suspension of in-person employment and home site check-ins (with use of alternative technology instead), but still called for initial site verification of new employment or home address locations
- Allowed for reduction in or suspension of requirement for in-person check-ins at the RRC for inmates who were on home confinement and monitored by global positioning system
- Encouraged RRC staff to conduct family orientations remotely (through telephone or video)
- Authorized key staff to temporarily fill gaps in security or other staff shortages
- Allowed for remote (telephonic) case management meetings
- Waived subsistence (fees inmates pay for their housing), along with uncollected amounts

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The RRMB Issued a Memorandum to RRCs on FIRST STEP Act Reporting Requirements:

- Provided requirements on reporting placement and release data, as well as employment information

3

The RRMB Issued a Memorandum to RRCs on Precautions and Modified Operations for Home Confinement:

- Requested that RRCs process referrals for home confinement placement within 3 days of receipt
- Instructed RRCs to conduct initial site verification of home address locations via remote technology or drive-by visit
- Required all inmates on home confinement to be monitored full-time via global positioning system (deviations from this requirement had to be discussed with the BOP)
- Provided RRCs options to minimize contact during intake at RRC of new inmates destined for home confinement
- Outlined protocols for contacting and monitoring inmates who reported to home confinement, e.g., having staff use gloves and mask; call from outside to determine whether the inmate or anyone in the household is ill (if so, not entering); consider meeting outside; and make personal contact only for monitoring equipment
- Allowed for virtual supervision and confirmation of electronic monitoring equipment functionality in certain circumstances but established expectation that RRCs would physically verify inmate location via visual confirmation at least monthly

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

7

The RRMB Issued a Memorandum to RRCs with a COVID-19 Update:

- Emphasized that a goal of Attorney General, BOP, and CARES Act guidance was to use home confinement to the fullest extent practicable while maintaining accountability and protecting staff, offenders, and the public
- Encouraged contractors to review and accept all referrals for direct home confinement in as timely a manner as possible, taking into account flexibility in monitoring requirements and the option to request adjustments for additional expenses

The RRMB Issued a Memorandum to RRCs on Guidelines for Resumption of Normal Operations:

- Stated a goal of gradual resumption of normal RRC and home confinement operations
- Instructed RRCs to continue monitoring state and local guidelines when determining appropriate resumption of activities and programming, e.g., resumption of passes, work activities
- Acknowledged potential need to tailor application of guidance based on local circumstances and required consultation with the BOP on any deviations from the BOP's guidance
- Outlined how the White House and CDC phased approach to reopening applies to RRCs:

Phase One:

- Vulnerable inmates continue to shelter in place, with the exception of limited movement for essential workers
- Inmates working essential jobs should be placed on home confinement if possible
- Social distancing should continue, with use of PPE and continued modifications to staff site checks, case management, breathalyzer/drug testing, group programming, and check-ins at the RRC for inmates on home confinement
- Subsistence payments remain waived for all residents
- Inmates may be allowed to return to previous employment as businesses reopen
- Job seeking and other absences outside the RRC facility are not allowed

Phase Two:

- Mental health, group therapy, and other ancillary services resume
- Limited passes may be approved for job seeking, religious, or social purposes that followed social distancing and local protocols

Phase Three:

- Vulnerable inmates can resume public interactions, while taking precautions such as social distancing and using PPE
- Require a minimum of 1 monthly physical visit to the home confinement location, 1 monthly in-person case management meeting, and a minimum of 1 monthly check-in at the RRC facility—with a breathalyzer and urinalysis test
- Group programming should resume, allowing for social distancing and wearing of appropriate PPE (mask) during groups
- Gave notice of expectation that established contract requirements would resume after 90 days in Phase Three
- Stated that questions and requests for modifications could be directed to BOP officials

Source: OIG analysis of documents provided by the BOP

CORE'S RESPONSE TO THE DRAFT REPORT



November 13, 2020

Via email: [REDACTED]

Allison Russo
Deputy Assistant Inspector General
Evaluation and Inspections Division
Office of the Inspector General
U.S. Department of Justice
950 Pennsylvania Avenue N.W., Suite 11000
Washington, DC 20530

Re: Final Draft Report for CORE Services Group's Brooklyn House Residential
Reentry Center, Brooklyn, New York (A-2020-008-A)

Dear Ms. Russo:

On behalf of CORE Services Group, Inc. (CORE) thank you for providing a copy of the formal report of the Office of Inspector General's remote inspection of CORE's Brooklyn House Residential Reentry Center (RRC) to assess compliance with the guidance provided by the Bureau of Prisons' (BOP) to mitigate the risk associated with COVID-19. Thank you for incorporating CORE's technical comments and we appreciate the opportunity to review and respond to the formal draft report.

The leadership at CORE took a proactive stance in the wake of the pandemic in Brooklyn, New York: we sourced, as best we could, cleaning supplies and personal protective equipment, we initiated mandates designed to protect our clients and staff within the contractual agreement made with the BOP, we sought guidance from the BOP with respect to COVID-19 protocols and initiated an internal COVID-19 Protocol Committee. The latter initiative was tasked with researching the latest findings and governance from the CDC, contracting agencies as well as peer reviewed research journal articles. This committee took on the responsibility for steering policy and procedure to mitigate, as much possible, the incidence of COVID-19 infections across all of our facilities and continues to drive the effort to inform, educate and protect our staff and clients alike. Our efforts, in this light, are directly reflected in your data.

We welcomed the inspection; we stand by our efforts executed in partnership with the BOP. Thank you to your team for your fair assessment of the work performed by our essential staff during these unprecedented times.

With kindest regards,

A handwritten signature in black ink, appearing to read "Jack Brown", is written over the printed name and title.

Jack Brown
President & CEO

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