



DEPARTMENT OF JUSTICE | OFFICE OF THE INSPECTOR GENERAL

PANDEMIC RESPONSE REPORT

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Remote Inspection of the GEO Group, Inc.'s
Toler House Residential Reentry Center,
Newark, New Jersey

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 sentences were eligible for placement on an RRC roster, with some of these RRC-eligible inmates permitted to complete the final portion of their sentences (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 sentences, 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](#),” 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 providers. One RRC facility that provided services to the BOP this year was Toler House RRC, which provided reentry services in Newark, New Jersey, and was operated by Community Education Centers, Inc.—a wholly-owned subsidiary of the GEO Group, Inc.[®] (GEO). Although GEO continues to operate 14 RRC facilities for the BOP across the country, the BOP's contract services with Toler House ended on May 31 and a nearby facility operated by a different contractor assumed RRC services for the Newark area beginning on June 1.⁵ Between May 1 and June 9, the DOJ OIG conducted a remote inspection of the Toler 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. Toler House RRC was located in one of the areas hit hardest nationally by COVID-19 in March 2020, when the World Health Organization (WHO) declared COVID-19 a pandemic.

Our inspection evaluated whether the policies and practices of GEO and Toler 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 GEO management of the COVID-19 pandemic, and analysis of data on Toler House RRC inmate rosters and case counts (see [Appendix 1](#) for more information on the scope and methodology of this inspection). We also considered GEO-wide and Toler 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

³ Pub. L. No. 116-136.

⁴ BOP, "[COVID-19 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 See the [Continuity of Services](#) section below for more information on the transition of services.

⁶ We sent our survey to all staff working at each of the RRCs that GEO operated at the time of our survey, totaling 388 staff across all GEO RRCs, including 19 staff members from the Toler House RRC specifically. We received responses

(Cont'd)

Summary of Inspection Results

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

- GEO and Toler House officials generally adhered to BOP policies and CDC guidelines and regularly communicated changes to staff and inmates. The fact that Toler House RRC had ample empty space within its facility to socially distance and isolate residents aided the facility in adopting measures to mitigate the spread of infection within the RRC.
- In accordance with BOP and CDC recommendations, Toler House RRC suspended most forms of movement and implemented measures to enhance social distancing for those inmates remaining inside the RRC.
- While GEO imposed self-reporting requirements for staff in early March, it lagged in implementing mandatory standard screening requirements for all staff until March 22—over 1 week after the BOP provided all RRCs with this direction. The RRC's screening process was stronger for inmates entering the facility than for those who were already inside. We found that the facility's reliance on inmates to self-report symptoms to staff did not align with BOP guidance that called for daily screening of residents and enhanced the risk of undetected spread within the facility.
- Local conditions initially limited the availability of COVID-19 tests for both inmates and staff and, therefore, the ability to confirm and manage positive cases.
- Toler House RRC did not distribute face masks to all of its residents until nearly 3 weeks after the CDC recommended on April 3 that all individuals wear cloth face coverings in public settings and in areas where social distancing measures could not be maintained. In the absence of BOP requirements on use of personal protective equipment (PPE) in general RRC settings, on April 23 the facility authorized universal issuance of masks to inmates and began requiring all inmates inside the facility to wear such masks when they were around others in close settings or outside of their assigned living quarters.⁷

Our review of GEO's directives to its RRCs showed that in several instances GEO took action in advance of BOP guidance to RRCs. However, our inspection also noted several systemic factors that potentially heightened the risk of COVID-19 spreading within RRCs and the community. 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

from 86 (22 percent) of all GEO staff invited. Of the 19 staff members who worked at Toler House RRC specifically, we received responses from 4—reflecting 21 percent of staff at this particular facility, though not all respondents replied to every question.

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.

custody or departure from the RRC for long-term home placement.⁸ (Although this was not a BOP requirement, GEO quarantined new arrivals for 14 days before integrating them into the general RRC population.) Further, the BOP does not generally provide its own transportation for RRC inmates, thereby requiring inmates to use public, commercial, or personal transportation, both when they leave prison environments to report to RRC custody (at home or in 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.

RRCs and Toler 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 sentences. 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 GEO 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.

Located in Newark, New Jersey, Toler House RRC occupied 32,247 square feet of an 80,000-square-foot GEO reentry building complex with a shared dining room and gymnasium. Within this footprint, the Toler House RRC had the capacity to house 125 residents (100 male and 25 female) at its facility. Aside from the space Toler House RRC occupied, the building had been vacant since 2018.

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

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.



Toler House RRC occupied space in a building with another GEO reentry facility known as Logan Hall.

Source: GEO, with OIG enhancement

GEO explained that Toler House RRC operated three staffing shifts in a 24-hour period. At the time of our inspection, GEO rosters provided to the OIG included 20 staff members, and some staff we interviewed expressed the view that the facility was understaffed even before the onset of the pandemic. At the time of our inspection, the facility was under interim leadership, as the previous Facility Director was on extended leave as of the end of March; the Senior Area Manager oversaw facility operations during the Facility Director's absence.

COVID-19 at Toler House RRC

As discussed below, COVID-19 tests were not available directly at the facility. 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 capacity of the surrounding community.

Cumulative Confirmed Inmate Cases Over Time, March 15–June 9, 2020



Data Source: GEO, provided June 9. As of October 2020, GEO reported no additional inmate cases.

GEO reported to the OIG two positive inmate cases of COVID-19 between the onset of the pandemic and June 9 and advised us that both inmates resided at home. According to GEO, these positive results were confirmed on April 8 and April 17. Toler House RRC officials told us that they were not aware of any confirmed positive cases of COVID-19 among inmates housed at the RRC. However, we note that, in the RRC's particular location, tests were not widely accessible for inmates who sought medical care from local health providers and first responders.

Cumulative Confirmed Staff Cases, March 15–May 27, 2020



Data Source: GEO, provided May 27. As of October 2020, GEO reported no additional staff cases.

Toler House reported to us that four staff members were known to have tested positive for COVID-19 during the relevant time period.

Cumulative Confirmed COVID-19 Cases in Essex County, New Jersey, 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, Toler House RRC progressively placed a substantial portion 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.¹⁰

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 Toler 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 Toler House RRC heeded this direction and moved many of its inmates into home custody settings as the pandemic worsened. We learned during our inspection that the primary

¹⁰ Home confinement, also known as home detention, is a custody option whereby inmates serve a portion of their sentence at home while being monitored.

determinant for inmate placement 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, Toler House RRC used two mechanisms to move him or her out of the RRC 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, Toler 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, staff working at the facility told us that the only residents who remained at the RRC were homeless or lacked a home address suitable for placement.

Table 1
Estimates of Toler House RRC Inmate Placement Throughout COVID-19 Pandemic

	January	February	March	April	May
Inside RRC	83	78	78*	71*	48
Home (All Settings)	27	21	<i>Not Available</i>	<i>Not Available</i>	50
<i>Home-Home Confinement</i>	27	21	24	38	42
<i>Home-Extended Pass</i>	N/A	N/A	*	*	8
Total	110	99	102	109	98

Note: This table does not reflect four individuals in a pretrial or probation status who were under Toler House RRC supervision as of January; by May, facility records show zero inmates in this status.

* Based on staff descriptions, we believe that the March and April “in-house” roster numbers contained inmates who were spending most of their time at home through extended passes. However, GEO could not provide exact counts. GEO’s census data did not distinguish between in-house residents and those approved for extended passes to reside at home. During our May interviews, staff approximated the number of inmates in this setting for the month of May.

Source: Toler House RRC records and staff interviews

Compared to headcount data from February (before the Attorney General and the BOP recommended maximum use of home confinement), by May, Toler House RRC had considerably reduced its in-house population and approximately doubled the number of inmates officially on home confinement. While Toler House RRC housed 78 inmates in February, this number dropped to 48 by May 1. In addition, while the RRC supervised 21 inmates at home in February, by May

Toler House RRC stated that about 50 of its inmates were residing at home (42 officially on home confinement and around 8 on extended passes).

During our interviews, staff confirmed the trends shown by the roster data the RRC provided to the OIG and described an increase in the number of Toler House RRC inmates transitioning from prison directly to home confinement. Toler House staff who responded to the OIG survey also reported that the facility had increased the number of residents on home confinement, and this trend was reflected in the broader GEO-wide survey results for its other facilities, with 84 percent of all GEO RRC staff respondents indicating that the number of residents placed on home confinement had increased.

Social Distancing, Isolation, and Quarantine Measures

Inmates

We found that in addition to using home placement authorities to reduce the population of inmates residing at the facility, thereby allowing for increased social distancing, Toler House RRC implemented several additional measures to promote social distancing and limit movement within the RRC to lower the risk of COVID-19 transmission.¹¹

On March 6—a week before the BOP’s March 13 formal direction that RRC contractors isolate inmates exhibiting symptoms—GEO provided Toler House RRC staff with CDC guidelines for stopping the spread of the virus and updated corporate policy regarding COVID-19 prevention measures. Among other topics, the updated policy prescribed procedures to establish isolation and quarantine areas within the building.¹² Further, on March 12, in concert with the BOP, GEO established a central reporting process for identifying residents who were placed in isolation or quarantine due to exposure to COVID-19. By March 13, GEO directed its RRCs to identify appropriate isolation and quarantine areas within the facility. Toler House RRC staff explained that, since Toler House RRC occupied only about 40 percent of an 80,000-square-foot GEO

¹¹ 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.”

¹² 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.”

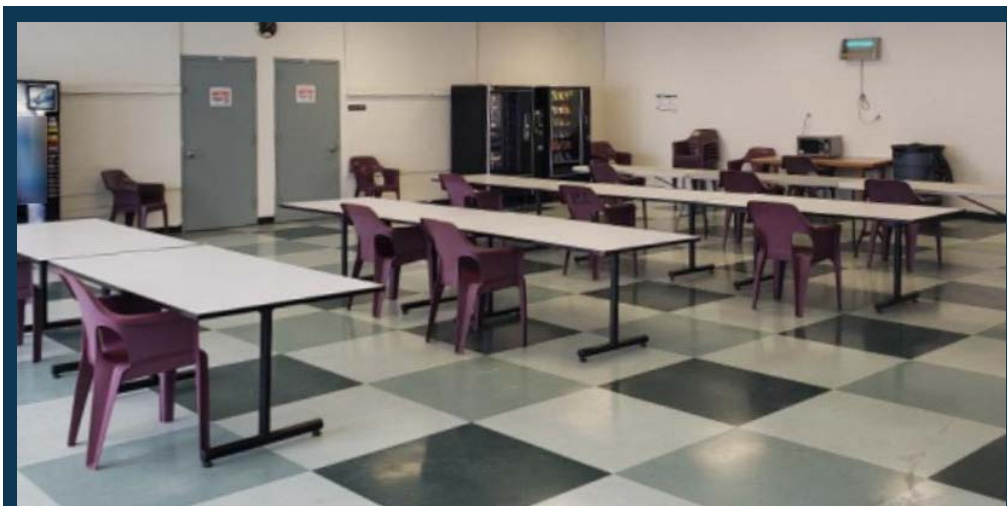
building that was otherwise vacant, they immediately planned to use the unoccupied space for this purpose.

By March 17, Toler House RRC verified to GEO its plan to use this space as a designated quarantine area. Even though Toler House's maximum capacity was 125 residents, this additional GEO area could house up to 375 residents with a suspected or positive case of COVID-19. Toler House also designated one of its dormitory areas with room for 20 as its isolation area for either existing residents suspected of being infected or new arrivals determined to have been exposed to COVID-19 based on the results of their intake screening, which we describe below. During our interviews, RRC staff stated that all new arrivals were quarantined for 14 days before being integrated into the general RRC population, regardless of the results of their intake screening. A Toler House RRC survey respondent also indicated that all incoming residents who were quarantined were housed separately from other isolated residents, as did about one-fifth of respondents from the GEO-wide RRC respondent group. Toler House RRC staff we interviewed explained that, in an attempt to avoid spreading the virus, inmates residing in quarantine and isolation areas had their meals brought to them and used restrooms that were separate from those used by inmates in other housing areas.

On March 13, the BOP issued guidance restricting visitation and allowing for discontinuation of other movements. In the state of New Jersey, all nonessential businesses were closed on March 21 pursuant to a state-wide order issued by the Governor. By the time of our interviews with RRC officials in early May, we were told that in-house residents were generally not allowed to leave the facility, consistent with the Governor's executive order. Staff stated that residents were allowed to leave the facility only for urgent medical attention, essential work, and a once-per-month trip to pick up medication and hygiene supplies. Toler House RRC also implemented restrictions on social passes and job searches to limit movement into and out of the facility. About 30 percent of survey responses from GEO RRC staff, including Toler House RRC staff, reflected that the RRC residents had reduced opportunities to leave the RRC facilities and participate in in-person programming. This was consistent with the BOP's March 13 guidance, which allowed for many movements and activities to be discontinued. Additionally, 40 percent of respondents said that alternative mechanisms for in-person programming had been introduced at the time of our May survey. A few inmates on the roster of Toler House RRC were employed in factory, warehouse, or food distribution roles and continued to work given that these positions were categorized as essential by the state. We note that standard RRC practice allows for several transportation options, including public transit and rideshare, to arrive at approved locations outside the RRC. Toler House RRC inmates continued to have the option of using these forms of transportation, although GEO noted that state guidance advised that travel across all New Jersey TRANSIT modes of transportation should be limited to essential personnel and directed state

transit and private carriers to institute enhanced cleaning regimens and ridership modifications to reduce the public health hazard.¹³

We determined that Toler House RRC took additional social distancing measures based on various guidance from the CDC, BOP, and GEO headquarters. Adjustment of daily schedules and the removal or cordoning of chairs to reduce the number of inmates in common areas were among the social distancing measures frequently reported in the responses to our survey from both GEO-wide RRC staff generally, and Toler House RRC staff specifically. For example, only five residents were permitted in the Toler House gymnasium at a time. Additionally, as shown below, Toler House RRC distanced dining room seating to place residents either 6 feet apart or on opposite ends of tables.



Toler House RRC Dining Room with Social Distancing Measures in Place

Source: GEO, with OIG enhancement

Toler House RRC also modified sleeping arrangements for those inmates who continued to reside in the facility. On April 7, GEO headquarters sent to its RRC facilities guidance on social distancing and bed positioning, which provided instructions and depictions of how to position beds in a residential and congregate setting to prevent the spread of COVID-19.¹⁴

¹³ Philip D. Murphy, Governor, State of New Jersey, [Executive Order No. 125](https://www.nj.gov/infobank/eo/056murphy/pdf/EO-125.pdf) April 11, 2020, www.nj.gov/infobank/eo/056murphy/pdf/EO-125.pdf (accessed November 13, 2020). We note that the state of New Jersey lifted the fees for using public transportation during the pandemic.

¹⁴ The guidance that GEO shared was a publicly available resource from the County of Los Angeles Department of Public Health.



GEO officials stated that, of the 98 in-house beds contracted to the BOP, the facility's population decreased from 84 percent to 57 percent utilization from January through May, which allowed for the increased spacing of residents in the dormitories. Toler House RRC reported that it was able to decrease the number of residents in each dormitory by half and that it was able to assign some residents to rooms by themselves. Toler House RRC also provided photographs to show that it had positioned adjacent dormitory beds in a head-to-toe fashion. This placement appeared to follow the general direction from GEO headquarters.

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 confirmed that GEO suspended for all its RRC facilities routine drug and alcohol testing (which involves close interactions between staff and inmates)—a modification that the BOP permitted beginning March 24.

In general, Toler House RRC staff told us that residents understood the seriousness of the pandemic and were cooperating with facility social distancing measures.

Staff

We found that Toler House RRC adjusted its staff procedures to promote social distancing and adhere to contemporaneous BOP guidance. On March 13, the BOP removed the requirement that staff conduct in-person home check-ins for 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 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;¹⁵ 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.

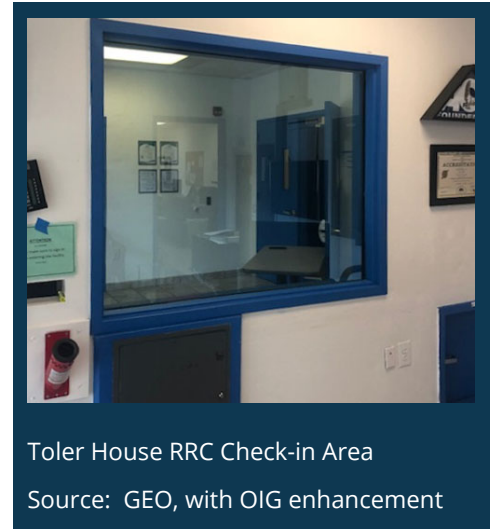
We found that Toler House RRC staff adjusted their procedures for monitoring and accountability of residents on home confinement or extended home passes to minimize their close interaction with inmates. Prior to the pandemic, for inmates on home confinement the RRC traditionally conducted both: (1) telephone check-ins at least once per shift and (2) in-person home and employment verification check-ins on a weekly basis. When the BOP allowed RRCs as of March 24 to modify their overall accountability procedures, Toler House RRC continued the telephone check-ins and modified the procedures for home check-ins. Specifically, Toler House RRC staff continued to conduct home visits on a weekly basis but no longer entered the home for these interactions. During interviews, we learned that facility staff would instead call the inmates and ask them to come to the door while staff remained in their car or at a safe distance, when possible. One staff member also described calling ahead to check whether anyone in the home was exhibiting symptoms and, if paperwork needed to be signed, having the inmate use his or her own pen and hand off the paperwork through the passenger-side window of the car. For the small portion of inmates who remained employed, the RRC relied on telephonic verification.

As a further accountability measure for inmates who were not eligible for home confinement but were residing outside the facility on extended home visit passes, the RRC required these individuals to check in at the facility twice per week. A significant precaution that the RRC implemented for these check-ins was having them occur through a glass window to prevent direct physical contact. Toler House RRC also staggered the scheduling of these check-ins, allowing only one person in the lobby check-in area at a time and reportedly requiring inmates to wear PPE during these interactions.

¹⁵ A BOP reentry official noted during an interview that there was flexibility in these requirements. While the BOP issued a unilateral contract modification on January 24, 2020, to incorporate the FIRST STEP Act's requirements, GEO officials noted that the new requirements were never fully implemented for Toler House RRC due to the timing of its contract expiration.

When individuals who were newly assigned to the RRC reported for intake, the RRC allowed only one person in the lobby at a time, conducted initial screening in an area adjacent to the lobby, and then completed the intake interview and paperwork with the resident in a separate, designated room.

GEO also took early steps to minimize the movement of persons other than inmates and staff inside the facility. Over 1 week before the BOP suspended visitation, on March 3 GEO distributed symptom information to its RRC facilities and discouraged visitation among individuals who presented elevated risk, as designated by the CDC and WHO. As part of this communication, GEO provided its facilities with signage requesting that visitors not enter if they had had close contact with confirmed cases; had traveled to China or through any location identified by the CDC or WHO; and/or had any fever, cough, shortness of breath, chills, or muscle and joint aches. GEO reported to the OIG that it restricted visits altogether, effective March 13, following the BOP directive on that date. Toler House RRC officials explained that they also had their vendors deliver supplies to the loading docks outside of the building.



COVID-19 Screening

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 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 residents and staff, and
- isolate anyone with symptoms.

According to documents provided, GEO imposed symptom screening requirements for its residents and visitors entering the facility on March 6, 1 week before the BOP's March 13 instructions on screening and BOP directives on suspending social visitation. The initial guidance from GEO required all arriving residents, visitors, contractors, and vendors to answer two screening questions based on risk of exposure prior to entering the facility.¹⁶ Specifically, staff

¹⁶ As mentioned above, Toler House RRC subsequently suspended visitation on March 13. From that point forward, these protocols would have applied to vendors and contractors.

would ask each of these individuals (1) whether they had traveled from or through any of the locations identified by the CDC as presenting increased epidemiological risk within the previous 14 days and (2) whether they had had close contact with anyone diagnosed with COVID-19 within the previous 14 days. Anyone who answered yes to either question would be denied entrance into the facility.

Inmates

Toler House RRC staff confirmed that any residents who left and reentered the facility were required to have their temperature taken and complete a health questionnaire before being granted access upon their return. If inmates answered yes to either screening question, they would have to go to a separate isolation area to complete an additional COVID-19 screening questionnaire to identify any symptoms. Although the RRC implemented these protocols for inmates entering the facility, we did not find evidence of screening for those departing and a survey respondent reported that Toler House RRC was not employing any measures to screen residents departing from the facility. Further, at the time of our May survey, about 38 percent of all GEO-wide RRC respondents said that their facility was not employing any measures to screen departing residents. 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.

In addition, Toler House RRC staff stated that inmates who did not leave the facility, such as for work, were not subject to regular screening. Similarly, staff did not conduct screening of inmates residing at home. Instead, these inmates were instructed to report to RRC staff if they did not feel well or needed medical assistance. In our survey, two of the three Toler House RRC respondents who commented on this topic indicated that the RRC needed to screen residents more frequently, compared to 17 percent of GEO-wide respondents indicating that their facilities needed to screen residents more frequently. We found that the Toler House RRC's reliance on inmates to self-report symptoms to staff did not align with BOP guidance that called for daily screening of residents, thus increasing the risk of undetected spread within the facility.

Staff

On March 4, GEO's Human Resources instructed RRC staff to continue to report to work unless they experienced flu-like symptoms and to notify their supervisor if within the previous 2 weeks they had traveled to or returned from an area with a documented outbreak or come into contact with someone with a confirmed case of COVID-19. Yet, GEO did not require mandatory screening of RRC staff until March 22, when it issued formal screening guidelines requiring employees to have their temperature taken and complete a brief questionnaire before being allowed to work. The questionnaire asked:

- (1) whether the employee had a fever or chills and

- (2) whether the employee had had close contact with anyone diagnosed with COVID-19 within the previous 14 days.

Employees who were suspected of being sick, due to reasons that included a fever equal to or greater than 100.4 degrees or questionnaire answers, were directed to return home and placed on leave. Employees with a fever who had also had close contact with anyone recently diagnosed with COVID-19 were required to self-quarantine for 14 days before returning to work.

Subsequent to the March 22 guidance for staff wellness screening, GEO issued revised screening guidance on April 13, expanding the questionnaire to include reporting if an employee:

- (1) had had a fever, chills, cough, or difficulty breathing in the previous 24 hours or
- (2) had traveled to the greater New York City metropolitan area within the previous 14 days.¹⁷

During our remote inspection interviews with Toler House RRC staff, we confirmed that all employees were screened for COVID-19 using a temporal forehead thermometer and the relevant questionnaire before being allowed to enter the RRC.

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 the 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 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 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.

According to Toler House RRC officials, not all inmates who suspected they were ill received tests and in-house inmates had more difficulty getting tested for COVID-19 than inmates in a home setting. RRC staff told us that the local hospitals would not allow individuals to simply walk in for testing. As a result, in-house inmates had to call for an ambulance to transport them to the

¹⁷ See [Appendix 4](#) for revised staff screening tool.

hospital. While staff described this as an option available to inmates who needed it, and noted at least several instances in which inmates sought testing at a hospital or from first responders arriving to the facility via ambulance, RRC staff also told us that these inmates seeking testing were often denied by healthcare providers who did not determine the cases to require urgent testing. Instead, these providers instructed those residents to self-isolate to minimize the risk of infecting others.

In describing an alternative to testing at hospitals or through first responders, Toler House RRC staff explained that, around mid-March, the state of New Jersey began setting up drive-through test sites. Inmates on the rosters of RRCs—whether at home or in the facility—generally are permitted to make arrangements to access needed medical care using a variety of transportation options. During our inspection, Toler House RRC staff confirmed that inmates in either setting who needed or wanted to be tested at the local testing centers could seek such testing and use several transportation options, including public transit. However, RRC staff remarked that it was easier for inmates residing at home to reach testing at these sites, which we believe may be due to their greater freedom of movement and potential access to personal vehicles compared to the inmates in the RRC.

By the time of our May interviews, one Toler House RRC official explained that anyone in the state of New Jersey could get tested for COVID-19 at one of the test sites the state began to set up beginning in mid-March. However, we heard conflicting testimony from staff on their own ability to access tests and believe that their options may have been more limited earlier in the pandemic. By May 1, Toler House staff stated that there was a test site down the street from the facility. However, one employee we spoke with stated that it had been difficult for someone to obtain a test unless he or she was experiencing severe symptoms or had underlying health issues that put him or her at increased risk. He added that, given the limited access to tests, he had been instructed by his employer that if he felt symptomatic he would need to stay home for 2 weeks and then obtain written approval from a doctor in order to return to work.

Toler House RRC did not identify any confirmed positive cases of COVID-19 in inmates housed at the RRC. Among inmates residing at home, Toler House officials reported to the OIG that as of June 9 they were aware of two positive cases of COVID-19: one confirmed on April 8 and another on April 17. Among staff, Toler House RRC told us that four individuals were known to have tested positive for COVID-19. These positive tests spanned the latter half of April and were confirmed on April 16, 21, 23, and 27. Given the barriers to testing described above, these results may not reflect the full extent of cases. For example, one RRC staff member estimated that five or six inmates on home confinement became sick but only about half of them were tested.

We found that access to testing was generally driven by community factors, but we did observe one aspect in the control of the contractor. Toler House RRC had three company vehicles, which, according to GEO policy, were to be used to conduct company business such as transporting residents, purchasing supplies, and any other tasks assigned by the Facility Director or designee.

Toler House staff told us that one of these vehicles was used by the Home Confinement Specialist to perform the duties of that position and the other two were generally used for transporting residents; however, GEO confirmed that Toler House RRC did not use any company vehicles to transport residents during the pandemic. Granting that special precautions would have been necessary, we note that use of these company vehicles could have potentially increased inmate access to testing and mitigated the risk inmates posed to the surrounding community. We acknowledge, however, that the state of New Jersey identified concerns with transporting passengers in minibuses, vans, and sedans and also implemented sanitation protocols and operational changes in its transit system. Ultimately, we did not find that Toler House RRC violated any contractual requirements or specific guidance from the BOP on arrangements for inmate transportation.

Personal Protective Equipment

While we found that Toler House RRC was generally able to maintain supplies of PPE, there was a lack of specific guidance from the BOP to RRCs that governed the use of PPE in RRC general population settings. Absent such directives, Toler House RRC required use of PPE only in certain cases and did not widely distribute masks to its in-house inmates until April 23—several weeks after the CDC recommendation for individuals to wear cloth face coverings.¹⁸ However, for any inmate leaving the facility for an approved purpose, around April 8 Toler House RRC began advising inmates to wear a mask, pursuant to New Jersey Executive Order 122, which directed essential businesses to require workers and customers to wear cloth face coverings while on their premises.¹⁹

On March 17, Toler House RRC established minimum quantities of PPE inventory that had to be maintained at all times (see Table 2 below). On March 27, GEO began requiring its RRCs to report daily PPE inventory levels to better assist with allocation of supplies based on each facility's needs.

¹⁸ 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.

¹⁹ Philip D. Murphy, Governor, State of New Jersey, Executive Order No. 122 April 8, 2020, www.nj.gov/infobank/eo/056murphy/pdf/EO-122.pdf (accessed November 13, 2020).

Table 2
Toler House RRC Minimum Quantities of PPE Inventory

Disposable Surgical Masks	Nitrile Exam Gloves	Alcohol Pads	Face Shields	Gowns
150	800	500	50	300

Source: Toler House Coronavirus Disease (COVID-19) Residential Reentry Facility Emergency Preparedness & Response Plan, submitted to GEO on March 17, 2020

While our inspection did not identify any specific shortages of PPE at Toler House RRC, access to supplies on hand depended on the specific type of PPE. For example, staff we interviewed noted that the facility had always provided residents and staff with access to gloves whenever they were needed. However, access to masks was more limited. Initially, Toler House RRC provided masks only to residents showing symptoms of COVID-19. Toler House RRC did not routinely distribute face masks to all of its residents until nearly 3 weeks after the CDC recommended on April 3 that all individuals wear cloth face coverings in public settings and in areas where social distancing measures could not be maintained. However, GEO officials stated that the facility did provide masks beginning around April 8 for those inmates who were leaving the facility. On April 23, GEO authorized universal issuance of masks to inmates and Toler House began requiring all inmates inside the facility to wear such masks when they were around others in close settings or outside of their assigned living quarters. RRC officials also told us that all staff had access to surgical masks, and a management official we interviewed explained that staff began wearing masks and gloves at the end of March. As of May 1, a Toler House official stated that the RRC had over 40,000 surgical masks in its inventory.

According to our RRC staff survey conducted in mid-May, some Toler House respondents stated that they would have liked more PPE provided for both staff and residents. According to responses from their peers across all other GEO RRC facilities, more PPE items for staff and residents was among the most frequently reported areas of need across GEO RRCs.

Toler House RRC did implement procedures recommending that staff wear additional PPE, including surgical masks, face shields, eye protection, gloves, and/or gowns in specific settings that called for enhanced protection, i.e., while:

- performing screening and temperature checks of staff, residents, and visitors upon their arrival at the facility;
- screening newly admitted residents; and
- interacting with residents who were quarantined or isolated.

We found that the GEO directives for these specific situations complied with BOP and CDC guidance regarding the use of PPE.

Cleaning and Sanitation

Toler House RRC increased the frequency and thoroughness of its cleaning and sanitation practices in response to the pandemic. Specifically, on March 26, GEO headquarters required RRC facilities to begin cleaning at least 3 times per day, to include sanitizing and disinfecting high-touch areas such as door handles, phones, light switches, and bathroom fixtures. GEO also required each cleaning to be documented using GEO's RRC Daily Facility Cleaning Log. To help ensure that this required cleaning was properly conducted, GEO headquarters required its RRCs to email completed logs on a weekly basis. According to the Toler House RRC staff, inmates were responsible for cleaning their dormitories and bathrooms and maintenance staff cleaned the employee offices and common areas. Toler House RRC personnel we interviewed confirmed that staff and inmates were doing a more thorough job of cleaning during the pandemic, paying special attention to high-touch surfaces. Custodial staff described monitoring the inventory of cleaning supplies and having a sufficient quantity available. Additionally, on April 17, GEO announced that it had secured an agreement with a private contractor to conduct surface sanitizing and disinfecting services, upon request, of any area within the facility. GEO officials stated that they were generally able to maintain supplies, including ample access hand sanitizers and soap for handwashing. The majority of Toler House RRC staff who responded to cleanliness questions in our survey agreed or strongly agreed that staff and resident areas were sufficiently cleaned and sanitized; similarly, GEO staff respondents from all GEO RRCs agreed that staff and resident areas were sufficiently cleaned and sanitized.

Continuity of Services

As noted above, the BOP's contract services with Toler House RRC ended on May 31 and a nearby facility operated by a different contractor assumed RRC services for the Newark area beginning on June 1. The BOP provided the OIG with its transition plan for transferring inmates from Toler House RRC to the new contractor upon Toler House RRC's completion of RRC services for the BOP. On June 1, BOP residential reentry management officials oversaw the transfer of 111 inmates from Toler House RRC to the new RRC, which is also in Newark, New Jersey. According to the transition plan, the corporate operator of the new facility agreed to provide vans used to transport four inmates at a time from one facility to the other. Toler House RRC agreed to provide masks to all departing residents as they exited the facility. The new RRC contractor assured the BOP's Residential Reentry Manager (RRM) that it had sufficient PPE and would provide it to all new arrivals. This contractor also assured the RRM that the new facility would be extensively disinfected prior to the arrival of the transferring inmates. In an attempt to mitigate the spread of COVID-19, the RRM allowed all inmates who were already residing in a home setting with Toler House to remain at home during the transition rather than stay at the new RRC until their home site information could be verified by the successor contractor. Toler House RRC staff notified the receiving contractor that two of the individuals on home confinement had previously tested positive for COVID-19 on April 8 and April 17.

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 GEO corporate officials, as well as on-site Toler House RRC management and staff; a review of documents produced by the BOP, GEO, and Toler House RRC related to the management of the COVID-19 pandemic at Toler House RRC; the results of an OIG survey issued to RRC personnel, including all staff at Toler House RRC; and an analysis of BOP and CDC COVID-19 data. The photographs included in the report were provided by GEO officials, at our request, to illustrate the physical layout of the facility and the modifications made to facilitate social distancing.

We conducted telephone interviews with Toler House RRC management personnel, including the Assistant Director and the Senior Area Manager serving as acting Facility Director. We held telephonic interviews with Toler House RRC staff members responsible for social services, case management, home confinement, and facility maintenance. We also conducted a group teleconference with GEO management, including the Executive Vice President of Reentry Services and the Vice President of Quality and Security Operations. We did not interview inmates as part of our remote inspection of Toler 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 Toler House RRC. We invited 1,514 total RRC contractor staff to take the survey and received 395 responses, a 26 percent response rate. GEO staff across all GEO RRC facilities represented 86 of the 388 responses (22 percent). For Toler House RRC specifically, of its 19 personnel invited to take the survey, we received 4 survey responses, representing 21 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, PPE and cleaning supply inventory documents, inmate and staff screening forms, and Toler House headcount census reports. Our inspection also included a review of guidance and directives provided to staff and inmates, including emails from GEO management, guidance documents, and signage.

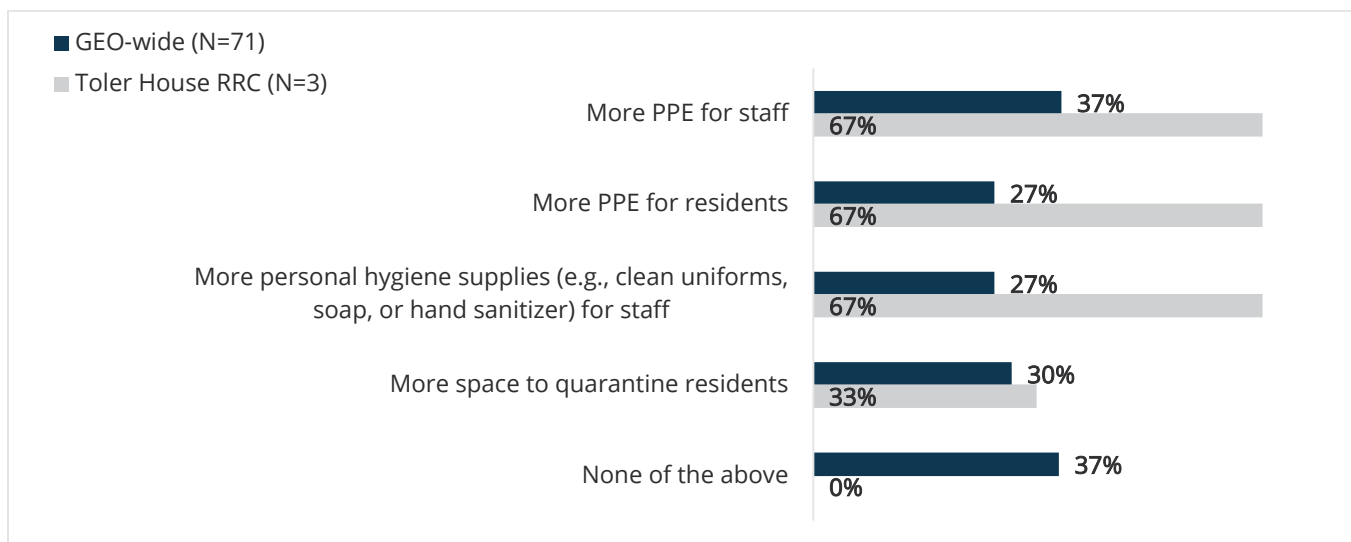
OIG COVID-19 SURVEY RESULTS FOR GEO GROUP FACILITIES, INCLUDING TOLER HOUSE RRC

Open Period	Overall RRC Survey	GEO-wide RRCs	Toler House RRC
May 5–12, 2020	395 Responses (of 1,514 RRC Staff Invited)	86 Responses* (of 388 GEO RRC Staff)	4 Responses (of 19 Facility Staff)

Note: Not all of the GEO and Toler House RRC respondents provided answers for every question on the survey.

** Of the 82 GEO respondents who provided relevant replies, we categorized 37 as managers and 45 as non-managers.*

Which of the following are immediate needs for your institution during the COVID-19 pandemic? (Top 5 GEO 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>	GEO-wide Managerial Respondents' Rating (N=31)	GEO-wide Non-managerial Respondents' Rating (N=43)
The guidance was timely.	1.9	2.2
The guidance was clear.	1.9	2.1
The guidance was comprehensive.	1.9	2.2

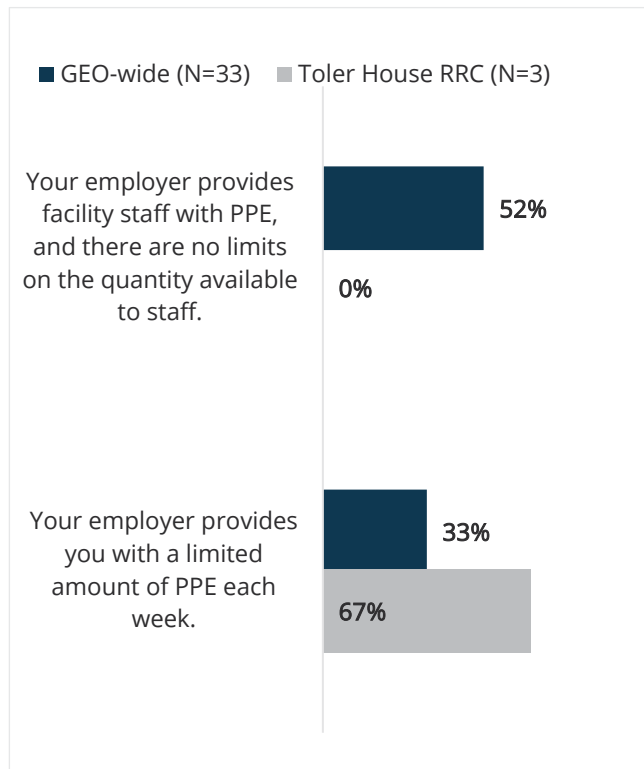
Note: Managerial staff were asked about guidance they received from BOP officials and/or corporate leadership, while non-managerial staff were asked about guidance they received from facility leadership about what should be done if they had been exposed to COVID-19.

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?

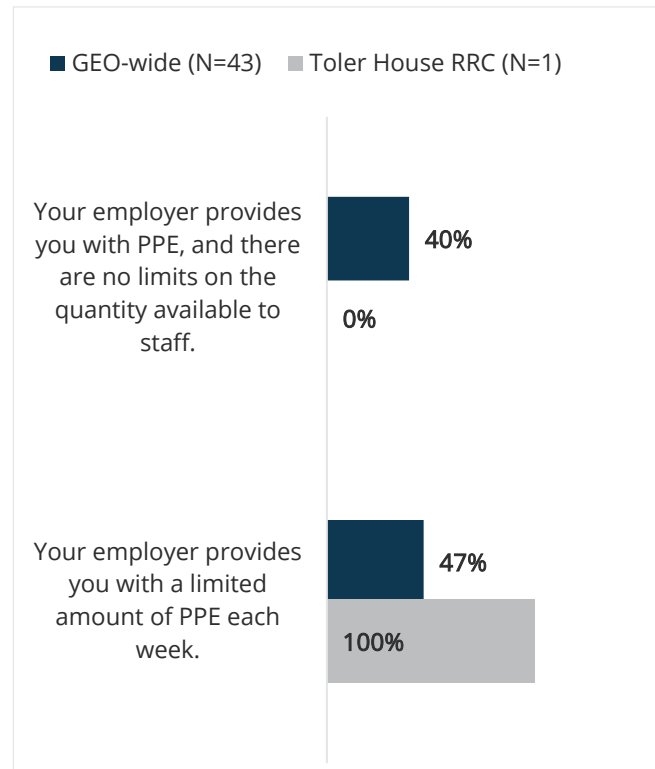
<i>Respondents rated each item on a 5-point scale, with "strongly agree" worth 1 point and "strongly disagree" worth 5 points. "Don't know" responses are excluded.</i>	Toler House RRC Managerial Respondents' Rating (N=3)	Toler House RRC Non-managerial Respondents' Rating (N=1)
The guidance was timely.	2.0	2.0
The guidance was clear.	1.7	2.0
The guidance was comprehensive.	2.0	2.0

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's staff use of personal protective equipment (PPE)? (Top 2 Managerial Responses)



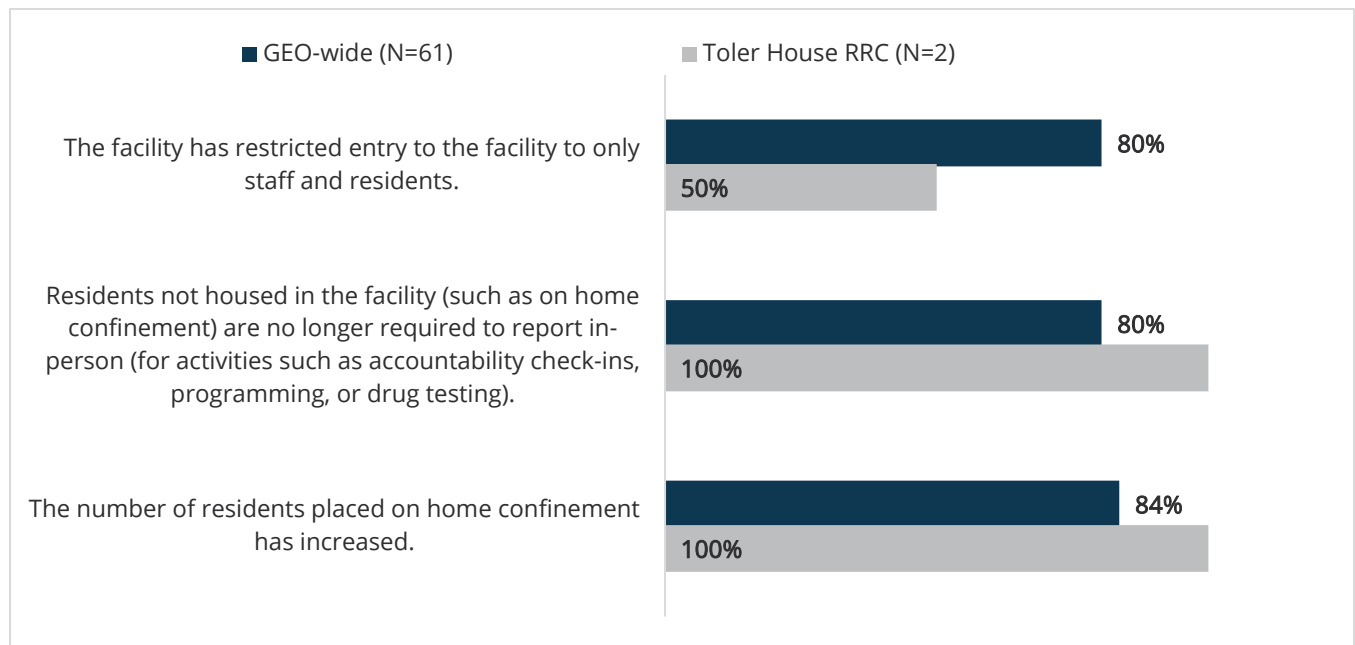
Which of the following statements best describes the current guidance you have received from facility leadership about your use of personal protective equipment (PPE)? (Top 2 Non-managerial Responses)



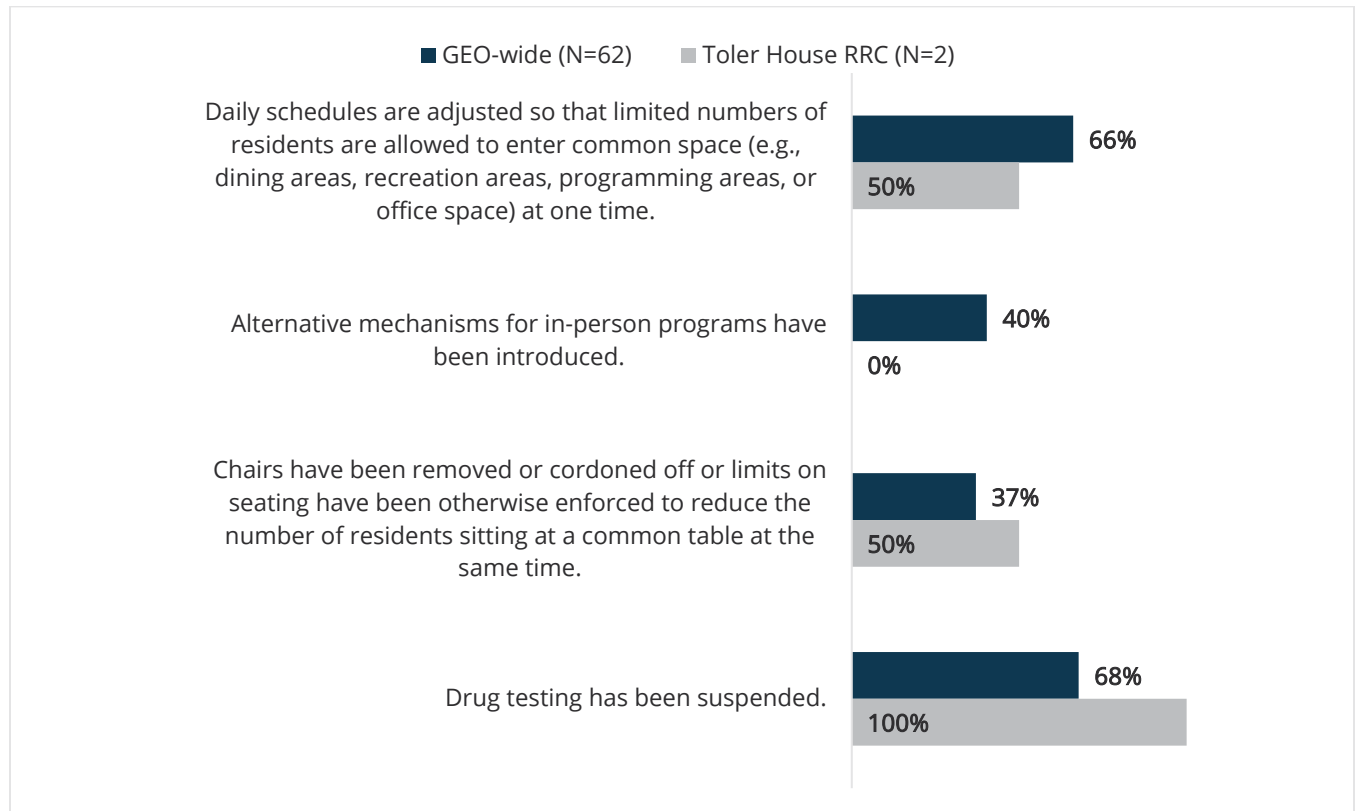
How strongly do you agree with the following statements about the adequacy of the practices your institution is taking to mitigate the risk of spreading COVID-19? (Top 3 and Bottom 3 GEO Responses)

<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>	GEO-wide Respondents' Rating (N=71)	Toler House RRC Respondents' Rating (N=3)
Three Practices Rated Highest:		
Staff are provided a sufficient supply of soap.	1.6	2.0
Residents have the opportunity to shower at least three times a week.	1.6	2.0
Toilets, sinks, and showers are regularly cleaned and sanitized.	1.6	1.7
Three Practices Rated Lowest:		
Staff are provided a sufficient supply of uniforms.	2.5	2.7
Residents are provided a sufficient supply of hand sanitizer where sinks are not available.	2.4	4.3
Residents diagnosed with, or showing symptoms of, COVID-19 are being sufficiently segregated from other residents to mitigate the virus spreading.	2.2	2.0

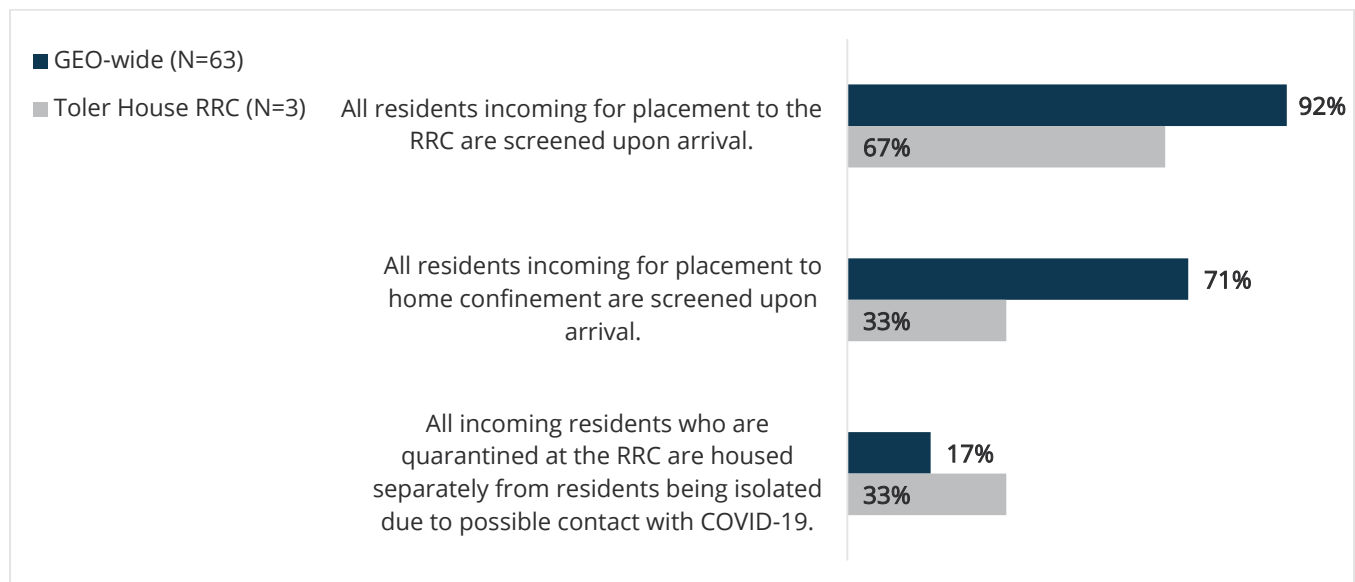
Please identify which, if any, of the following measures your facility is currently employing. (Top 3 GEO Responses)



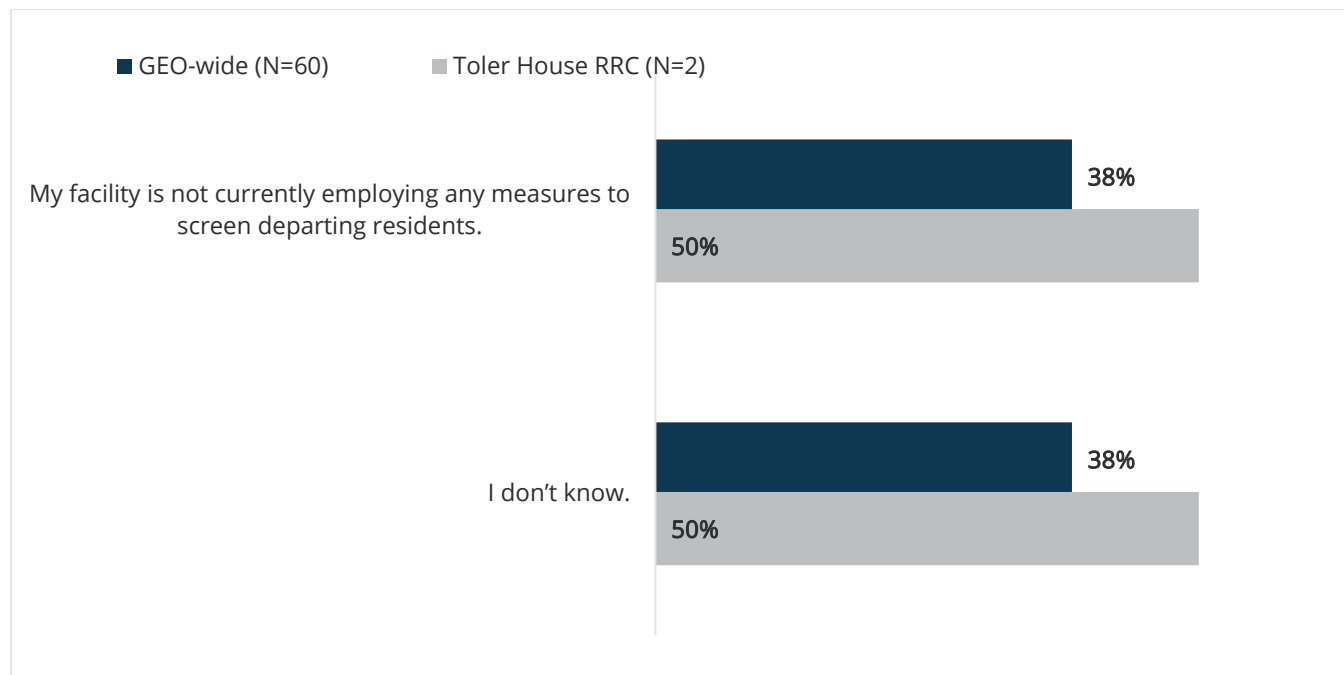
Please identify which, if any, of the following social distancing measures your facility is currently employing to increase the amount of space between people (staff and residents). (Top 4 GEO Responses)



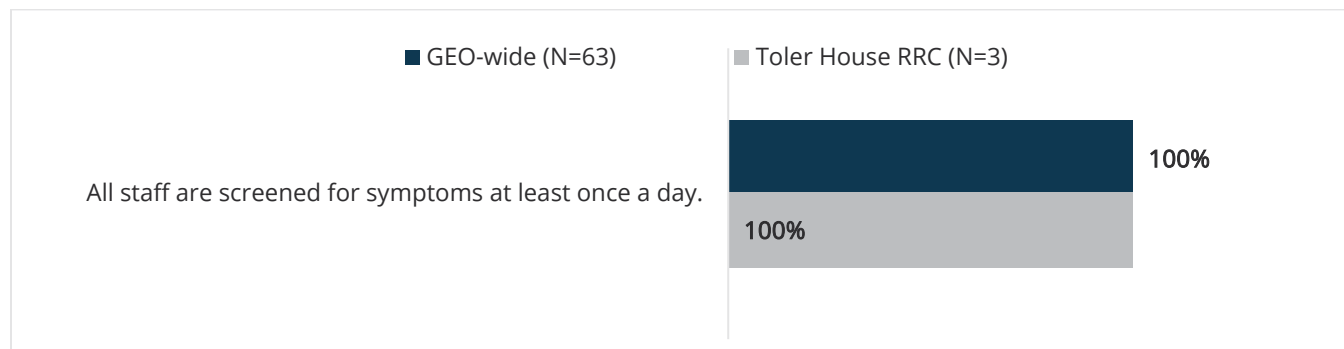
Please identify which, if any, of the following COVID-19 measures for screening (e.g., temperature check, questioning about other symptoms) your facility is currently taking for incoming residents. (Top 3 GEO Responses)



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. Check all that apply. (Top 2 GEO Responses)



Which of the following statements best describes the current approach to COVID-19 screening of staff (e.g., temperature check or questioning about other symptoms) at your facility? (Top Response)



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

24

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

30

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

EMPLOYEE WELLNESS SCREENING TOOL



FACILITY ENTRANCE – EMPLOYEE WELLNESS SCREENING TOOL

Employee Name: _____

Employee Department: _____

Screen Performed by: _____

Date: _____

1. Have you had today or in the past 24 hours.....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever, Chills, Cough or Difficulty Breathing
2. Have you in the past 14 days.....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	a. Had close contact with anyone diagnosed with the COVID-19 illness? <i>Asymptomatic employees shall be allowed to enter the facility if they wear a face mask at all times while in the workplace for 14 days after last exposure and they practice social distancing as work duties permit.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Traveled to the greater New York City Metropolitan area? <i>This question does not apply to facilities in NY, NJ and PA.</i>
3. Perform a temperature check _____ °F Method: oral / forehead (temporal) / tympanic	
*Front Desk Officer or designee will follow post order instructions	

Action Taken:

☐ Stop entrance and notify Shift Commander and/or Institution Duty Officer, for further direction

☐ Entrance granted

Shift Supervisor and/or Facility Director: _____

GEO'S RESPONSE TO THE DRAFT REPORT



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VIA EMAIL

November 12, 2020

Ms. Rene Rocque Lee
Assistant Inspector General
Evaluations and Inspections
U.S. Department of Justice

Ms. Allison Russo
Deputy Assistant Inspector General
Evaluations and Inspections
U.S. Department of Justice

Dear Ms. Russo:

I write in response to your November 10, 2020, transmittal letter where you sent a formal draft of your report titled, "Remote Inspection of the GEO Group's Toler House Residential Reentry Center, Newark, New Jersey, Assignment Number A-2020-008-B." Thank you for the opportunity to review the formal draft report. We also acknowledge the instruction not to disclose the contents of this report other than for official review and comment.

As you know, we previously reviewed the October 23, 2020, "working draft" of this report and offered a few minor, technical corrections. We have reviewed the redlined "formal draft" and have no further edits to suggest.

Thank you for your partnership and transparency as you and your talented team conducted this thorough and professional review. We appreciate the opportunity from the Bureau of Prisons to support their important law enforcement mission, and for the opportunity to highlight the excellent work of the Toler House Residential Reentry Center team in response to the COVID-19 pandemic.

If I can provide you with any additional information, please let me know.

Sincerely,

DANIEL RAGSDALE

Dan Ragsdale
Executive Vice President
Contract Compliance