



DEPARTMENT OF JUSTICE | OFFICE OF THE INSPECTOR GENERAL

PANDEMIC RESPONSE REPORT

21-026

JANUARY 2021

Remote Inspection of Federal Correctional Complex Coleman

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 152,000 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 in person 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 staff, inmate, and other parties.

[DOJ COVID-19 Complaint](#)

[Whistleblower Rights and Protections](#)

The CDC has noted that the confined nature of correctional facilities, combined with their congregate environments, “heighten[s] the potential for COVID-19 to spread once introduced” into a facility. According to BOP data, as of January 3, 2021, 39,591 inmates and 4,596 BOP staff in BOP-managed institutions and community-based facilities had tested positive for COVID-19.¹ In those institutions where widespread inmate testing has been conducted, including Federal Correctional Complex (FCC) Coleman, the percentage of inmates testing positive has been substantial. The BOP’s FCC Coleman had very few COVID-19 cases until experiencing a surge beginning at the end of June 2020. As of January 3, 2021, FCC Coleman had a total of 175 staff test positive for COVID-19 and 1 staff member had died as a result of COVID-19.² As of that same date, a total of 833 inmates at FCC Coleman had tested positive for COVID-19 and 5 inmates had died.

Between May 5 and 30, 2020, the DOJ OIG conducted a remote inspection of FCC Coleman to understand how the COVID-19 pandemic affected the complex and to assess the steps Coleman officials took to prepare for, prevent, and manage COVID-19 transmission within its facilities (see [Appendix 1](#) for the scope and methodology of the inspection). We conducted this inspection through telephone interviews with FCC Coleman officials, review of documents related to the BOP’s and FCC Coleman’s management of the COVID-19 pandemic, data regarding FCC Coleman inmates and FCC Coleman related staff and inmate COVID-19 cases that was developed by the OIG’s Office of Data Analytics (ODA), and FCC Coleman specific results from a BOP-wide employee survey regarding COVID-19 issues that the OIG conducted in late April 2020 (see [Appendix 2](#) for

¹ This estimate does not include inmates who tested positive, recovered, and were released by the BOP.

² FCC Coleman’s staff death related to COVID-19 occurred on August 31, 2020.

Prior to the surge in cases beginning at the end of June 2020, Coleman had eight staff who were infected with COVID-19, with the last staff case occurring on May 24. During this time, Coleman had three inmates infected with COVID-19, with the last inmate case occurring on May 25.

a summary of survey results from Coleman respondents). We also reviewed and considered 128 unique complaints received from DOJ COVID-19 Response Complaints, part of the OIG's Hotline (hereinafter referred to as Hotline complaints).³ Our focus was determining whether FCC Coleman's policies and practices complied with BOP directives implementing CDC guidance and intended to control the transmission of COVID-19 within each facility, as well as DOJ policy and guidance.⁴

Summary of Inspection Results

We found several challenges in FCC Coleman's response to the COVID-19 pandemic. Specifically:

- At a time when an adequate number of medical staff was crucial for controlling the transmission of COVID-19 in correctional settings, FCC Coleman operated with only 80 percent of its authorized medical staff at the onset of the COVID-19 pandemic.
- FCC Coleman had adequate space to quarantine and medically isolate inmates affected by COVID-19; however, the physical layout of the Federal Correctional Institution (FCI) Low and the Satellite Prison Camp (Camp) required Coleman staff to quarantine nearly 1,000 inmates when 1 FCI Low inmate tested positive for COVID-19. The 14-day quarantine period significantly added to the workload of the medical staff, who were required to conduct twice daily temperature checks. It also increased the inmates' concerns of contracting COVID-19 due to FCI Low's open, dormitory-style layout.
- Prior to the issuance of the BOP and DOJ policy on face coverings, the leadership at FCC Coleman denied staff the option to wear personally acquired face masks.⁵ This led to staff concerns that their safety was not a priority for management.
- Although FCC Coleman management and some staff told us that the inmates had adequate access to hand soap, alcohol-free hand sanitizer, and other handwashing items provided by the BOP or available in the commissary, the results of the OIG's survey of FCC Coleman

³ The 128 unique complaints contained 277 issues from staff, inmates, inmate relatives, and the public. See [Appendix 1](#) for additional details.

The inspection team did not seek to assess the validity of these individual complaints as part of the remote inspections, but rather considered them as we assessed the overall situation at the facility during the period of our review.

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

⁵ On April 6, the BOP stated that it would issue face coverings to all staff and inmates and that staff "do not need to bring in or use their own masks." BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Update—Use of Face Masks, April 6, 2020.

On April 14, the Department directed the wearing of cloth face masks or coverings within common area DOJ facilities and workspaces. Deputy Attorney General, U.S. Department of Justice, memorandum for Department of Justice Employees, Use of Face Coverings in Department of Justice Workplaces, April 14, 2020.

staff and Hotline complaints from inmates received by the OIG indicated that staff and inmates perceived deficiencies in this area.

- FCC Coleman reviewed 919 potentially eligible inmates for home confinement under the Attorney General's home confinement memoranda. Although 623 inmates were denied transfer due to having violent criminal or sexual offenses, detainers, or not meeting the minimum recidivism score, we found that Coleman transferred 193 inmates to home confinement or an RRC and approved the placement of an additional 73 under the Attorney General's and the BOP's COVID-19 guidance. However, as of June 14, 2020, only 72 inmates (64 percent) were approved for home confinement compared to the April 12 list of approximately 113 minimum and low security FCC Coleman inmates with 6 months or less remaining on their sentence.

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

COVID-19 at FCC Coleman



FCC Coleman, a BOP-managed complex in Sumter County, Florida, houses over 5,770 male and female inmates across 5 facilities: 2 high security U.S. Penitentiaries (USP), an FCI Medium, an FCI Low, and a minimum security Camp. As a Care Level 2 and 3 complex, FCC Coleman's population includes inmates with chronic care needs and inmates requiring specialized medical care.⁶

FCC Coleman's first staff positive test for COVID-19 occurred on March 30, 2020; as of January 3, FCC Coleman had 175 staff members test positive for COVID-19. On August 31, a Coleman staff member died due to COVID-19 related illnesses. Coleman's infection rate for staff, as of January 3, was approximately 1 in 8. In comparison, as of January 3, Sumter County, with a population of 132,420, had reported

⁶ BOP officials assign each inmate a care level based on the inmate's individual medical needs. Care levels range from Care Level 1 for the healthiest inmates to Care Level 4 for inmates with the most serious medical conditions. The BOP also assigns each institution a care level from 1 to 4, based on the institution's level of medical staffing and resources. The goal of the care level system is to match inmate medical needs with institutions that can meet those needs. A Care Level 2 institution is capable of treating inmates with conditions requiring clinical contact every 3 months. A Care Level 3 institution is capable of treating inmates with conditions requiring daily to monthly clinical contact.

5,350 cases of COVID-19, an infection rate of approximately 1 in 25.⁷ FCC Coleman's first inmate positive COVID-19 test occurred on April 13, 2020. This inmate was housed at FCI Low. As of January 3, a total of 833 Coleman inmates had tested positive for COVID-19 and 5 had died.⁸

FCC Coleman COVID-19 Data

Inmate Population as of January 3, 2021^a



5,288

Active Inmate Cases as of January 3, 2021^b



15

Inmate COVID-19 Deaths as of January 3, 2021



5

Active Inmate COVID-19 Cases Over Time, March 31, 2020–January 3, 2021^b



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

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

Data Source: BOP

⁷ See also U.S. Census Bureau, "[Quick Facts: Sumter County, Florida](https://www.census.gov/quickfacts/sumtercountyflorida)," www.census.gov/quickfacts/sumtercountyflorida (accessed January 4, 2021).

⁸ On July 12, an inmate died as a result of COVID-19 associated medical issues. This inmate was initially being treated at a community hospital for non-COVID-19 related issues when he tested positive for COVID-19 on July 6. See BOP, Press Release, "[Inmate Death at FCI Coleman \(Medium\)](#)," July 14, 2020, www.bop.gov/resources/news/pdfs/20200714_press_release_cox.pdf (accessed January 4, 2021).

On August 3, another inmate died as a result of COVID-19 associated medical issues. This inmate had been housed at the Camp. See BOP, Press Release, "[Inmate Death at FCI Coleman Satellite Camp](#)," August 3, 2020, www.bop.gov/resources/news/pdfs/20200804_press_release_coleman.pdf (accessed January 4, 2021).

On August 18, a third inmate died as a result of COVID-19 associated medical issues. This inmate had been housed at FCI Medium. See BOP, Press Release, "[Inmate Death FCI Coleman \(Medium\)](#)," August 19, 2020, www.bop.gov/resources/news/pdfs/20200819_press_release_coleman.pdf (accessed January 4, 2021).

On October 19, a fourth inmate died as a result of COVID-19 associated medical issues. This inmate had been housed at USP Coleman II. See BOP, Press Release, "[Inmate Death USP Coleman II](#)," October 19, 2020, www.bop.gov/resources/news/pdfs/20201019_press_release_eagle_elk.pdf (accessed January 4, 2021).

On December 2, a fifth inmate died as a result of COVID-19 associated medical issues. This inmate had been housed at FCI Medium. See BOP, Press Release, "[Inmate Death at FCI Coleman \(Medium\)](#)," December 9, 2020, www.bop.gov/resources/news/pdfs/20201210_press_release_col.pdf (accessed January 4, 2021).

As of January 3, FCC Coleman's inmate infection rate was approximately 1 in 6.

DOJ Federal Staff as of
January 3, 2021



1,322

Active Staff Cases as of
January 3, 2021



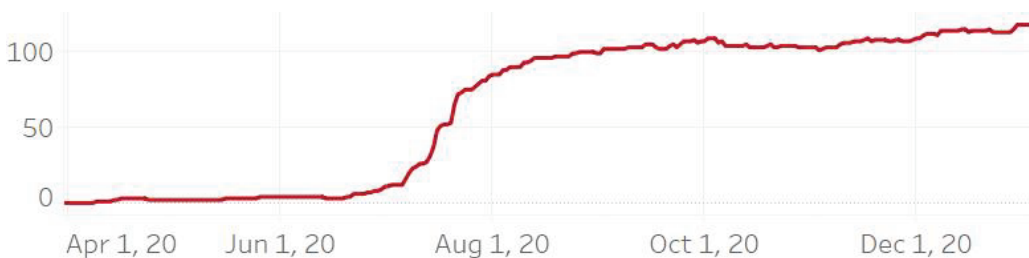
118

Staff COVID-19 Deaths
as of January 3, 2021



1

Active Staff COVID-19 Cases Over Time, March 31, 2020–January 3, 2021



Data Source: National Finance Center

Total Confirmed Sumter County COVID-19 Cases Over Time, March 31, 2020–January 3, 2021^a



^a Total confirmed cases are cumulative positive COVID-19 cases.

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

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INSPECTION RESULTS

Medical Staffing Shortages

FCC Coleman management and Health Services staff identified medical staffing shortages as the greatest challenge facing FCC Coleman in its efforts to combat COVID-19.⁹ At the time of our inspection, although the Health Services Department was authorized 83 medical personnel, we found that it had only 66 medical personnel on hand, a 79.5 percent fill rate.¹⁰ We determined that the medical vacancies included Medical Officers, Physician's Assistants, Medical Technicians, Registered Nurses, and Quality Improvement and Infectious Disease Control Nurses. In addition to maintaining its regular medical services, the Health Services Department had to fulfill the BOP's COVID-19 modified operations and response requirements, such as daily entrance screenings of staff and visitors, twice daily temperature checks of inmates in quarantine units, symptomatic treatment of inmates in medical isolation units, twice daily medical rounds to assess general population inmate needs, and pill and insulin line support for inmates at their cell doors.¹¹ We noted that, in reviewing 31 inmate OIG Hotline complaints pertaining to medical issues at Coleman, 16 inmates cited limited or poor medical care and two inmates cited medical staffing shortfalls.

To mitigate the initial impact of its reduced staffing, the Health Services Department initiated 12-hour shifts for all of its assigned personnel. During our fieldwork, Health Services officials stated that staff were able to fulfill its medical requirements. However, they were concerned about a potential increase in inmates testing positive for COVID-19, especially in the FCI Low or Camp facilities, or a further depletion of medical staff due to infection or for some other reason. They felt that if either was to occur the institution would not be able to meet COVID-19 requirements without assistance from the BOP Central Office. The OIG conducted a follow up interview with FCC Coleman executive staff on July 15, 2020 to discuss the surge in inmate and staff COVID-19 cases. The Coleman executive staff told the OIG that the increase in COVID-19 infections further stretched its medical resources and that Coleman requested additional medical

⁹ The World Health Organization declared COVID-19 a pandemic on March 11.

¹⁰ The FCC Coleman Health Services Department is composed of both BOP medical staff and U.S. Public Health Service Officers. Of the 63 authorized BOP medical staff positions, 12 positions were vacant at the time of our inspection. Of the 20 authorized Public Health Service officer positions, there were 5 vacancies.

In comparison, FCC Coleman has 667 authorized custody staff positions with 608 custody staff on hand, a 91.2 percent fill rate. On May 10, FCI Marianna sent 18 Correctional Officers to FCC Coleman to support COVID-19 specific posts such as the quarantine and medical isolation units.

¹¹ Per BOP guidance, FCC Coleman screened all personnel who entered the complex; this included contractors, delivery personnel, and other authorized visitors. As of July 6, FCC Coleman had 167 inmates in quarantine and 87 inmates in medical isolation due to COVID-19.

staffing support from the BOP.¹² According to FCC Coleman executive management, the BOP Central Office provided Coleman with three additional temporary medical staff that consisted of an Infectious Disease Control Nurse, a Registered Nurse, and a Nurse Practitioner.

COVID-19 Screening

Staff Screening

On February 29, the BOP directed institutions to screen staff with potential COVID-19 risk factors, including those who had been in close contact with individuals diagnosed with COVID-19 or who had traveled within the previous 14 days through or from locations identified by the CDC as having increasing epidemiological risk.¹³ According to documents we reviewed, on March 18 FCC Coleman began screening staff who had traveled outside Florida during the preceding 14 days. On March 26, the BOP mandated that all institutions apply a screening tool, an example of which is shown in this image, for all staff prior to their entering the institution.¹⁴ Although the BOP updated the staff screening tool and added additional symptoms as more was learned about COVID-19, the tool generally consisted of three parts: (1) Temperature reading, (2) Signs of COVID-19 symptoms, and (3) Notification of Local Human Resources Department if the staff member was placed on leave.

CORONAVIRUS DISEASE 2019 (COVID-19) STAFF SCREENING TOOL

DATE: _____

1. Temperature: _____ °F		Method: Mouth Ear Forehead	
<input type="checkbox"/> If Temperature (Mouth) ≥ 100.4°F, or Temperature (Ear) ≥ 101°F, or Temperature (Forehead) ≥ 100°F Then Deny Access, Place on Leave (Not Safety & Wellness Leave) for 3 days + STOP HERE & Proceed to Section 3			
2. Signs (Employee Complete)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	New On-Set Cough	# of Days _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Onset Trouble Speaking because of Needing to take a Breath		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stuffy/Runny Nose		
➤ Contact the Medical Officer on Call for the Institution to provide Disposition ✓ Disposition by Medical Officer Assessment: <input type="checkbox"/> Leave <input type="checkbox"/> Work			
3. Notification of Local Human Resources Department			
<input type="checkbox"/> If Individual is placed on leave for Section 1 or 2, Then share document with HR Office for T&A purpose ➤ HR <input type="checkbox"/> Please have HSD place this document in the Employee's Medical Folder (Blue Folder) if leave is indicated			

Staff Name (Last, First): _____ Year of Birth (Year): _____

Institution: _____ State: _____

March 2020, Version 2.8

¹² Between July 1 and 15, Coleman had an increase of 102 inmates testing positive for COVID-19. According to the BOP's webpage on July 16, the majority, 86 inmates, were housed in FCI Medium. BOP, "COVID-19 Coronavirus," www.bop.gov/coronavirus (accessed January 4, 2021).

¹³ BOP, memorandum for All Clinical Directors, Health Services Administrators, Quality Improvement/Infection Prevention Coordinators, Guidance Update for Coronavirus Disease 2019 (COVID-19), February 29, 2020.

¹⁴ The BOP's guidance included a copy of the staff screening tool. BOP, memorandum for all Chief Executive Officers, Coronavirus (COVID-19) Phase Four Action Plan, Update 1, March 26, 2020. In its Phase Seven Action Plan, the BOP reiterated that the staff screening included self-reporting and temperature checks. BOP, memoranda for all Chief Executive Officers, Coronavirus (COVID-19) Phase Five Action Plan, March 31, 2020, and Coronavirus (COVID-19) Phase Seven Action Plan, May 18, 2020.

We determined that on March 25 Coleman initiated entrance screening for all staff and visitors, which included temperature checks and completion of the screening tool.¹⁵ We found that the screening, which was conducted prior to staff and visitors entering the complex, was performed by Health Services staff, including its only Social Worker, as well as the Dental Hygiene and Physical Therapy staff. At the screening site, the screening personnel were required to check the temperature of all arriving employees and ask questions about respiratory and other COVID-19 related symptoms and about whether the staff member had had contact with a known COVID-19 case. According to Coleman management and staff we interviewed, those who passed the screening were issued a color-coded, date-stamped ticket to gain access in to the complex and those for whom the screening detected concerns about COVID-19 were denied entry.

Although Coleman promptly arranged for staff screenings upon receiving the BOP's screening directives, we received conflicting statements about whether the screening tool was always used fully and as intended. For example, several staff members told us that staff screenings consisted of the Part 1 temperature check only; they were not given a screening tool to fill out or questioned about symptoms that they may have been experiencing as outlined in Part 2. After our fieldwork, in a follow-up interview, the OIG advised the FCC Coleman executive staff that Coleman staff members had told us that they were not always asked by screening staff whether they had COVID-19 symptoms. The executive staff reiterated to us that the institution had always and was still conducting temperature checks and applying the staff COVID-19 symptom screening tool either by the screening staff asking the employees whether they had COVID-19 related symptoms or by employees telling the screening staff if they had symptoms per BOP policy. However, Coleman executive staff also stated that staff may not have been as quick to report COVID-19 symptoms to the screening staff when they were not asked. We believe that the extent to which the staff screening tool was not always used, or that staff members did not always self-identify when having COVID-19 symptoms, created a risk that staff who may have had some COVID-19 symptoms, but not a fever, were allowed to enter the complex and infect coworkers and inmates alike.

Inmate Screening

BOP guidance did not direct that existing inmates be screened; rather, it provided, in a memorandum on March 13, that symptomatic inmates with exposure risk factors for COVID-19 were to be "isolated and tested" consistent with local health authority protocols.¹⁶ (See our discussion of inmate COVID-19 testing processes below.) Consistent with this BOP guidance, Coleman Health Services officials told us that inmates in general population were not screened for COVID-19 symptoms; rather, inmates were requested to inform custody or medical staff if they believed they were developing COVID-19 symptoms.

¹⁵ FCC Coleman initiated staff and visitor screening protocols in advance of the BOP's directives as outlined in the BOP's March 26 memorandum. On March 26, Coleman also directed its staff to self-identify and notify Human Resources if a member of their household had been tested for COVID-19.

¹⁶ BOP, memorandum for All Chief Executive Officers, March 13, 2020.

On January 31, the BOP issued to its Health Services staff guidance that described symptoms of COVID-19, its connection to China and international travel, and required screening of newly arriving inmates.¹⁷ According to Health Services staff interviews and documentation, on February 26 FCC Coleman initiated COVID-19 screening measures for inmates arriving at Coleman from outside of the BOP system, such as self-surrenders, U.S. Marshals Service transfers, or county jail transfers. Additionally, Coleman was quarantining asymptomatic inmates with exposure to COVID-19 risk factors. Senior Health Services staff told the OIG that inmates who had been in contact with a positive COVID-19 tested inmate, inmates transferring in, and inmates being released or transferred out of the complex were placed into 14-day quarantine before being placed in general population or transferred from the institution.¹⁸ According to Health Services staff interviews and FCC Coleman internal memoranda, inmates in quarantine units received twice daily temperature checks and inmates in medical isolation units received a daily temperature check, as well as individualized treatment of symptoms.

COVID-19 Testing

As noted above, on March 13 the BOP issued guidance to institutions stating that symptomatic inmates with COVID-19 exposure risk factors should be “isolated and tested” consistent with local health authority protocols and that asymptomatic inmates with exposure risk factors were to be quarantined.¹⁹ On May 19, the BOP issued expanded testing indications and priorities guidance to all institutions, stating that, while tests of symptomatic inmates were still a high priority, testing of asymptomatic inmates meeting a number of conditions would also be considered high priority.²⁰

We found that FCC Coleman complied with the BOP’s March 13 directive concerning testing of symptomatic inmates with COVID-19 exposure risk factors. However, as of August 26, FCC Coleman was testing only some categories of asymptomatic inmates the BOP classified as “high

¹⁷ BOP, Guidance on 2019 Novel Coronavirus Infection for Inmate Screening and Management, January 31, 2020.

¹⁸ Inmates returning from any outside medical appointment or hospital visit were also screened. Inmates with COVID-19 symptoms were placed in medical isolation; asymptomatic inmates were placed in a 14-day quarantine. The first inmate who tested positive for COVID-19, on April 13, was placed in the FCI Low Medical Isolation Cell. Additionally, due to the facility’s open, dormitory-style layout, all FCI Low inmates were placed in quarantine status for 14 days.

¹⁹ BOP, memorandum for All Chief Executive Officers, March 13, 2020.

According to CDC guidelines, the CDC did not prioritize testing asymptomatic inmates. CDC, “[Overview of Testing for SARS-CoV-2](https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-criteria.html),” updated October 21, 2020, www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-criteria.html (accessed January 4, 2021).

²⁰ BOP, COVID-19 Testing: Indications for Testing of Inmates in the Federal Bureau of Prisons, May 19, 2020. The BOP suggested prioritizing testing as high, intermediate, or low. High priority testing included asymptomatic inmates “with close or direct contact with a confirmed or suspect COVID-19 case,” “new to the BOP admissions/intakes,” “prior to release from quarantine,” and “in open housing.” Intermediate priority testing included asymptomatic inmates “departing a BOP facility for home confinement, regional reentry center, or full term/good conduct release.” The low priority suggested testing of “all inmates at the institution without any known COVID-19 cases as part of an institution-wide surveillance program.”

priority” as indicated in the BOP’s May 19 testing guidance. Specifically, Coleman documentation stated that it was testing (1) asymptomatic inmates who had been in direct contact with inmates who were symptomatic or had tested positive for COVID-19, (2) all inmates assigned to work details throughout the complex, and (3) inmates going to hospitals or medical offices or being transferred either to an RRC or to home confinement. Coleman was not testing asymptomatic inmates who were new BOP admissions and intakes, inmates prior to planned release from quarantine, and inmates in open housing or medical units with possible widespread transmission of COVID-19, even though the May 19 testing guidance also listed these categories as high priority. According to Coleman executive staff, Coleman was unable to test asymptomatic inmates living in open, dormitory-style settings due to lack of resources, such as test kits, which were largely being used to manage a surge in inmate positive COVID-19 cases that Coleman was experiencing near the end of June.

During our COVID-19 remote inspections, we learned that testing asymptomatic inmates allowed other institutions that had experienced high positive COVID-19 cases at the outset of the pandemic to identify and medically isolate COVID-19 positive inmates who might not otherwise have been identified through symptom screening or symptom-based testing. A tool that assisted institutions in doing this was the rapid test machine. At the beginning of our fieldwork, FCC Coleman executive staff told us that they did not have a rapid test machine.²¹ Instead, Coleman sent its COVID-19 test kits to the local diagnostics laboratory (lab), which provided results in an average of 3 to 5 days. Even though the rapid test machine returned test results much faster, Coleman Health Services officials told us that they had more confidence in the lab testing because the rapid test machine produced more false negatives.

In response to a working draft of this report, Coleman advised the OIG that it had obtained two rapid test machines, one on May 21 and another on June 5. According to documentation provided by FCC Coleman, its primary use for the COVID-19 rapid test machines was to test inmates who were either symptomatic or may have been exposed through direct or close contact with someone with COVID-19. Additionally, as more lab and rapid test kits became available, Coleman was able to conduct COVID-19 mass testing of its inmate population on July 2 for its FCI Medium

²¹ On April 24, the BOP announced the deployment of rapid test machines “based on facility need to contain widespread transmission and the need for early, aggressive interventions required to slow transmission at facilities with a high number of at-risk inmates such as medical referral centers.” BOP, “[BOP Expands COVID-19 Testing](https://www.bop.gov/resources/news/20200424_expanded_testing.jsp),” April 24, 2020, www.bop.gov/resources/news/20200424_expanded_testing.jsp (accessed January 4, 2021).

According to Coleman’s acting Health Services Administrator, on April 3 FCC Coleman contacted a rapid COVID-19 test machine manufacturer to inquire about obtaining a rapid test machine. The company informed Coleman that the rapid test machines were federally regulated and that Coleman would not be able to obtain one.

According to the BOP’s website, the primary role of the rapid test machine is “rapid testing of newly symptomatic cases to confirm the diagnosis quickly.” According to BOP officials, commercial laboratory tests are generally more accurate than the rapid tests, but it takes approximately 2 days to process commercial laboratory test results.

facility and during the week of July 20 for its USP I and II facilities.²² FCC Coleman began mass testing for the FCI Low facility during the week of November 6.

At the time of our inspection, FCC Coleman had three inmates test positive for COVID-19 but had no deaths.²³ Coleman management told us that an inmate housed at FCI Low showed early symptoms of COVID-19 on April 3. In accordance with BOP guidelines, this inmate was subsequently placed in medical isolation and tested for COVID-19.²⁴ Coleman sent the test kit to the lab and received a negative result on April 6. Despite initially receiving a negative test result, Coleman kept the inmate in medical isolation, where the inmate continued to display increased COVID-19 symptoms over the next several days. On April 9, Coleman did a second test; the April 13 lab results indicated that the inmate was positive for COVID-19 and the inmate remained in medical isolation.²⁵

Coleman Health Services officials stated that, in accordance with BOP guidance, any inmate showing COVID-19 symptoms would be placed in medical isolation and would be returned to the general population only after being symptom free for 10 days and receiving two negative test results.²⁶

During our inspection, Coleman did not test staff for COVID-19, and, at no time between March and December 14, did BOP policy require institutions to test staff for COVID-19.²⁷ In June, the BOP Medical Director told us that staff are the primary vulnerability for introduction of COVID-19 into institutions and that testing staff could help mitigate the spread of the disease in institutions. However, he noted that the BOP cannot mandate staff COVID-19 testing as a condition of

²² According to FCC Coleman's Health Service staff, Coleman received 100 lab test kits and 75 rapid test kits per week.

²³ As of January 3, 2021, 833 FCC Coleman inmates had tested positive for COVID-19 and 5 inmates had died from COVID-19 related medical issues.

²⁴ At Coleman, inmates were medically isolated and tested for COVID-19 if they had a fever of 100.4 degrees or greater or they had a cough, shortness of breath, night sweats, chills, headaches, sore throat, and/or decrease in taste or smell.

²⁵ According to Coleman executive management, this inmate subsequently recovered from COVID-19.

²⁶ BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Six Action Plan, April 13, 2020. The guidance to institutions on releasing inmates from medical isolation states that inmates must meet either symptom-based or test-based criteria. The test-based criterion specifies that the inmate must receive negative results from two molecular tests performed at least 24 hours apart, in addition to fever and respiratory symptoms having abated. Coleman medical staff exceeded this 24-hour standard by waiting an additional 1 to 2 days between administering follow-up tests.

²⁷ At the time of our inspection, neither BOP nor CDC guidance required institutions to test staff for COVID-19. The CDC recommended that correctional and detention facilities determine, in collaboration with state and local health officials, whether and how to implement testing strategies. The CDC further recommended that implementation of testing strategies "should be guided by what is feasible, practical, and acceptable, and should be tailored to the needs of each facility." The CDC recommended that correctional facilities consider broader testing of staff, beyond testing only close contacts of confirmed COVID-19 cases, when "contact tracing is not practicable, or if there is concern for widespread transmission following identification of new-onset COVID-19 infection among [inmates] or staff." See CDC, "[Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html)," December 3, 2020, www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html (accessed January 4, 2021).

employment and that the BOP's ability to test staff is limited by resources because testing all staff would be labor intensive. Therefore, in lieu of requirements and in line with CDC recommendations, the BOP encouraged the development of community partnerships through which staff could choose to be tested. The BOP's Phase Seven Action Plan, issued on May 18, encouraged Wardens to identify and publish possible testing sites in the community where interested staff could be tested. According to FCC Coleman executive staff, Coleman coordinated with the local county health department clinics and testing centers to assist its staff in obtaining COVID-19 testing and provided its staff with a list of County Testing Sites. In September, BOP officials informed the OIG that in July the BOP awarded a contract with an outside provider to offer testing to federal staff. The contract, which ended September 30 and was followed by another contract awarded on October 1, is intended to supplement the community testing resources, especially where those resources are limited.

Staff Confusion Regarding Work Status after COVID-19 Exposure

We found that, compared to BOP staff overall, more Coleman staff were confused regarding whether to return to work or be in a leave status if they tested positive for COVID-19 or if they were awaiting a COVID-19 test result due to exposure to COVID-19. In an April 6 email, the BOP Central Office provided the institutions with guidance for when staff could return to work after testing positive for COVID-19.²⁸ The BOP's guidance aligned with CDC guidance addressing critical infrastructure workers, which was intended to ensure that an adequate number of critical workers remained on the job. Specifically, the guidance stated that staff who tested positive for COVID-19 could return to work when:

- at least 3 days (72 hours) had passed since recovery, defined as resolution of a fever without the use of fever-reducing medications;
- respiratory symptoms had improved; and
- at least 7 days had passed since the symptoms first appeared.

The email also addressed guidelines for asymptomatic and symptomatic staff who had had prolonged close contact with a COVID-19 positive individual. For example, asymptomatic staff were required to return to work; maintain temperature monitoring and symptom checks upon arriving to work; and, when not at work, quarantine for a period of 14 days. Only staff exhibiting symptoms were directed to not report to work and to alert their local health department or personal healthcare provider.

²⁸ BOP Occupational Safety and Health Branch, email to Clinical Director/All Institutions, Staff Return to Work from COVID Testing or Exposure, April 6, 2020.

We found that Coleman staff were more confused about the policy than staff BOP-wide.²⁹ For example, according to the OIG survey responses from Coleman staff, we found that only 36 percent of staff respondents (109 of 304) correctly responded that even if they were exposed to COVID-19 they should continue reporting to work unless they had symptoms, compared to 45 percent of the BOP-wide staff. The survey responses also showed that 62 percent of Coleman staff disagreed that the guidance was clear, whereas only 42 percent of BOP-wide staff responses disagreed that the guidance was clear. In our interview with the BOP Medical Director, he acknowledged that staff did not understand the BOP's directives to continue working instead of being placed on quarantine. However, he emphasized that the BOP follows the CDC's critical infrastructure guidance; otherwise, the BOP would not have personnel to staff its institutions.

Limitations of Modified Operations

Social Distancing

On March 13, the BOP directed Wardens to immediately "implement modified operations to maximize social distancing in [BOP] facilities" to the extent practicable.³⁰ Although FCC Coleman

²⁹ The CDC updated its March 23 guidance to address critical infrastructure workers, stating that asymptomatic workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community. These precautions consisted of the employer screening the staff member, before allowing the staff member to enter the facility, to assess his or her temperature and symptoms; the staff member self-monitoring for temperature or symptoms; the staff member wearing a mask in the workplace at all times for 14 days after last exposure; the staff member maintaining 6 feet of social distancing as work duties permit in the workplace; and cleaning and disinfecting work spaces. The CDC's guidance used the U.S. Cybersecurity and Infrastructure Security Agency's definition, which categorizes law enforcement, including personnel in corrections, as critical infrastructure workers. CDC, "[Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html)," April 8, 2020, www.web.archive.org/web/20200408233348/https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html (accessed January 4, 2021).

The CDC's March 23 guidance, which was not specific to critical infrastructure workers, provided initial guidance that advised all correctional facility personnel to quarantine for 14 days after exposure to COVID-19. CDC, "[Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)," March 23, 2020 (updated October 21, 2020), www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html (accessed January 4, 2021).

³⁰ BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Two Action Plan, March 13, 2020.

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

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had adequate space available to quarantine and medically isolate inmates within the complex, we found that the physical layout of FCI Low and the Camp made social distancing difficult. Both FCI Low and the Camp have open, dormitory-style housing, as well as communal shower and washroom areas. Unlike FCI Medium and the USPs, FCI Low and the Camp do not have individual cells with locking doors. Instead, inmates are housed within an approximately 5-foot-high block wall with open cubicle cells for sleeping quarters, as shown in the photograph. The inmates are also free to move about their assigned unit to use the communal shower and washroom areas. (Additional photographs in [Appendix 4](#) show the differences in inmate housing at the complex.) One of FCC Coleman's inmates who tested positive for COVID-19 had been housed in FCI Low. According to senior Health Services officials, when this inmate became symptomatic of COVID-19 and was subsequently placed in medical isolation, officials also placed nearly 1,000 FCI Low inmates in quarantine. A similar COVID-19 infection within the Camp would create the same scenario; the affected unit would need to be placed in quarantine.³¹ Twenty-two percent (21 of 97) of the inmate Hotline complaints we received stated that social distancing in FCI Low and the Camp is "impossible" due to the open, dormitory-style layout and inmates sleeping close to each other. Several of these inmates expressed anxiety that they would die from COVID-19 because of the inability to socially distance.



FCI Coleman Low and the Camp have open, dormitory-style housing, as shown here. Two inmates occupy each "cubicle," which contains two beds (bunk or side by side) and a dresser for each inmate.

Source: BOP, with OIG Enhancement

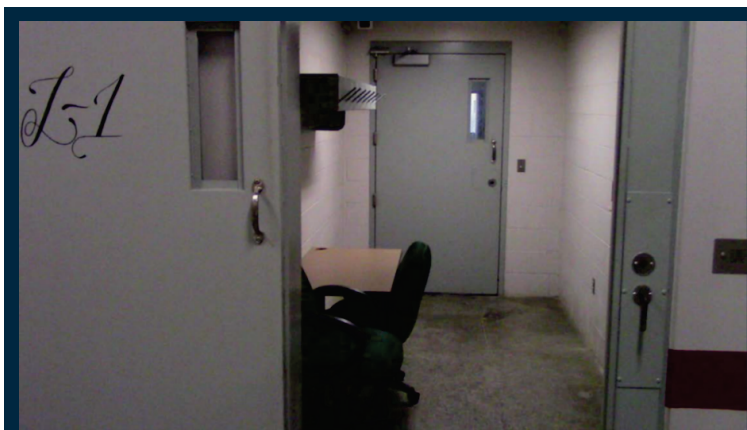
Social distancing, also called "physical distancing," means keeping at least 6 feet between people and avoiding group gatherings. In a correctional setting, the CDC recommended implementing a host of strategies to increase the physical space between inmates (ideally 6 feet between all individuals, regardless 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," March 23, 2020 (updated October 21, 2020).

³¹ According to the BOP's institution location webpage, as of July 10 Coleman's Camp, which is adjacent to FCI Low, housed 217 female inmates. BOP, "[FCI Coleman Low](#)," July 10, 2020, www.bop.gov/locations/institutions/col (accessed January 4, 2021).

Medical Isolation and Quarantine

In addition to FCC Coleman's standard medical isolation rooms, we found that as early as March 27 Coleman had established temporary quarantine units and by April 14 had established additional temporary medical isolation units.³² Specifically, both USPs established quarantine units for their assigned high security inmates. Additionally, USP-1 established a medical isolation unit for both high and low security inmates and USP-2 established a medical isolation unit for high and medium security inmates.³³

In a follow-up interview the OIG conducted with Coleman executive staff on July 15, 2020 to discuss the surge in positive-tested inmates, executive staff told the OIG that at that time, Coleman had adequate availability of quarantine and medical isolation units. They stated that Coleman also created medical isolation units at FCI Medium and at the Camp that houses female inmates. In the OIG survey results, we found that 60 percent (177 of 295) of the survey respondents agreed that inmates diagnosed with or showing symptoms of COVID-19 were sufficiently segregated from other inmates to mitigate the virus spreading.



Sallyport Entrance to the USP Medical Isolation Unit, Where Staff Don Their PPE Before Entering

Source: BOP, with OIG Enhancement

Staff and Inmate Movements

Overall, we found that FCC Coleman complied with the BOP's guidance for controlling staff and inmate movements, as well as quarantining and medically isolating inmates.³⁴ Coleman management and staff told us that as of April 1 staff were restricted to working within their

³² According to the CDC, isolation is used to separate people who are infected with the virus (those who are sick with COVID-19 and those with no symptoms) or have COVID-19 symptoms from people who are not infected. BOP officials told us that its staff are not isolating inmates who are awaiting test results unless they are symptomatic. In a correctional setting, the CDC recommended using the term "medical isolation" to distinguish it from punitive action. See CDC, "Interim Guidance," March 23, 2020 (updated October 21, 2020).

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 recommended, 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," March 23, 2020 (updated October 21, 2020).

³³ Each medical isolation has approximately 65 cells. Inmates in quarantine and in medical isolation are housed one to a cell.

³⁴ BOP, memoranda for All Chief Executive Officers, Coronavirus (COVID-19) Phase Two Action Plan, March 13, 2020; Phase Four Action Plan, March 26, 2020; Phase Five Action Plan, March 31, 2020; Phase Six Action Plan, April 13, 2020; Phase Seven Action Plan, May 18, 2020; and Phase Eight Action Plan, July 1, 2020.

assigned areas of their assigned facility and that they would retain the same assignments for 30 days to further reduce the spread of COVID-19.³⁵ During normal operations, quarterly rosters would have been changed to allow staff to rotate to other posts in the complex.³⁶ We found that, as part of the virus mitigation efforts, Coleman staff were not allowed to cross over into other facilities within the complex although they were allowed to work across the units within their assigned facility. We also found that Coleman limited the number of doors through which staff could enter and exit each unit to reduce staffing requirements and restrict movement to prevent cross-contamination. Coleman also employed a Temporary Job Modification to allow staff with high risk medical conditions to be assigned to areas that allowed greater social distancing.³⁷ According to OIG survey responses, 80 percent of Coleman staff were aware of Coleman's increased social distancing and only 20 percent of respondents (56 of 276) did not know how Coleman was increasing its social distancing posture.

As discussed in the Conditions of Confinement section below, prior to the surge in positive inmate cases, with the exception of meals and access to showers, telephone, and TRULINCS terminals, inmates were confined to their cells while Coleman was in enhanced modified operations.³⁸ Through interviews with management and staff, as well as internal FCC Coleman documentation, we found that Coleman increased inmate social distancing through staggering the times that inmates were allowed out of their cells. For example, we found that each of the facilities had defined movement and access times and that inmates were moved in groups of 25 to 30.³⁹ As a

³⁵ The staff movement restrictions also applied to staff working overtime. They were allowed to perform overtime duties within their assigned facility only. These movement restrictions remained in place throughout subsequent releases of the BOP's Action Plan phases.

³⁶ On March 31, the BOP issued guidance that staff at institutions with COVID-19 cases were to "limit their movements to the areas to which they are assigned...whenever feasible to help control the spread of the infection." See BOP, memorandum for All Chief Executive Officers, March 31, 2020. In subsequent guidance, the BOP reinforced staff social distancing by mandating that staff did not change post assignments unless to fill a vacant post and by permitting changes in shift hours provided the location remained the same. See BOP, memorandum for All Chief Executive Officers, April 13, 2020.

³⁷ Temporary Job Modifications allow the BOP to place staff members at work posts different from their normal job responsibilities.

On March 20, FCC Coleman's Human Resources Office specified that high risk medical conditions include heart disease, diabetes, lung disease, asthma, and other conditions listed by the CDC. See FCC Coleman, email to All Staff, COVID-19 HIGH RISK Employees Requesting Accommodations, March 20, 2020.

³⁸ Prior to the surge in COVID-19 cases, inmates at FCI Low and the Camp, as well as FCI Medium inmates, obtained their meals from Food Services and went back to their cells to eat. Inmates at the USPs had their meals delivered to them by staff. Enhanced modified operations, also referred to as a "Modified Lock Down," was not punitive in nature, but was enacted to maximize social distancing.

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

³⁹ Each Coleman facility had established schedules outlining inmates' movement and access times. For example, an April 14 memorandum for FCI Medium inmates had a daily schedule that identified when inmates would be allowed to

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result of the surge in positive cases and associated increases in quarantine requirements, specifically at the FCI Medium, FCI Low, and Camp facilities, Coleman further restricted staff and inmate movements to mitigate the spread of COVID-19. For example, prior to the surge, the inmates at FCI Medium, FCI Low, and the Camp were going to Food Services to obtain their meals and returning to their cells to eat. Post surge, all meals were delivered to the inmates by Coleman staff. Additionally, all recreational time outside of cells was temporarily suspended pending a review by management.

We also found that FCC Coleman adjusted the movements of its inmate orderlies. Management and staff that we interviewed told us that select inmates housed in each unit were assigned as orderlies for that unit to clean the shower areas and frequently touched surfaces, such as handrails, as well as to sanitize phones and computer terminals after each use. Although 57 percent of staff (163 of 287) who responded to our survey and 10 inmate Hotline complaints identified more cleaning supplies as an immediate need for FCC Coleman, during our fieldwork Coleman management and staff told us that there was an abundant supply of cleaning items. During a review of FCC Coleman documents, we found that as of May 22 Coleman had an average daily supply of over 530 gallons of HDQC-2 cleaning solution.⁴⁰

Conditions of Confinement

FCC Coleman began implementing the BOP's Phase Two Action Plan on March 14 by suspending all official travel and training, social and volunteer visits, and legal visitation for 30 days.⁴¹ Although the BOP further modified operations beginning March 31, we found that Coleman inmates continued to receive essential services such as medical, religious, and education; access to showers, telephones, and TRULINCS terminals; laundry; and commissary. Specifically, with the exceptions stated in the Staff and Inmate Movements section above, we found that:

use the phone, TRULINCS terminals, and showers. See FCC Coleman, memorandum for Medium Inmate Populations, Shower, Phone and Computer Schedule, April 14, 2020.

⁴⁰ HDQC-2 cleaning solution is a neutral pH, quaternary disinfectant cleaner formulated to kill a broad spectrum of microorganisms on high gloss floors; walls; and other hard, nonporous surfaces.

⁴¹ On March 13, the BOP directed institutions to suspend all legal and social visits for 30 days, which was subsequently extended until further notice. BOP, memoranda for All Chief Executive Officers, March 13, 2020, and Coronavirus (COVID-19) Extension to Phase Nine Action Plan, November 1, 2020.

The Action Plan, as well as FCC Coleman guidance, specified that legal visits could be approved on a case-by-case basis and that inmate telephone minutes would be increased to compensate for the temporary prohibition on in-person visits. While these initial restrictions were to last 30 days, subsequent guidance extended them until further notice. BOP, memoranda for All Chief Executive Officers, March 13, 2020; May 18, 2020; and November 1, 2020.

- Inmates had access to showers, telephones, and TRULINCS for up to 2 hours per day, 3 days a week. Inmates generally remained in their cells at all other times.⁴²
- Modified operations did not affect the frequency of inmates' access to the commissary, which is weekly, or the commissary's offerings or prices.
- According to Coleman management, inmates in general population received two hot meals a day Monday through Friday and one hot meal, brunch, on Sunday.⁴³

Although some FCC Coleman management and staff told us that the inmates had adequate access to hand soap, alcohol-free hand sanitizer, and other handwashing items provided by the BOP or available in the commissary, the OIG's survey and Hotline complaints indicated that some staff and inmates perceived several deficiencies.⁴⁴ For example, 49 percent (142 of 287) of our survey respondents indicated that more personal hygiene items such as soap and hand sanitizer were an immediate need for the inmates. Forty-four percent of survey respondents (130 of 295) disagreed that inmates were provided with a sufficient amount of hand sanitizer when sinks for handwashing were not available. We also reviewed seven inmate Hotline complaints of an inadequate amount of hand sanitizers and limited access to soap.

FCC Coleman inventories and supply requisitions showed that as of May 27 Coleman had over 300 cases of bar soap and that on April 3 Coleman ordered 40 cases of hand sanitizer and 16 manual hand sanitizer dispensers for use throughout the complex.⁴⁵ According to Coleman, these manual dispensers were located in designated areas within each facility. In Hotline complaints, some inmates stated that they had only intermittent access to soap and paper towels for handwashing and that hand sanitizer was not provided by the BOP or that it was not available from the commissary for several weeks.

⁴² According to FCC Coleman, prior to the modified operations for COVID-19, general population inmates at each Coleman facility were allowed out of their cells daily and had access, Sunday through Saturday, to showers, telephones, and TRULINCS terminals. Special Housing Unit inmates had telephone privileges when not subject to restrictions; however, they did not have TRULINCS access.

⁴³ Under ordinary circumstances, the BOP's food service policy requires that inmates receive at least two hot meals a day, although "variations are allowed based on weekend and holiday Food Service demands, provided basic nutritional needs are met." BOP Program Statement P4700.06, Food Service Manual, September 13, 2011, 18.

⁴⁴ Although the CDC recommended using hand sanitizer with at least 60 percent rubbing alcohol by volume to combat COVID-19, the Coleman commissary does not carry alcohol-based sanitizer for inmate purchase due to the risk of inmates attempting to extract the alcohol and use it for other purposes. A Correctional Officer told us that inmates sometimes preferred the commissary hygiene items to the BOP-issued hygiene items.

⁴⁵ Each soap case contains 144 individual soap bars; FCC Coleman restocked its bar soap inventory on May 11, bringing its complex-wide supply count to 500 bar soap cases (72,000 individual soap bars). Each case of hand sanitizer contained four 1-gallon refill containers.

Personal Protective Equipment and Cloth Face Coverings

Overall, we found that FCC Coleman complied with BOP guidance and directives on the use of personal protective equipment (PPE).⁴⁶ Between January 31 and April 6, the BOP issued seven guidance memoranda intended to help its institutions implement evolving CDC guidance concerning the use of PPE and face coverings in various scenarios. On April 6 the BOP provided initial guidance referencing the issuance of face coverings to staff and inmates to reduce the spread of the disease and directed institutions to issue surgical masks as an interim measure—one mask per week to inmates and two per week to staff—to immediately implement CDC guidance, given the close contact environment of correctional institutions.⁴⁷ This directive also advised institutions that UNICOR would manufacture “cloth masks, which will replace the use of surgical masks when received.”⁴⁸

However, the April 6 memorandum neither required the wearing of BOP-issued face coverings nor prohibited the wearing of personal face coverings.⁴⁹ Additionally, while the Department’s April 14 face covering guidance required the use of face coverings in DOJ spaces, it did not prohibit the wearing of personal face coverings.⁵⁰ On April 15, the BOP issued its face covering guidance, which mandated that “all BOP staff and inmates will wear face coverings provided by the agency [BOP].”⁵¹

Prior to the April 15 BOP guidance, we found that Coleman management had prohibited staff from wearing personal face coverings, which caused confusion among some staff about what was

⁴⁶ 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.

As of May 22, FCC Coleman had approximately 2,700 N95 respirators and approximately 77 percent of Coleman staff had been fit tested for N95 respirators.

⁴⁷ Based on the CDC’s April 3 guidance, the BOP stated that it would be issuing face coverings to all staff and inmates and that staff “do not need to bring in or use their own masks.” BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Update–Use of Face masks, April 6, 2020.

The CDC recommended the use of “simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.” CDC, “[Considerations for Wearing Masks](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html),” April 3, 2020, www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html (accessed January 4, 2021).

⁴⁸ Federal Prison Industries, called UNICOR, is a government corporation within the BOP that provides employment to staff and inmates at federal prisons throughout the United States.

⁴⁹ FCC Coleman communicated to staff that they did not need to “bring in or use their own masks.” FCC Coleman, email to All Staff, FCC Coleman COVID-19 Updates–Please Read (04-07-2020), April 7, 2020.

⁵⁰ The Department’s guidance directed the wearing of cloth face masks or coverings within common area DOJ facilities and workspaces. This guidance stated that staff “who have not been issued or do not have their own PPE should fashion face coverings from common materials, such as clean t-shirts or bandanas.” Deputy Attorney General, DOJ, memorandum for Department of Justice Employees, April 14, 2020.

⁵¹ BOP, email to All Staff, Mandatory Use of Face Coverings, April 15, 2020.

and was not authorized as to wearing of personal face coverings, and led to staff concerns that safety was not a priority for management. Specifically, in interviews with staff and in our review of Hotline complaints, some staff members who wore personal face masks to protect themselves and others during the early outbreak of COVID-19 reported that they were directed by management not to wear their personal face mask or were threatened with discipline if they continued to wear a personal face mask within the complex. One complaint, submitted before FCC Coleman began distributing masks, stated that staff members who wore masks were being sent home on their own sick leave. Another complaint noted that a supervisor told a Correctional Officer that wearing a mask would scare the inmates. In an interview with Coleman executive staff, they told us that they followed the BOP's April 15 policy that staff and inmates would wear only agency-issued face coverings. However, in follow-up interviews with staff, despite no clear authorization to wear personal masks, staff told us that, beginning April 26, Coleman management had begun to allow staff to wear personal masks as long as they were of a single color and were "not offensive."

During the week of April 6, FCC Coleman began issuing surgical masks from its institution's supply inventories in accordance with the BOP's initial guidance. According to BOP emails, during the week of April 13 staff received two surgical masks per week and, beginning April 22, received four surgical masks per week. During interviews with staff, we were told that staff could obtain additional surgical masks as needed.⁵² According to FCC Coleman, the UNICOR-produced cloth face coverings were ready for distribution to both staff and inmates as early as April 24. Staff members told us that they began receiving the face coverings during the week of April 27. However, in reviewing Hotline complaints, we found that 16 inmates and 1 staff member alleged that staff were not wearing face masks or cloth coverings as required by BOP policy.⁵³ During a follow-up interview with Coleman executive staff, they told the OIG that the institution took a stronger stance in enforcing proper wearing of PPE and cloth face coverings through increased education and messaging by on-the-spot corrective actions and posters to further mitigate COVID-19 infections within the complex. Our review of OIG survey responses and Hotline complaints found that staff and inmates questioned the quality and effectiveness of the BOP-issued surgical masks and UNICOR-produced cloth face coverings, which resulted in some staff wearing personal face masks because they felt that they provided better protection.

Some staff members stated that the "thin" surgical masks tore easily and that the UNICOR-produced cloth face coverings did not hold up when washed. Specifically, we were told that the ear loops tore out; a BOP National Union Vice President told us that, although the cloth face coverings are washable, the cloth face coverings shrank and shriveled after their first wash,

⁵² As of May 22, FCC Coleman had over 61,000 surgical masks and nearly 2,700 N95 respirators of various sizes in its inventory. As of May 22, Coleman also ordered an additional 35 cases of disposable gowns, 50 gowns per case; 30 boxes of surgical masks, 50 masks per box; and 1,000 face shields.

⁵³ Thirteen of the 16 inmate complaints were submitted prior to Coleman's COVID-19 infection surge.

making them unusable. The OIG obtained a UNICOR-produced cloth face covering and conducted its own wash-dry test per the BOP requirements (see the photographs).⁵⁴

Although several inmates submitted Hotline complaints stating that the cloth face coverings were substandard and not compliant with CDC guidelines, Coleman's acting Health Services Administrator told us that the cloth face coverings provided to inmates were adequate due to the limited time inmates spent outside their cells. According to the BOP, and based on our document reviews, the UNICOR-produced cloth face coverings were made of two layers of 100 percent cotton fabric with elastic on each end to hold onto the face by the ears. These cloth face coverings met the CDC's recommendation that masks with at least two layers of fabric are most likely to reduce the spread of COVID-19.

In response to a working draft of this report, the BOP stated that UNICOR initially used unbleached cotton due to the unavailability of bleached cotton material and the urgency to quickly produce and deploy face coverings while meeting the CDC prescribed requirements. According to UNICOR, the commercial bleaching process produces a pre-shrink and softness to the material. Therefore, UNICOR increased the material size by 10 percent to compensate for the unbleached material and allow for shrinkage during the initial wash. The BOP began using the bleached cotton material as it became available.



UNICOR-produced cloth face covering. All three photos are of the same face covering. The top photo shows a new, unwashed face covering. The middle photo is the face covering after being washed and dried once with other clothes. The bottom photo is the face covering after being manually straightened and smoothed. The testing was conducted by OIG personnel.

Source: DOJ OIG

Use of Home Confinement and Compassionate Release Authorities

In response to the COVID-19 pandemic, the Attorney General authorized the BOP, consistent with pandemic-related legislation enacted in late March 2020, to reduce the federal prison population by transferring inmates from prison to home confinement.⁵⁵ In an April 3 memorandum, the

⁵⁴ According to BOP instructions, before the first use all cloth face coverings were to be laundered with other clothing at the warmest water setting and dried completely.

⁵⁵ William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, Prioritization of Home Confinement as Appropriate in Response to COVID-19 Pandemic, March 26, 2020, www.justice.gov/file/1262731/download (accessed January 4, 2021).

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Attorney General also directed the BOP to “immediately maximize appropriate transfers to home confinement of all appropriate inmates” at those prisons “where COVID-19 is materially affecting operations.”⁵⁶ The BOP assigned to its Central Office the responsibility for developing guidance implementing the Attorney General’s directives and initially identifying inmates who would be considered for possible transfer to home confinement.

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

On April 3, the BOP Central Office sent FCC Coleman a roster identifying a total of 134 inmates who were potentially eligible for transfer to home confinement. Coleman staff reviewed the inmates on the roster to determine whether each inmate met the criteria for home confinement and had a viable home release plan. This review process, coupled with the 14-day prerelease quarantine period the BOP required to ensure that inmates placed into a community did not have COVID-19, resulted in 3 to 4 weeks between the time the Central Office identified an inmate for transfer consideration to the date the inmate was actually transferred to home confinement.

Attorney General and BOP Memoranda Regarding the Use of Home Confinement

On March 26, the Attorney General directed the BOP to prioritize the use of home confinement as a tool to combat the dangers that COVID-19 poses to “at-risk inmates who are non-violent and pose minimal likelihood of recidivism.”⁵⁷ At the time, the BOP had the authority to transfer an inmate to home confinement for the final months of his or her sentence, subject to the following statutory limitations: (1) for any inmate, the shorter of 10 percent of the term imprisonment or 6 months; (2) for an inmate age 60 or older, up to one-third of his or her sentence, if he or she met certain additional criteria; and (3) for a terminally ill inmate, any period of time, if he or she met

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

⁵⁶ William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, Increasing Use of Home Confinement at Institutions Most Affected by COVID-19, April 3, 2020, www.justice.gov/file/1266661/download (accessed January 4, 2021).

⁵⁷ Barr, memorandum for Director of Bureau of Prisons, March 26, 2020.

certain additional criteria.⁵⁸ The Attorney General's memorandum identified a "non-exhaustive" list of factors that the BOP should consider in determining whether to transfer an inmate to home confinement. Those factors included:

- age and vulnerability of the inmate to COVID-19, per CDC guidelines;
- the security level of the institution where the inmate was currently housed, with priority given to those in minimum and low security facilities;
- the inmate's disciplinary history, with inmates who engaged in violent or gang-related activity in prison or incurred a BOP violation during the prior 12 months not receiving priority treatment;
- the inmate's Prisoner Assessment Tool Targeting Estimated Risk and Needs (PATTERN) score, with inmates exceeding a minimum score not receiving priority treatment;⁵⁹
- whether the inmate had a verifiable reentry plan "that will prevent recidivism and maximize public safety"; and
- the inmate's crime of conviction.

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

The following day, on March 27, the President signed into law the CARES Act, which authorized the BOP Director to lengthen the maximum amount of time that an inmate may be placed in home confinement "if the Attorney General finds that emergency conditions will materially affect the functioning of the [BOP]."⁶⁰ The following week, on April 3, the Attorney General issued a memorandum that found, as provided for in the CARES Act, "that emergency conditions are

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

⁵⁹ To assess inmates' recidivism risk, the BOP uses the PATTERN system, which the Department developed in response to the FIRST STEP Act of 2018. The FIRST STEP Act directed the Department to complete its initial risk and needs assessment for each federal inmate by January 15, 2020. Among other things, the assessment calculates inmates' recidivism risk using a point system that classifies inmates into minimum, low, medium, or high risk categories based on: (1) infraction convictions during current incarceration, (2) number of programs completed, (3) work programming, (4) drug treatment while incarcerated, (5) noncompliance with financial responsibility, (6) history of violence, (7) history of escape, (8) education score, (9) age at time of the assessment, (10) instant violent offense, (11) history of sex offense, and (12) criminal history score. For more information, see Office of the Attorney General, *The First Step Act of 2018: Risk and Needs Assessment System-Update* (January 2020), www.nij.ojp.gov/sites/g/files/xyckuh171/files/media/document/the-first-step-act-of-2018-risk-and-needs-assessment-system-updated.pdf (accessed January 4, 2021).

⁶⁰ Pub. L. No. 116-136.

materially affecting the functioning of the [BOP].”⁶¹ As a result of that finding, the BOP Director was authorized by the CARES Act to increase the amount of time that inmates could be placed in home confinement. The memorandum instructed the BOP to “immediately maximize appropriate transfers to home confinement of all appropriate inmates” at those prisons “where COVID-19 is materially affecting operations.” In assessing inmates for transfer to home confinement, the memorandum stated that the BOP should be “guided by the factors in my March 26 Memorandum, understanding, though, that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations.”

In response to the Attorney General’s memoranda, the BOP issued three memoranda, on April 3, April 22, and May 8, 2020. The BOP’s April 3 memorandum provided institutions with “sample rosters...to aid in the identification of inmates who may be eligible for home confinement” and stated that eligible inmates “must be reviewed utilizing [the BOP’s] Elderly Offender Home Confinement Program criteria and the discretionary factors listed in the [Attorney General’s March 26 memorandum].”⁶² As mentioned above, among the discretionary factors were an inmate’s vulnerability to COVID-19 and age, based on CDC guidelines, which included people with underlying medical conditions and, during our inspection, included people age 65 years and older and people of all ages with underlying medical conditions.⁶³ The April 3 memorandum also stated that inmates were required to have “maintained clear conduct for the past 12 months to be eligible.” It further provided that pregnant inmates should be considered for placement in home confinement or an available community program.

The BOP’s April 22 memorandum expanded the number of inmates who were eligible for consideration for transfer to home confinement, as authorized by the Attorney General’s April 3

⁶¹ Barr, memorandum for Director of Bureau of Prisons, April 3, 2020.

⁶² The criteria in the BOP’s Elderly Offender Home Confinement Program generally mirror those found in § 603 of the FIRST STEP Act, 34 U.S.C. § 60541, and require an inmate to, among other things, be at least 60 years old, have served at least two-thirds of his or her prison sentence, and not have been convicted of a crime of violence or sex offense.

⁶³ The CDC stated that people with chronic lung disease, moderate to severe asthma, serious heart conditions, severe obesity, diabetes, chronic kidney disease, and liver disease, particularly if not well controlled, are at high risk for severe illness from COVID-19. The CDC’s guideline also identified people who are immunocompromised as being at risk. The guideline stated that many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. While the CDC previously stated that individuals age 65 years and older were more at risk for serious illness, it later modified this guidance to state that risk steadily increases with age. CDC, “People at Increased Risk,” www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fpeople-at-increased-risk.html (accessed January 4, 2021).

On November 2, the CDC updated its guidance to distinguish between individuals with certain conditions who are at an increased risk of severe illness and those who might be at an increased risk. CDC “People with Certain Medical Problems,” www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html (accessed January 4, 2021).

finding pursuant to the CARES Act.⁶⁴ Specifically, the memorandum stated that the BOP was prioritizing for home confinement consideration those inmates who either (1) had served 50 percent or more of their sentence or (2) had 18 months or less remaining on their sentence and had served 25 percent or more. In assessing whether inmates who met the expanded prioritization criteria were candidates for home confinement, the memorandum continued to apply the criteria from the Attorney General's March 26 memorandum. Additionally, the BOP's April 22 memorandum continued to provide that pregnant inmates should be considered for placement in home confinement or an available community program. Finally, the BOP's memorandum allowed a Warden to seek approval from the BOP Central Office to transfer to home confinement an inmate who did not meet the memorandum's criteria if the Warden determined that transfer was necessary "due to [COVID-19] risk factors, or as a population management strategy during the pandemic." We note, however, that the April 22 memorandum did not specifically address the instruction in the Attorney General's April 3 memorandum that the BOP "immediately maximize appropriate transfers to home confinement" at those institutions "where COVID-19 is materially affecting operations" and "that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations."

The BOP's third memorandum, issued May 8, was generally consistent with its April 22 memorandum, with one specific difference.⁶⁵ The May 8 memorandum permitted inmates to be considered for transfer to home confinement despite having committed certain misconduct in prison during the prior 12 months if in the Warden's judgment home confinement "does not create an undue risk to the community." The May 8 memorandum, like the April 22 memorandum, did not specifically address the Attorney General's instruction that the BOP "immediately maximize appropriate transfers to home confinement" at institutions most affected by COVID-19 or that inmates at such institutions "with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention."

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

In order to independently assess the number of FCC Coleman inmates potentially eligible for transfer to home confinement applying the authorities described above and BOP guidance criteria, the OIG's ODA used data from the BOP's inmate management system, SENTRY. This information did not allow the ODA to replicate every criterion used by the BOP to determine home confinement eligibility and, as a result, in some instances, the ODA used certain proxies. For example, in applying the public safety criteria in the BOP guidance, the ODA considered all 2,442 Coleman inmates in a minimum or low security facility as potentially eligible for home confinement, whereas the BOP considers certain additional public safety factors that may have

⁶⁴ The BOP's April 22 memorandum rescinded its April 3 memorandum.

⁶⁵ The BOP's May 8 memorandum rescinded its April 22 memorandum.

limited the eligibility of some of those inmates for home confinement consideration. Separately, in estimating the number of inmates who were eligible for transfer to home confinement under 18 U.S.C. § 3624(c)(2) prior to enactment of the CARES Act, the ODA included only those inmates in minimum or low security facilities with a remaining sentence 6 months or less, although the statute applies to all inmates regardless of the security level of the institution where they are incarcerated but limits placement into home confinement to no more than 10 percent of the inmate's sentence.⁶⁶ Further, in determining the number of inmates who were at high risk of severe illness from COVID-19 and therefore eligible for home confinement consideration under BOP guidance, the ODA included inmates age 65 or older only. Determinations about whether inmates' underlying medical conditions placed them in a high-risk category or made them appropriate for transfer were made by the institution based on a case file review, which the OIG did not undertake in connection with our remote inspection.⁶⁷

Based on the available data, the ODA estimated that, as of April 12, approximately 1,209 of the 2,449 inmates in FCC Coleman's minimum and low security facilities were potentially eligible for home confinement under existing authorities and BOP guidance.⁶⁸ By comparison, FCC Coleman reviewed 919 inmates between April 12 and June 14, which included the 134 inmates from the BOP's Central Office initial roster and an additional 785 inmates that Coleman identified and reviewed for potential consideration for transfer to home confinement or an RRC.⁶⁹ The table below details the ODA's estimated number of inmates eligible for transfer by available authority or BOP guidance factor.

⁶⁶ The text of 18 U.S.C. § 3624(c)(2) states that "the authority under this subsection may be used to place a prisoner in home confinement for the shorter of 10 percent of the term of imprisonment of that prisoner or 6 months. The [BOP] shall, to the extent practicable, place prisoners with lower risk levels and lower needs on home confinement for the maximum amount of time permitted under this paragraph."

⁶⁷ Moreover, according to the BOP Administrator of Reentry Services, different institutions may have different interpretations of how severe a medical condition deemed by the CDC as high risk must be for the inmate to be considered eligible for home confinement.

⁶⁸ In addition to the general eligibility criteria described above, BOP officials applied a series of additional criteria, such as presence of an adequate release plan and conduct in the institution, to determine actual eligibility.

⁶⁹ As we noted above, the OIG's ODA used data from the BOP's inmate management system, SENTRY, to assess the universe of potentially eligible Coleman inmates. The ODA did not have data to replicate all of the criteria that the BOP used to determine home confinement eligibility, which included the BOP's PATTERN risk data.

Table

OIG Estimate of the Number of FCC Coleman Inmates Eligible for Transfer to Home Confinement
Based on CARES Act Criteria as of April 12, 2020

Authority	18 U.S.C. § 3624(c)(2) Prior to the CARES Act	FIRST STEP Act: Pilot Program for Elderly, Nonviolent Offenders	Post-CARES Act and the Attorney General's April 3 Finding: BOP Implementing Guidance	
Inmate Population	Inmates with a security level of minimum or low with a remaining sentence of 6 months or less	Inmates with a security level of minimum or low who were at least 60 years of age and had served at least two-thirds of their sentence	Inmates with a security level of minimum or low and at least 65 years of age (i.e., at high risk according to the CDC)	Inmates with a security level of minimum or low with COVID-19 risk factor(s) (e.g., at least 65 years of age) and who had served at least 50 percent of their sentence or at least 25 percent with less than 18 months remaining
Number of Inmates	113	62	74	960

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

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

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

FCC Coleman's Use of Home Confinement

To facilitate institutions' implementation of the Attorney General's directives, the BOP Central Office created and disseminated to institutions a series of rosters applying the factors identified in the criteria from the BOP memoranda. We found that, as a result of the Attorney General's directives, as of June 14 FCC Coleman had reviewed 919 inmates to determine their eligibility for placement into home confinement and had determined that 288 were eligible. This includes 134 inmates identified by the BOP's Central Office on April 3 to facilitate institutions' implementation of the Attorney General's directives and an additional 785 inmates that Coleman identified between April 12 and June 14 based on the evolving eligibility criteria.⁷⁰ Of the initial 134 inmates, 93 (69 percent) were transferred to home confinement or to an RRC and

⁷⁰ According to the BOP's instructions in developing Coleman's list of 134 potentially eligible inmates, the applied criteria did not include inmates with a primary offense that was violent, a sex offense, or terrorism; inmates with detainees; inmates with a CARE 4 mental health level; inmates having served less than half of their sentence; and inmates with disciplinary reports in the prior 12 months. FCI Coleman Medium had 1 eligible inmate; FCI Coleman Low and the Camp combined had 133 eligible inmates.

28 (21 percent) were denied home confinement placement.⁷¹ During our analysis of FCC Coleman documents outlining reasons for denial from the initial list that the BOP provided, we found that 23 of the 28 inmates (82 percent) denied transfer were due to having received a sentence for a violent crime such as a sex offense or a homicide.⁷² Through interviews with FCC Coleman staff and our review of Coleman documentation, we found that between April 12 and June 14, in addition to assessing the inmates on the initial list provided by the BOP Central Office, Coleman identified and reviewed an additional 785 potentially eligible inmates based on lists that institution personnel generated to address the expanding home confinement criteria. The additional lists that Coleman personnel generated included inmates identified based on criteria such as age and underlying medical conditions related to COVID-19, as defined by CDC guidance; review of time served criteria; and periodic reviews of PATTERN rescoring of inmates who had originally received a “Low” rating.⁷³ FCC Coleman reported that, as a result of reviewing 919 inmates for home confinement eligibility, as of June 14:⁷⁴

- 193 inmates had been transferred to home confinement or an RRC;
- 73 inmates had been approved for home confinement or an RRC but were awaiting transfer;
- 22 inmates had been referred for home confinement review and were pending final results; and
- 623 inmates were denied transfer to home confinement because they did not meet the criteria in the Attorney General’s and BOP’s memoranda (discussed above), for reasons including risk to public safety.

Our analysis of the inmates denied by Coleman showed that 191 inmates (31 percent) were denied due to serving sentences for a violent crime such as a homicide or sex offense. An additional 40 inmates (6 percent) had active detainers, and 272 inmates (44 percent) had not met

⁷¹ As of June 14, 13 inmates were pending or awaiting results of their home confinement review.

⁷² The remaining denials included one inmate with an active detainer, three inmates not achieving a minimum PATTERN score, and one inmate having received a recent incident report. Generally, sentenced inmates can be considered for home confinement placement. However, sentenced inmates who are being held for another agency (e.g., the U.S. Marshals Service or U.S. Immigration and Customs Enforcement), are not eligible for placement in home confinement.

⁷³ On May 8, FCC Coleman conducted a review of 236 inmates that had PATTERN scores above “minimum.” Of the 236 reviewed, 135 were denied due to not having obtained a minimum PATTERN score; of the remaining 101, 27 were denied transfer due to a violent or sexual offense, detainer, not meeting the minimum time served, or having an incident report; 32 were transferred to home confinement or an RRC; 39 were approved but awaiting transfer; 1 was pending referral results; and 2 were released due to reaching the full term of their imposed sentence.

⁷⁴ Coleman reviewed 814 potential inmates at its FCI Low and Camp facilities and 105 potential inmates at its FCI Medium facility. Eight of the 919 inmates were released or transferred from FCC Coleman: 4 inmates were released due to meeting their sentencing requirement, 2 inmates received a Warden’s motion for compassionate release, one inmate was released due to a Judge’s order, and one inmate was transferred.

the minimum PATTERN score. Lastly, 108 inmates (17 percent) did not meet the minimum time-served requirement and 11 inmates (2 percent) had incident reports within the previous year.

Even though our analysis showed that by June 14 Coleman had either transferred or approved 266 inmates for placement in home confinement or an RRC, the institution had transferred only 72 inmates (64 percent) of the approximately 113 minimum and low security inmates with 6 months or less remaining on their sentence as of April 12. We note that, when these eligibility determinations were being made, FCC Coleman had not experienced an outbreak of COVID-19 cases among its inmate population and therefore would not have had to invoke the Attorney General's directive to "immediately maximize appropriate transfers to home confinement of all appropriate inmates" at those prisons "where COVID-19 is materially affecting operations." However, in a follow-up interview, Coleman executive staff stated that the space made available as a result of the Attorney General's directives was significantly helping them implement the needed medical isolation and quarantine requirements to manage the surge that began at the end of June. Our review of Hotline complaints, from both inmates and relatives of inmates, found that 30 complaints raised concerns with the changing home confinement criteria and that the criteria did not adequately address inmates with medical conditions or the elderly. Some inmates alleged that they originally had been approved for home confinement to later have that changed, further adding stress to their concerns of contracting COVID-19.

Compassionate Release

Another means by which inmates can be moved from prison to home is through a reduction in their sentence pursuant to the compassionate release statute, 18 U.S.C. § 3582(c)(1)(A)(i).⁷⁵ Under the statute, either the BOP or an inmate may request that a federal judge reduce the inmate's sentence for "extraordinary and compelling reasons," such as age, terminal illness, other physical or medical conditions, or family circumstances. An inmate must first submit a compassionate release request to the BOP; but the inmate is permitted to file a motion directly with the court if the BOP denies the petition, or 30 days after the inmate files the petition with the BOP, whichever occurs first.

We were told that the BOP prioritized using the home confinement authorities described above to respond to the COVID-19 pandemic because those authorities allow the BOP to approve inmates for transfer to home confinement whereas compassionate release requires the approval of a federal judge. Officials in the BOP's Office of General Counsel told us that the COVID-19 pandemic has not changed the BOP's eligibility requirements for compassionate release. Additionally, the

⁷⁵ For more information about how the BOP manages its compassionate release program, see BOP Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g), January 17, 2019. In 2013, the OIG issued a report examining the BOP's compassionate release program. The OIG found, at that time, that the program had been poorly managed and inconsistently implemented. See DOJ OIG, *The Federal Bureau of Prisons' Compassionate Release Program*, Evaluation and Inspections Report I-2013-006 (April 2013), www.oversight.gov/sites/default/files/oig-reports/e1306.pdf.

Department has taken the position, in legal guidance when responding to compassionate release motions filed by inmates with courts, that the risk of COVID-19 by itself is not an “extraordinary and compelling” circumstance that should result in the grant of a compassionate release request.⁷⁶ Thus, COVID-19 would not cause the BOP to support a petition for compassionate release that it would not have supported otherwise.

Notwithstanding the above, the Attorney General’s memoranda created a significant increase in inmates’ requests for compassionate release or reduction in sentence.⁷⁷ According to documentation provided by FCC Coleman, 830 inmates requested compassionate release between March 1 and June 30. This number represented over a 1,200 percent increase in comparison to compassionate release requests between December 1, 2019, and February 29, 2020.⁷⁸ In April and May, Coleman received the greatest number of compassionate release requests: 588 across its 5 facilities. According to a case manager, inmates were submitting release requests due to COVID-19, unsafe conditions, and non-COVID-19 related health conditions. Of the 830 inmates who applied for a compassionate release between March 1 and June 30, we found that 3 had been approved and released or were awaiting release and 112 were still pending the Warden’s review.

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

⁷⁶ Executive Office for United States Attorneys, “Compassionate Release Litigation Guidance,” May 18, 2020.

⁷⁷ According to the BOP’s Program Statement 5050.50, the terms “compassionate release” and “reduction in sentence” are used interchangeably.

⁷⁸ Between December 1, 2019, and February 29, 2020, 69 FCC Coleman inmates applied for compassionate release.

SCOPE AND METHODOLOGY OF THE INSPECTION

The OIG conducted this inspection in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation* (January 2012). We conducted this inspection remotely because of CDC guidelines and DOJ policy on social distancing. This inspection included telephone interviews with FCC Coleman officials, review of documents produced by the BOP related to the BOP's and FCC Coleman's management of the COVID-19 pandemic, the results of an OIG survey issued to all BOP staff, and analysis of BOP and COVID-19 data.

We also considered 128 unique Hotline complaints we received from FCC Coleman staff, inmates and their relatives, and the general public through the OIG Hotline during the period March 23 through September 15.⁷⁹ Of the 128 Hotline complaints, 277 issues were identified in areas such as inmate conditions; access to personal hygiene and cleaning supplies; adequate and effective PPE, specifically, masks and face coverings; home confinement guidance and process; social distancing and movements of staff and inmates between facilities; medical concerns; and policy issues such as not wearing face masks and coverings. The inspection team did not substantiate or assess the validity of the complaints received through the OIG Hotline.

With one exception, the photographs included in the report were taken by FCC Coleman officials, at our request, to illustrate the staff screening site, housing units, and concerns associated with the UNICOR-provided cloth face coverings (photograph taken by OIG staff), as we describe in the report.

To understand staff concerns, impacts, and immediate needs related to COVID-19, we issued an anonymous, electronic survey to all BOP government employees from April 21 through April 29, 2020. We invited 38,651 BOP institution staff employees to take the survey and received 10,735 responses, a 28 percent response rate. FCC Coleman staff represented 335 of the 10,735 responses (3.1 percent). The 335 responses from the approximately 1,211 FCC Coleman staff represented about 28 percent of staff assigned to the institution.

We conducted telephone interviews with an FCC Coleman Associate Warden, as well as Coleman's acting Health Services Administrator, Clinical Director, Complex Captain, an Operations Lieutenant, a Social Worker, two Case Managers, four Correctional (Custody) Officers, two staff members who had tested positive for COVID-19, and a National Vice President for the Council of Prisons Local 33. We also conducted two group teleconferences with FCC Coleman executive staff,

⁷⁹ The 128 unique Hotline complaints were submitted by 14 staff members, 97 inmates, 11 inmate relatives, and 1 public entity. There were five Hotline complaints that were unable to be sourced to a particular entity.

including the Complex/USP-1 Warden; Wardens of the Coleman USP-2, FCI Medium, and FCI Low/Satellite Camp; the acting Health Services Administrator; and the Clinical Director.

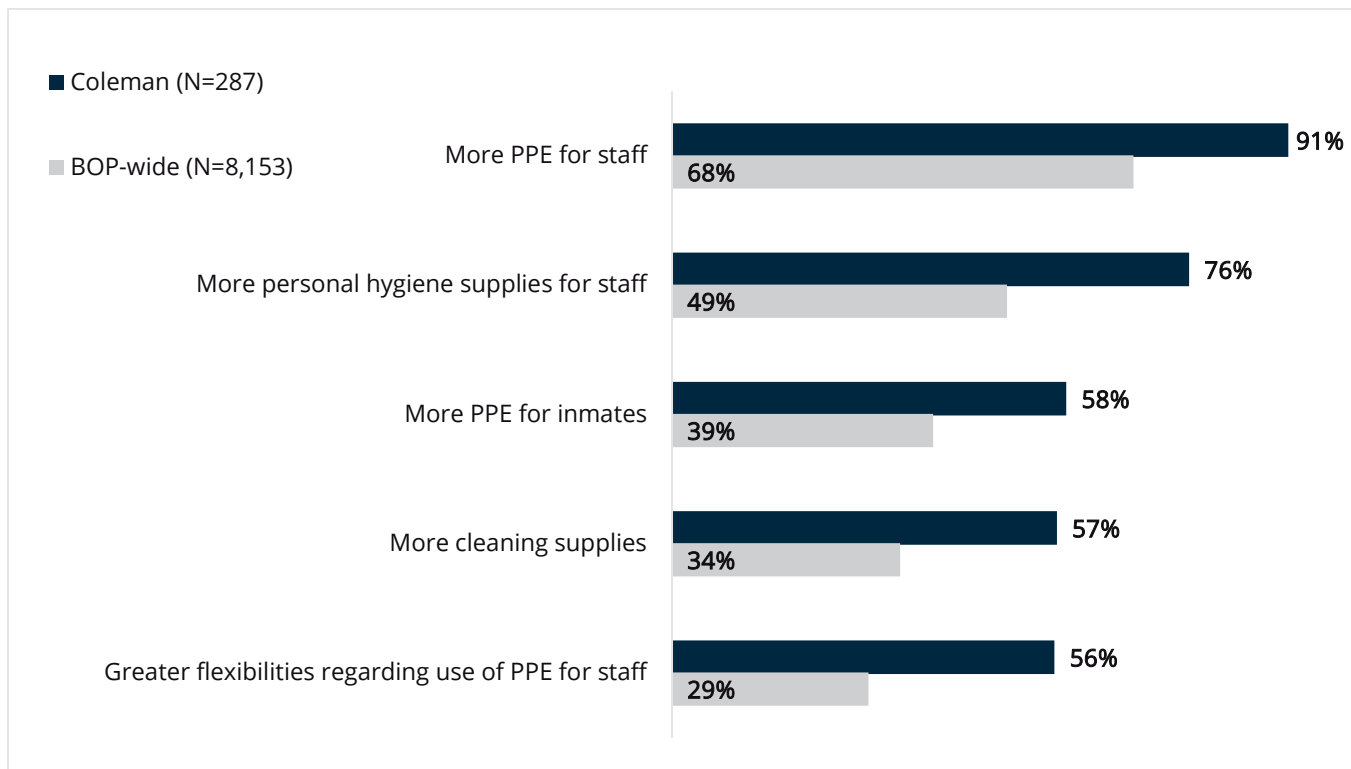
The main issues we assessed through our interviews and data requests were the institution's compliance with BOP directives and CDC guidance related to medical response and capability, modified operations and social distancing, conditions of confinement, communications and messaging, COVID-19 testing,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

We reviewed CDC guidelines and BOP-wide guidance and procedures, as well as the information and guidance provided to FCC Coleman staff and inmates, including emails from Coleman management; PPE, personal hygiene, cleaning supply inventories and requisitions; documentation of staff and inmate COVID-19 screening; and documentation of inmate movement schedules.

SELECTED SURVEY RESULTS FOR FCC COLEMAN

Open Period April 21–29, 2020	Invitations Sent to BOP Institution Staff 38,651	Overall Responses ⁸⁰ 10,735 (of 38,651)	Coleman Responses 335 (of 1,211)
Coleman Responses: Departments–299 (of 335 responses): Correctional Services: 37% Correctional Programs: 13% Health Services: 9% All Other Departments: 40%			

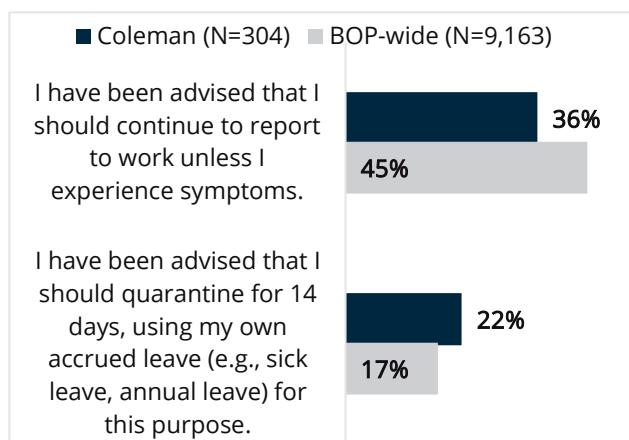
Which of the following are immediate needs for your institution during the COVID-19 pandemic? (Top 5 Responses)



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

⁸⁰ The OIG survey collected staff perceptions on a range of topics pertaining to the way the BOP and individual institutions were managing the COVID-19 pandemic. The views expressed in the staff responses may not necessarily reflect actual circumstances.

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



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

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

	Coleman Rating	BOP-wide Rating
The guidance was timely.	2.46	3.18
The guidance was clear.	2.32	2.97
The guidance was comprehensive.	2.42	3.03

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

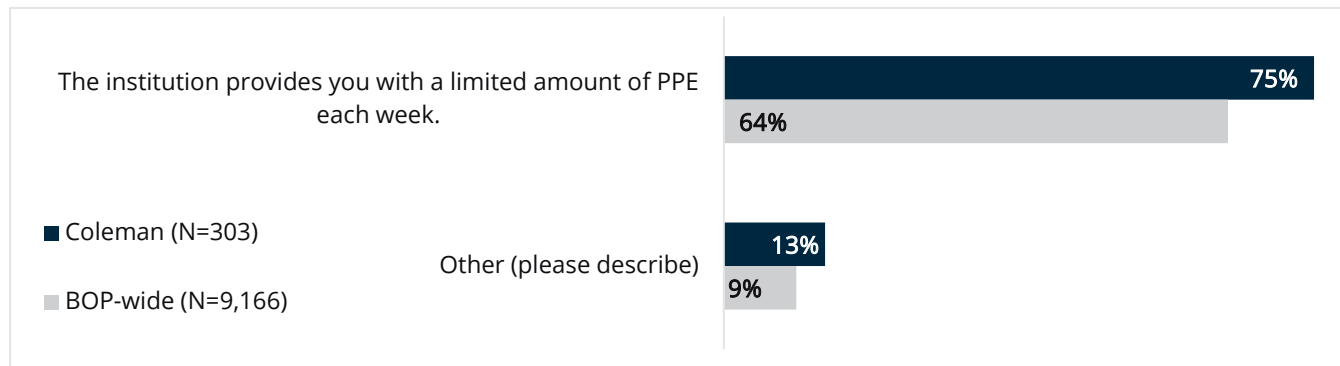
Respondents rated each item on a 5-point scale, with "strongly disagree" worth 1 point and "strongly agree" worth 5 points. "Don't know" responses are excluded.

	Coleman Rating (N=295)	BOP-wide Rating (N=8,978)
Three Practices Rated Highest		
Inmates have ample opportunity to shower at least three times a week.	4.14	4.27
Inmates diagnosed with, or showing symptoms of, COVID-19 are being sufficiently segregated from other inmates to mitigate the virus spreading.	3.69	3.94
Toilets, sinks, and showers are in proper working order.	3.63	3.93
Three Practices Rated Lowest		
Inmates are provided a sufficient supply of hand sanitizer where sinks are not available.	2.19	3.07
Staff are provided a sufficient supply of masks.	2.11	3.13
Staff are provided a sufficient supply of hand sanitizer.	1.98	3.18

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

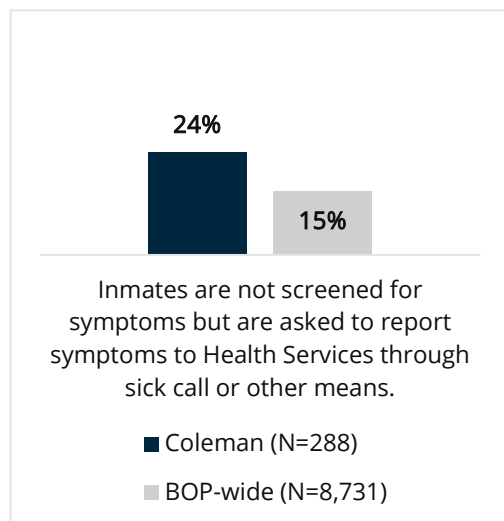
	Coleman Percent of Respondents (N=276)	BOP-wide Percent of Respondents (N=8,435)
The amount of time that inmates are required to remain in their housing units each day has been increased.	49%	59%
Daily schedules are adjusted so that only one housing unit at a time is allowed to enter common space (such as the inmate cafeteria, Health Services clinic, library, classrooms, chapel, workspace, or recreation space).	39%	44%
The number of inmates participating in a program or activity at one time has been reduced.	34%	42%
I don't know.	20%	15%
The number of inmates released, including those transferred to halfway houses or placed on home confinement, has increased.	13%	26%

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

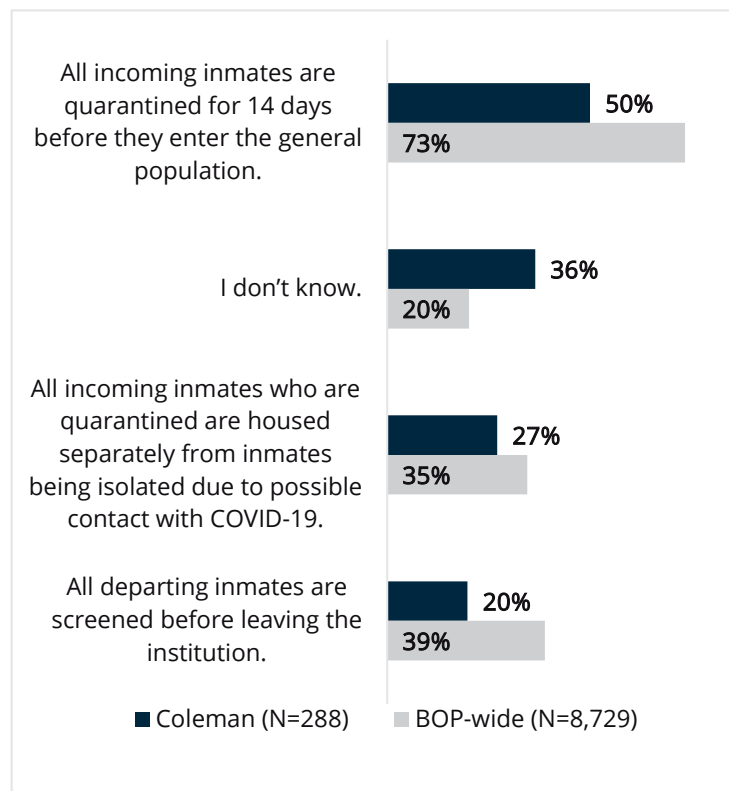


Note: Most Coleman respondents who answered "Other" agreed that the institution provided a limited amount of PPE each week and added that staff were not allowed to wear PPE that they purchase themselves.

Which of the following statements best describes the current approach to COVID-19 screening of existing inmates (temperature check, questioning about other symptoms) at your institution?⁸¹
(Top Response)

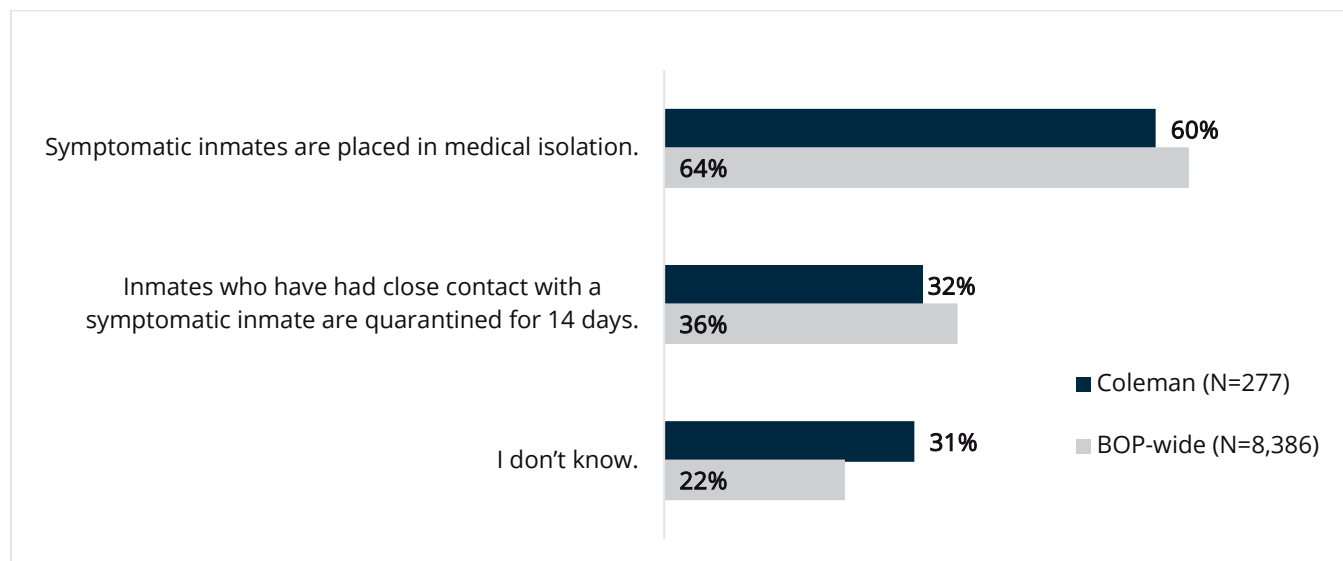


Please identify which, if any, of the following COVID-19 measures for screening incoming and departing inmates (temperature check, questioning about other symptoms) your institution is currently taking. (Top 4 Responses)

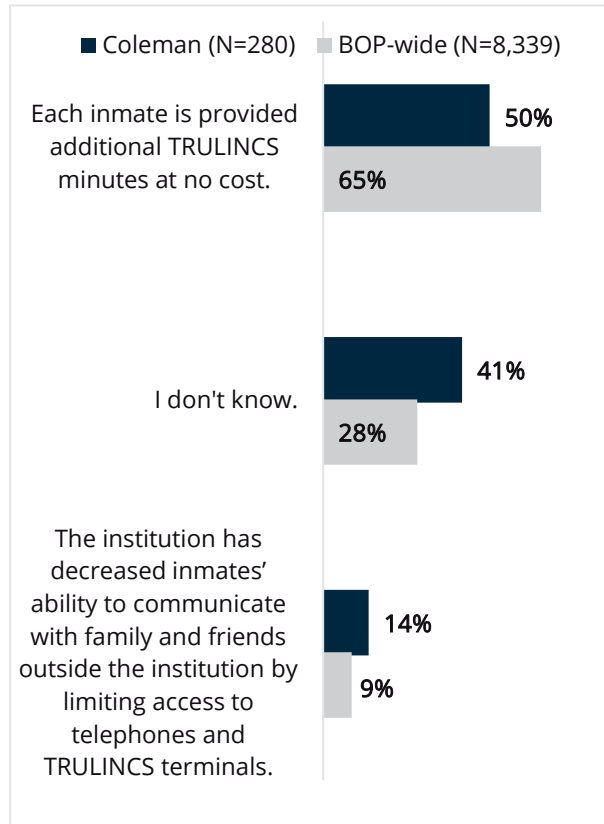


⁸¹ Although BOP policy does not require the screening of every inmate, the BOP's Phase Five Action Plan, issued on March 31, 2020, emphasized the importance of practices for identifying symptomatic inmates as early as possible. In addition to the required intake screening and exit screening, the action plan mentioned broader screening initiatives such as daily screening or enhanced surveillance at institutions affected by COVID-19, in consultation with the Regional Quality Improvement/Infection Prevention and Control Consultant.

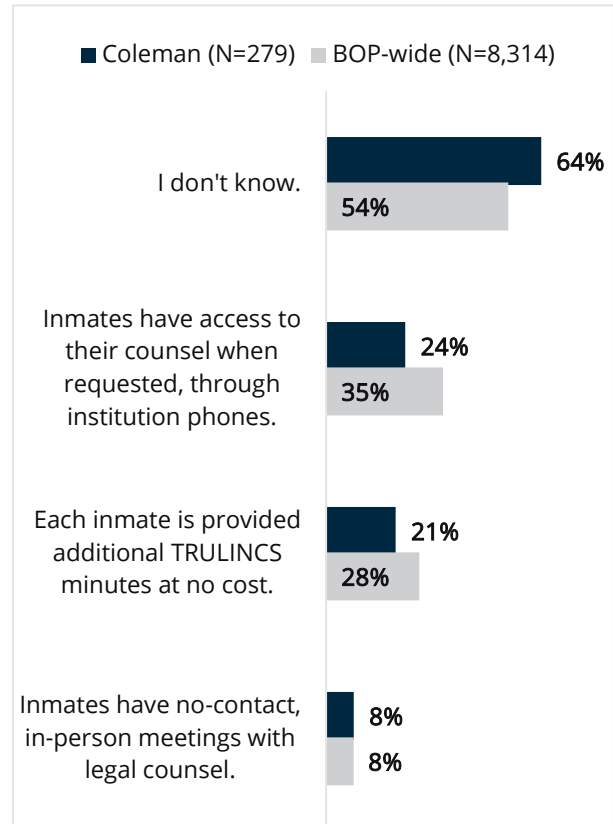
Please identify which, if any, of the following measures your institution is currently employing to manage inmates with COVID-19 symptoms. (Top 3 Responses)



Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with family and friends outside the institution with whom they would normally interact.⁸² (Top 3 Responses)



Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with legal counsel.⁸³ (Top 4 Responses)



⁸² The BOP provides inmates both telephone and messaging options. Inmates received an increase, from 300 to 500 minutes, of monthly telephone time pursuant to the BOP's Phase Two Action Plan in March 2020. Per BOP policy governing TRULINCS, the BOP "provides a messaging option for inmates to supplement postal mail correspondence to maintain family and community ties." The policy provides time parameters for inmate use of this messaging option but does not set a limit on the number of minutes inmates may use it per month. Additionally, the policy states that inmates are charged a per-minute fee to use this messaging option. BOP Program Statement 4500.12, Trust Fund/Deposit Fund Manual, March 14, 2018.

⁸³ Per BOP policy governing TRULINCS, "inmates may place attorneys, 'special mail' recipients, or other legal representatives on their public email contact list, with the acknowledgment that public emails exchanged with such individuals will not be treated as privileged communications and will be subject to monitoring." BOP Program Statement 4500.12.

TIMELINE OF BOP GUIDANCE

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

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

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

Source: OIG analysis of documents provided by the BOP

ADDITIONAL FCC COLEMAN PHOTOGRAPHS



FCC Coleman Staff and Visitor Screening Site at the Complex Entrance

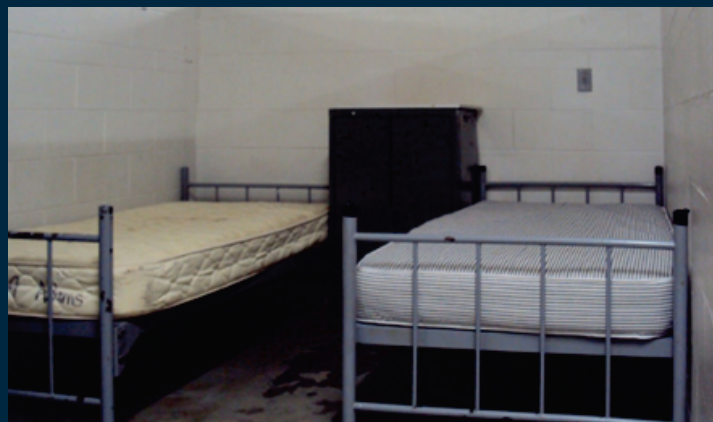
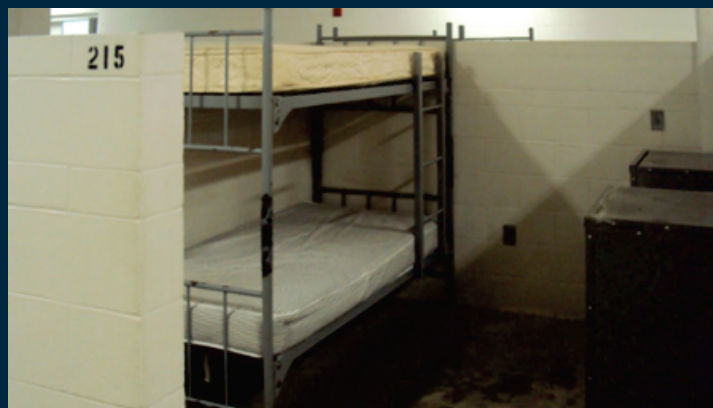
Prior to entering the complex, staff and visitors drove through Coleman's screening site, located at the training facility parking lot. The process did not require personnel to exit their vehicles.

Source: BOP, with OIG Enhancement

Variations of Sleeping Arrangements Found in FCI Coleman Low and the Camp

The FCI Low and Camp sleeping areas are configured in either bunk style or side-by-side beds. Each cubicle includes a dresser for each inmate.

Source: BOP, with OIG Enhancement





**FCC Coleman Low and
Camp Communal
Shower and
Washroom Areas**

Each unit in FCI Low and the Camp has communal shower and washroom areas. During the pandemic, the inmates had access to these areas throughout the day.

Source: BOP, with
OIG Enhancement



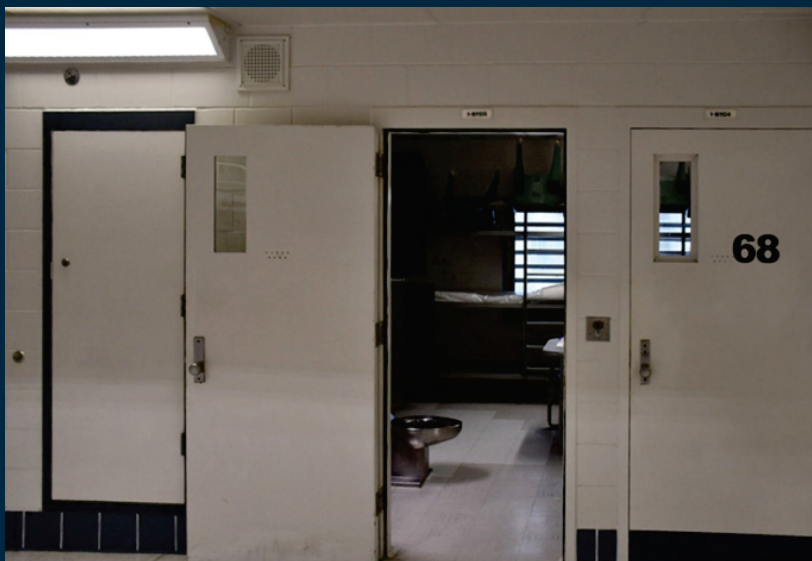
Common Areas within the USPs and FCI Coleman Medium

Both USPs have common areas, as shown in the top photograph, with telephone and TRULINCS access points and television screens.

A common area in FCI Medium is shown in the bottom photograph.

In both the two USPs and FCI Medium, the inmate cells surround the common area.

Source: BOP, with OIG Enhancement



A Typical Cell with Lockable Door at FCI Coleman Medium

FCI Medium cell doors do not have food tray slots; during the pandemic, inmates went to Food Services to obtain their meals and returned to their cells to eat. The cell doors at the USPs have food tray slots, through which staff insert the inmate's meal.

Source: BOP, with OIG Enhancement



FCI Coleman Medium and USP Shower Areas. The FCI Medium shower rooms (*left*) are similar to those at FCI Low and the Camp in that they are individual, non-lockable shower stalls. However, USP shower rooms (*right*) have individual shower stalls with lockable doors.

Source: BOP, with OIG Enhancement

THE BOP'S RESPONSE TO THE DRAFT REPORT



U.S. Department of Justice

Federal Bureau of Prisons

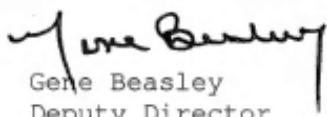
Office of the Director

Washington, DC 20534

January 5, 2021

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

FROM:



Gene Beasley
Deputy Director

SUBJECT: Response to the Office of Inspector General's (OIG) Draft
Audit Report: Remote Inspection of Federal Correctional Complex
Coleman During the COVID-19 Pandemic (A-2020-006-G)

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

Draft Report: Page ii, 1st bullet under the heading "Summary of Inspection Results", "At a time when an adequate number of medical staff was crucial for controlling the transmission of COVID-19 in correctional settings, FCC Coleman operated with only 80 percent of its authorized medical staff at the onset of the COVID-19 pandemic."

BOP's Response: At the onset of COVID-19, FCC Coleman's Health Services and Human Resource staff worked diligently to acquire and retain staff to increase staffing levels of Health Services to include Contracting Staff. As a result, 15 new Health Services staff members have been hired and an additional four staff are on projected to begin January 2021. FCC Coleman currently has interviews scheduled to fill vacancies for two Physicians and pending selections for two Registered Nurses. In addition, incentives for retention based on area of specialty are reviewed annually.

Draft Report: Page ii, 2nd bullet under the heading "Summary of Inspection Results", "FCC Coleman had adequate space to quarantine and medically isolate inmates affected by COVID-19; however, the physical layout of the Federal Correctional Institution (FCI) Low and the Satellite Prison Camp (Camp) required Coleman staff to quarantine nearly 1,000 inmates when 1 FCI Low inmate tested positive for COVID-19. The 14-day quarantine period significantly added to the workload of the medical staff, who were required to conduct twice daily temperature checks. It also increased the inmates' concerns of contracting COVID-19 due to FCI Low's open, dormitory-style layout."

BOP's Response: FCC Coleman took all efforts to follow the BOP Quarantine Guidance in an effort to mitigate the spread of COVID-19 amongst the staff and inmate population. To help ease the concerns of contracting COVID-19, FCC Coleman temporarily took some beds out of service in order to create an environment more conducive to social distancing in the open, dormitory-style layout.

Draft Report: Page ii, 3rd bullet under the heading "Summary of Inspection Results", "Prior to the issuance of the BOP and DOJ policy on face coverings, the leadership at FCC Coleman denied staff the option to wear personally acquired face masks. This led to staff concerns that their safety was not a priority for management."

BOP's Response: Staff safety is the top priority for FCC Coleman and the agency as a whole. Beginning Tuesday, April 7, 2020, all staff at FCC Coleman were issued surgical masks and advised if they required additional masks, management would provide them.

Draft Report: Page ii, 4th bullet under the heading "Summary of Inspection Results", "Although FCC Coleman management and some staff told us that the inmates had adequate access to hand soap, alcohol-free hand sanitizer, and other handwashing items provided by the BOP or available in the commissary, the results of the OIG's survey of FCC Coleman staff and Hotline complaints from inmates received by the OIG indicated that staff and inmates perceived deficiencies in this area."

BOP's Response: FCC Coleman has consistently provided hand soap and alcohol-free hand sanitizer to staff and inmates throughout

the pandemic. CDC best practices were published to the agency intranet for review by all staff as well, the BOP Director posted video messages and BOP workstation screensavers were updated to remind staff of CDC guidance re: mitigation and prevention of COVID transmission. Once guidance was received from the BOP Central Office, FCC Coleman ensured all information was disseminated to staff and inmates in an effort to educate them about COVID-19 and how to mitigate the spread of the virus. Literature on proper handwashing and maintaining a high level of sanitation was provided. Sanitizing stations were installed, and cleaning supplies were issued appropriately.

Draft Report: Page iii, 5th bullet under the heading "Summary of Inspection Results", "FCC Coleman reviewed 919 potentially eligible inmates for home confinement under the Attorney General's home confinement memoranda. Although 623 inmates were denied transfer due to having violent crimes or sexual offenses, detainers, or not meeting the minimum recidivism score, we found that Coleman transferred 193 inmates to home confinement or an RRC and approved the placement of an additional 73 under the Attorney General's and the BOP's COVID-19 guidance. However, as of June 14, only 72 inmates (64 percent) were approved for home confinement compared to the April 12 list of approximately 113 minimum and low security FCC Coleman inmates with 6 months or less remaining on their sentence."

BOP's Response: FCC Coleman reviewed over 1,800 inmates potentially eligible for home confinement under the Attorney General's home confinement memorandum. The majority of inmates were denied transfer due to having violent criminal or sexual offenses, detainers or pending charges, no viable release plan, recent institutional disciplinary infractions, violent or gang related activity while incarcerated, not served 50% of their sentence or 25% of their sentence if 18 months or less remaining to serve, and/or greater than a minimum Prisoner Assessment Tool Targeting Estimated Risk and Need (PATTERN) score. However, FCC Coleman effectuated 524 Residential Reentry Center (RRC) or Home Confinement transfers from April 1, 2020, through November 30, 2020. Furthermore, 35 inmates have been released via compassionate release. During this timeframe, FCC Coleman has averaged a 90% RRC Utilization Rate.

OIG ANALYSIS OF THE BOP'S RESPONSE

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

OIG Analysis

First, as discussed in our report, Coleman identified medical staffing shortages as its greatest challenge in its efforts to combat COVID-19. At the time of our inspection, 17 of Coleman's 83 authorized Health Services positions were unfilled; however, we noted that the BOP had provided 3 temporary medical staff to mitigate the shortage. In its response to this report, the BOP reported that FCC Coleman has hired 15 new Health Services staff members and that 4 additional Health Services staff members are projected to begin work in January 2021. The BOP also reported that incentives for retention are reviewed annually. Although we cannot validate these actions because they occurred after our review was complete, the OIG recognizes the progress that FCC Coleman has reported in filling vacant Health Services positions. We encourage the BOP to continue addressing its medical staffing shortages so that it can meet the needs of its inmates during and after the COVID-19 pandemic.

Second, the BOP stated in its response to this report that Coleman followed BOP quarantine guidance to further mitigate the spread of COVID-19 and that it also took beds out of service to create a more socially distanced environment within its open, dormitory-style housing facilities. The OIG acknowledges the additional steps that Coleman reported taking to increase social distancing. While we cannot verify these actions because they either occurred or were reported to us only after our inspection was complete, we encourage Coleman to continue reviewing its social distancing posture to further mitigate the transmission of COVID-19 and to share lessons learned with other BOP institutions.

Third, the BOP stated in its response to this report that "staff safety is the top priority for FCC Coleman and the [BOP] as a whole" and that, beginning April 7, 2020, all staff at FCC Coleman were issued surgical masks and advised that management would provide additional masks if staff required them. In our report, the OIG noted FCC Coleman's compliance with the BOP's April 6, 2020 guidance on the issuance of face coverings to staff and inmates. However, as we also stated in our report, prior to the issuance of the BOP face covering policy, staff who wore personally acquired face masks to protect themselves and others were directed by Coleman management not to wear them. We concluded that this prohibition caused confusion among staff regarding what was and was not authorized as to the wearing of personally acquired face masks and led to staff concerns that their safety was not a priority for management.

Fourth, in its response to this report, the BOP stated that FCC Coleman provided hand soap and alcohol-free hand sanitizer to staff and inmates throughout the pandemic. The BOP also stated that it posted CDC best practices on its intranet site and reminded staff of the CDC guidance. The BOP further stated that FCC Coleman ensured that all information was provided to staff and inmates to educate them about COVID-19 and how to mitigate the spread of the virus. The BOP listed the following sanitation-related actions taken by FCC Coleman: provided literature on proper handwashing and maintaining a high level of sanitation, installed sanitizing stations, and issued cleaning supplies.

In our report, the OIG noted that FCC Coleman had ample supplies of hand soap and alcohol-free hand sanitizer on hand and that hand sanitizer dispensers were positioned throughout each facility. To gain a wider perspective of staff and inmate concerns, impacts, and immediate needs related to COVID-19, we reviewed responses from the OIG survey and Hotline complaints. The results indicated perceived deficiencies in these areas. We noted in our report that the OIG survey of staff perceptions may not reflect actual circumstances and that we did not substantiate or assess the validity of the Hotline complaints.

Finally, in its response to this report, the BOP stated that, in response to the Attorney General's home confinement memorandum, FCC Coleman had reviewed over 1,800 inmates potentially eligible for home confinement. The BOP further stated that, although most of these inmates were denied transfer due to violent criminal or sexual offenses, detainers or pending charges, lack of a viable release plan, recent institutional disciplinary infractions, violent or gang-related activity while incarcerated, not having served the prescribed sentencing guidelines, and/or greater than a minimum PATTERN score, Coleman transferred 524 inmates to RRCs or home confinement between April 1 and November 30, 2020; and released 35 inmates under compassionate release authorities. Lastly, the BOP stated that Coleman averaged a 90 percent RRC utilization rate.

Our report identified Coleman's review of inmates and transfer progress through June 14, whereas the BOP's response includes information about inmate reviews and transfers through November 30, 2020. We acknowledge the continued efforts Coleman reported making to use home confinement, RRC, and compassionate release authorities beyond our inspection period; however, we did not verify the additional data provided because they pertain to a period after our inspection was complete. We encourage the BOP and FCC Coleman to continue reviewing its inmate population for potential eligibility for transfer to home confinement, RRCs, and/or for compassionate release.