

# **Early Experiences with COVID-19 at ICE Detention Facilities**





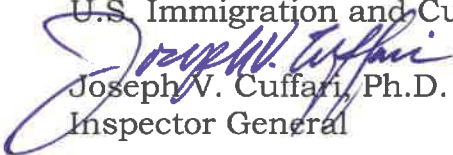
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Department of Homeland Security

Washington, DC 20528 / [www.oig.dhs.gov](http://www.oig.dhs.gov)

June 18, 2020

MEMORANDUM FOR: Matthew T. Albence  
Senior Official Performing the Duties of the Director  
U.S. Immigration and Customs Enforcement

FROM:   
Joseph V. Cuffari, Ph.D.  
Inspector General

SUBJECT: *Early Experiences with COVID-19 at ICE Detention Facilities*

Attached for your information is our final report, *Early Experiences with COVID-19 at ICE Detention Facilities*. We incorporated the formal comments from U.S. Immigration and Customs Enforcement in the final report.

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will also post the report on our website for public dissemination.

Please call me with any questions, or your staff may contact Jackson Eaton, Acting Assistant Inspector General for Special Reviews and Evaluations, at (202) 981-6000.

Attachment



# DHS OIG HIGHLIGHTS

## *Early Experiences with COVID-19 at ICE Detention Facilities*

**June 18, 2020**

### **Why We Did This Inspection**

The World Health Organization (WHO) declared novel coronavirus 19 (COVID-19) a pandemic on March 11, 2020, noting that it was not just a public health crisis, but one that would affect every sector of society. We surveyed personnel at ICE detention facilities from April 8 to 20, 2020, regarding their experiences and challenges managing COVID-19 among detainees in their custody and among their staff.

### **What We Recommend**

We make no recommendations.

#### **For Further Information:**

Contact our Office of Public Affairs at (202) 981-6000, or email us at [DHS-OIG.OfficePublicAffairs@oig.dhs.gov](mailto:DHS-OIG.OfficePublicAffairs@oig.dhs.gov)

### **What We Found**

The number of detainees in U.S. Immigration and Customs Enforcement's (ICE) custody who have tested positive for COVID-19 has risen dramatically, from one detainee on March 25, 2020, to 1,312 detainees on May 26, 2020. The 188 ICE detention facilities that responded to our survey described various actions they have taken to prevent and mitigate the pandemic's spread among detainees. These actions include increased cleaning and disinfecting of common areas, and quarantining new detainees, when possible, as a precautionary measure. However, facilities reported concerns with their inability to practice social distancing among detainees, and to isolate or quarantine individuals who may be infected with COVID-19. Regarding staffing, facilities reported decreases in current staff availability due to COVID-19, but have contingency plans in place to ensure continued operations. The personnel at facilities also expressed concerns with the availability of staff, as well as protective equipment for staff, if an outbreak of COVID-19 occurred in the facility. Overall, almost all facility personnel stated they were prepared to address COVID-19, but expressed concerns if the pandemic continued to spread. At the time of our survey, 23 facilities reported having detainees who tested positive for COVID-19; this number had risen to 52 facilities as of May 26, 2020.

### **ICE Response**

ICE described the COVID-19 pandemic as an "unprecedented public health crisis," and reiterated measures described in this report that it had taken to detect and mitigate the spread of COVID-19 in its detention facilities.



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### Abbreviations

CBP	U.S. Customs and Border Protection
CDC	Centers for Disease Control and Prevention
COVID-19	novel coronavirus 19
ICE	U.S. Immigration and Customs Enforcement
IGSA	intergovernmental service agreement
IHSC	ICE Health Services Corps
OIG	Office of Inspector General
PPE	personal protective equipment
PBNDS	Performance-Based National Detention Standards
WHO	World Health Organization



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### Background

The World Health Organization (WHO) declared novel coronavirus 19 (COVID-19) a pandemic on March 11, 2020, noting that it was not just a public health crisis, but one that would affect every sector of society. On that day, roughly 118,000 people had confirmed cases of COVID-19 worldwide, and 4,291 people had died. Less than 3 months later, on May 26, there were more than 5.4 million confirmed COVID-19 cases worldwide, with 1.6 million cases and almost 97,000 deaths in the United States alone.

COVID-19 spreads easily, particularly in congregate environments such as detention centers, where housing, recreation, food service, and workplace components are present in a single physical setting. Typically, detained aliens come from a variety of geographic locations, turnover frequently, and cannot leave the facility. In addition, detention settings may have limited medical resources, difficulty maintaining environmental cleanliness, and limited options for social distancing. Combined, these factors create unique challenges for detention centers to mitigate the risk of infection and transmission of COVID-19.

Within the Department of Homeland Security, U.S. Immigration and Customs Enforcement (ICE) oversees the detention of aliens in approximately 200 facilities that it manages in conjunction with private contractors or state or local governments. These facilities either house ICE detainees exclusively (i.e., dedicated facilities) or house ICE detainees as well as other individuals, like state or local inmates (i.e., non-dedicated facilities).<sup>1</sup> All facilities that hold ICE detainees require adherence to standards<sup>2</sup> that establish consistent conditions of confinement, program operations, and management expectations within ICE's detention system. These standards also set requirements for detainee environmental health and safety (e.g., cleanliness, sanitation, security, and segregation) and medical services.

The ICE Health Service Corps (IHSC) either provides direct care or oversees medical care through local government staff or private contractors, to detainees in ICE detention facilities. In addition to standards regarding detainee health

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<sup>1</sup> Dedicated facilities include: Service Processing Centers, which are DHS-owned facilities generally operated by contract detention staff; Contract Detention Facilities, which are facilities owned and operated by private companies and contracted directly by ICE; and Dedicated Intergovernmental Service Agreement facilities, which are dedicated to housing only ICE detainees under an intergovernmental service agreement (IGSA) with ICE. Non-dedicated facilities include: IGSA facilities, which are facilities, such as local and county jails, housing ICE detainees (and other inmates) under an IGSA with ICE; and U.S. Marshals Service Intergovernmental Agreement facilities, which are contracted by Marshals Service but also used by ICE.

<sup>2</sup> Depending on their type, facilities must adhere to the *National Detention Standards* issued in 2000 or 2019; ICE's *2008 Performance-Based National Detention Standards* (PBNDs), or the 2011 PBNDs (Revised in 2016).





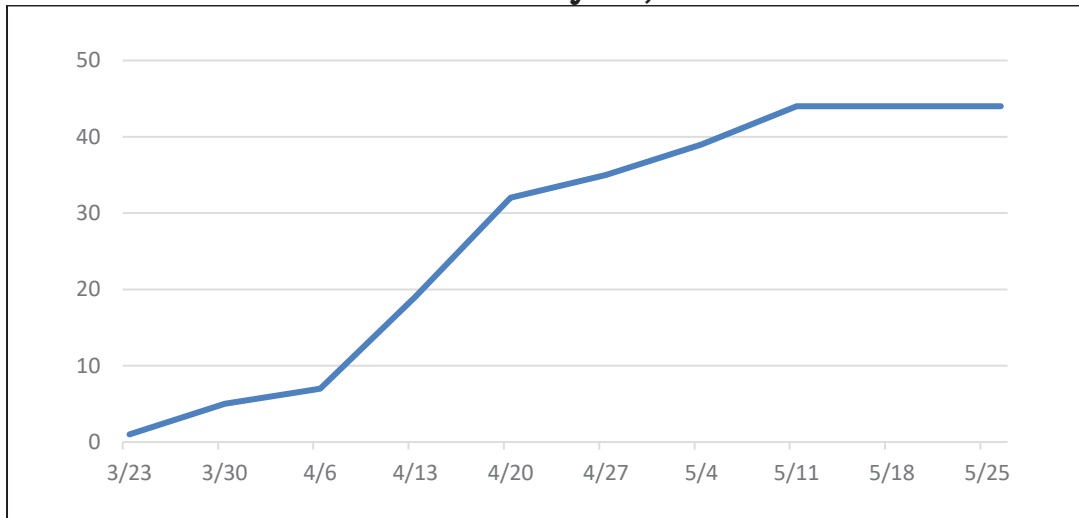
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and safety included in national standards, IHSC also establishes its own policies regarding detainee care. Additionally, ICE's *Pandemic Workforce Protection Plan* from May 2017 lists actions ICE should take to protect staff, as well as individuals in its custody, in the event of a potential pandemic.

Overall, the number of ICE detention facility staff with confirmed cases of COVID-19 has increased in the months since WHO first declared a pandemic. On April 6, 2020, seven ICE detention facility staff had confirmed cases of COVID-19.<sup>3</sup> Seven weeks later, on May 26, 2020, there were 44 confirmed cases of COVID-19 among ICE detention facility staff. Figure 1 shows the number of ICE detention facility staff with confirmed cases of COVID-19 since March.

**Figure 1: Increase in Number of ICE Staff with COVID-19, March 23–May 26, 2020**



Source: Office of Inspector General (OIG) analysis of ICE data

The number of ICE detainees confirmed to have COVID-19 has also risen dramatically, from the first detainee who tested positive for COVID-19 on March 25, 2020, to 1,312 detainees on May 26, 2020, as seen in figure 2.

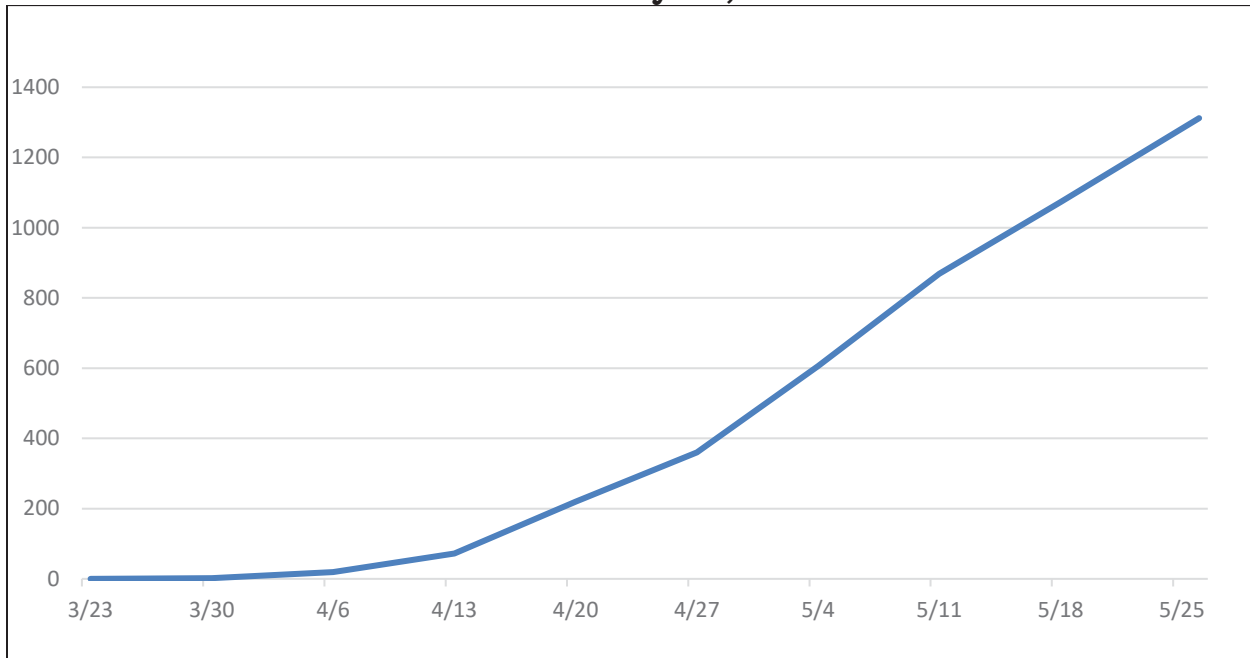
<sup>3</sup> ICE only tracks information regarding its own employees at its facilities. Therefore, the number of staff with confirmed cases of COVID-19 does not include contracted staff, who often make up the majority of staff at ICE detention facilities. In many cases, ICE employees are not located at facilities and the only staff members are contracted employees.



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**Figure 2: Increase in Number of ICE Detainees with COVID-19,  
March 23–May 26, 2020**



Source: OIG analysis of ICE data

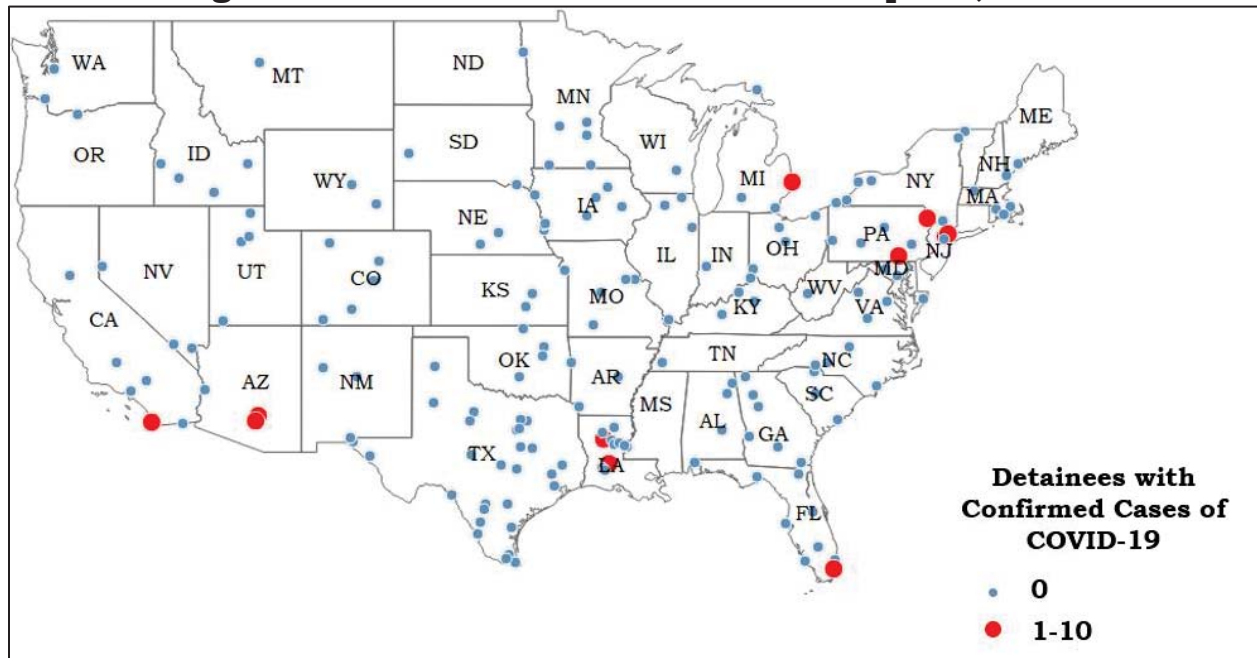
As of May 26, 2020, 2,535 detainees had been tested for COVID-19. On May 7, 2020, ICE reported the first of two detainee deaths in its custody attributable to COVID-19; the detainee had been in custody at Otay Mesa Detention Center in San Diego.<sup>4</sup> ICE reported the death of a second detainee, who had been in custody at Stewart Detention Center in Lumpkin, Georgia, May 25, 2020. Figures 3 and 4 show the growth in the number of detainees with confirmed cases of COVID-19 at ICE facilities across the country from April 6 to May 26, 2020.

<sup>4</sup> "ICE detainee in California is first in U.S immigration custody to die of coronavirus," Washington Post, May 7, 2020, [https://www.washingtonpost.com/national/coronavirus-ice-detainee-death/2020/05/06/3be3852e-8ff2-11ea-9e23-6914ee410a5f\\_story.html](https://www.washingtonpost.com/national/coronavirus-ice-detainee-death/2020/05/06/3be3852e-8ff2-11ea-9e23-6914ee410a5f_story.html)



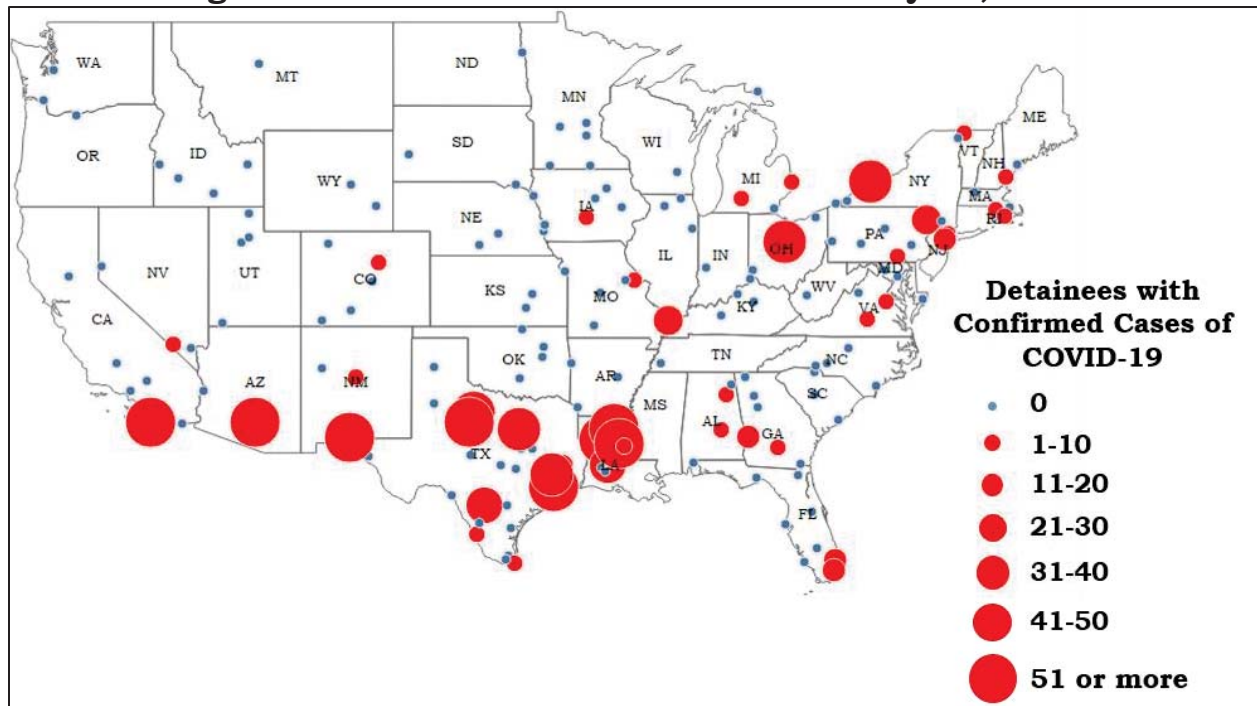
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**Figure 3: Detainees with COVID-19 as of April 6, 2020**



Source: OIG map developed from ICE data

**Figure 4: Detainees with COVID-19 as of May 26, 2020**



Source: OIG map developed from ICE data





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Because of the unique challenges detecting, preventing, and mitigating COVID-19 in detention facilities, in April 2020, OIG initiated a limited-scope review of ICE's handling of the COVID-19 pandemic at its facilities, with respect to both the detainees and staff. OIG surveyed personnel at 196 ICE detention facilities regarding their experiences with the COVID-19 pandemic from April 8 to 20, 2020. We received 188 surveys, for a 96 percent response rate. We also reviewed COVID-19 guidance distributed to ICE facilities during the early stages of the pandemic, and interviewed the IHSC Medical Director. Our analysis provides a snapshot of steps ICE and the facilities have taken to manage COVID-19, as well as challenges they face with staffing, resources, facility operations, and detainee care. Most information presented in this report represents the experience and perspective of personnel at ICE facilities at a particular time — April 8–20, 2020. We intend to conduct a more comprehensive review of ICE's response to the pandemic at its detention facilities in the coming months.

### **Results of Inspection**

Personnel at the ICE detention facilities who responded to our survey<sup>5</sup> described various actions they have taken to prevent and mitigate the pandemic's spread among detainees. These actions include increased cleaning and disinfecting of common areas, and isolating new detainees, when possible, as a precautionary measure. However, facilities reported concerns with their inability to practice social distancing among detainees, and to isolate or quarantine individuals who may be infected with COVID-19. Regarding staffing, facilities reported decreases in current staff availability due to COVID-19, but have contingency plans in place to ensure continued operations. The facilities also expressed concerns with the availability of staff, as well as protective equipment for staff, if there were an outbreak of COVID-19 at the facility. Overall, the majority of facilities stated they were prepared to address COVID-19, but expressed concerns if the pandemic continued to spread. Since our survey concluded, the number of detainees who have tested positive for COVID-19 has risen from 220 on April 20, 2020, to 1,312 on May 26, 2020, representing a 496 percent increase in just 4 weeks.

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<sup>5</sup> Appendix C contains the full survey results.



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### **Facilities Described Actions Taken to Prevent the Spread of COVID-19 among Detainees, but Are Challenged in Physically Distancing Detainees**

ICE detention facilities reported various actions they have taken to prevent and mitigate the pandemic's spread among detainees. For example, almost every facility conducts risk assessments to determine detainees' potential exposure to COVID-19 and has testing protocols in place to decide whether to test a detainee for COVID-19. Facilities also generally reported that they had adequate supplies to mitigate the spread of COVID-19 among detainees, and have taken other steps, such as increasing the cleaning and disinfecting of common areas, and isolating new detainees, when possible, as a precautionary measure. However, facilities reported that their major concern was their inability to practice social distancing among detainees, and to isolate or quarantine individuals who may be infected with COVID-19.

### **Facilities Reported Conducting Risk Assessments and Having Testing Protocols in Place for Detainees**

Nearly all facilities that responded (182) reported they conduct risk assessments on detainees to determine their potential exposure to COVID-19. Most facilities also reported having testing protocols in place for deciding whether to test a detainee for COVID-19.<sup>6</sup> Generally, these testing protocols include determining whether detainees were previously exposed to COVID-19, conducting a health assessment for COVID-19 symptoms when detainees are initially processed at a facility, and observing detainees for potential COVID-19 symptoms while at the facility. Most detainees who met the protocols were tested, but 5 facilities reported that a total of 20 detainees had not been. Overall, respondents stated that 243 detainees had been tested at the time of our survey.

Overall, more than half (110) of facilities reported being able to test detainees on-site for COVID-19. However, this number differs greatly for dedicated versus non-dedicated facilities — of the 188 facilities that responded to our survey, 31 were dedicated facilities that housed only ICE detainees and 157 were non-dedicated facilities that housed a mixture of both detainees and inmates. Eighty-four percent (26 of 31) of dedicated facilities indicated they had on-site testing capacity, compared to 54 percent (84 of 157) of non-dedicated facilities. The ability to test on-site may affect whether detainees are being tested at all — 77 percent (24 of 31) of dedicated facilities responded that

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<sup>6</sup> Depending on who owns and operates the facility, facilities reported that their protocols were based on Centers for Disease Control and Prevention (CDC) guidance, guidance from IHSC or the contract medical staff at the facility, or guidance from local authorities, such as the board of health or health department. Most facilities are not owned or operated by ICE.



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they had tested detainees for potential COVID-19, while 20 percent (32 of 157) of non-dedicated facilities reported doing so.

### **Facilities Reported Having Adequate Supplies for Detainees and Took Other Actions to Mitigate the Spread of COVID-19**

Overall, 93 percent (175) of personnel at facilities reported they were prepared to handle COVID-19. Generally, facilities reported they had adequate supplies for detainees to mitigate the spread of COVID-19 among detainees.

Specifically, 89 percent (168) reported they had enough masks for detainees who exhibited COVID-19 symptoms or tested positive for COVID-19. About 90 percent (170) of facilities reported having enough liquid soap for detainees. However, more than one-third (69) reported not having enough hand sanitizer for detainee use.

In addition to providing supplies to detainees who exhibited COVID-19 symptoms or tested positive for COVID-19, facilities have taken other steps to mitigate the spread of COVID-19. For example, 18 percent (33) of facilities reported they had released detainees for reasons related to COVID-19. According to ICE data, facilities released 1,137 detainees from March 17 to May 5, 2020, due to reasons related to COVID-19. The majority (80 percent) of the released detainees were male, and 30 percent of these detainees were 50 years or older. Additionally, ICE has been required to release detainees based on judicial court orders.<sup>7</sup> ICE also temporarily adjusted its enforcement posture starting March 18, 2020, to focus on public-safety risks and individuals subject to mandatory detention for criminal violations. Otherwise, ICE stated that it would “exercise discretion to delay enforcement actions until after the crisis or use alternatives to detention, as appropriate.”<sup>8</sup> ICE also continued to repatriate detainees to their home countries. Ultimately, the combination of judicial releases, releases related to COVID-19, the adjustment in ICE’s enforcement posture, and continued repatriations has resulted in a large decrease in ICE’s detention population: On April 1, 2020, ICE’s detained population was 35,457; by May 26, 2020, 25,939 detainees were in ICE custody, a decrease of 27 percent.

Some facilities reported they would not accept additional detainees in order to reduce their population and prevent the potential spread of COVID-19 among detainees. In mid-April, ICE began tracking facilities that do not accept intake or transfer of detainees due to COVID-19; as of May 4, 2020, 20 facilities had

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<sup>7</sup> As of May 21, 2020, ICE advised it had released 372 detainees pursuant to various court orders.

<sup>8</sup> “Updated ICE statement on COVID-19,” March 18, 2020, <https://www.ice.gov/news/releases/updated-ice-statement-covid-19>



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not accepted new detainees or the transfer of detainees from other facilities, while another 42 had not accepted either new detainees or transfers.

Survey results described other measures facilities had taken to help prevent or mitigate the spread of COVID-19 based on guidance they received. These measures include:

- screening and quarantining newly arrived detainees;
- increasing the cleaning and disinfecting of common areas;
- staggering meal times or recreation;
- providing masks to detainees, even those who are not sick and not exhibiting symptoms;
- performing routine temperature checks of detainees and staff; and
- suspending visitations.

### **Facilities Are Concerned with Their Inability to Practice Social Distancing and Implement Other Physical Restrictions**

Despite the actions that facilities have already taken related to COVID-19, they remained concerned with their ability to practice social distancing and their limited space to quarantine or isolate detainees. Generally, the nature of detention facilities makes social distancing impractical, as detainees are housed together in dorm-like pods, some with as many as 50 to 75 detainees in each pod. Additionally, most detention centers have few means to isolate large numbers of detainees.<sup>9</sup>

Survey results demonstrate the limitations experienced by some facilities with their physical space, size, and configuration:

- 11 percent (21) of facilities reported they did not have the capacity to hold detainees in quarantine or isolation if a detainee exhibited suspected COVID-19 symptoms;
- 12 percent (23) reported they could not quarantine or isolate a detainee who had tested positive for COVID-19; and
- 29 percent (55) reported they did not have negative pressure ventilation rooms to isolate airborne infections. Another one-third (62) reported they had only one or two negative pressure rooms in their facilities.

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<sup>9</sup> Detainees are classified as low, medium, or high-risk, based on information about the detainee, such as criminal history, institutional disciplinary history, medical information, or history of victimization, and housed accordingly. Typically, detainees of different classifications and genders may not be comingled, which also limits the ability of detention centers to separate detainees who are suspected of having or have tested positive for COVID-19.



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Again, survey results indicated a difference between dedicated and non-dedicated facilities. Every dedicated facility (31) reported being able to quarantine or isolate detainees with confirmed cases of COVID-19, while 15 percent (21 of 157) of non-dedicated facilities reported they could not. In addition, while all but one dedicated facility had negative pressure ventilation rooms,<sup>10</sup> 34 percent (54 of 165) of non-dedicated facilities did not.

The ability to quarantine or isolate detainees, and the lack of negative pressure ventilation rooms, was a major challenge for facilities, as evidenced in the following survey comments:

- “Our facility is an open dorm setting. We have limited isolations [sic] cells in our special housing unit.”
- “The only challenge would be the ability to isolate someone.... The rooms can only house a detainee for a max of 12 hours. We have no negative pressure rooms.”
- “The facility is only equipped with one negative pressure room. The ICE Detainees are housed in Dorm style housing, this creates issues when attempting to maintain effective social distancing while [in] the dorms.”
- “Only one negative pressure room in the facility; if multiple patients present as positive or with symptoms and are tested, [we have] no negative pressure rooms to house them until test results are received.”
- “The major challenges [sic] is having enough places to properly quarantine detainees. Six of the dorms are open and do not have individual cells.”

In addition to concerns with their ability to quarantine or isolate detainees, facilities also reported concerns with their ability to practice social distancing among detainees:

- “Social distancing is the major challenge due to the facility structure and the culture of the detainees we house.”
- “As within any other institution, social distancing is a challenge.”
- “Social distancing in a correctional facility is a challenge.”
- “The major challenges are the inability to ‘social distance’ as recommended due to space restrictions and limited isolation cells available.”
- “This is an enclosed environment so keeping social distancing is a challenge.”

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<sup>10</sup> According to the CDC, a negative pressure room is used to isolate individuals with a suspected or confirmed airborne infectious disease. The rooms have negative pressure in the room and direct exhaust of air from the room to the outside of the building; <https://www.cdc.gov/infectioncontrol/guidelines/isolation/glossary.html>.





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### Facilities Have Contingency Plans to Ensure Continued Operations, but Expressed Concerns with Availability of Staff and Protective Equipment if COVID-19 Spread

Facilities reported decreases in current staff availability due to COVID-19, either because staff are self-quarantining or are unavailable to work because of community mitigation measures. Still, many facilities reported having contingency plans in place to ensure continued operations. Finally, facilities expressed concerns with the availability of staff, as well as protective equipment for staff, if COVID-19 spread.

#### Facilities Reported Decreases in Staff Availability Due to COVID-19

In response to our survey, 23 percent of facilities (43) reported they had staff members who had tested positive for COVID-19. About half (97) reported they had staff who were in precautionary self-quarantine, and one-third of facilities (62) stated they had staff members who were unavailable to work due to community mitigation measures. Our survey did not identify the total number of employees who work in these facilities, but in total, facilities reported that almost 850 employees were unavailable because of the pandemic.

As shown in table 1, facility staff experiences with COVID-19 differed based on whether the facilities were dedicated or not dedicated to housing ICE detainees. Survey results indicated a greater percentage of dedicated facilities had staff who tested positive and who were in precautionary self-quarantine, compared to non-dedicated facilities.

**Table 1: Facilities with Staff Affected by COVID-19, Dedicated versus Non-Dedicated Facilities, April 8–20, 2020**

	Dedicated Facilities	Non-Dedicated Facilities
Staff members have tested positive for COVID-19	38.7% (12 of 31)	19.7% (31 of 157)
Staff members are in precautionary self-quarantine	67.7% (21 of 31)	48.4% (76 of 157)
Staff members are unavailable to work	32.3% (10 of 31)	33.1% (52 of 157)

Source: OIG analysis of survey responses

#### Most Facilities Have Prepared Contingency Staffing Plans, but Some Facilities Expressed Concerns about Staffing Shortages

When asked about contingency staffing plans during the pandemic, facilities described various solutions, including requesting staff from other facilities,



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working longer shifts on additional days, and reassigning staff from other responsibilities to detention services. Survey responses included:

- “Our staff are currently working 8 hour shifts. If staffing levels decrease we will go to 12 hour shifts. We also have 2nd and 3rd responders that we can pull from if our staffing levels go down. These responders currently work in the field sites - [Corrections Officers] and Probation and Parole Officers.”
- “The plan ranges from standard overtime shifts being filled to the consolidation [of] non-essential post[s], the use of security trained staff who are in non-security roles, as well as the implementation of 12 hour shifts to reduce a shift during the day to reallocate those staff members.”
- “All facility staff has been put on notice that they are subject to be called to work in the event of short staffing. We will also utilize the services of staff from other departments within the agency if the need arises. The local hospital will [be] utilized if proper medical care [cannot] be provided at the detention center.”

Although most facilities responded that they were prepared to handle the pandemic, a small number expressed concern with staffing, especially medical staff, and reported that maintaining minimum staffing would be a major challenge if the pandemic spreads. For example, one facility reported, “We do not have any medical staff. If any detainee tests positive for COVID-19 we will have to shut down the detention facility...we do not have the medical capacity to house anyone with COVID-19.” Other facilities responded, “...if the pandemic gets inside the jail, their biggest challenge would be losing staff,” and “Staffing issues (possible staffing shortages and staff introducing COVID-19 into [the facility])...is [sic] a possible future major challenge.”

### **Facilities Are Concerned about Future Availability of PPE and Supplies**

We asked facilities whether they had enough personal protective equipment (PPE) and other supplies on hand for all facility staff.<sup>11</sup> Most facilities reported having enough gloves and disinfectant cleaning agents, and about two-thirds said they had enough N95 respirators if a COVID-19 outbreak were to occur. Table 2 describes availability at facilities as reported by survey respondents.

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<sup>11</sup> To help stop the spread of COVID-19, the CDC recommends the use of PPE, such as gloves and a face mask. See *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, March 23, 2020.



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**Table 2: Availability of PPE and Supplies at Facilities, April 8–20, 2020**

	Percentage and Number of Facilities
<b>Nitrile or latex gloves</b>	95.7% (180 of 188)
<b>Disinfectant cleaning agents</b>	95.7% (180 of 188)
<b>Hand sanitizer</b>	85.1% (160 of 188)
<b>Standard surgical masks</b>	81.4% (153 of 188)
<b>Face shields or goggles</b>	73.4% (138 of 188)
<b>N95 respirators</b>	67.6% (127 of 188)

Source: OIG analysis of survey responses

While IHSC provides personal protective equipment (PPE) to its staff if they are located on-site, other types of detention staff and detainees must use PPE provided either by ICE or the contractor running the facility. Overall, more non-dedicated facilities reported they had access to PPE compared to dedicated facilities. For example, 76 percent (119 of 157) of non-dedicated facilities reported having face shields or goggles, compared to 61 percent (19 of 31) of dedicated facilities. Another 89 percent (139 of 157) of non-dedicated facilities reported having hand sanitizer for staff, compared to 68 percent (21 of 31) of dedicated facilities.

Many facilities expressed concern about maintaining sufficient supplies of PPE, as well as future shortages, if the pandemic continues. When asked about major challenges related to the spread of COVID-19, the facilities' biggest concern was availability of PPE. Thirty percent (56) of facilities expressed these concerns, stating for example:

- “Securing enough protective equipment, especially surgical and/or N95 masks. We do have a significant amount currently on [sic] stock, however if an outbreak were to occur the stock would be depleted. We have been attempting to acquire additional equipment for weeks, however as most are aware this is difficult given the high demand.”
- “Our major challenge is securing enough PPE equipment for our Corrections officers, medical staff, and inmate population to meet the CDC recommendations of proper PPE use. We have limited supply of PPE and are utilizing all avenues in order to restock what is currently being used and trying to get to a point that meets CDC’s recommended PPE use.”
- “The major challenge has been ordering supplies to ensure the appropriate stock of PPE is available as needed. We have been able to keep the appropriate level of supplies so far but it has been a struggle with vendors.”



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### **ICE Has Provided Guidance Regarding COVID-19, but Only Certain Detention Facilities Must Comply**

ICE began providing guidance to detention facilities regarding COVID-19 in January 2020. For example, IHSC provided information on cleaning and disinfecting facilities, and reviewing high-risk detainees who should be considered for release. Later guidance included overall guidance from the CDC regarding detention facilities,<sup>12</sup> while other guidance offered best practices for staff regarding preparedness, prevention, and management of COVID-19 at ICE facilities in particular. ICE also issued updated policies and procedures for facilities to follow during the pandemic, including:

- updated telework policies;
- suspension of social visitations;
- updated requirements for legal visitations;
- tracking, wearing, and requesting additional PPE; and
- reporting requirements regarding suspected and confirmed COVID-19 cases.

The guidance also included measures such as screening newly arrived detainees for COVID-19 symptoms, quarantining new detainees for 14 days, and considering how to increase social distancing among detainees. Our review of documents indicated that ICE continued to provide new and updated guidance to its facilities on a regular basis, often communicating with facilities daily.

According to our survey results, about 83 percent (156) of facilities stated they had received COVID-19 guidance from ICE headquarters and 75 percent (141) had received guidance from IHSC. Responses regarding the receipt of guidance differed between dedicated and non-dedicated facilities. For example, every dedicated facility reported it had received guidance from ICE regarding COVID-19, while almost 20 percent (32) of non-dedicated facilities reported they had not. In addition, all but one dedicated facility reported receiving IHSC guidance, while 27 percent (43) of non-dedicated facilities reported they did not. Some guidance is only applicable to dedicated facilities and facilities with IHSC staff, while non-dedicated facilities and those without IHSC staff are not obligated to comply.<sup>13</sup> Of our 188 survey respondents, 31 were dedicated facilities and 18 were IHSC-staffed facilities. ICE still requires non-dedicated facilities and those without IHSC staff to comply with local, state, tribal,

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<sup>12</sup> See *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, March 23, 2020.

<sup>13</sup> “Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1,” March 27, 2020. See also “U.S. Immigration and Customs Enforcement, Enforcement and Removal Operations COVID-19 Pandemic Response Requirements,” April 10, 2020.



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territorial, and Federal public health policies and authorities, as well as applicable detention standards.

### **OIG Analysis of Management Comments**

We included a copy of ICE's management comments in their entirety in appendix B. We also received technical comments and incorporated them in the report where appropriate. A summary of ICE's response and our analysis follows.

#### **ICE Response:**

In its response, ICE described the COVID-19 pandemic as an "unprecedented public health crisis," and reiterated measures it had taken to detect and mitigate the spread of COVID-19 in its detention facilities. In addition, ICE pointed out concerns with the shorter comment period (3 days), absence of recommendations, the summary nature of this report, and the lack of verification of the survey responses.

#### **OIG Response:**

We recognize the many challenges ICE faces with its mission and management of the COVID-19 pandemic in a detention environment. We also recognize this report's limited objective and scope, given it is based on a survey, was not intended to provide an in-depth assessment of ICE's ability to manage the pandemic in its detention facilities. The report's shortened timeframe, including ICE's comment period, reflects the OIG's desire to conduct a broad overview of the facilities' experiences in real time, from the staff's perspectives on the ground. We appreciate ICE's response within 6 business days of receiving the draft report. Further, we wished to provide the information to ICE and DHS while it was still relevant and useful, even with the rapidly evolving nature of this pandemic. Consequently, we did not verify the accuracy of survey responses, requested a shorter comment period, and made no recommendations.

With a better understanding of the challenges this review disclosed, we can better plan for a more comprehensive review to evaluate ICE's management of the COVID-19 pandemic at detention facilities, focus on specific issues and facilities, and provide necessary recommendations to improve the effectiveness and efficiency of ICE operations. We will coordinate with ICE, as appropriate, on these future projects.





## OFFICE OF INSPECTOR GENERAL

### Department of Homeland Security

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## Appendix A

### Objective, Scope, and Methodology

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Public Law 107-296) by amendment to the *Inspector General Act of 1978*.

We initiated this review to determine how both U.S. Customs and Border Protection (CBP) and ICE are managing the pandemic at their facilities, with respect to both detainees in their custody and to their staff. Our observations regarding CBP facilities will be included in a separate report. We conducted our fieldwork in April and May 2020.

To learn about ICE detention facilities' experience with COVID-19, we asked ICE to provide the name of one individual at each facility who had knowledge of: (1) the daily operations of the facility and (2) how the facility was responding to the COVID-19 pandemic. We then sent an electronic survey by e-mail on April 8, 2020, to those individuals identified by ICE at 228 detention facilities, the entire population of detention facilities identified by ICE. Respondents included Wardens, Superintendents, Jail Commanders, Corrections Directors, and Corrections Chiefs, as well as ICE Supervisory Deportation and Detention Officers and ICE Officers in Charge.

We chose to conduct the inspection via survey because of inherent risks associated with on-site inspections, and because the survey allowed us to quickly gain real-time information about ICE detention facilities. Of the 228 facilities that we surveyed, we determined that 32 facilities were no longer operational. Of the 196 remaining facilities, 8 facilities did not respond, despite 3 follow-up attempts by e-mail and telephone. Ultimately, we received responses from 188 detention facilities, for a 96 percent response rate. We received all survey responses between April 8 and April 20, 2020.

The responses in the survey represent the experiences of the 188 facilities at a particular time (April 8-20, 2020). At times, the information provided by the respondents differed from information publicly available on ICE's website. In addition, we did not independently verify the accuracy of survey responses provided by personnel at the detention facilities.

In addition to our survey of ICE detention facilities, we also reviewed ICE guidance related to COVID-19 and interviewed the IHSC Medical Director. We did not assess the detention facilities' compliance with issued guidance.



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We conducted this inspection under the authority of the *Inspector General Act of 1978*, as amended, and according to the *Quality Standards for Federal Offices of Inspector General* issued by the Council of the Inspectors General on Integrity and Efficiency.



**OFFICE OF INSPECTOR GENERAL**  
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## Appendix B

### ICE Comments to the Draft Report

*Office of the Chief Financial Officer*

U.S. Department of Homeland Security  
500 12th Street, SW  
Washington, DC 20536



**U.S. Immigration  
and Customs  
Enforcement**

June 8, 2020

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.  
Inspector General

FROM: Stephen A. Roncone  
Chief Financial Officer and  
Senior Component Accountable Official

SUBJECT: Management Response to Draft Report: "Early Experiences  
with COVID-19 at ICE Detention Facilities"  
(Project No. 20-031-SRE-CBP, ICE)

STEPHEN A. RONCONE  
Digitally signed by  
STEPHEN A. RONCONE  
Date: 2020.06.08 17:08:15  
-0400'

Thank you for the opportunity to comment on this draft report. U.S. Immigration and Customs Enforcement (ICE) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

ICE is pleased to note OIG's positive recognition of ICE measures already in place prior to the spread of COVID-19. For example, the draft report mentioned that ICE requires detention facilities to adhere to standards that establish consistent conditions for detainee environmental health and safety and medical services. These standards protect detainees by maintaining high standards of facility cleanliness, safety and security practices, and medical care policies and procedures. The report also acknowledged that ICE issued a *Pandemic Workforce Protection Plan* in May 2017 and began providing COVID-19 specific guidance to detention facilities in January 2020.

In addition, the draft report pointed out that on April 10, 2020, ICE Enforcement and Removal Operations (ERO) issued a COVID-19 *Pandemic Response Requirements* (PRR)<sup>1</sup> guidance document that builds on previously issued guidance and sets forth mandatory requirements expected to be adopted by all detention facilities housing ICE detainees, as well as best practices for such facilities, to ensure that detainees are appropriately housed and that available mitigation measures are implemented during this

<sup>1</sup> <https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities.pdf>

[www.ice.gov](http://www.ice.gov)



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Management Response to Draft Report: “Early Experiences with COVID-19 at ICE Detention Facilities” (Project No. 20-031-SRE-CBP, ICE)  
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unprecedented public health crisis. This included guidance on screening, prevention, testing, social distancing, and management of COVID-19.

The ICE ERO PRR was developed in consultation with the Centers for Disease Control and Prevention (CDC) and requires that all facilities housing ICE detainees comply with the CDC’s Interim Guidance on *Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*. The PRR also requires the immediate reporting of all confirmed and suspected COVID-19 cases to the local ICE ERO Field Office Director (or designee), Field Medical Coordinator, and local health department.

ICE believes that the overwhelmingly positive responses by ICE detention facilities to the OIG’s survey were the result of having standards, oversight, planning, and guidance already in place. For example, as highlighted in the draft report, 93 percent of the facilities reported they were prepared to handle COVID-19. ICE detention facilities also reported that they conducted risk assessments on detainees to determine their potential exposure to COVID-19, had testing protocols in place, generally had adequate supplies, and described other measures taken to help prevent or mitigate the spread of COVID-19. These additional measures included steps to reduce the detainee population, resulting in a decrease of 27 percent from April 1, to May 26, 2020.

Senior ICE leadership, however, is concerned with the OIG’s unreasonable request for formal comments to be provided to this draft report within three business days of receipt—compared to the usual 30 days allowed for most OIG reports—without any reason(s) being provided to justify the supposed urgency relative to other competing ICE mission priorities and demands. ICE understands the rapidly evolving nature of the pandemic and emergent circumstances but notes that having additional time to internally review and discuss the report would have allowed for a more analytical and considered response to the important subject of the report.

Leadership also noted that the report (1) did not include any recommendation to improve the effectiveness and efficiency of ICE operations, (2) largely just summarized the responses of ICE personnel to OIG’s survey instrument, and, as the OIG itself noted, (3) did not include any independent verification of the accuracy of the survey responses received. In addition, to the extent that the survey results disclosed possible opportunities to improve the effectiveness and efficiency of ICE operations, the draft report did not disclose at what facilities those opportunities existed, which greatly limits the usefulness of the report.

The officers, health care workers, and staff at ICE remain committed to keeping detainees, themselves, and the public safe during this unprecedented time. ICE has taken, and continues to take, important steps to safeguard the health and safety of those detained

[www.ice.gov](http://www.ice.gov)



## OFFICE OF INSPECTOR GENERAL

### Department of Homeland Security

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Management Response to Draft Report: "Early Experiences with COVID-19 at ICE Detention Facilities" (Project No. 20-031-SRE-CBP, ICE)  
Page 3

in its custody and to detect and mitigate the spread of the virus. Since the onset of COVID-19, ICE staff have been screening and managing potential exposure among detainees according to CDC guidance.

ICE also continues to follow the evolving dynamics of the COVID-19 pandemic, and to update its guidance in line with CDC recommendations and the unique needs of the ICE detention environment. Although ICE law enforcement officers and agents continue to fulfill ICE's enforcement mission by prioritizing enforcement action against those individuals who threaten national security and public safety, ICE is firmly committed to ensuring the health and safety of individuals in its custody, its employees, contractors, and the general public.

Again, thank you for the opportunity to review and comment on this draft report. ICE previously submitted technical comments under a separate cover for OIG's consideration. Please feel free to contact me if you have any questions.

[www.ice.gov](http://www.ice.gov)





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### Appendix C: Survey Results

Our survey to ICE facilities contained both multiple-choice and open-ended questions. For multiple-choice questions, we provide a table of the responses. For open-ended questions calling for a numeric response, we provided a table categorizing the response, followed by the range of responses and the total. Responses to open-ended questions calling for a descriptive or narrative answers were too lengthy for inclusion; therefore, we included examples of representative responses throughout the report.

#### QUESTIONS ABOUT FACILITY STAFF

##### 1. Total number of staff who **have been tested** for COVID-19:

	Number of Facilities	Percentage of Facilities
At least one employee has been tested	112	59.6%
None tested	75	39.9%
No Response	1	0.5%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 105 employees who had been tested at the time of our survey. The total number of staff who were reported tested was 1,005.*

##### 2. Total number of facilities with staff who **have tested positive** for COVID-19:

	Number of Facilities	Percentage of Facilities
At least one employee tested positive	43	22.9%
None tested positive	145	77.1%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 66 employees who had tested positive for COVID-19 at the time of our survey. The total number of staff who were reported to have tested positive was 286.*

##### 3. Total number of staff who **are in precautionary self-quarantine**:

	Number of Facilities	Percentage of Facilities
At least one employee is in precautionary self-quarantine	97	51.6%
None are in precautionary self-quarantine	91	48.4%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 55 employees who were in precautionary self-quarantine at the time of our survey. The total number of staff who were reported to be in precautionary self-quarantine was 578.*



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4. Total number of staff who **are unavailable to work** due to community mitigation measure (considered non-essential; absent for child care due to school closures, weather and safety leave, etc.):

	Number of Facilities	Percentage of Facilities
At least one employee is unavailable to work	62	33.0%
No employees are unavailable to work	126	67.0%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 400 employees who were unavailable to work at the time of our survey. The total number of staff who were reported to be unavailable to work was 845.*

### QUESTIONS ABOUT STAFF RESOURCES, SUPPLIES, AND GUIDANCE

5. Do you believe the facility has enough of the following protective equipment and supplies on hand for **all facility staff (including non-medical and medical)** to use if a COVID-19 outbreak occurs in the facility?

a. Nitrile or latex gloves

	Number of Facilities	Percentage of Facilities
Yes	180	95.7%
No	8	4.3%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

b. Standard surgical masks

	Number of Facilities	Percentage of Facilities
Yes	153	81.4%
No	35	18.6%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

c. N95 respirators

	Number of Facilities	Percentage of Facilities
Yes	127	67.6%
No	60	31.9%
No Response	1	0.5%
<b>Grand Total</b>	<b>188</b>	<b>100.0%</b>

d. Hand sanitizer

	Number of Facilities	Percentage of Facilities
Yes	160	85.1%
No	28	14.9%
<b>Total</b>	<b>188</b>	<b>100.0%</b>



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### e. Face shields or goggles

	Number of Facilities	Percentage of Facilities
Yes	138	73.4%
No	50	26.6%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

### f. Disinfectant cleaning agents

	Number of Facilities	Percentage of Facilities
Yes	180	95.7%
No	7	3.7%
No Response	1	0.5%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

6. Have **all facility staff (including non-medical and medical staff)** been trained in the proper fitting, use, and disposal of the above protective equipment?

	Number of Facilities	Percentage of Facilities
Yes	169	89.9%
No	18	9.6%
No Response	1	0.5%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

7. Has the facility received guidance from the following offices that addresses how to prevent, control, and mitigate an outbreak of COVID-19 in the facility?

#### a. ICE Headquarters

	Number of Facilities	Percentage of Facilities
Yes	156	83.0%
No	32	17.0%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

#### b. ICE Health Service Corps (IHSC)

	Number of Facilities	Percentage of Facilities
Yes	141	75.0%
No	44	23.4%
No Response	3	1.6%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

8. What are the facility's contingency staffing plans in the event the facility is not capable of providing adequate services and care to detainees during the COVID-19 pandemic?

*Facilities provided a range of open-ended responses we did not include in this report.*



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### QUESTIONS ABOUT ICE DETAINEES AT FACILITY

9. Total number of ICE detainees at facility:

	Number of Facilities	Percentage of Facilities
At least one detainee at facility	144	76.6%
No detainees are at facility	43	22.9%
No Response	1	0.5%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 1,720 detainees at their facility at the time of our survey. The total number of detainees who were reported to be in the detention facilities was 33,712.*

10. Total number of ICE detainees who **have been tested** for COVID-19:

	Number of Facilities	Percentage of Facilities
At least one detainee has been tested	56	29.8%
No detainee has been tested	132	70.2%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 28 detainees who had been tested at the time of our survey. The total number of detainees who were reported to be tested was 243.*

11. Total number of ICE detainees who **have tested positive** for COVID-19:

	Number of Facilities	Percentage of Facilities
At least one detainee has tested positive	23	12.2%
No detainee has tested positive	165	87.8%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 18 detainees who had tested positive at the time of our survey. The total number of detainees who were reported to have tested positive was 90.*

12. Total number of ICE detainees who **are in isolation** for suspected COVID-19 symptoms or exposure:

	Number of Facilities	Percentage of Facilities
At least one detainee is in isolation	31	16.5%
No detainee is in isolation	157	83.5%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 327 detainees who were in isolation at the time of our survey. The total number of detainees who were reported to be in isolation was 1,093.*



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13. Total number of ICE detainees who **are being monitored** for suspected COVID-19 symptoms or exposure:

	Number of Facilities	Percentage of Facilities
At least one detainee is being monitored	40	21.3%
No detainee is being monitored	147	78.2%
No Response	1	0.5%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 480 detainees who were being monitored at the time of our survey. The total number of detainees who were reported as being monitored was 2,312.*

14. Total number of detainees **released from the facility** for reasons (i.e., detainee is in a high risk group) related to COVID-19 pandemic:

	Number of Facilities	Percentage of Facilities
At least one detainee has been released	33	17.6%
No detainee has been released	155	82.4%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 128 detainees who had been released from the facility at the time of our survey. The total number of detainees who has been released was 764.*

15. Do you believe the facility has enough of the following resources to maintain proper hygiene and protection **among ICE detainees**?

a. Masks for detainees who exhibit COVID-19 symptoms or test positive for COVID-19:

	Number of Facilities	Percentage of Facilities
Yes	168	89.4%
No	20	10.6%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

b. Liquid soap for detainee use:

	Number of Facilities	Percentage of Facilities
Yes	170	90.4%
No	18	9.6%
<b>Total</b>	<b>188</b>	<b>100.0%</b>





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c. Hand sanitizer for detainee use:

	Number of Facilities	Percentage of Facilities
Yes	118	62.8%
No	69	36.7%
No Response	1	0.5%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

16. How many ICE detainees can the facility hold in quarantine or isolation if a detainee **exhibits suspected COVID-19 symptoms**?

	Number of Facilities	Percentage of Facilities
At least one detainee can be held in quarantine or isolation if a detainee exhibits suspected COVID-19 symptoms	164	87.2%
No detainees can be held in quarantine or isolation if a detainee exhibits suspected COVID-19 symptoms	21	11.2%
No Response	3	1.6%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they could hold anywhere from zero to all detainees in quarantine or isolation if they exhibited suspected COVID-19 symptoms. A total number of detainees that could be held in quarantine or isolation was not available.*

17. How many ICE detainees can the facility hold in quarantine or isolation if a detainee **tests positive for COVID-19**?

	Number of Facilities	Percentage of Facilities
At least one detainee can be held in quarantine or isolation if a detainee tests positive for COVID-19	162	86.2%
No detainees can be held in quarantine or isolation if a detainee tests positive for COVID-19 symptoms	23	12.2%
No Response	3	1.6%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they could hold anywhere from zero to all detainees in quarantine or isolation if they tested positive for COVID-19 symptoms. A total number of detainees that could be held in quarantine or isolation was not available.*



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18. How many negative pressure rooms does the facility have?

	Number of Facilities	Percentage of Facilities
At least one negative pressure room	131	69.7%
No negative pressure rooms	55	29.3%
No Response	2	1.1%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

*Facilities responded that they had anywhere from 0 to 96 negative pressure rooms. The total number of isolation rooms reported was 649.*

### QUESTIONS ABOUT FACILITY MEDICAL PRACTICES

19. Does the facility conduct risk assessments on ICE detainees to determine potential COVID-19 exposure?

	Number of Facilities	Percentage of Facilities
Yes	182	96.8%
No	5	2.7%
No Response	1	0.5%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

20. What is the protocol, if any, to determine whether an ICE detainee should be tested for COVID-19?

*Facilities provided a range of open-ended responses we did not include in this report.*

a. If the facility has testing protocols in place, how many ICE detainees have met the testing protocols but have **not** been tested?

*Facilities responded that they had anywhere from 0 to 10 detainees who had not been tested. The total number of detainees who were reported as meeting protocols but not being tested was 20.*

21. Does the facility have the capacity to test ICE detainees for COVID-19 on-site?

	Number of Facilities	Percentage of Facilities
Yes	110	58.5%
No	76	40.4%
No Response	2	1.1%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

a. If yes, how many on-site COVID-19 testing kits does the facility have?

*Facilities responded that they had anywhere from 0 to 300 testing kits. The total number of on-site testing kits was reported as 2,044.*



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### OVERALL QUESTIONS

22. Do you believe the facility is prepared to handle the COVID19 pandemic?

	Number of Facilities	Percentage of Facilities
Yes	175	93.1%
No	10	5.3%
No Response	3	1.6%
<b>Total</b>	<b>188</b>	<b>100.0%</b>

23. What are the major challenges, if any, facing the facility regarding the COVID-19 pandemic?

*Facilities provided a range of open-ended responses we did not include in this report.*

24. What other measures other than the ones described above has the facility taken to prepare for, prevent, control, and mitigate an outbreak of COVID-19 in the facility?

*Facilities provided a range of open-ended responses we did not include in this report.*

25. Is there anything else you would like to tell us about the facility's handling of the COVID-19 pandemic?

*Facilities provided a range of open-ended responses we did not include in this report.*



## OFFICE OF INSPECTOR GENERAL

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### **Appendix D**

### **Special Reviews and Evaluations Major Contributors to This Report**

Erika Lang, Chief Inspector  
Carie Mellies, Lead Inspector  
Michael Brooks, Senior Inspector  
Ryan Nelson, Senior Inspector  
Donna Ruth, Senior Inspector  
Ronald Hunter, Inspector



## **OFFICE OF INSPECTOR GENERAL**

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