

IN THE UNITED STATES DISTRICT COURT  
FOR DISTRICT OF COLUMBIA

O.M.G., *et al.*;

*Petitioners,*

v.

Chad WOLF, Acting Secretary of the U.S.  
Department of Homeland Security, *et al.*,

*Respondents.*

Case No. 1:20-cv 00786- JEB

**RESPONDENTS' UPDATED  
REPORT IN RESPONSE TO  
APRIL 13, 2020 ORDER**

The Honorable James E. Boasberg

COME NOW the Federal Respondents, by and through their attorneys with the Department of Justice, Civil Division, Office of Immigration Litigation, District Court Section, and the U.S. Attorney's Office for the District of Columbia, Civil Division, pursuant to the Court's April 13, 2020 Minute Order, submit this Updated Report with information about the three FRCs to include: a) statistics on detainees and releases; b) its compliance with CDC guidelines; c) its medical capabilities (including testing); d) its treatment plans; e) its coordination with local health care; and f) its PPE supplies.

**REPORT**

Attached to this report are the supplemental declarations of Mellissa B. Harper (Exhibit 1) ("Harper Supp. Decl."); Michael Sheridan (Exhibit 2) ("Sheridan Supp. Decl."); and Christopher George (Exhibit 3) ("George Supp. Decl."), and the declarations of Abelardo Montalvo, M.D. (Exhibit 4) ("Dr. Montalvo Decl."); Maribel Cantu, M.D.

(Exhibit 5) (“Dr. Cantu Decl.”); and April Green M.S. (Exhibit 6) (“Green Decl.”),<sup>1</sup> which include detailed information in response to the Court’s order. There are currently no confirmed cases of COVID-19 at any of the three FRCs. *See* Dr. Montalvo Decl. ¶ 24(a); Dr. Cantu Decl. ¶ 24(a); and Cantu Decl. ¶ 13. To partially summarize the contents, Respondents highlight the following areas:

**(A) Updated population count at the three FRCs**

- i. The capacity at the Dilley FRC is 2,400. On April 6, 2020, there were 557 individuals at this FRC. ECF No. 39. As of April 21, 2020, there are 376 individuals, comprised of 168 adults and 208 minors at this facility. *See* Harper Supp. Decl. ¶ 4(b).
- ii. The capacity at Karnes FRC is 839. On April 6, 2020, there were 426 individuals at this FRC. ECF No. 39. As of April 21, 2020, there are 306 individuals, comprised of 178 adults and 1288 minors at this facility. *See* Harper Supp. Decl. ¶ 4(a).
- iii. The capacity at Berks FRC is 96. On April 6, 2020, there were 21 individuals at this FRC. ECF No. 39. As of April 21, 2020, there are 16 individuals, comprised of 10 adults and 6 minors at this facility. *See* Harper Supp. Decl. ¶ 4(c).

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<sup>1</sup> These declarations are also being submitted as part of the Government’s Supplemental Response to Plaintiffs’ Request for a Temporary Restraining Order and Preliminary Injunction, ECF No. 746, in *Flores v. Barr*, Case No. CV 85-4544-DMG (C.D. Cal.).

**(B) Current procedural or legal status of individuals at the three FRCs**

- iv. The total population at the three FRCs is 698 individuals. *See* Harper Supp. Decl. ¶ 5.
- v. 413 of these individuals are subject to final orders of removal and pending removal. *Id.*
- vi. 256 of these individuals are undergoing credible or reasonable fear adjudications by USCIS or EOIR. *Id.*
- vii. The remaining 29 individuals are pending removal proceedings.

**(C) Implementation of the CDC guidelines**

- viii. The details of the implementation of the CDC and Texas state guidelines at the Dilley FRC, including increased sanitation, COVID-19 education, and social distancing is described in Sheridan Supp. Decl. ¶¶ 3-4; 6-9; 11.
- ix. The details of the implementation of the CDC and Texas state guidelines at the Karnes FRC, including increased sanitation, COVID-19 education, and social distancing is described in Sheridan Supp. Decl. ¶¶ 18-19; 21-22.
- x. The details of the implementation of the CDC guidelines at the Berks FRC, including increased sanitation, COVID-19 education, and social distancing is described in George Supp. Decl. ¶¶ 5-8; 16-37.

**(D) Number of detainees released and new intakes**

- xi. During the third reported period of April 13 to April 21, 2020, ICE release 71 individuals. *See* Harper Supp. Decl. ¶ 7(d)-(f).

- xii. During the same reported period of April 13 to April 21, 2020, ICE conducted 17 new intakes at the two Texas facilities: 7 individuals at Karnes, and 10 individuals at Dilley. *See* Harper Supp. Decl. ¶ 6(a)-(c). The Berks continues with the suspension of intakes since March 18, 2020. George Supp. Decl. ¶ 38.

**(E) Medical capabilities at the FRCs**

- xiii. The medical capabilities, including a description of the medical and pharmaceutical units, and medical staff, at the Berks FRC are detailed in Dr. Montalvo's declaration. *See* Dr. Montalvo Decl. ¶¶ 5-8; George Supp. Decl. ¶¶ 40-41.
- xiv. The medical capabilities, including a description of the medical and pharmaceutical units, and medical staff, at the Dilley FRC are detailed in Dr. Cantu's declaration. *See* Dr. Cantu Decl. ¶¶ 6-14; Sheridan Supp. Decl. ¶ 5.
- xv. The medical capabilities, including a description of the medical and pharmaceutical units, and medical staff, at the Karnes FRC are detailed in Green's declaration. *See* Green Decl. ¶¶ 4-9; Sheridan Supp. Decl. ¶ 20.

**(F) Treatment plans at the FRCs**

- xvi. The treatment plans, including for new intakes, and the treatment of communicable diseases for all residents, including COVID-19, at the Berks FRC are detailed in Dr. Montalvo's declaration. *See* Dr. Montalvo Decl. ¶¶ 15-24. Details of the implementation and testing for COVID-19 are included in George Supp. Decl. ¶¶ 5-8.

- xvii. The treatment plans, including for new intakes, and the treatment of communicable diseases for all residents, including COVID-19, at the Dilley FRC are detailed in Dr. Cantu's declaration. *See* Dr. Cantu Decl. ¶¶ 15-24(b). Details of the implementation and testing for COVID-19 are included in Sheridan Supp. Decl. ¶¶ 5, 9-10.
- xviii. The treatment plans, including for new intakes, and the treatment of communicable diseases for all residents, including COVID-19, at the Karnes FRC are detailed in Green's declaration. *See* Green Decl. ¶¶ 11-12.

**(G) Coordination with local health care**

- xix. The details of the coordination with local health care, including a memorandum of understanding with PennState Health St. Joseph Medical Center Hospital, at the Berks FRC are detailed in Dr. Montalvo's declaration. *See* Dr. Montalvo Decl. ¶¶ 12-13; George Supp. Decl. ¶¶ 40-41.
- xx. The details of the coordination with local health care, including access to local general and specialty hospitals, at the Dilley FRC are detailed in Dr. Cantu's declaration. *See* Dr. Cantu Decl. ¶¶ 12-13; Sheridan Supp. Decl. ¶ 5.
- xxi. The details of the coordination with local health care, including a memorandum of understanding with Otto Kaiser Memorial Hospital, (Exhibit 7) at the Karnes FRC are detailed in Green's declaration. *See* Green Decl. ¶¶ 9; Sheridan Supp. Decl. ¶ 19(d)(iii).

**(H) PPE supplies at the FRCs**

- xxii. The details of the availability, use, and procurement process for PPE at the Berks FRC are detailed in George Supp. Decl. ¶¶ 9-15.
- xxiii. The details of the availability, use, and procurement process for PPE at the Dilley FRC are detailed in Sheridan Supp. Decl. ¶¶ 12-17.
- xxiv. The details of the availability, use, and procurement process for PPE at the Karnes FRC are detailed in Sheridan Supp. Decl. ¶ 23.

RESPECTFULLY SUBMITTED this 22nd day of April, 2020.

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**CERTIFICATE OF SERVICE**

I hereby certify that this document, filed through the ECF system, will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) on April 22, 2020.

*/s/ Vanessa Molina*  
Vanessa Molina

UNITED STATES DISTRICT COURT  
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	)	
Petitioners,	)	
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v.	)	Case No.: 1:20-cv-00786-JEB
	)	
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Department of Homeland Security, <i>et al.</i> ,	)	
	)	
Respondents.	)	
_____	)	

**SUPPLEMENTAL DECLARATION OF MELLISSA B. HARPER**

I, Mellissa B. Harper, hereby make the following declaration with respect to the above-captioned matter:

- I am the Chief of the Juvenile and Family Residential Management Unit (JFRMU), Enforcement and Removal Operations (ERO), U.S. Immigration and Customs Enforcement (ICE), Department of Homeland Security (DHS). JFRMU addresses issues confronting unaccompanied alien children (UAC) and alien family groups who come into ERO custody, including those detained at a Family Residential Center (FRC). JFRMU develops policies sensitive to the various vulnerabilities and needs of these populations. JFRMU trains, monitors, and advises Field Office Juvenile Coordinators (FOJCs). These officers serve as subject matter experts on juvenile and family matters in their respective field offices. As JFRMU advises FOJCs, they in turn, advise their fellow FOJCs who encounter minors during enforcement activities. JFRMU oversees and monitors the implementation of nationwide court orders that impact this population, including those in the present case.



2. This declaration is to supplement my prior declaration, dated April 6, 2020, submitted in the instant case.
3. The statements contained in this declaration are based on my personal knowledge and information provided to be in my official capacity.
4. As of April 21, 2020, the number of individuals housed at the FRCs are as follows:
  - a. At Karnes, there were a total of 306 individuals, comprised of 178 adults and 128 juveniles.
  - b. At Dilley, there were a total of 376 individuals, comprised of 168 adults and 208 juveniles.
  - c. At Berks, there were a total of 16 individuals, comprised of 10 adults and 6 juveniles.
5. Of the 698, 29 individuals are pending Section 240 removal proceedings, 256 individuals were processed for expedited removal and are undergoing credible or reasonable fear adjudications by USCIS or EOIR, and 413 individuals are subject to final orders of removal and pending removal.
6. From April 13, 2020, through April 21, 2020, there were 17 total new intakes into ICE FRCs. The breakdown of these new intakes are as follows:
  - a. At Karnes, there were a total of 7 intakes during this time period, comprised of 4 adults and 3 juveniles.
  - b. At Dilley, there were a total of 10 intakes during this time period, comprised of 4 adults and 6 juveniles.
  - c. At Berks, there were a total of 0 intakes during this time period.

7. From April 13, 2020, through April 21, 2020, ICE released<sup>1</sup> 71 total individuals from its FRCs. The breakdown of these releases are as follows:
- d. At Karnes, there were a total of 35 individuals released from custody during this time period, comprised of 22 adults and 13 juveniles.
  - e. At Dilley, there were a total of 34 individuals released from custody during this time period, comprised of 12 adults and 22 juveniles.
  - f. At Berks, there were a total of 2 individuals released from custody during this time period, comprised of 1 adult and 1 juvenile.

This declaration is based upon my personal and professional knowledge, information obtained from other individuals employed by ICE, and information obtained from various records and systems maintained by DHS. I provide this declaration based on the best of my knowledge, information, belief, and reasonable inquiry for the above-captioned case.

Signed on this 22nd day of April 2020.



Mellissa B. Harper  
Unit Chief, Juvenile and Family Residential Management Unit  
ICE Enforcement and Removal Operations

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<sup>1</sup> Released into the U.S. interior. The sources for this data are 1) ICE Integrated Decision Support (IIDS), queried on 4/21/2020 with data from Enforcement Integrated Database that is current through 4/18/2020; and 2) manually researched data from EARM. This is because IIDS does not have information to cover the currently manually reported data points, until the next IIDS system refresh on Wednesday, 4/22/2020.

**DECLARATION OF MICHAEL SHERIDAN**

I, Michael Sheridan, pursuant to 28 U.S.C. § 1746, hereby declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

1. I am currently a Supervisory Management and Program Analyst (SMPA) of Enforcement and Removal Operations (“ERO”), U.S. Immigration and Customs Enforcement (“ICE”), in the San Antonio Field Office. I have held this position since January 2016. I am currently the Contractor Officer Representative (COR) for two facilities, the South Texas Family Residential Center (STFRC) and the Karnes County Family Residential Center (KCFRC). Prior to assuming my current position, I worked in various other positions within the Department of Homeland Security since starting with the Department on December 8, 2008. The statements contained in this declaration are based upon my personal knowledge or upon information provided to me in my official capacity.
2. I have reviewed the declarations that I signed on April 6, 2020 and April 17, 2020. Those declarations remain true and correct, subject to any specific updates addressed herein.

**Compliance with CDC COV-19 Prevention Guidelines at South Texas Family Residential Center (STFRC/Dilley)**

3. ICE and CoreCivic make every effort to share information about COVID-19 and address concerns of the residents.
  - a. Case managers, in accordance with CDC Personal Protective Equipment (PPE) COVID-19 guidelines, are going dorm-to-dorm discussing COVID-19 with residents and are also addressing any and all concerns voiced by the residents. Case managers meet one-on-one with families on a weekly basis in their assigned dorm room to answer questions and address concerns and are available to answer questions from residents as needed. This allows for social distancing while meeting residents’ needs through addressing their concerns directly. Residents can access the internet at the library in order to obtain their own independent updates, walk into the main medical clinic to speak with medical staff, and/or ask for updates from CoreCivic staff.
  - b. A CDC handwashing guidelines video, in English and Spanish, is played on a continuous loop on a dedicated channel, along with the increased posting of CDC handwashing posters in English and Spanish. My declarations dated April 6, 2020, paragraph 17(f) and April 17, 2020, paragraph 3(b) addressed



1 the availability of cleaning products at STFRC. Every dorm room has a sink  
2 and liquid hand soap dispenser which is full when initially provided and  
3 thereafter checked for refills at least daily, and liquid hand soap is also  
4 available in the pantry area. Hand sanitizer pumps are placed in locations  
throughout the facility as follows:

- 5 i. 3 – Visitation; 1 – Chapel 1; 1 – Chapel 2; 3 – Library; 4 –  
6 Dining Annex; 8 – Main Dining; 2 – Monitored Childcare; 30 -  
7 Education Classrooms (15 rooms with 2 dispensers per room);  
8 1 – Commissary; 2 – Barbershop; 1 – Red Gym; 1 – Green Gym;  
9 1 – Blue Gym; 2 – Education Gym; 1 – Red Triage; and 1 – Blue  
10 Triage.
- 11 ii. Additionally, there are some outlying areas where there are  
12 resident restrooms with liquid hand soap: Monitored Childcare;  
13 Courts; Visitation; Education; USCIS/Asylum; Intake; outside  
14 the dining halls; both triage trailers; and Main Medical.

15 4. The school closure has continued in compliance with the Texas Governor's  
16 directive. However, the week of April 6, 2020, the school (operated by FuelEd) began  
17 distance learning through the distribution of learning packets. The age appropriate  
18 packets include matching activities and directions for educationally focused  
19 assignments that students can do independently or with their parent. In addition, the  
20 Principal and 3 teachers are onsite at the STFRC from 7:30 a.m. to 11:30 a.m., Monday  
21 through Thursday, to offer and assist with the learning packets. Fuel Ed is a sub-  
22 contracted State of Texas TEA-certified Charter school and follows the state-mandated  
23 educational guidelines.

24 5. Regarding medical care provided at STFRC:

- 25 a. ICE continues to implement CDC's *Interim Guidance on Management of*  
26 *Coronavirus Disease 2019 (COVID-19) in Correctional and Detention*  
27 *Facilities*.
- 28 b. Ventilators are beyond the scope of care at the STFRC and therefore the  
STFRC leverages the existing hospital network within the community and  
area.
- c. There is a process for all residents to initiate requests for health services on a  
daily basis. These requests are triaged daily by licensed health care  
professionals. A priority system is used to schedule clinical services.

1 Clinical services are available to residents in a clinical setting 7 days a week  
2 and are performed by a physician or other qualified health care professional.

3 d. STFRC has a sick call procedure allowing residents unrestricted  
4 opportunities to freely request health care services (including mental health  
5 and dental services) provided by a physician or other qualified licensed  
6 medical health care professionals in a clinical setting.

7 e. There are twenty-four (24) hour emergency medical, dental, and mental  
8 health services. Services include the following:

9 i. On-site emergency first aid and crisis intervention;

10 ii. Emergency evacuation of the resident from the facility;

11 iii. Use of an emergency medical vehicle;

12 iv. Use of one or more designated hospital emergency rooms or other  
13 appropriate health facilities;

14 v. Emergency on-call and/or physician, dentist, and mental health  
15 professional services are available twenty-four (24) hours per day,  
16 when the emergency health facility is not located in a nearby  
17 community; and

18 f. Security procedures ensure the immediate transfer of residents, when  
19 appropriate.

20 **Background Information About STFRC/Dilley**

21 6. At STFRC, dining procedures are as follows:

22 a. Families are brought into the dining facility and seated at a table of 8. Each  
23 table is called up to receive their meals one at a time and must abide by the  
24 social distancing markers on the floor, which outline 6-feet between residents  
25 while in line, with no more than 8 residents in the line at one time.

26 b. Families can eat at any time during open dining hours; however, STFRC  
27 organizes mealtimes to be grouped by neighborhood in order to maintain  
28 small groups in the dining facility and to ensure social distancing. A  
neighborhood consists of 4 complexes. Each complex has a bed capacity of  
120 and there are 480 bed capacity per neighborhood. The 5 neighborhoods

1 within the STFRC constitute the 2,400-bed population. As of April 17, 2020,  
2 there are only 416 residents in custody at STFRC, so there are fewer than 100  
3 people per neighborhood, and STFRC has two separate dining facilities  
4 which allows for small groups in the dining facilities. Open dining hours are  
5 from 5:45 a.m. – 7:45 a.m. for breakfast, 11:00 a.m. – 1:00 p.m. for lunch,  
6 and 4:30 p.m. – 6:30 p.m. for dinner.

- 7
- 8 c. A meal is never denied if a family or family member does not eat at the time  
9 their neighborhood is called for meals. There are no time limits on how long  
10 a family may take to eat.
- 11 d. Toasters and tortillas have been removed due to limits on self-service and  
12 related social distancing requirements; salad, beans and rice are still available  
13 at the main line.
- 14 e. Tables are thoroughly wiped down between seatings, to include condiments  
15 and napkin dispensers. Staff are constantly cleaning and disinfecting self-  
16 serve beverage containers during the meal hours. More than 5 hand sanitizer  
17 stations are available in the dining facility, including one at the entrance door  
18 to sanitize hands after touching the handle, and these stations are checked  
19 daily for refills.
- 20 7. CoreCivic is the service provider for STFRC. All cleaning addressed below is done by  
21 CoreCivic personnel and, if requested by the resident, they may elect to do further other  
22 intermittent cleaning. Common areas, day rooms, and toys are cleaned and logged at  
23 the following intervals:
- 24 a. Tables, toys (gaming systems), and seating areas in the Activity rooms are  
25 sanitized every two hours between the hours of 8:00 a.m. – 8:00 p.m.
- 26 b. Telephones are sanitized every two hours between the hours of 8:00 a.m. –  
27 8:00 p.m.
- 28 c. Laundry room tables, knobs, and door handles are sanitized every two hours  
between the hours of 8:00 a.m. – 8:00 p.m.
- d. All hard surfaces, knobs, and handles in the pantry are sanitized every two  
hours between the hours of 8:00 a.m. – 8:00 p.m.
- e. Between 4:00 p.m. – 8:00 p.m. CoreCivic Staff are responsible for sanitizing  
the door handles and handrails throughout the complex every two hours.

- 1 8. Other locations within the facility follow the procedures listed below:
  - 2 a. Bathrooms and showers are cleaned 2 times daily between 8:30 a.m. and
  - 3 5:30 p.m.
  - 4 b. Playground equipment is cleaned multiple times throughout the day.
  - 5 c. The Library has scheduled visits in small groups to enforce social distancing.
  - 6 Books are not limited in use.
  - 7
  - 8 d. Gym access is scheduled to enforce social distancing and small groupings per
  - 9 sq. ft. of the gym.
- 10 9. During the month of March 2020, two families were housed per 722 sq. ft. suite. In
- 11 April 2020, with the reduced population, STFRC currently housing 1 family per suite.
- 12 10. Since April 1, 2020, intake processed 79 residents (31 family units), all of which had
- 13 been in DHS custody beyond the 14-day quarantine period and medically
- 14 cleared. One family unit of 3 arrived on April 13, 2020, and is asymptomatic, but will
- 15 remain in medical observation, separate from the general population, for 14 days.
- 16 Currently, STFRC has received 1 additional family unit (2 residents), and they are
- 17 housed in STFRC's medical observation area for 14 days.
- 18 11. The video I took at STFRC clearly showed the following:
  - 19 a. The Front Lobby was filmed to show the entrance procedures into the facility.
  - 20 b. The space used in the Asylum Interview Building by U.S. Citizenship and
  - 21 Immigration Services (USCIS) for asylum interviews was not videoed
  - 22 because it referenced that all interviews are occurring telephonically.
  - 23 Additionally, on the day of filming, all interviews had been completed, and
  - 24 the building was locked. Per USCIS, all asylum interviews are currently
  - 25 being conducted telephonically to comply with social distancing. Individual
  - 26 family units are called into the asylum building for their telephonic interview.
  - 27 The asylum officer is either teleworking off site or doing telephonic
  - 28 interviews from the court building.
  - c. The courtroom and courtroom lobby were both included in the initial video.
  - d. The courtroom lobby for the asylum interview space was not videoed because
  - asylum interviews are occurring telephonically. To clarify, the Court

1 Administrative area that was used to also hold asylum interviews has been  
2 temporarily suspended because the population is so low all telephonic  
3 interviews can be handled directly at the USCIS asylum building.

4 e. Building 100, a courtroom that is sometimes utilized by local pro bono legal  
5 service providers, was not videoed as it is not currently in use given the  
6 reduced population.

7 f. The line at the pharmacy window was videoed along with its social  
8 distancing.

9 g. The general grounds were captured in the video, as well.

10 **Personal Protective Equipment (PPE) at STFRC/Dilley**

11 12. As stated in my prior declaration, "Further, for contact visits, attorneys must wear the  
12 appropriate personal protective equipment (PPE) (eye protection, surgical or N95  
13 mask, and latex gloves or equivalent), as designated by CDC guidance."

14 13. Within the CDC Guidance is a table showing the PPE required for confirmed COVID  
15 patients and close contacts, located at page 25 of the guidance. If a facility chooses to  
16 routinely quarantine all new intakes (without symptoms or known exposure to a  
17 COVID-19 case) before integrating into the facility's general population, face masks  
18 are not necessary. New intakes apprehended along the border with unverified travel  
19 histories undergo the 14-day quarantine. Families that are transferred to STFRC and  
20 have been in DHS (CBP and/or ICE) custody for 14 days, and medically cleared, do  
21 not require quarantine at STFRC unless they present with COVID-19 symptoms  
22 during the intake process.

23 14. If a resident arrives and has a fever or a cough, her or she will be issued a surgical  
24 mask. This is done to prevent the spread of a communicable disease. Staff may wear  
25 a mask, gloves, and eye protection if needed to protect themselves from communicable  
26 disease transmission.

27 15. Current types of personal protective equipment available at STFRC include gloves,  
28 surgical masks, and N95 masks. At STFRC, ICE provides PPE for ICE  
personnel. ICE contracts with CoreCivic to provide PPE for CoreCivic staff, IHSC  
staff, and STFRC residents.

16. Receipt of shipments varies depending upon the current level of supply. The next  
shipment is scheduled to arrive on April 22, 2020. Current inventory allows for a 15-  
day supply of PPE for all STFRC staff and residents. STFRC received 4,400



1 disposable masks on the afternoon of Friday, April 17, 2020, and expects to receive  
2 15,000 more such masks by April 22 or 23, 2020.

3 17. Additionally, CoreCivic has begun a program to provide hand-sewn, reusable 2-ply  
4 cotton cloth face masks for the residents, based on the CDC's *Use of Cloth Face  
5 Coverings to Help Slow the Spread of COVID-19, April 4, 2020*.

6 **Compliance with CDC COVID-19 Prevention Guidelines at Karnes County Family  
7 Residential Center (KCFRC)**

8 18. Hand sanitizer pumps are placed in locations throughout the facility as follows:  
9 Medical-15; Intake-4; Visitation-1; Law Library-1; Recreation Yards-3; Food  
10 Service-2; Gym-1.

11 19. To address concerns about COVID-19 at the individual and Agency level, KCFRC has  
12 taken the following actions:

- 13 a. Social Distancing Signs located within the facility:
  - 14 i. KCFRC recognizes the importance of social distancing. Our goal is to  
15 prevent the spread of contagious illnesses such as COVID-19. The  
16 coronavirus can spread through coughing, sneezing, and close contact  
17 with one another. In order to minimize the amount of close contact  
18 between residents, KCFRC has implemented the following measures  
19 (See attachments B-D):
  - 20 ii. Staff have been provided information capturing STOP COVID-19,  
21 Version 1.0/03-30-2020, flyers from the CDC's *Interim Guidance on  
22 Management of Coronavirus Disease 2019 (COVID-19) in  
23 Correctional and Detention Facilities* regarding Social Distancing. In  
24 addition, the security staff have been required to promote social  
25 distancing of 6-feet among themselves and residents with no more than  
26 10 persons in one area.
  - 27 iii. KCFRC has also suspended all organized recreational activities, family  
28 visitations, and educational classes.
  - iv. Legal and asylum interviews have been modified using video  
conferencing and/or conducted telephonically.

- 1 v. Residents are currently provided meals in their suites, and not in the  
2 dining rooms, to meet social distancing requirements.
- 3 vi. Recreational activities have been suspended, and alternate game board  
4 activities have been provided to the residents in their suites. KCFRC  
5 also offers movies to each room through the television system.
- 6 vii. There are two daycares within KCFRC. The Rainforest DayCare, an  
7 area that has since been transitioned into the area of the facility that  
8 allows the 14-day observation period for new intake, permits 1 family  
9 unit at a time for daycare. A separate daycare is located in room 611-  
10 A on Yellowstone Park, which is the post 14-day Parks (general  
11 population) usage and allows for co-mingling of children at the  
12 daycare while applying social distancing. Social distancing in room  
13 611-A is achieved by permitting only 10 persons, including staff, to be  
14 present in the daycare room at one time, to conform with CDC  
15 guidelines.

16 b. Cleaning schedule posted by GEO:

- 17 i. KCFRC has established "clean teams" in all departments and areas  
18 where there are high touch surfaces such as: tables, doorknobs, light  
19 switches, counter tops, door handles, desks, phones, vents, keyboards,  
20 toilet, faucets, sinks, and showers. These clean teams utilize the CDC  
21 and EPA recommended cleaning products which kills germs on these  
22 surfaces. This process is accomplished throughout the day, with high  
23 touch areas being cleaned hourly (See attachments E-M).
- 24 ii. KCFRC has increased emphasis on cleaning high-volume touchpoints.  
25 KCFRC's updated cleaning schedule, staff support efforts, and  
26 resources increase the cleaning frequency. Should additional cleaning  
27 supplies be needed for staff use, they need only go to the supply  
28 room/warehouse to obtain additional cleaning products. KCFRC's  
warehouse process for keeping additional cleaning disinfectants on  
hand is measured through an inventory system, so if additional  
products are needed, KCFRC contacts the facility vendor for more  
products.
- iii. There are currently 70 resident workers assigned to work in the  
following areas: Intake, Medical, Residential Compounds, Kitchen,  
Dining room, Commissary, and Barbershop. There are sufficient

1 resident workers assigned to these areas to keep up sanitization  
2 practices. These resident workers are provided the same cleaning  
3 products and personal protective equipment as the employees who  
4 clean.

5 iv. KCFRC currently has sufficient employees on each shift to maintain  
6 management of the resident workers and to provide additional support  
7 with the facility cleaning practices in all areas.

8 c. Disinfecting cleaning liquid:

9 i. KCFRC provides 3 EPA registered disinfectants which are available  
10 for general facility cleaning. One of these products is utilized in the  
11 food service area (See attachments E-M).

12 ii. There is a coordinated effort between Case Management and the Fire  
13 & Safety departments to inspect all staff restrooms, residents' rooms,  
14 and any other location that may have a hand-washing station. This is  
15 to ensure there is an abundant level of soap, disposable paper towels,  
16 tissue/toilet paper, and a trash receptacle for disposal purposes.

17 iii. As explained in paragraph 40(b) on my April 6, 2020 declaration, and  
18 paragraph 13 (b) and (c) of my April 17, 2020 declaration, cleaning  
19 products are made available on the cleaning carts.

20 d. Access to medical professionals in relation to experiencing COVID-19  
21 symptoms:

22 i. There is a process for all residents to initiate requests for health  
23 services on a daily basis. These requests are triaged daily by health  
24 licensed health care professionals. A priority system is used to  
25 schedule clinical services. Clinical services are available to residents  
26 in a clinical setting 7 days a week and are performed by a physician or  
27 other qualified health care professional. Health care request forms are  
28 readily available to all residents.

ii. KCFRC has a sick call procedure allowing residents unrestricted  
opportunities to freely request health care services (including mental  
health and dental services) provided by a physician or other qualified  
licensed medical health care professionals in a clinical setting.

1           iii. There are twenty-four (24) hour emergency medical, dental, and  
2           mental health services. Services include the following:

- 3                   1. On-site emergency first aid and crisis intervention;
- 4                   2. Emergency evacuation of the resident from the facility;
- 5                   3. Use of an emergency medical vehicle;
- 6                   4. Use of one or more designated hospital emergency rooms or  
7                   other appropriate health facilities;
- 8                   5. Emergency on-call and/or physician, dentist, and mental health  
9                   professional services are available twenty-four (24) hours per  
10                  day, when the emergency health facility is not located in a  
11                  nearby community; and
- 12                  6. Security procedures ensure the immediate transfer of residents,  
13                  when appropriate.

14           e. COVID-19 Updates:

- 15                   i. Over the PA system, KCFRC conducts public announcements, in each  
16                   primary language at the facility (currently, English, Spanish and  
17                   Haitian Creole) which are designed to keep residents informed of  
18                   facility updates, changes of routine practices, and the latest information  
19                   on the coronavirus. Prior to April 9, 2020, public announcements were  
20                   given via PA systems at 9:00 a.m. and 3:00 p.m. As of April 9, 2020,  
21                   COVID-19 announcements are given twice an hour from 7:00 a.m. –  
22                   9:00 p.m. via the PA system. There is also signage posted throughout  
23                   the facility describing health standards and facility sanitization  
24                   practices, which have been translated into Spanish and Haitian Creole  
25                   as well.
- 26                   ii. The facility's support service staff are available to consult privately  
27                   with a resident 7 days a week. During this time, a resident can voice  
28                   any concerns, issues, or ask questions, in an effort to reduce a  
                    resident's anxiety and/or stress.

f. Access to news:

1 i. As stated previously, residents receive updates via the daily  
2 announcements per paragraph 13(e)(i).

3 ii. Residents have access to the internet within the library to access other  
4 news sources.

5 g. COVID-19 signage:

6 i. KCFRC is committed to providing a safe and healthful working and  
7 living environment for staff and residents. There is signage throughout  
8 the facility providing information on the coronavirus, education on  
9 health standards/hygiene practices, proper cough and sneeze etiquette,  
10 and to inform staff and residents of symptoms of COVID-19, and if  
11 symptoms develop, the CDC recommendations.

12 ii. Postings are in the following areas: administrative lobby, office doors,  
13 dayrooms, medical, chapel, visitation, classrooms, case-management  
14 offices, food service, and any other area in which a resident or staff  
15 may frequently visit (See Attachments A-C).

16 h. COVID-19 signage in other languages:

17 i. KCFRC posts the direct CDC guidance to inform residents of COVID-  
18 19 precautions. This signage is currently available in English, Spanish,  
20 and Haitian Creole, and will be translated into other languages as  
21 dictated by the needs of the KCFRC population.

22 ii. KCFRC reviews the CDC website for updates to its guidance and posts  
23 the updated signage in the various languages within the facility.

24 i. Social distancing within their designated rooms:

25 i. Family units entering the facility are placed in individual rooms until  
26 the 14-day observation period is satisfied.

27 ii. Residents are placed into the general population only after they have  
28 cleared the 14-day waiting period and, thereafter, are housed based on  
family configuration. Multiple families may share a room on the  
general population side. With population at its current level, there are  
no more than 2 families per room.



1           iii. It is recommended that residents sleep head-to-toe and toe-to-head in  
2           order to promote further distancing while sleeping.

3           j. Provision of school lessons for residents' children:

4           i. School was suspended, in accordance with the Texas Governor's  
5           mandate, effective March 23, 2020.

6           ii. BrainNation, a subcontracted Charter school, has implemented the  
7           distribution of educational packets for all school-aged children at  
8           KCFRC:

9                   1. As of April 6, 2020, 106 educational packets had been handed  
10                   out.

11                   2. As of April 13, 2020, 81 additional educational packets had been  
12                   handed out. The packets are weekly educational assignments.  
13                   The reduction in packets reflects the current school age  
14                   population which has gone down due to removals/releases  
15                   occurring at the facility.

16                   3. As of April 20, 2020, an additional 76 packets had been  
17                   distributed.

18                   4. This represents all school-aged children currently within  
19                   KCFRC receiving educational materials.

20           20. Regarding medical care provided at KCFRC:

21           a. There is a process for all residents to initiate requests for health services daily.  
22           These requests are triaged daily by licensed health care professionals. A priority  
23           system is used to schedule clinical services. Clinical services are available to  
24           residents in a clinical setting 7 days a week and are performed by a physician or  
25           other qualified health care professional. Health care request forms are readily  
26           available to all residents.

27           b. KCFRC will has a sick call procedure allowing residents the unrestricted  
28           opportunity to freely request health care services (including mental health and  
              dental services) provided by a physician or other qualified licensed medical  
              health care professionals in a clinical setting.

**Background Information About KCFRC**

1  
2 21. Standardized legal visitation hours are already established within KCFRC. However,  
3 additional hours have been provided that exceed the standards for Legal Visitation.

- 4 a. Five iPads were purchased for legal visitation, specifically for  
5 telephonic/video interviews. Due to technical issues, four had to be returned  
6 to GEO corporate to be repaired.
- 7 b. Two additional iPads were obtained from GEO medical to utilize while the  
8 others are repaired.
- 9 c. Phones to conduct legal visitation calls are available in each suite for each  
10 housing unit. RAICES and pro bono toll free calls are available at any time  
11 for the residents.
- 12 d. Since April 8, 2020, additional families have been allowed to wait in legal  
13 visitation in order to help expedite the interview process. This revised  
14 process allows for more people in each area of visitation, not to exceed 10.  
15 Overall, this procedure continues to follow CDC guidelines regarding social  
16 distancing. KCFRC visitation area has five private and enclosed rooms for  
17 the attorney and resident use. Four of these rooms have a telephone, table,  
18 and chairs to accommodate the attorney and client needs. The fifth room has  
19 all of the furniture noted but does not have a phone line, therefore, if needed,  
20 an Apple iPad is provided for the attorney and client private use, which is  
21 sanitized between usage. In addition to the 5 private rooms, there is a large  
22 open area within visitation (filmed on the video) that residents can now  
23 occupy as a larger waiting area that are appropriately social distanced in  
24 accordance with CDC guidelines.

25 22. Social distancing within the residents' designated rooms:

- 26 a. Family units entering the facility are placed in individual rooms until the 14-  
27 day observation period is satisfied.
- 28 b. Upon placement in general population, residents have cleared the 14-day  
waiting period and are housed based on family configuration.
- c. It is recommended that residents to sleep head-to-toe, toe-to-head to promote  
further distancing while sleeping.

**Personal Protective Equipment (PPE) at KCFRC**

23. At KCFRC, PPE includes surgical masks (adult and pediatric) provided to residents,  
N-95 masks, surgical gowns, goggles, safety glasses, gloves, and face shields. The type

1 of PPE worn by staff and residents at KCFRC depends on the function of the staff and  
2 the individual resident's situation.

- 3 a. Surgical masks are worn when entering the cohort park, working in the Front  
4 Lobby and at the Metal Detector, and Intake.
- 5 b. N-95 masks are worn when entering a cohort room that houses symptomatic  
6 residents, however there are no residents housed in cohort currently.
- 7 c. Surgical gowns are worn when entering a cohort room that houses  
8 symptomatic residents.
- 9 d. Goggles or safety glasses are worn at the front lobby, at the metal detector  
10 and when entering a cohort room that houses symptomatic residents.
- 11 e. Gloves are worn at the Front Lobby and Metal Detector posts and when  
12 working around residents.
- 13 f. Face shields are worn by anyone who has close personal contact with a  
14 potential symptomatic resident.
  - 15 i. Five days a week GEO has a conference call to discuss the inventory  
16 of PPEs. They are shipped accordingly from the Regional Office as  
17 needed. A formula was developed at the GEO Regional Office that  
18 estimates how much PPE is needed per person per day/per week.  
19 Supplies are secured for 4 months out and therefore there are currently  
20 no pending orders.
  - 21 ii. At KCFRC, ICE provides PPE for ICE personnel, and GEO provides  
22 PPE to their employees and GEOCare medical staff as well as to  
23 residents.

23 Executed this 22<sup>nd</sup> day of April, 2020 at 10:04 AM.

24  
25  
26  
27  
28  
  
Michael M. Sheridan



Supervisory Management and Program Analyst  
Enforcement and Removal Operations  
U.S. Immigration and Customs  
Enforcement

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## **DECLARATION OF CHRISTOPHER GEORGE**

I, Christopher George, hereby declare that the following statements are true and correct to the best of my knowledge, information and belief:

1. I am an Assistant Field Office Director (AFOD) for the U.S. Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO) – Philadelphia Office. I began my employment with ICE on October 14, 2007 as an Immigration Enforcement Agent and later served as a Deportation Officer and Supervisory Detention and Deportation Officer. I have held my current position as an AFOD, since August 2018. As part of my current duties, I oversee the day-to-day operations relating to the case management of aliens detained at the Berks Family Residential Center (BFRC), located in Leesport, Pennsylvania.
2. This declaration is to supplement my prior declarations, dated April 6, 2020 and April 8, 2020, submitted in the instant case. All the information contained in my prior declarations remain true and correct.
3. The following additional information contained in this declaration are based on my personal knowledge and on information provided to me in my official capacity.
4. The BFRC continues to house five (5) families for a total of 16 residents.

### **Compliance with CDC COVID-19 Prevention Guidelines at the BFRC**

5. ICE continues to implement the Centers for Disease Control and Prevention's (CDC) *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*.
6. As part of its continued efforts to ensure the health and safety of the residents at the BFRC, on April 21, 2020, the ICE Health Service Corp (IHSC) implemented daily temperature checks of all BFRC residents prior to the lunch period, which is from noon to 1p.m. IHSC staff administrators the temperature checks through the use of Welch Allyn Portable Oral Temperature Thermometers. The checks are conducted immediately before the residents enter the dining hall. BFRC and ICE staff also continue to undergo temperature checks prior to entering the facility. These temperature checks are administered by BFRC staff.
7. To date, no ICE or BFRC employee who works at the facility has tested positive for COVID-19.
8. Since the commencement of the COVID-19 outbreak in the United States in January 2020, none of the 254 individuals who were housed or the 16 residents who continue to be housed at the BFRC have tested positive for the disease. Moreover, although no resident at the BFRC has been suspected of having COVID-19, we have administered tests out of an abundance of caution.

- a. As noted in my prior declaration, dated April 6, 2020, there was a minor child who was tested for COVID-19, although she was not suspected of having the disease given that her symptoms were consistent with a cold, and did not also include fever and other indicia associated with COVID-19. As a cautionary measure and due to testing availability, the child was tested and found not to have the disease. During the period the child, who is 5 years-old, was being evaluated, she was quarantined with her mother so as not to have to quarantine alone. Neither the child's mother nor her father presented with any medical symptoms, to include symptoms for COVID-19. Moreover, under current CDC guidelines, testing of either parent, both of whom were asymptomatic, was not required, especially where, again, the child was not suspected of having COVID-19 and, indeed, tested negative for the disease.
- b. On April 7, 2019, I emailed the child's attorneys', Ms. Cambria and Ms. Kane, in response to their request regarding the status of the child's COVID-19 test and advised that the child's test was negative. Moreover, I provided Ms. Kane and Ms. Cambria with the proper medical waiver form and information explaining how to obtain the child's medical records, insofar as ERO does not retain official medical records for detainees. The child's parents were also informed of the child's test results and were free to share them with Ms. Cambria, at any time. Further, the child's parents can and were able to, at any time, request and obtain any and all medical records pertaining to the child from the ICE Health Service Corps (IHSC) at the BFRC, just as other residents represented by the same attorneys have done in the past.
- c. On April 19, 2020, the child's father was seen by IHSC personnel after he expressed that he was not feeling well and had muscle aches. His temperature was taken and registered at 101.8 degrees. As a result, he was placed in quarantine and for further observation. On April 20, 2020, the father, who has not had a fever since April 19, 2020 or other symptoms, was administered a test for Influenza A/B and Strep A, as well COVID-19. Although not suspected of having COVID-19, the test was given in an abundance of caution and due to the availability of COVID-19 tests on-site.
- d. On April 21, 2020, I was advised by IHSC that the father's Influenza A/B and Strep A test was negative.
- e. On April 22, 2020, I was advised by IHSC that the father's COVID-19 test was negative.
- f. The father's spouse and child have remained without any symptoms. Accordingly, under existing CDC guidelines there is no requirement that they be tested for COVID-19 at this time. Moreover, the need for the spouse and child to cohort is not presently required since there is no current evidence that the father has COVID-19. If the father's COVID-19 test is positive, then the spouse and child will be placed in cohort consistent with CDC guidelines and monitored. Should testing become necessary - i.e. the spouse or child become symptomatic for COVID-19 - a COVID-19 test will be given at that time. The spouse and child continue to share a room separate from the father, who had a private room prior to being placed in quarantine.

### Availability of PPE

9. As discussed in my prior declarations, residents at the BFRC are being informed by BFRC staff of the availability of personal protective equipment (PPE) and are being provided the PPE. As a result of an April 7, 2020, Berks County policy directing that all BFRC staff wear a mask while working at the BFRC, residents are now generally utilizing the offered PPE. In addition, on April 8, 2020, each resident was issued a cloth mask for their use and subsequent reuse after washing. These cloth masks were donated by members within the local Berks County community.
10. Based on my discussions with the BFRC Executive Director, Diane Edwards, the BFRC retains PPE supplies on site for its staff and the residents. This includes gowns, full suits, eyewear, surgical masks, N-95 masks, and gloves (in small, medium, large and extra-large). The supplies are ordered through various departments within Berks County and through the Pennsylvania Department of Emergency Services.
11. Although the BFRC is diligent in ensuring PPE supplies remain stocked by ordering additional supplies well in advance of the stock becoming depleted, I have been advised that the BFRC is able to restock some supplies from other Berks County departments on the same day. Otherwise, the BFRC has experienced some delays of up to several weeks in obtaining ordered supplies. In all instances, the BFRC's request for additional supplies is done well in advance of the stock depleting, such that any delays of shipment have not affected continued availability of the PPE.
12. Residents may request surgical masks and gloves, which are disposable, at any time. BFRC staff provides the residents with new surgical masks and gloves every week, or as otherwise needed in accordance with CDC and ERO guidance. At times, residents are choosing not to wear PPE while outside their rooms.
13. Residents who are released from the BFRC are offered and provided PPE upon their departure. To date only one family has declined the PPE.
14. ERO at the BFRC also possess PPE for its staff and has provided additional PPE to the BFRC for use by its residents and staff, to include in excess of 400 surgical masks and 160 N-95 masks.
15. ERO obtains its PPE, to include masks and gloves in coordination with public vendors, other ERO offices and ERO Headquarters components. Like the BFRC, ERO monitors supply levels on a weekly basis, or more frequently as needed, and will reorder stock to replenish existing supplies prior to the supplies becoming depleted. The average turnaround time for additional PPE supplies can be as quick as one day, but up to a few days.

### Availability of Hand Sanitizer

16. Hand sanitizer stations and sanitizing wipes were available at the BFRC even prior to the COVID-19 outbreak. As of February 2020, the BFRC has augmented the number of hand

sanitizer dispensers from seven (7) to eleven (11). Each dispenser contains 40.5 ounces of hand sanitizer. There are also four (4) Purell alcohol-based hand sanitizer bottles, containing 8 oz. each, dispersed within the facility for use by the residents and staff.

17. The number of containers of Purell hand sanitizing wipes have also increased around the facility. There are currently twelve (12) containers containing 270 wipes each on the program (e.g., recreational areas) and bedroom floors. There are also Virex bucket cleaning/sanitizing wipes, containing 90 wipes per roll, in addition to Clorox Anywhere Spray bottles, containing 32 oz each, available for the staff and residents' use.
18. The BFRC also maintains ample supply of hand sanitizer and wipes on-site to ensure constant availability. Supplies are checked weekly and are replenished as needed. The BFRC is currently stocked with reserve hand sanitizers and wipes. Once supply levels begin to decline, the BFRC will place an order through various departments within Berks County and through the Berks County Facilities Department.
19. ERO administrative space within the BFRC also contains a hand sanitizer dispenser, which holds 40.4 oz of sanitizer, with two (2) additional dispensers in storage. Additionally, there are numerous personal hand sanitizer bottles that have been issued to and are used by the ERO staff throughout the day. Moreover, ERO acquired in excess of 30 spray bottles, which are filled from four (4) one (1) gallon liquid hand sanitizer tubs, as needed. ERO staff also utilizes several bottles of hand sanitizing wipes, which contain 80 wipes per container. These bottles of wipes are dispersed throughout the ERO administrative space at the BFRC.
20. ERO will check its hand sanitizer and wipes supply on a weekly basis and will immediately replenish the stock as needed. ERO is also proactive in ordering such supplies well in advance to avoid a shortage. These supplies are ordered in coordination with public vendors, other ERO offices and ERO Headquarters components.

#### Availability of Soap

21. Residents also have access to soap and may wash their hands in their private bathrooms and the communal bathrooms. There are presently 35 hand soap dispensers and 29 shower soap dispensers throughout the facility. Like the hand sanitizers and wipes, the BFRC staff monitors soap supply levels on a daily basis and will immediately refill the soap dispensers when low. The BFRC also orders hand and shower soap through various Berks County departments and through the Berks County Facilities Department.
22. The ERO administrative space also contains seven (7) hand soap dispensers, each containing 40.5 oz., for use by its staff. BFRC staff, which is responsible for maintaining the supply of hand soap in ERO's administrative space, will check supply levels on a weekly basis and immediately replenish as needed. The BFRC will place orders for additional hand soap well before existing supplies levels are low through various departments within Berks County and through the Berks County Facilities Department.

### Promotion of Social Distancing

23. As reflected in the video of the BFRC, previously attached report, the BFRC is laid out in a dormitory style and offers a family-friendly environment that includes several day rooms, TV and multiple recreation/ activity rooms, library, and a toddler playroom. Additionally, there is a dining room, gym, and other free space, where residents may socialize, if they so choose.
24. The BFRC has approximately 58,995 square feet of communal area for its residents, thereby allowing ample space for movement around the facility, while also social distancing. The facility's current population is sixteen (16) residents. The BFRC also has 10 acres of outdoor space.
25. The BFRC staff has followed the CDC's evolving recommendations regarding social distancing and routinely reminds and encourages the residents to practice social distancing, i.e., remain at least six (6) feet apart when congregating.
26. Insofar as the BFRC is an unsecured facility, residents can freely move within the program areas, such as the TV and multiple recreation/activity rooms of the facility, without permission, or may elect to remain in their individual rooms, which also contain private bathrooms. As stated in my prior declaration, each family, comprised of a parent and their accompanying child(ren), are now housed in their own rooms, which are, on average, approximately 430 square feet, further allowing for social distancing.

### Changed Dining Hall Protocols Due to COVID-19

27. Normal dining hall protocols were altered on March 16, 2020, in order to promote social distancing. Specifically, families are now called to the cafeteria one at a time and at staggered intervals, in order to avoid congregation of multiple families at once. Residents also are required to wash their hands and use hand sanitizer prior to entering the dining hall.
28. Each family is served buffet style by BFRC staff, who wear gloves, masks and hair nets. Each family is also assigned to an individual table. All tables within the dining hall have been separated by approximately six (6) feet in order to maintain social distancing.
29. Notably, the residents continue to receive quality nutritional food. The BFRC also maintains strict sanitation and hygienic practices to ensure against contamination of the food, and to meet governmental health and safety codes.

### Sharing of Information Regarding COVID-19

30. The BFRC residents have been provided information about COVID-19 and instruction on preventative measures to mitigate against the spread of COVID-19. Specifically, personal meetings were held with the residents on March 22, 2020, and March 23, 2020, respectively, and were conducted in the Spanish and Creole languages. In order to further ensure the residents' understanding of the instructions, there are CDC informational posters in the Spanish and Creole languages – representative of the languages currently spoken by the residents –



relating to COVID-19 and instructions on handwashing, the use of hand sanitizers and the need for social distancing.

31. The BFRC employs five (5) native Spanish speakers, nine (9) conversational Spanish speakers and two (2) native creole speakers, among other languages. These staff members regularly communicate with residents in their native language. BFRC staff also frequently reinforce the CDC guidance with the residents, to include doing demonstrations if a resident does not appear to understand.
32. Residents also have access to the Internet where they can read news stories and conduct research about COVID-19 in their preferred language. Likewise, the residents may also communicate via telephone or email with their family and friends, who may also provide additional information regarding COVID-19. Spanish-speaking residents may also watch the news and other television programs in Spanish.

#### Cleaning Schedule at the BFRC

33. In accordance with the Family Residential Standards, residents are required to properly maintain their living areas within the BFRC. Each adult resident is responsible for daily personal housekeeping to include straightening their bedroom, making their bed, picking up debris, and cleaning the floor, as well as, cleaning their private bathroom. Residents are provided masks and gloves, which they may use while cleaning their rooms and private bathrooms. Additionally, masks and gloves are replaced upon request, or otherwise on a weekly basis and as needed in accordance with CDC and ERO guidance.
34. Residents are not required to conduct any other cleaning within the facility. They may participate in ongoing voluntary work programs, that include cleaning portions of the facility. In such instances, the resident is provided a mask and glove. The only voluntary work program that has been temporarily suspended due to COVID-19 is the voluntary kitchen work program.
35. As discussed in my April 6, 2020, declaration at paragraph 17, subsections J, K, L and T, the BFRC staff has augmented its normal cleaning procedures to further mitigate against the potential spread of COVID-19.
  - a. The BFRC staff utilizes different products to thoroughly clean various surfaces and the floors within the BFRC, as well as the residents' shared bathrooms. The products used include bottles of Clorox Anywhere Spray, containing 32 fluid ounces each and of which they have in excess of 200 bottles; bottles of Lysol Spray, each containing 19 oz, and of which they have in excess of 10 cans; and Virex Cleaner, of which they have an excess of supplies in varying sizes – 2.64qt bottles., 32 oz. spray bottles; and gallon tubs. Supply levels for these products are checked weekly and are ordered well in advance of being depleted. Supplies are ordered through various departments within Berks County and through the Berks County Facilities Department.
  - b. The BFRC also obtains additional supplies of the same products identified under paragraph 34a. for use by BFRC staff when cleaning ERO's administrative space.

36. The video of the BFRC that I recorded on April 2, 2020, accurately reflects daily conditions within the facility. Moreover, the BFRC has fostered and maintained a clean and organized environment during my tenure overseeing operations at the BFRC.
37. There have been no complaints having been made by the residents regarding the cleanliness and organization of the facility. More significantly, the BFRC is routinely subject to unannounced monthly inspections by the Pennsylvania Department of Human Services (PADHS), the last of which was conducted between March 31, 2020 and April 7, 2020. At no time has PADHS cited lack of cleanliness or organization as an issue in need of improvement.

#### Screening of Incoming Families at the BFRC

38. As previously discussed in my declaration, dated April 6, 2020, the BFRC has not taken in new families since March 18, 2020. Since February 2020, IHSC instituted additional intake protocols consistent with CDC guidelines regarding the screening of individuals for COVID-19, that remain in place and were used at the time each of the families went through the intake process at the BFRC.
39. There is no requirement under existing CDC guidelines that individuals who have no symptoms associated with the disease be tested for COVID-19, where the individual has not otherwise been exposed to a person who has tested positive for the disease. The current families at the BFRC were not were neither symptomatic for COVID-19 at the time of their admission to the BFRC such that a COVID-19 test was required nor met epidemiologic risk criteria warranting monitoring for 14 days.

#### **Medical Care Provided at the BFRC**

40. Medical services at the BFRC are administered by IHSC personnel, who are responsible for providing care and ensuring that the quality and appropriateness of health services, including those related to mental health, dental care, and emergency care, for the BFRC residents are in accordance with the Family Residential Standards and applicable medical guidelines.
41. Residents have access to licensed medical staff on site 24 hours a day, seven (7) days a week. Medical staff that residents have access to include physician assistants, a psychologist, licensed clinical social workers, licensed RNs and LPNs, psychiatrists, nurse practitioners, and medical doctors. Dental services provided to the residents are conducted by outside dental care providers contracted by Berks County. Additionally, specialized medical services, such as ENT specialists, gynecological specialists, gastroenterologist specialists, orthopedic specialists, ophthalmologist specialists, are provided by local medical providers on an as needed or emergent basis. On March 18, 2020, IHSC, in coordination with offsite healthcare providers, temporarily suspended scheduled elective medical procedures for all residents consistent with CDC COVID-19 guidelines.
42. Based on my discussions with Lieutenant Commander Illecia Benefield, IHSC at the BFRC continue to operate in compliance with the CDC guidelines relating to COVID-19.



43. Monthly inspections conducted by the PADHS include review of the medical services provided at the BFRC, and there have been no findings that evidence a major deficiency or lack of suitable and proper healthcare services being provided to the residents. Moreover, monthly inspections of the BFRC are also conducted by DLH Corporation, which engages in comprehensive review of all Family Residential Standards to include provided medical services. IHSC routinely passes all medical inspections and reviews by the DLH Corporation and PADHS.

#### **Continued Legal Access for Families at the BFRC**

44. BFRC residents are able to contact legal service providers on the Executive Office for Immigration Review's list of pro bono legal services at no cost using the ICE free-access telephone system. Residents are also permitted to purchase phone cards that allow them to make phone calls to legal service providers, family, and friends without assistance from BFRC staff. If residents do not have the money to purchase a phone card and would like to contact their attorney, BFRC staff will arrange for them to make toll free calls. Telephone calls to legal providers are not monitored or recorded.

45. Since I have worked at the BFRC, I have neither received nor been made aware of a complaint about the quality of the phone system at the BFRC that was made by an attorney or resident. Moreover, it has been my experience that attorneys who represent the residents at the BFRC have been appreciative and thankful to the BFRC staff, who routinely assist the residents, as needed, in utilizing the telephone system so that they may communicate with their attorneys, family and others.

46. Additionally, during this temporary suspension of in-person legal visits due to COVID-19, I have not been made aware of any complaints by the residents regarding the lack of legal access. Residents have access to the telephones at the BFRC 24 hours a day, seven (7) days a week. In fact, in the video of the facility I recorded, a resident is seen utilizing the phone room in private. Additionally, there have been other instances where residents have communicated with their attorneys by telephone, to include during non-regular visiting hours, to inform their attorneys of removals from the BFRC, trips to the local hospital, and other activities.

47. Given that residents' access to their attorneys has remained constant, they are able to continue to prepare for their interviews before U.S. Citizenship and Immigration Services (USCIS) and hearings before the Immigration Court, as well as assist in reviewing, preparing, and/or approving legal documents that have been filed on their behalf before various tribunals. Furthermore, in the lone instance that the BFRC caseworkers were not present (specifically on Good Friday) the BFRC supervisory staff took over the responsibility of ensuring legal access would proceed telephonically.

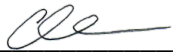
#### **Immigration Status and Length of Detention for the Families Currently at the BFRC**

48. ICE conducts individualized parole reviews for both the minors and their parent(s). These reviews are conducted continuously - upon arrival at the BFRC and throughout the immigration

process. The factors ICE considers when making parole determinations, which includes assessment as to whether minor is a flight risk, are consistent with section 212(d)(5) of the Immigration and Nationality Act (INA) and accompanying regulations, and in compliance with ICE policy and the Flores Settlement Agreement.

49. As of April 17, 2020, the minors at the BFRC have been held for a period longer than 20 days. In every one of these cases, the minor is being held pursuant to a final order of removal. ICE has determined that the minors and their parents are flight risks upon a thorough and individualized review of their cases.
50. Of the five (5) families, four (4) are the subjects of final expedited removal orders, issued pursuant to section 235(b)(1) of the INA. The families received negative credible fear determinations before USCIS and on *de novo* review before an Immigration Judge. Additionally, USCIS denied the four (4) families' requests for reconsideration of the negative credible fear determination. The U.S. District Court for the District of Columbia in *M.M.V. et al., v. Barr, et al.*, No. 19-2773 (D.D.C.) granted the families an administrative stay of removal and their request to join the ongoing litigation filed by several other families challenging the credible fear process. At the time the stay orders were issued, the families' removal was imminent. ICE intends to remove the families in the event the stay orders are lifted.
51. The remaining family was ordered removed by an Immigration Judge. The family was pending removal to Ecuador prior to the COVID-19 outbreak, which resulted in the Ecuadorian government halting all travel to Ecuador. The family, through counsel, filed a motion to reopen with the Immigration Court on March 27, 2020, as well as a stay of removal, which was subsequently granted. The motion to reopen remains pending. ICE intends to remove the families in the event the stay orders are lifted.

Executed on this 22 day of April, 2020.

  
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Christopher George  
Assistant Field Office Director  
Enforcement and Removal Operations – Philadelphia Office  
U.S. Immigration and Customs Enforcement  
U.S. Department of Homeland Security

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

O.M.G., <i>et al.</i>	)	
	)	Case No.: 1:20-cv-00786-JEB
<i>Petitioners,</i>	)	
	)	
v.	)	
	)	
CHAD WOLF, Acting Secretary of the U.S.	)	
Department of Homeland Security, <i>et al.,</i>	)	The Honorable James E. Boasberg
	)	
<i>Respondents.</i>	)	
<hr/>	)	

**DECLARATION OF ABELARDO MONTALVO M.D.**

I, Abelardo Montalvo MD, make the following statements under oath and subject to the penalty of perjury:

1. I am a Commissioned Corps officer in the U.S. Public Health Service (USPS) assigned to the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC), Department of Homeland Security (DHS). I am a licensed medical doctor with a Board Certification in Family Medicine and serve as the Eastern Regional Clinical Director with IHSC. I have held this position since February 24, 2012. Previously, I served as Clinical Director for the Krome Service Processing Center from July 2003 through February 2012. I have also served as Clinical Director and Health Service Administrator (HSA) at the Aguadilla Service Processing Center from January 1997 through July 2003, and as Clinical Director at the Port Isabel Service Processing Center June 1995 through January 1997, and currently serve as the Central Regional Clinical Director.
2. I provide this declaration based on my personal knowledge, belief, reasonable inquiry, and information obtained from various records, systems, databases, other DHS employees, employees of DHS contract facilities, and information portals maintained and relied upon by DHS in the regular course of business.
3. My current duties include serving as the regional medical authority for IHSC facilities in my region. I provide orientation, oversight, and ongoing mentoring for all Clinical Directors in my region, thereby ensuring health care delivery in accordance with IHSC’s established scope of services and the mission, vision, and goals of the organization. My oversight includes the Berks Family Residential Center (BFRC).
4. IHSC provides direct medical, dental, and mental health patient care to approximately 13,500 detainees housed at 20 IHSC-staffed facilities throughout the nation.

5. IHSC comprises a multidisciplinary workforce that consists of USPHS officers, federal civil servants, and contract health professionals.
6. The BFRC maintains a medical unit consisting of three patient exam rooms and one negative pressure room. The negative pressure room can accommodate three inpatient residents if not being used in its formal capacity as a negative pressure room.
7. The BFRC medical unit staff is comprised of the following:
  - a. One Advanced Practice Provider (APP), who is a certified Physician Assistant;
  - b. Three Behavioral Health Providers: One Psychologist and two Licensed Clinical Social Workers;
  - c. One Medical Records Technician;
  - d. One Administrative Assistant;
  - e. One Contract Coordinator;
  - f. Six Registered Nurses (RN), and two Licensed Practical Nurses (LPN).
8. One RN and one LPN are on-site at the BFRC between 3:30 PM and 11:30 PM, and two RNs are on-site between 11:30 PM and 7:00 AM. Additionally, the APP and Behavioral Health Providers are on-site at the BFRC from 7 AM until 3:30 PM and are on-call 24/7.
9. Residents receive care from the APP who will make referrals to a higher level of care if medically indicated.
10. A pharmacist located in the Elizabeth Detention Center, Elizabeth, NJ, fills prescriptions generated by the APP at the BFRC. The BFRC also utilizes two remote pharmacies (Diamond Pharmacy and CVS) to order and fill prescriptions. The BFRC stocks most commonly used over-the-counter medicines and other drugs, including antibiotics, used to initiate treatment, if necessary, of a resident on the same day the resident presents with symptoms. Drugs used to treat urgent or more serious illnesses are ordered and obtained from the local pharmacy.
11. Additionally, if during initial intake by an RN or LPN a resident presents with a chronic illness and is in possession of prescription medication(s), then an appointment is generated to be seen by the APP, who will order, if medically required, the resident's continued use of the personal medication until a prescription(s) from the outside pharmacy is ordered and received. If a resident at intake requiring chronic care presents without medication, then an appointment is generated to be seen by the APP, after which the APP will order, if medically required, the prescription be filled at the local pharmacy for immediate availability, if not listed as an in-house stock medication.
12. The BFRC has a Memorandum of Understanding with the local hospital, PennState Health, St. Joseph Medical Center, which allows for the referral of residents requiring a higher level of care and their treatment at the hospital.

13. Residents at the BFRC have access to both specialty care and off-site referrals at PennState Health, St. Joseph Medical Center. To obtain specialty care and/or off-site referral visits, the APP generates a specialty care referral which is submitted to the me for approval. Transportation to off-site medical services is facilitated by the BFRC staff and/or ambulance services, if medically indicated.
14. Residents can request medical care daily. Medical call hours for adult residents are 9:00 AM-10:00 AM and 3:00 PM-5:00 PM via walk-in clinical services. Medical call hours for pediatric residents and emergencies are available 7 days a week 24 hours a day via walk-in clinical services. The medical clinic at the BFRC is manned by medical personnel 7 days a week 24 hours a day, as described above.
15. Since the onset of reports of Coronavirus Disease 2019 (COVID-19), ICE epidemiologists have been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance to field staff on screening and management of potential exposure among detainees.<sup>1</sup>
16. In testing for COVID-19, IHSC also follows guidance issued by the U.S. Centers for Disease Control (CDC) to safeguard those in its care.
17. On April 10, 2020, ICE Enforcement and Removal Operations (ERO) released its *ERO COVID-19 Pandemic Response Requirements (PRR)*, a guidance document that builds upon previously issued guidance and sets forth specific 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 pandemic.<sup>2</sup>
18. A complete medical screening is conducted by an RN for every resident upon arrival to the facility. This includes screening for disabilities, which are defined as physical or mental impairments that substantially limit one or more major life activities. Identified disabilities are further evaluated and reasonable accommodations are provided as medically appropriate.
19. Per ICE policy, residents diagnosed with any communicable disease who require isolation are placed in an appropriate setting in accordance with CDC and/or state and local health department guidelines.
20. Per CDC guidance and since February 5, 2020, during intake medical screenings, residents are assessed for fever and respiratory illness, are asked to confirm if they have had close contact with a person with laboratory-confirmed COVID-19 in the past 14 days, and whether they have traveled from or through area(s) with sustained community transmission in the past two weeks.

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<sup>1</sup> Specifically, ICE closely follows the CDC's Interim Guidance on Management of Coronavirus 2019 (COVID-19) in Correctional and Detention Facilities at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>, and its general public guidance at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

<sup>2</sup><https://www.ice.gov/sites/default/files/documents/Document/2020/eroCOVID19responseReqsCleanFacilities.pdf>

21. The resident's responses and the results of these assessments dictate whether to monitor or isolate the resident. Those residents who present with symptoms compatible with COVID-19 are placed in isolation in the negative pressure room for treatment provided by the health care professionals (APP, RN, LPN). If testing is positive, they remain isolated and are treated. In case of any clinical deterioration, they are referred to PennState Health, St. Joseph Medical Center. Transportation to off-site medical services is facilitated by the BFRC staff and/or ambulance services, if medically indicated.
22. The BFRC has designated housing units for the quarantine of patients who are suspected of or test positive for COVID-19 infection.
23. In cases of known exposure to a person with confirmed COVID-19, asymptomatic residents are placed in cohorts with restricted movement for the duration of the most recent incubation period (14 days after most recent exposure to an ill detainee) and are monitored daily for fever and symptoms of respiratory illness. Cohorting is an infection-prevention strategy which involves housing residents together who were exposed to a person with an infectious organism but are asymptomatic.
  - a. The cohorting and isolation measures used for the mitigation of COVID-19 are similar to those used for other droplet/airborne communicable diseases, such as varicella and mumps.
  - b. The practice of cohorting for COVID-19 lasts for the duration of incubation period of 14 days, because individuals with these and other communicable diseases can be contagious before they develop symptoms and can serve as undetected source patients.
  - c. The period of cohorting among other communicable diseases varies depending on incubation period. Cohorting for COVID-19 is discontinued when the 14-day incubation period completes with no new cases.
  - d. Cohorted individuals at the BFRC have daily body temperature checks and symptom screening. Patients have access to medical services via the daily sick call process for any health concerns.
  - e. All residents that show onset of fever and/or respiratory illness are referred to PennState Health, St. Joseph Medical Center, for further evaluation.
24. As of 6 p.m. on April 21, 2020, IHSC has the following information:
  - a. There are zero BFRC residents with confirmed cases of COVID-19.
  - b. There was one (1) BFRC resident, who was administered a test on April 20, 2020 in order to rule out COVID-19, Influenza A/B and Strep A. On April 21, 2020, the resident's test results for Influenza A/B and Strep A came back negative. On April 22, 2020, the resident's test results for COVID-19 also came back negative.

I declare, under penalty of perjury under 28 U.S.C. § 1746, that the foregoing is true and correct to the best of my knowledge and based on information obtained from other individuals employed by ICE.

DATED: April 22, 2020

*CAPT Abelardo Montalvo, M. D.*

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Abelardo Montalvo, M.D.  
Eastern Regional Clinical Director  
ICE Health Services Corps



UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

O.M.G., <i>et al.</i> ,	)	
	)	
Petitioners,	)	
	)	
v.	)	Case No.: 1:20-cv-00786-JEB
	)	
CHAD WOLF, Acting Secretary of the U.S.	)	
Department of Homeland Security, <i>et al.</i> ,	)	The Honorable James E. Boasberg
	)	
Respondents.	)	
_____	)	

**DECLARATION OF MARIBEL CANTU M.D.**

I, Maribel Cantu MD, make the following statements under oath and subject to the penalty of perjury:

1. I am a Government Service employee assigned to the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Department of Homeland Security (DHS). I am a licensed medical doctor and currently serve as the Central Regional Clinical Director, which oversees IHSC facilities that include the Port Isabel Service Processing Center, the South Texas Family Residential Center, the South Texas ICE Processing Center, the Montgomery Processing Center, the T. Don Hutto Residential Center, the Alexandria Staging Facility and the La Salle Detention Facility. I am board certified in Family Medicine. I have been a practitioner for 14 years, and I was the Clinical Director at the Port Isabel facility for 4 years prior to taking on the Clinical Regional Director position. I have held this position since August 2019.
2. I provide this declaration based on my personal knowledge, belief, reasonable inquiry, and information obtained from various records, systems, databases, other DHS employees, employees of DHS contract facilities, and information portals maintained and relied upon by DHS in the regular course of business.
3. IHSC provides direct medical, dental, and mental health patient care to approximately 13,500 detainees housed at 20 IHSC-staffed facilities throughout the nation, including the South Texas Family Residential Center.
4. IHSC comprises a multidisciplinary workforce that consists of U.S. Public Health Service Commissioned Corps (USPHS) officers, federal civil servants, and contract health professionals.



### **The South Texas Family Residential Center (STFRC)**

5. In my current position, I work closely with IHSC at STFRC.
6. The STFRC maintains 8 private medical unit rooms and 6 negative pressure rooms.
7. The STFRC medical unit staff is comprised of 2 pediatricians, 1 family medicine doctor, and 13 advanced practice providers to include physician assistants and nurse practitioners. In addition, the STFRC medical staff includes 34 registered nurses and 23 licensed vocational nurses.
8. On-site medical care consists of primary care, which includes family medicine, internal medicine, and pediatric care.
9. There are medical providers at STFRC on site 24 hours per day, 7 days per week. Physicians are on site Monday through Friday from 7:00 AM until 5:30 PM. Advanced practice providers perform 8, 10, or 12-hour shifts Monday through Sunday. Registered nurses and licensed vocational nurses are on site 24 hours per day, 7 days per week.
10. The STFRC has full pharmaceutical capabilities. The facility maintains an on-site pharmacy available 7 days a week, with pharmacy filling and dispensing capabilities for all conditions treated on site and is staffed by a licensed pharmacist from 7:00 AM to 5:30 PM. After pharmacy hours, providers can dispense from a “night cabinet” stocked with emergency medications, as well as antibiotics and over-the-counter medications, such as Tylenol and Motrin, among others.
11. The STFRC maintains established contacts with local pharmacies and non-formulary medications can be ordered through our pharmacy vendors on a case-by-case basis.
12. In addition to on site primary care, residents at the STFRC have access to both specialty care and off-site referrals. Specialty care includes any medical consultation other than primary care. In the case of specialty care and off-site referral visits, an advanced practice provider or physician submits a request into the electronic medical records that is directed to the clinical director or clinical medical authority who then does a utilization review of the referral and either approves or disapproves the referral/specialty care visit. Utilization review helps ensure that resources are used wisely by evaluating whether the referral is clinically indicated or not.
13. Residents at the STFRC have access to several local hospitals. The facility regularly utilizes one local hospital (Frio Regional Hospital) for general medical issues, two children’s hospitals (The Children’s Hospital of San Antonio and Methodist Children’s Hospital) and two other hospitals (University Health System and Methodist Hospital) in the San Antonio area for more complex cases and specialty issues. By law no hospital emergency room can deny emergent care for any of our patients.
14. Residents can request on-site medical care daily via walk-in clinical services. There are established sick call hours but, as mentioned above, there are registered nurses and licensed vocational nurses available 24 hours per day 7 days per week to address any resident’s medical issues.

15. Since the onset of reports of Coronavirus Disease 2019 (COVID-19), ICE epidemiologists have been tracking the outbreak, regularly updating existing infection prevention and control protocols, and issuing guidance to field staff on screening and management of potential exposure among detainees.<sup>1</sup>
16. In testing for COVID-19, each IHSC has test kits available and also follows guidance issued by the CDC in order to safeguard those in its custody and care.
17. On April 10, 2020, ICE Enforcement and Removal Operations (ERO) released its *ERO COVID-19 Pandemic Response Requirements (PRR)*, a guidance document that builds upon previously issued guidance and sets forth specific mandatory requirements expected to be adopted by all detention facilities housing ICE detainees, as well as, providing best practices for such facilities to ensure that detainees are appropriately housed and that available mitigation measures are implemented during this pandemic.<sup>2</sup>
18. Each detainee is screened for disabilities, which are defined as physical or mental impairments that substantially limit one or more major life activities, upon intake by a medical provider. Identified disabilities are further evaluated and reasonable accommodations are provided as medically appropriate.
19. Per CDC guidance, during intake medical screenings, residents are assessed for fever and respiratory illness, are asked to confirm if they have had close contact with a person with laboratory-confirmed COVID-19 in the past 14 days, and whether they have traveled from or through area(s) with sustained community transmission in the past two weeks.
20. The detainee's responses and the results of these assessments dictate whether to monitor or isolate the resident. Those residents who present with symptoms compatible with COVID-19 will be placed in isolation, where they will be tested on site. If testing is positive, they will remain isolated and treated. In case of any clinical deterioration, they will be referred, and transported, to a local hospital via EMS or in-house ground transport vans if the patient is medically stable. Any urgent/emergent referrals go through the ER so they can determine if they meet admission criteria. The EMS personnel will determine which hospital is best suited to accept a patient based on availability of beds and urgency of situation. Only rarely will we use our transport vans for emergencies, but it is an option if all EMS is occupied. Some off-site procedures are referred to hospitals; these are typically procedures recommended by an off-site specialist who will be performing the procedure.
21. Per ICE policy, individuals diagnosed with any communicable disease, including COVID-19, who require isolation are placed in an appropriate setting in accordance with CDC or state and local health department guidelines.

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<sup>1</sup> Specifically, ICE closely follows the U.S. Center for Disease Control's (CDC) Interim Guidance on Management of Coronavirus 2019 (COVID-19) in Correctional and Detention Facilities at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>, and its general public guidance at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

<sup>2</sup><https://www.ice.gov/sites/default/files/documents/Document/2020/eroCOVID19responseReqsCleanFacilities.pdf>

22. The STFRC has identified housing units for the quarantine of patients who are suspected of having, or test positive for, COVID-19 infection to be addressed as set forth in paragraphs 19, 20, 21 and 22, *supra*.
23. The cohorting and isolation measures used for the mitigation of COVID-19 are similar to those regularly used for other droplet/airborne communicable diseases, such as varicella and mumps, each of which have their own time frames and protocols.
- a. In cases of known exposure to a person with confirmed COVID-19, asymptomatic residents are placed in cohorts with restricted movement for the duration of the most recent incubation period (14 days after most recent exposure to an ill detainee) and are monitored daily for fever and symptoms of respiratory illness.
  - b. Cohorting is an infection-prevention strategy that involves housing detainees together who were exposed to a person with an infectious organism but are asymptomatic.
  - c. The practice of cohorting for COVID-19 lasts for the duration of incubation period of 14 days, because individuals with these and other communicable diseases can be contagious before they develop symptoms and can serve as undetected source patients.
  - d. The period of cohorting among all communicable diseases will vary depending on incubation period.<sup>3</sup>
  - e. Cohorted individuals at the STFRC undergo daily body temperature checks and symptom screening. Patients also have access to health care via daily sick call process for any health concerns.
  - f. All individuals who show onset of fever and/or respiratory illness are referred to an in-house medical provider for further evaluation.
  - g. If the patient presents with moderate to severe symptoms (especially desaturated oxygen levels) he or she is sent to the local emergency room for further assessment. Referrals to emergency care can be initiated by any medical personnel at the facility. On-call providers are also available after hours to address any concerns and provide any input. Medical personnel can also 911 at any time, as necessary.
  - h. Cohorting for COVID-19 is discontinued when the 14-day incubation period completes with no new cases.

24. As of 9:15 a.m. on April 22, 2020, IHSC has the following information:

- a. There are zero cases of COVID-19 in the STFRC among the ICE detainee population.

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<sup>3</sup> For example, those diagnosed with varicella are isolated until symptoms resolve and the subsequent cohort lasts 21 days. Individuals diagnosed with mumps are isolated until symptoms resolve and at least 9 days have elapsed, and the subsequent cohort lasts 25 days.

- b. There was one suspected case of COVID-19 last week where the resident was referred to hospital, however he was tested, and confirmed to be negative.
25. The IHSC procures and distributes personal protective equipment (PPE) for use by the medical unit staff. This includes surgical loop masks, N-95 masks, gloves, and gowns for use within the medical unit when appropriately needed as recommended by the CDC.<sup>4</sup>
26. The STFRC medical unit has and will continue to work closely with procurement managers to ensure supplies are timely replenished. The STFRC medical unit conducts a daily inventory of PPE. New orders are generally placed every 2 weeks but can be done more frequently as the need arises.

I declare, under penalty of perjury under 28 U.S.C. § 1746, that the foregoing is true and correct to the best of my personal and professional knowledge and based on information obtained from other individuals employed by ICE.

Signed on this ~~22nd~~ day of April 2020.

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Maribel Cantu MD  
Central Regional Director  
ICE Health Service Corps

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<sup>4</sup> <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf>

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

O.M.G., <i>et al.</i> ,	)	
	)	
Petitioners,	)	
	)	
v.	)	Case No.: 1:20-cv-00786-JEB
	)	
CHAD WOLF, Acting Secretary of the U.S.	)	
Department of Homeland Security, <i>et al.</i> ,	)	
	)	
Respondents.	)	
_____	)	

DECLARATION OF APRIL GREEN MS

I, April Green, MS, make the following statements under oath and subject to the penalty of perjury:

1. I am employed by the GEO Group as a Health Care Administrator at the Karnes County Family Residential Center (KCFRC). The GEO Group contracts with ICE to provide management and staffing services at the KCFRC. I hold a Master’s Degree in Science with a concentration in Health Care, a Bachelor’s Degree in Science in Health Care Administration, and I am a Licensed Vocational Nurse. I am also certified through the National Commission on Correctional Healthcare (NCCHC). I started my employment with the GEO Group on October 12, 2005, and at the KCFRC on December 23, 2013.
2. I provide this declaration based on my personal knowledge, belief, reasonable inquiry, and information obtained from various records, systems, databases, and other resources.
3. In my current position, I manage and evaluate all facility health service activities based on company contractual, and healthcare policies and procedures; goals; and objectives. I implement all contractually required healthcare services, including managing the department budget and seeking to improve the operational efficiencies of the KCFRC’s health service program. In addition, I function as a liaison between KCFRC staff, ICE, and third party compliance agencies on healthcare-related matters.
4. The KCFRC medical unit staff is comprised of the following:
  - Physician – 1
  - Pediatrician – 1
  - Family Nurse Practitioner – 1
  - Psychologist – 2

Dentist - 1

Lead Mental Health Case Worker – 1 (LPC)

Mental Health Case Workers – 6

Infectious Disease Coordinator (RN's) - 2

Registered Nurses (RN) – 22

Licensed Vocational Nurses (LVN) – 22

Medical Records Clerks – 2

Registered Dental Assistant – 1

5. The medical unit at KCFRC is comprised of seven (7) negative pressure rooms, four (4) observation rooms, and two (2) suicide watch rooms.
6. All of the LVNs (22), and RNs (22) work twelve (12) hour shifts and are divided between the 4 shifts. Each shift has a total of eleven nurses at all times. The day shift runs from 0600hrs to 1830hrs with the night shift beginning at 1800 hrs and ending at 0630 hrs. KCFRC maintains the same number of nurses on both day and night shifts. Medical providers typically work morning and evening shifts.
7. The KCFRC has an on-site dispensary pharmacy. KCFRC maintains stock prescription and over-the-counter medications such as antibiotics, cold/flu medications, and antihypertensives. Albuterol treatments are provided via a nebulizer for asthmatic patients.
8. The KCFRC maintains a contract with Correct RX for patient specific and stock medications that are routinely ordered and utilizes the local HEB Pharmacy for emergency and child prescriptions.
9. Residents at the KCFRC work with the local hospital, Otto Kaiser Memorial Hospital.
10. Residents at KCFRC have access to medical care via the walk-in clinic that is available 24 hours a day, 7 days a week. KCFRC also has nurse sick calls available for the residents in the day rooms and cafeteria. Nurse sick call clinics are held twice a day, seven days a week.
11. On April 10, 2020, U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) released its *ERO COVID-19 Pandemic Response Requirements (PRR)*, a guidance document that builds upon previously issued guidance and sets forth specific 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 pandemic which is available at <https://www.ice.gov/sites/default/files/documents/Document/2020/croCOVID19responseReqsCleanFacilities.pdf>,



12. Each detainee is screened for disabilities, which are defined as physical or mental impairments that substantially limit one or more major life activities, upon admission by a medical provider. Identified disabilities are further evaluated and reasonable accommodations are provided as medically appropriate. All incoming adults and children twelve years and older are screened using the GEO intake screening forms, and the children twelve years and younger are screened using the ICE pediatric screening form.
13. Per U.S. Centers for Disease Control (CDC) guidelines, during intake medical screenings, residents are assessed for fever and respiratory illness, are asked to confirm if they have had close contact with a person with laboratory-confirmed COVID-19 in the past 14 days, and whether they have traveled from or through area(s) with sustained community transmission in the past two weeks. Medical providers also perform a full set of vitals and assessment during intake screening. The nurses also perform an initial temperature check and visual assessment on all arriving residents while the resident is still on the transport vehicle.
  - a. The KCFRC completes a complete a COVID-19 screening on all new residents that arrive at the facility and has the capabilities to test residents for COVID-19. Supportive care will be provided to patients who test positive for COVID-19 and treatment will be provided as directed by the CDC and local/state health departments.
14. The resident's responses, and the results of these assessments, dictate whether to monitor or isolate the resident. Per ICE policy, individuals diagnosed with any communicable disease, including COVID-19, who require isolation are placed in an appropriate setting in accordance with CDC or state and local health department guidelines.
  - a. If a resident tests positive for COVID-19, the resident will remain housed in a Negative Air Pressure Room and will be provided treatment based on recommendations from the health department, and the CDC.
  - b. If the resident has been exposed to COVID-19 or exhibits signs and symptoms of having COVID-19, the resident will be housed in a Negative Air Pressure Room located in the Medical Short Stay Unit. If the resident is not identified as being high risk for COVID-19, per CDC and ICE guidance, they will be placed in a suite (mothers and children together; and fathers individually) for cohort.
  - c. The cohorting and isolation measures used for the mitigation of COVID-19 are similar to those regularly used for other droplet/airborne communicable diseases, such as varicella and mumps, each of which have their own time frames and protocols.
  - d. Cohorting is an infection-prevention strategy that involves housing residents together who were exposed to a person with an infectious organism but are asymptomatic.
  - e. The practice of cohorting for COVID-19 lasts for the duration of incubation period of 14 days, because individuals with these and other communicable diseases can be contagious before they develop symptoms and can serve as undetected source patients.

- f. The period of cohorting among all communicable diseases will vary depending on incubation period.<sup>1</sup>
- g. Cohorted individuals at the KCFRC will be monitored and assessed for signs and symptoms of COVID-19 twice a day for fourteen (14) days.
- h. If the patient presents with moderate to severe symptoms (especially desaturated oxygen levels) he or she is sent to the local emergency room for further assessment. Referrals to emergent care can be initiated by any medical personnel at the facility. On-call providers are also available after hours to address any concerns and provide any input. Medical personnel can also call 911 after hours, if necessary.
- i. Cohorting for COVID-19 is discontinued when the 14-day incubation period completes with no new cases.

13. As of 9 a.m. on April 21, 2020, KCFRC has the following information:

- a. There are zero cases of COVID-19 in the KCFRC.
- b. There are zero suspected cases at KCFRC involving residents who are on medical observation per CDC guidelines

I declare, under penalty of perjury under 28 U.S.C. § 1746, that the foregoing is true and correct to the best of my personal and professional knowledge and based on information obtained from other individuals employed by ICE.

Signed on this 21<sup>st</sup> day of April 2020.



April Green, MS  
Health Services Administrator  
Karnes County Residential Center

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<sup>1</sup> For example, those diagnosed with varicella are isolated until symptoms resolve and the subsequent cohort lasts 21 days. Individuals diagnosed with mumps are isolated until symptoms resolve and at least 9 days have elapsed, and the subsequent cohort lasts 25 days.

# MEMORANDUM



**Karnes County Residential Center**  
409 FM1144  
Karnes City, TX. 78118  
830-254-2000  
agreeen@geogroup.com

Date: 12/04/2019

To: Otto Kaiser Memorial Hospital

From: Rose Thompson, FA  
April Green, HSA

**RE: MEDICAL SERVICES FOR KARNES COUNTY RESIDENTIAL CENTER**

This MEMO will serve to define the arrangement between GEO Group, Inc., ICE (Immigration, Customs, and Enforcement) and Otto Kaiser Memorial Hospital.

GEO Group Inc. currently provides care, custody and control of residents assigned to Karnes County Residential Center, 409 FM 1144 Karnes City, TX, 78118. GEO will utilize community medical resources to provide urgent, emergent and routine care beyond our medical capabilities. ICE (Immigration, Customs, and Enforcement) is the payer for all costs associated with the care rendered for the residents. This MEMO also serves purpose to comply with external accreditation standards that the GEO Group Inc. is compelled to achieve and maintain.

The GEO Group Inc. appreciates your participation in our efforts to bring excellent care to our resident population as well as a good working relationship between all parties.

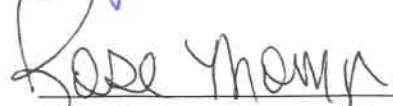
**Please forward all claims/invoices to:**

ICE Health Service Corps  
VA Financial Services Center  
PO Box 149345  
Austin, TX 78714-9345

**AGREED AND ACCEPTED:**

**The GEO Group, Inc.**

  
\_\_\_\_\_  
April Green, Health Services Administrator

  
\_\_\_\_\_  
Rose Thompson, Programs Administrator

12/4/19  
\_\_\_\_\_  
Date

**Otto Kaiser Memorial Hospital**

  
\_\_\_\_\_  
David Lee, Chief Executive Officer

12-4-19  
\_\_\_\_\_  
Date