

ICE AURORA CONTRACT DETENTION CENTER ACCOUNTABILITY REPORT ELECTRONIC REQUEST

Date:	16 Septem	nber 2020					
2 4	DAY	MONTH	YEAR				
Requested by:	Kevin Varga	as, Constituent Liaison					
1 2	quested by: Kevin Vargas, Constituent Liaison						
Transmitted by:	ERO Denve	er Field Office Executive Revie	ew Unit				
	NAME	Position	ON				
Were electronic files sent?							
YES ☑	$No \square$						
How many people are curre	ently being coh	orted/quarantined due to sickn	ess?				
Number of people currently	, cohorted/quai	rantined due to sickness:	22				
FORMAL COUNTS: 2.8	V. A.						
How many people were mo	st recently for	mally counted in this facility?					
Number of people m	ost recently fo	rmally counted in the facility:	353				
How many people formally	counted in thi	s facility describe themselves	as the following gender?				
Female: 13							
<i>Male:</i> 340							
Nonbinary: 0							
Prefer not to say: [)						

How many people formally counted in this facility describe themselves as transgender?
Number of people that describe themselves as transgender: 7
How many people have been brought into the facility this week?
Number of people brought into the facility this week: 43
How many people have left the facility this week?
Number of people who left the facility this week: 14
How many people and where did those who left the facility go?
Released into community: unknown
Formally removed from the United States: unknown
Moved to other facility: unknown
Other: unknown
How many people are currently being housed in the Annex?
Number of people who are being housed in the Annex: 41
Female: 12
Male: 29
COVID-19 CONFIRMED CASES*: New Cases this week: Total to date since March 30, 2020:
Detainees: 1 47
ICE Employees: 0 2
GEO Employees: 1 17
Documents Received: Daily Kitchen Opening and Closing Checklists
RECEIVED \square NOT RECEIVED \square
Daily Foods Production Service Records
RECEIVED
RECEIVED \square NOT RECEIVED \square
Law and Leisure Library Logs
$RECEIVED oxtimes NOT RECEIVED \Box$
Medical Staffing Update Not Profession
$RECEIVED oxtimes NOT RECEIVED \Box$

^{*}All reports concerning infectious disease are confirmed with the Tri-County Health Department and/or the Aurora Fire Department Version 1.3

SUPPLEMENTAL NOTES:

Request for information made on September 14th, 2020. All population numbers current as of September 17th, 2020

KITCHEN DOCUMENTS:

Menu provided, see attached documents

MEDICAL:

Warden Choate provided the weekly update on medical staffing as of September 16, 2020

- 1-Health Services Administrator
- 1-Assistant Health Services Administrator
- 13-RN's *
- 13-LPN's *
- 1 -Medical Doctor (Full time)*
- 2-PA's
- 1-Psychologist
- 1-Licensed Clinical Social Worker
- 3-Medical Records Clerks
- 1-X-ray tech
- 4-tele-psychiatrist
- 2-Dentists- 40 hours a week total
- 1-Dental Assistant
- 4-Agency RN's

TEMPERATURE CHECKS:

Documents attached.

LAW LIBRARY:

Documents were provided. We can't release documents since A#'s and names of detainees are shown. Dates from 9/7-9/11 were provided. Each dorm averaged from 1-3 detainees accessing the library. Log indicate that dorms that did not use the library were either new intake dorms, on restriction, or were offered and refused

COVID-19 UPDATES:

- 2 Confirmed ICE staff members on ice.gov as of 9/18/20
- 47 Confirmed Detainees on ice.gov as of 9/18/20

Aurora Fire Rescue received an update from the Geo Facility Administrator related to COVID 19. He informed me that they have one (1) staff member (GEO) that has tested positive. They have also reported one (1) new positive case amongst the detainees, they are a new arrival that has been placed in a 14-day cohort.

Congressman Crow's office confirms with TCHD and AFD about new COVID-19 positive cases.

^{**}Per required GEO reporting to local agencies 9/3/20

ADDITIONAL DOCUMENTS PROVIDED: ICE provided two COVID-related documents: the visitor screening questionnaire that all visitors must complete prior to entering the facility and the COVID-19 Checklist that all detainees are given prior to release from the facility.	
detainees are given prior to release from the facility.	
	- 1

ADULT CYCLE MENUS

These menus are proprietary and intended solely for the use of GEO Group Facilities. Dissemination, forwarding or copying of these menus are strictly prohibited.

MENU DATE:	5/15/2020		CYCLE 3 WEEK-AT-A-GLAN
	BREAKFAST	LUNCH	DINNER
ONDAY	Cinnamon Oatmeal	Sloppy Jos on Bun	Polish Sausage
	Turkey Ham	Potato Salad	Rice
	Pancakes	Carrots	Grilled Cabbage
	Syrup	Lettuce & Tomato Salad	Beans
	Margarine	Dressing	Roll
	Sugar	Onlon	Margarine
	Coffee	Spice Cake w/ Icing	Fortified Sugar Free Beverage
	Milk 2 %	Fortified Sugar Free Tea	
UESDAY	Dry Cereal	Taco Meat	Chicken Patty
	T-Sausage Gravy	Spanish Rice	Whipped Potatoes
	Diced Potatoes	Beans	Gravy
	Fruit	Salsa	Peas & Carrots
	Biscuit / Margarine	Shredded Lettuce	Bread
	Sugar	Shredded Cheese	Margarine
	Coffee	Tortillas	Fruit Cobbler
	Milk 2 %	Fortified Sugar Free Tea	Fortified Sugar Free Beverage
EDNESDAY	Oatmeal	Chopped BBQ Chicken	Fideo w/ Meat Sauce
TEURESUAT		Pinto Beans	Green Beans w/ Onlons
	Turkey Sausage		
	Pancakes	Potato Salad	Shredded Lettuce
	Syrup	Cole Slaw	Dressing
	Margarine	Margarine -	Garlic Bread
	Sugar	Bun	Fruit
	Coffee	Yellow Cake / Choc Icing	Margarine
	Milk 2 %	Fortified Sugar Free Tea	Fortified Sugar Free Beverage
HURSDAY	Cream of Rice	Enchilada Casserole	Fajita Meat
	Turkey Sausage	Spanish Rice	Grilled Onions & Peppers
	Coffee Cake	Pinto Beans	Refried Beans
	Sugar	Salsa	Grilled Potatoes
	Coffee	Saled/Dressing	Salsa
	Milk 2 %	Combread	Margarine
	Margarine	Margarine	Tortilla
	Fresh Fruit	Baked Apple Crisp Fortified Sugar Free Tea	Fortified Sugar Free Beverage
RIDAY	Dry Cereal	Tuna Salad	Chili Mac
	Creamed Meat Gravy	Grilled Potatoes	Pinto Beans
	Fried Potatoes	Green Beans	Corn Salad
	Biscuit	Cole Slaw	Garden Salad / Dressing
	Margarine	Ketchup	Roll
	Sugar	Bread / Margarine	Margarine
	Coffee	Brownia	Fortified Sugar Free Beverage
	Milk 2 %	Fortified Sugar Free Tea	i orange ogger i ice beretage
ATURDAY	Oatmeal	Turkey, Sliced	Meatballs
	Scrambled Eggs	Vegetarian Beans	Mixed Vegetables
	• • •	Corn Salad	Rice
	Turkey Sausage		
	Gravy	Mustard	Lettuce Salad
	Biscult	Mayo	Dressing
	Margarine	Bread	Ketchup
	Sugar	Margarine	Roll
	Coffee	Cake w/ lcing	Margarine
	Milk 2 %	Fortified Sugar Free Tea	Fortified Sugar Free Beverage
UNDAY	Dry Cereal	Chicken Salad	Salisbury Steak w/ Gravy
	Scrambled Eggs w/ T-Ham	Potato Salad	Rice
	Salsa	Carrot & Celery Sticks	Carrots
	Cinnamon Roll	Green Beans	Beans
	Tortilla	Shredded Lettuce	Tortillas
	Sugar	Onlon	Strawberry Cake
	Coffee	Bread	Fortified Sugar Free Beverage
	Milk 2 %	Fortified Sugar Free Tea	= ····

SUBSTITUTIONS OF EQUAL VALUE MAY BE MADE AS NEEDED BY THE FOOD SERVICE MANAGER







OPENING and CLOSING CHECKLIST

Shift Checklist	A	M	Pl	M		Comme	nts			
	No	Yes	No	Yes						
All areas secure, no evidence of theft		K	4							
Workers reported to work, no open sores		X		X						
no skin infections		7		X						
no diarrhea		X	71.5	X						
Kitchen is in good general appearance		×		X						
All kitchen equipment operational & clean		X		X						
All tools and sharps inventoried		X		X						
All areas secure, lights out, exits locked				X						
DISH MACHINE					Wash 150+	Rinse 18	0+			
perature according to manufacturer's specifications	Breakfast				160	183				
and chemical agent used in Final Rinse	Lunch				155	175				
	Dinner				154	161				
POT and PAN SINK		Temp	eratu	re	Wash 110 °F+	Rinse 110 °F+		+ 200 ppm		
Final Rinse Temps determined by chemical agent used			Break	cfast	110	118			20000	
		Lunch		112	115		20000M			
			Din	ner	119	120		0	Dem	
FREEZER and WALK-IN	Т	emper	ature		Freezer 0°F or below	Walk-in 35-40 °F		lk-in 2 -40 °F	11	
Record temperatures, Freezer and Walk-ins				AM	-7.2	39.4		6		
Record temperatures, Freezer and Walk-ins				PM	-60	34	3	7		
DRY STORAGE	Temp	eratui	re 45-	-80 °F	Spice Room	Store Rm				
Record temperatures Dry Storage Areas	AM				68°	680				
Record temperatures, Dry Storage Areas				PM	640	65				
Water Temps & Handwash Areas	AN 105-12			M 20 °F						

ture, Cook Supervisor (AM)

DATE

Signature, Cook Supervisor (PM)

FOOD SERVICE MANAGER

DATE





OPENING and CLOSING CHECKLIST

Shift Checklist	AM	P	M		Comme	nts		
	No Ye	s No	Yes					
All areas secure, no evidence of theft	7	Ci.						
Workers reported to work, no open sores	×		X					
no skin infections	X		×					
no diarrhea	X	3 22	X					
Kitchen is in good general appearance	×		×					
All kitchen equipment operational & clean	1X		×					
All tools and sharps inventoried	4		×					
All areas secure, lights out, exits locked			X					
DISH MACHINE	Ten	peratu	re	Wash 150+	Rinse 18			
perature according to manufacturer's specifications		Brea	kfast	154	189			
and chemical agent used in Final Rinse		Lui	nch	150	175			
		Din	ner	150	181			
POT and PAN SINK	Ten	perature		Wash 110 °F+	Rinse 110 °F+		200 ppm	
Final Rinse Temps determined by chemical agent used		Breakfast		120	120		200 KM	
		Lui	nch	115	120		200	Spm
		Din	ner	123	125		200	27/1
FREEZER and WALK-IN	Temp	eratur	e	Freezer 0°F or below	Walk-in 35-40 °F	1000	lk-in 2 -40 °F	
Record temperatures, Freezer and Walk-ins			AM	-2),4	36,7		817	
Record temperatures, Freezer and Walk-ins			PM	-8	36	3	8	
DRY STORAGE	Temperat	ure 45	-80 °F	Spice Room	Store Rm			
Record temperatures Dry Storage Areas			AM	65	65			
Record temperatures, Dry Storage Areas			PM	64	64			
Water Temps & Handwash Areas	AM		M					
	105-120 °F	105-	120 °F					(

S ture, Cook Supervisor (AM)

DATE

FOOD SERVICE MANAGER

DATE

Signature, Cook Supervisor (PM)





Secure Services™

FOOD SERVICE UNIT: 195- AURORA KITCHEN

OPENING and CLOSING CHECKLIST

Shift Checklist	A	M	Pl	M		Comme			
	No	Yes	No	Yes					
All areas secure, no evidence of theft	Х	X							
Workers reported to work, no open sores	X	4	1	4					
no skin infections	×	×		4					
no diarrhea	~	1		Y					
Kitchen is in good general appearance	1	X		4					
All kitchen equipment operational & clean	1	1		4					
All tools and sharps inventoried	4	X		Y					
All areas secure, lights out, exits locked		±".		M					
DISH MACHINE		Temp	eratu	re	Wash 150+	Rinse 18			
perature according to manufacturer's specifications			Break	fast	159	186			
and chemical agent used in Final Rinse			Lunch		155	180			
			Din	ner	156	135			
POT and PAN SINK		Temp	perature		Wash 110 °F+	Rinse 110 °F+		200 ppm	
Final Rinse Temps determined by chemical agent used			Breakfast		125	175		20100	
			Lun	ch	112	115		- SUO DON	
				ner	121	115		200	DOM
FREEZER and WALK-IN	Т	emper	rature		Freezer 0°F or below	Walk-in 35-40 °F		lk-in 2 -40 °F	
Record temperatures, Freezer and Walk-ins				AM	- 1,8	3812	3	7.6	
Record temperatures, Freezer and Walk-ins				PM	-2.0	39.4	3	8.6	
DRY STORAGE	Temp	eratu	re 45-	-80 °F	Spice Room	Store Rm			
Record temperatures Dry Storage Areas				AM	63	Cost			
Record temperatures, Dry Storage Areas				PM	68	66			
Water Temps & Handwash Areas	AN 105-12			M 20_°F					
	130		111	5					

2Han	9/4/200
S are, Cook Supervisor (AM)	DATE
Atch	9.14.20
FOOD SERVICE MANAGER	DATE

Signature, Cook Supervisor (PM)





Secure Services™

FOOD SERVICE UNIT: 195- AURORA KITCHEN

OPENING and CLOSING CHECKLIST

Date: 1-10-26			Time	OYUT AN	1 Time	: 2	60 F	PM
Shift Checklist	AM	P	M		Comme	nts		
	No Yes	s No	Yes					
All areas secure, no evidence of theft	7							
Workers reported to work, no open sores	1		7					
no skin infections	1	-	4					
no diarrhea	-	-	Y					
Kitchen is in good general appearance	>		×					
All kitchen equipment operational & clean			X					
All tools and sharps inventoried	7	4	X					
All areas secure, lights out, exits locked			X					
DISH MACHINE	Tem	peratu	re	Wash 150+	Rinse 18	0+		
perature according to manufacturer's specifications		Break		158	183			
and chemical agent used in Final Rinse		Lun	ch	155	191			
	Dinner			155	180			
POT and PAN SINK	Tem	peratu	re	Wash 110 °F+	Rinse 110	°F+	200 ppm	
Final Rinse Temps determined by chemical agent used		Break	fast	115	120		200	Span
		Lun	ch	112	115		200	ppm
		Din	ner	115	115		200	ppy
FREEZER and WALK-IN	Temp	erature		Freezer 0°F	Walk-in	Wa	lk-in 2	Print
TREELES SILL WILLIAM III	remp	or acture		or below	35-40 °F	1 1 1 2 2 2	40 °F	
Record temperatures, Freezer and Walk-ins			AM	-7.8	37-2	38	4	
Record temperatures, Freezer and Walk-ins			PM	ーグロス	38.3	30	1.7	
DRY STORAGE	Temperati	ire 45-	80 °F	Spice Room	Store Rm			
Record temperatures Dry Storage Areas			AM	68	68			
Record temperatures, Dry Storage Areas			PM	67	67			
Water Temps & Handwash Areas	AM 105-120 °F	P) 105-1	М 20 °F					
	120	112						

ture, Cook Supervisor (AM)

DATE

Signature, Cook Supervisor (PM)

FOOD SERVICE MANAGER

DATE





OPENING and CLOSING CHECKLIST

Date: 09-09-2020 Shift Checklist	A	M	PI	Time:	Comments				
	No	Yes	No	Yes					
All areas secure, no evidence of theft		30	17						
Workers reported to work, no open sores		X		4					
no skin infections		×		7.					
no diarrhea		y		5					
Kitchen is in good general appearance		1		×					
All kitchen equipment operational & clean		4		Y					
All tools and sharps inventoried		×		X					
All areas secure, lights out, exits locked		1000		20					
DISH MACHINE		Temp	eratu	re	Wash 150+	Rinse 18			
nperature according to manufacturer's specifications	Breakfast				154	139			
and chemical agent used in Final Rinse	Lunch				188	183			
	Dinner				153	185			
POT and PAN SINK		Temp	eratu	re	Wash 110 °F+	Rinse 110 °F+		200 ppm	
Final Rinse Temps determined by chemical agent used			Breakfast		128	130		200 por	
			Lunch		1/3	114			Oppin
			Dinner		1/2	715	-	0) 100m
FREEZER and WALK-IN	Т	emper	ature		Freezer 0°F	Walk-in	Wa	lk-in 2	Philan
THE PER AND THE IT		emper	ature		or below	35-40 °F	35	-40 °F	
Record temperatures, Freezer and Walk-ins	- 2000			AM	7.6	38.5	3	39.2	
Record temperatures, Freezer and Walk-ins				PM	3.5	39.7	3	7.5	
DRY STORAGE	Temp	eratui	re 45-	80 °F	Spice Room	Store Rm			
Record temperatures Dry Storage Areas	AM				68	10			
Record temperatures, Dry Storage Areas				PM	70	70			
Water Temps & Handwash Areas	AN 105-12		PI 105-1	3.32					
	120	a	121						

ature, Cook Supervisor (AM)

DATE

Signature, Cook Supervisor (PM)

FOOD SERVICE MANAGER

DATE

q.q. 5737 rev 02/2020 mp.





OPENING and CLOSING CHECKLIST

Date: 9.8.70 Shift Checklist	AM		PM			Commer	nts		
SIMIL CHOOKING		Yes	No	Yes		Commo	110		
All areas secure, no evidence of theft		/		103			-		
Workers reported to work, no open sores		V	200	/					
no skin infections		/		/					
no diarrhea		/		/					
Kitchen is in good general appearance		/		1					
All kitchen equipment operational & clean		/	-	1					
All tools and sharps inventoried		1		1					
All areas secure, lights out, exits locked				/					
DISH MACHINE	Т	emp	eratur	e	Wash 150+	Rinse 18	0+		
Temperature according to manufacturer's specifications			Break		156	181			
and chemical agent used in Final Rinse			Lund		151	183			
		Dinner			151	180			
POT and PAN SINK	To	eratur	·e	Wash 110 °F+	Rinse 110	°F+ 200 ppm		pm	
Final Rinse Temps determined by chemical agent used		_	Breakfast		128	130	rooppn		
			Lunch		115	120		200	ppm
P= 1 - P=			Dinner		120	128		2001	
FREEZER and WALK-IN	Ten	nper	ature		Freezer 0°F	Walk-in		lk-in 2	
		-			or below	35-40 °F	_	-40 °F	
Record temperatures, Freezer and Walk-ins				AM	-7.1	31.2		3.4	
Record temperatures, Freezer and Walk-ins				PM	-6.5	35.9	3	3.0	
DRY STORAGE	Temper	atui	e 45-	80 °F	Spice Room	Store Rm			
Record temperatures Dry Storage Areas	AM				68	64,			
Record temperatures, Dry Storage Areas				PM	68	68			
Water Temps & Handwash Areas	AM 105-120	°F	PN 105-1						
	120	-	121			-			-

Signature, Cook Supervisor (AM)

7 DATE

Signature, Cook Supervisor (PM)

FOOD SERVICE MANAGER

9-8-20 DATE





Secure Services™

FOOD SERVICE **UNIT: 195- AURORA KITCHEN**

OPENING and CLOSING CHECKLIST

Shift Checklist	A	M	PI	M		Comme	nts		
	No	Yes	No	Yes					
All areas secure, no evidence of theft		X	7 7.2						
Workers reported to work, no open sores		×		X					
no skin infections		X		X					
no diarrhea		y		×					
Kitchen is in good general appearance		X		×					
All kitchen equipment operational & clean		×		X					
All tools and sharps inventoried		>		X					
All areas secure, lights out, exits locked				×					
DISH MACHINE	Temperature		re	Wash 150+	Rinse 18	0+	(= = = = = = = = = = = = = = = = = = =		
nperature according to manufacturer's specifications			Break	fast	156	189			
chemical agent used in Final Rinse	Lunch				150	180			
	Din			ner	190	198			
POT and PAN SINK	- D	Temp	perature		Wash 110 °F+	Rinse 110 °F+		200 p	pm
Final Rinse Temps determined by chemical agent used			Breakfast		112	115		200 por	
			Lun	ch	117)	112		200	Don
			Din	ner	170	121		200	Ppm
FREEZER and WALK-IN	T	emper	ature		Freezer 0°F or below	Walk-in 35-40 °F	1 1 1 1 1 1 1 1 1	lk-in 2 -40 °F	
Record temperatures, Freezer and Walk-ins				AM	-7.4	762	39		
Record temperatures, Freezer and Walk-ins				PM	-4	36	3	8	
DRY STORAGE	Temp	eratui	re 45-	80 °F	Spice Room	Store Rm	T		
Record temperatures Dry Storage Areas				AM	68	68			
Record temperatures, Dry Storage Areas				PM	63	64			
Water Temps & Handwash Areas	AN 105-12	0°F	Pl 105-1	20 °F					
	120	0	120	1					

ature, Cook Supervisor (AM)

Signature, Cook Supervisor (PM)



Temperature Log South Building

195 Aurora Detention Center 11901 East 30th Street Aurora, CO 80010

Secure Services™

Date: 14 Sept 2020

	Unit	AIR	WATER/sink	Shower #1	Shower #2
9/14	South-A	70.7			
	South-B	Quarant	me Full PP	5	
	South-C	Quarenti	ne Full PPE	-	
	South-D	Unoccup	ied		
	South-E	Querontin	ne Full PP ne Full PPE red ne Full PPE		
	South-F	71.7			
	South-G	70.7			
	South-L	69.9			
	South-M	71.2			
	South-N	71.3			
	South-X	71.1			
	South-Y	71.3			
	South-Z	70.0			
	South SMU	71.2			
	South SM - Shower 3	•			
	MED ISO- Room 1	N/A		N/A	N/A
	MED ISO- Room 2	N/A		N/A	N/A
	MED ISO- Room 3	N/A		N/A	N/A
9/14	MEDICAL				

PRINT:	Ton	Tony Galacque					
_							

SIGN:

Write Legibly



North Building Temperature Log

195 Aurora Detention Center 3130 Oakland St.

Aurora, CO 80010

Date	Unit	Dayroom	Shower #1	Shower #2	Shower #3	Shower #4	Shower #5	Shower #6	Shower #7
9/14	A-1	70.9							
1	A-2	70.5							
	A-3	69.3							
	A-4	68.7						6.5	
	B-1	68.3							
	B-2	71.5							
	В-3	70.8							
	B-4		T Fu	ce PF	15				
	C-1	70.4							
	C-2	69.0							
	C-3	692							
	C-4	69.7							
	D-1	72.6					N/A	N/A	N/A
	D-2		oce up-	<u></u>			N/A	N/A	N/A
	E-1	71.1					N/A	N/A	N/A
	E-2	70.3							
	MED								
1/	Phy Therapy	N/A		N/A	N/A	N/A	N/A	N/A	N/A
9/14	Intake	N/A			N/A	N/A	N/A	N/A	N/A

,,	Phy Therapy	N/A		N/A	N/A	N/A	N/A	N/A	N/A
9/14	Intake	N/A			N/A	N/A	N/A	N/A	N/A
PRINT Write Legi					SIGN:				
Medical Sl	nowers Tem	iperature	Log Name(Tony G	Wac ga	c	Date:	9/14/2	020
542	540	538	536	534	5 ² 3	522		Tub Room	
Temperatur	e Taken with	a Fluke M	od 52 Digit	al Thermo	meter				



Visitor Screening - COVID-19 Questionnaire

Examen de Visitantes - Cuestionario COVID-19 Name/Nombre: Mobile/Home Phone Telefono de la Casa o Celular: Visitor Purpose/Propósito de visita: Inmate/Detainee/Department Recluso/Detenido/Departamento: Facility Name/Nombre de La Facilidad: Date/ Time of Visit - Fecha/Hora de la visita: In the past 14 days, have you experienced flu-like symptoms such as fever (>100.4° deg F / 38° 1. deg C), a new cough, shortness of breath, sneezing, sore throat, congestion, chills, loss of taste or smell, headache, body aches, nausea? YES / NO If YES, when? En los últimos 14 días, ¿has experimentado síntomas similares a los de la gripe, como fiebre (>100.4°F/ 38 grados), una nueva tos, dificultad para respirar, estornudos, dolor de garganta, congestión, escalofríos, pérdida de sabor u olfato, dolor de cabeza, dolores corporales, náuseas? SI / NO Si sí, ¿cuándo? Are you currently under evaluation for COVID-19 or awaiting test results? YES / NO ¿Está actualmente en evaluación para COVID-19 o a la espera de los resultados de las pruebas? SÍ/NO Have you been diagnosed with COVID-19 and not yet cleared to end isolation? YES / NO ¿Le han diagnosticado COVID-19 y aún no ha sido autorizado para poner fin al aislamiento? In the past 14 days, have you had close contact with a person with confirmed COVID-19 4. infection while they were ill, or under investigation for infection of COVID-19? YES / NO If YES, when? En los últimos 14 días, ¿ha tenido contacto cercano con una persona con infección COVID-19 confirmada mientras estaba enferma o bajo investigación por infección de COVID-19? SI / NO Si sí, ¿cuándo? Visitor Temperature Reading: ___ Visitor Signature/Firma:_ Date/Fecha: Access to Facility (Check One) Denied Approved



COVID-19 Checklist

ICE | ERO

for All ICE ERO Transfers, Removals, and Releases

		YES NO N/A
1)	Verify the detainee's current health status and exposure history.	
2)	Is the detainee currently: • In medical isolation? • Experiencing symptoms commonly associated with COVID-19? • Awaiting COVID-19 test results? • Cohorted due to COVID-19 exposure? For transfers and removals, if the answer to any of the questions above is "Yes," do not transfer or remove a to all these questions is "No," proceed to Questions 3 and 4 only. For releases, if any answer is "Yes," complete remaining questions and if the answers are "No," complete Questions 3 – 5.	
	a. For released detainees, discuss the release with the relevant state, local, tribal, and/or territorial public health department to coordinate continuation of care. Notate the public health department here, if applicable:	
	b. Provide the health department with the released detainee's name, intended address, email address, all available telephone numbers, and planned mode of transportation to their intended destination.	
	Before the detainee leaves the facility or is removed, do verbal symptom screening (fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell) and a temperature check. Record temperature here: For transfers and removals only, if the detainee does not clear the screening process, delay the transfer or removal and follow the protocol for a suspected COVID-19 case. For transfers and removals only, is the detainee medically cleared to travel? Record method of travel: Ground ICE Air Commercial flight	
)	Provide the detainee with the following forms and fact sheets in the detainee's preferred language, as availab	le.
-	a. Steps to Help Prevent the Spread of COVID-19 if You are Sick; and	
ı	b. Stop the Spread of Germs.	
	For released allens only, facilitate safe transport, continued shelter, and medical care, as part of release plant what arrangements for transportation were made.	ning. Document
a	Did ICE provide transportation? If yes, where was the alien transported to?	
b	Did a family member or friend provide transportation?	
C	Was the alien provided with a personal protective equipment mask upon release?	
d	. Was the alien provided with information on or access to community resources to ensure continued shelter and medical care?	
	. Was the alien advised to avoid public transportation, commercial ride sharing (e.g. Uber, Lyft), and taxis? All ALIEN'S SIGNATURE	
FFI	CER'S/CONTRACTED STAFF'S PRINTED NAME OFFICER'S/CONTRACTED STAFF'S SIGNATURE DATE	E