



COVID-19 Checklist

for All ICE ERO Transfers, Removals, and Releases

DIRECTIONS: This checklist is intended to provide U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) and contracted staff with the minimum steps required prior to transferring, removing, or releasing a noncitizen from ERO custody and to further mitigate the spread of COVID-19.

Reason for Detainee Transfer:	<input type="checkbox"/> Clinical care	<input type="checkbox"/> Overcrowding
<input type="checkbox"/> Medical Evaluation	<input type="checkbox"/> Security Concerns	<input type="checkbox"/> Other – FOD Approved
<input type="checkbox"/> Medical isolation/quarantine	<input type="checkbox"/> Release or removal	<small>Reason for Transfer (e.g., facility closure, etc.): _____</small>

	YES	NO	N/A
1) Verify the detainee's current health status and exposure history.	<input type="checkbox"/>	<input type="checkbox"/>	
2) Has the detainee been tested for COVID-19 prior to transfer, removal (if required), or release?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Is the detainee currently:			
• In medical isolation?	<input type="checkbox"/>	<input type="checkbox"/>	
• Experiencing symptoms commonly associated with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
• Awaiting COVID-19 test results?	<input type="checkbox"/>	<input type="checkbox"/>	
• Cohorted due to COVID-19 exposure?	<input type="checkbox"/>	<input type="checkbox"/>	
• Detainee fully vaccinated?	<input type="checkbox"/>	<input type="checkbox"/>	

For **transfers and removals**, if the answer to any of the questions above is "Yes," do not transfer or remove and if the answer to all these questions is "No," proceed to Questions 4 and 5 only. For **releases**, if any answer is "Yes," complete 3a, 3b and the remaining questions and if the answers are "No," complete Questions 4 – 6.

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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) 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: _____		<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For transfers and removals only , is the detainee medically cleared to travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record method of travel: Ground <input type="checkbox"/> ICE Air <input type="checkbox"/> Commercial flight <input type="checkbox"/>			

5) Provide the detainee with the following forms and fact sheets in the detainee's preferred language, as available.			
a. Steps to Help Prevent the Spread of COVID-19 if You are Sick ; and	<input type="checkbox"/>	<input type="checkbox"/>	
b. Stop the Spread of Germs .	<input type="checkbox"/>	<input type="checkbox"/>	

6) For released noncitizens only, facilitate safe transport, continued shelter, and medical care, as part of release planning. Document what arrangements for transportation were made.			
a. Did ICE provide transportation? If yes, where was the noncitizen transported to? _____	<input type="checkbox"/>	<input type="checkbox"/>	
b. Did a family member or friend provide transportation?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Was the noncitizen provided with a personal protective equipment mask upon release?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Was the noncitizen provided with information on or access to community resources to ensure continued shelter and medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Was the noncitizen advised to avoid public transportation, commercial ride sharing (e.g. Uber, Lyft), and taxis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NONCITIZEN'S PRINTED NAME		A#	NONCITIZEN'S SIGNATURE	
OFFICER'S/CONTRACTED STAFF'S PRINTED NAME		OFFICER'S/CONTRACTED STAFF'S SIGNATURE		DATE