

May 12, 2022

TO: [REDACTED]
Acting Assistant Director Custody Management

FROM: [REDACTED]
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **180 Day Follow-Up/Annual Inspection of the Okmulgee County Criminal Justice Authority (Moore)**

The Nakamoto Group, Inc. performed a 180 Day Follow-Up/Annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Okmulgee County Criminal Justice Authority (Moore) in Okmulgee, Oklahoma during the period of May 10-12, 2022. This is an IG-SA facility.

The hybrid inspection was performed under the guidance of [REDACTED] Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

Type of Inspection

This is a 180 day follow-up inspection which is performed to assess overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a rating of Does Not Meet Standards during the October 2021 annual inspection.

Inspection Summary

The Okmulgee County Criminal Justice Authority (Moore) is currently accredited by:

- The American Correctional Association (ACA) - Yes
- The National Commission on Correctional Health Care (NCCHC) - No
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2021 PBNDS 2011 annual inspection and the 2022 PBNDS 2011 180 day follow-up inspection:

2021 Annual Inspection	
Meets Standards	36
Does Not Meet Standards	4
Repeat Finding	0
Not Applicable	3

2022 18 Day Follow-up Inspection	
Meets Standards	34
Does Not Meet Standards	5
Repeat Findings	0
Not Applicable	4

The inspection team identified fifty-three (53) deficient components in the following twenty-two (22) standards:

Emergency Plans – 1
 Environmental Health and Safety – 2, one of which is a repeat finding
 Admission and Release – 2, both of which are repeat findings
 Contraband – 1
 Facility Security and Control – 3
 Hold Rooms in Detention Facilities – 1
 Key and Lock Control – 8
 Population Counts – 2
 Post Orders – 6
 Special Management Units – 1
 Staff-Detainee Communication – 1
 Tool Control – 1
 Disciplinary System – 1, which is a priority
 Food Service – 6, two of which are repeat findings
 Medical Care – 2, both of which are repeat findings
 Personal Hygiene – 6, two of which are repeat findings of which one is a priority
 Correspondence and Other Mail – 1
 Visitation – 1
 Detainee Handbook – 2, both of which are repeat findings of which one is a priority
 Grievance System – 1
 Law Libraries and Legal Materials – 3
 Transfer of Detainees – 1

Facility Snapshot/Description

The Okmulgee County Criminal Justice Authority (OCCJA) in Okmulgee, Oklahoma is owned by Okmulgee County Building Trust Authority and operated under the jurisdiction of the Okmulgee County Criminal Justice Authority. The facility is located approximately forty miles south of Tulsa, Oklahoma. The facility has a total capacity of [REDACTED] beds. The facility currently houses medium and medium-high custody adult male ICE detainees and male U.S. Marshals Service detainees. [REDACTED]

The OCCJA physical plant includes a two-story building operated under the indirect supervision model. Four housing pods are located in the unit. Detainees classified as [REDACTED] are housed in [REDACTED]



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one dormitory. The living unit was observed to be well lit with both natural and artificial light and have adequate open space for detainees. The dormitory is furnished with tables and attached stools for detainees to participate in leisure time activities and socializing. Board games, leisure reading material, playing cards, and televisions are available. Five electronic kiosks are available in the ICE housing unit. Kiosks may be used to access detainee handbooks, text and video visitation (for a fee), law library, commissary and submitting electronic requests to ICE officials and facility staff. Detainees have daily access to the outdoor recreation yard. A dedicated special management unit (Restricted Housing Unit) containing [REDACTED] cells with [REDACTED]-person occupancy and [REDACTED] medical cells are also available for additional housing. The facility is climate controlled.

Housing unit officers were not able to answer questions regarding translation services available, law library access and or/sanitation policies. The sanitation level of the facility was observed overall as unsatisfactory. Sheets, clothing, blankets and towels were observed hanging from bunk beds. Trash was observed littered on the floors and the walls were dirty. The sanitation level at this facility was found to be adequate in the laundry area, property room, hallways, and administrative areas. Sanitation was observed to be well below average in the intake area, outdoor recreation and the food service area. The conditions of the cells were below average with one cell needing a shower curtain to prevent viewing from the cell door. Observation of rooms revealed graffiti on the walls and ceiling, clutter, dirt in the corners and chipped paint. Graffiti was observed in the recreation area, housing units, special management unit, booking and common areas.

During the inspection, 47 detainees were interviewed formally and/or informally. When inspectors approached detainees in the housing pod and asked questions regarding conditions of confinement, safety and access to services, the detainees spoke willingly. Formal interviews took place in the pod in a confidential manner. No detainee had used the OIG hotline. Detainees expressed overall satisfaction with conditions of confinement, medical services, food services, telephone services, and access to facility and ICE officials. The exceptions are summarized in the next two paragraphs.

Detainee One wants one of his wisdom teeth pulled out. Detainee Two needs medication for sleep. Detainee Three complained of decreased vision. Detainee Four complained of pain at a surgical site. Detainee Five complained of a tooth ache. Detainee Six asked to see a mental health provider.

The HSA and Medical SME discussed each concern and reviewed each medical record. Detainees were scheduled to see the medical provider to resolve their concerns. The Medical SME observed the timelines of sick call requests to be within the guidelines of the standard.

Seven detainees complained that replacement personal hygiene items are often difficult to obtain. The shift supervisor stated that "hygiene items are provided upon request".

Although a housekeeping plan was present and reviewed, observation suggested a lack of adherence. Specifically, sanitation levels were below average in most areas. The ICE detainee housing unit does not meet recognized safety and sanitation standards. The housing unit was found to be maintained at a below average rating for cleanliness and sanitation. The toileting, washbasin, and shower area, although having been cleaned by maintenance personnel every two weeks and detainees daily, still appears untidy and unclean. Black stains in the showers indicate the presence of mold but interviews with the maintenance supervisor indicate the showers are cleaned and sprayed with a mold killing disinfectant every two weeks. Personal observations of the area indicate these areas need a major renovation. Furthermore, articles of clothing, blankets and towels are utilized by detainees to shield their sleeping bunks from observation and/or light. This creates an untenable situation for verifying the areas are clean and sanitary. Additionally, the articles of clothing, etc. obstruct officer views when conducting count and wellness checks.

According to the Facility Security and Control policy: “frequent unannounced security inspections are required on day and night shifts to control the introduction of contraband; identify and deter sexual abuse of detainees; ensure facility safety, security, and good order; prevent escapes; maintain sanitary standards (however, observation confirmed sanitation standards are not maintained, nor documented on the security inspection forms); and eliminate fire and safety hazards. Staff is prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility”. Observation of the general population housing unit and special management unit confirmed the policy is not followed.

Food service and medical service employees are Okmulgee County employees. The facility does not charge co-pays for medical, mental health, or dental care. Detainee telephone services are provided by Encartele via contract with the facility.

Areas of Concern/Significant Observations

This inspection was conducted as a hybrid. Four inspectors conducted the inspection on-site. The remote Medical QMC inspector was unable to personally observe practices and procedures within the facility but was able to interview staff and review files.

Three priority components were rated Does Not Meet Standard after the facility failed to fulfill previous commitments to Meet Standards:

Detainee Handbook

PRIORITY: Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility’s local supplement to the handbook.

Findings: During the previous inspection, this component was rated Does Not Meet Standard because detainees did not receive a copy of the local handbook during admission. The Detainee Handbook is available to detainees on the housing unit kiosk. Detainees may request a hard copy. During this inspection it was confirmed detainees are not provided copies of the local handbook. The facility had previously committed to providing copies to detainees; however, this commitment was not fulfilled. This is a repeat priority deficiency.

Recommendation: The local supplement to the handbook should be provided to each detainee during the admission process. The detainee should verify receipt of the documents with their signature. This receipt document should be maintained in the detainee’s detention file.

Disciplinary System

PRIORITY: The facility’s supplemental detainee handbook issued to each detainee upon admittance shall provide notice of the facility’s rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings.

Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows:

- Disciplinary Severity Scale;
- Prohibited Acts;
- Sanctions.

Findings: The detainee handbook is not provided to each detainee. The handbook is available on the housing unit kiosk. The facility had previously committed to providing copies to detainees; however, this commitment was not fulfilled.

Recommendation: The local supplement to the handbook should be provided to each detainee during the admission process. The detainee should verify receipt of the documents with their signature. This receipt document should be maintained in the detainee's detention file.

Personal Hygiene

PRIORITY: Detainees shall be provided with clean clothing, linen and towels on the following basis:

- A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons;
- At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes);
- At least weekly exchange of sheets, towels, and pillowcases;
- An additional exchange of bedding, linens, towels, or outer garments shall be made available to detainees if necessary for health or sanitation reasons, and more frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.

Findings: During the previous inspection, this component was rated Does Not Meet Standard because per the officer and compliance manager, "clothing is on back-order. Detainees are issued what is available". Posted laundry schedules are not current and/or not being followed. During this inspection it was determined detainees are not issued two sheets or pillows as required. A review of laundry documentation indicated the laundry schedule is not being followed which results in clothing, linen, towel and blanket exchanges not occurring as required. Facility administrators have committed to correct these deficiencies. However, the facility committed to correcting the deficiencies during a previous inspection. The component requirements were not fulfilled. Additional sheets and pillows have been ordered and will be distributed to detainees when they arrive. Supervisory personnel have committed to closely monitor the laundry schedule to ensure detainees have clean uniforms and undergarments as required by the standard.

Recommendation: An additional exchange of bedding, linens, towels, or outer garments shall be made available to detainees if necessary for health or sanitation reasons, and more frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.

Failed Standards include: Key and Lock Control; Population Counts; Post Orders; Personal Hygiene; Detainee Handbook. The facility had the opportunity to correct deficiencies during and after the Technical Assessment Review (TAR) which took place February 1-3, 2022. Facility policies have been updated. However, the policies have not translated to performance-based outcomes.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Does Not Meet Standards. The facility does not comply with the ICE Performance-Based National Detention Standards



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(PBNDS) 2011. Five (5) standards were found as Does Not Meet Standard. Four (4) standards were Not Applicable (N/A). All remaining thirty-four (34) standards were found to Meet Standards.

LCI Assurance Statement

Compliance and non-compliance narratives are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. An out brief was conducted via conference call/on-site with facility staff and ICE representatives. In addition to the entire Nakamoto Group, Inc. Inspection Team, the following participated:

- ICE Officials – [REDACTED]

- Facility Staff – [REDACTED]

[REDACTED] Lead Compliance Inspector

May 12, 2022

Printed Name of LCI

Date