

October 28, 2021

TO: [REDACTED]
Acting Assistant Director Custody Management

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

SUBJECT: **Annual Inspection of the Okmulgee County Jail -Moore Detention Facility**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Okmulgee County Jail - Moore Detention Facility in Okmulgee, Oklahoma, during the period of October 26-28, 2021. This is an IGSA facility.

The annual 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 scheduled annual inspection which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a rating of Meets Standards during the 2020 annual inspection.

Inspection Summary

The Okmulgee County Jail-Moore Detention Facility 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 2020 and 2021 PBNDS 2011 compliance annual inspections:



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2020 Annual Inspection	
Meets Standards	40
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	2

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

The inspection team identified eighty-eight (88) deficient components in the following nineteen (19) standards:

Environmental Health and Safety – 9
Admission and Release – 2
Custody Classification System – 1
Funds and Personal Property – 2
Searches of Detainees -1
Sexual Abuse and Assault Prevention and Intervention – 4, two of which are priority components
Special Management Units – 3
Food Service – 9, one is a priority component
Hunger Strikes – 3
Medical Care – 12, six of which are priority components
Personal Hygiene – 3, one is a priority component
Suicide Prevention and Intervention – 6, three of which are priority components
Disability Identification, Assessment, and Accommodation – 17
Visitation – 5, two of which are priority components
Recreation – 2, one is a priority component
Detainee Handbook -3, one is a priority component
Grievance System – 2, one is a priority component
Staff Training -2
Transfer of Detainees – 2, one is a repeat deficiency

Facility Snapshot/Description

The Okmulgee County Jail - Moore Detention Facility in Okmulgee, Oklahoma is owned by Okmulgee County and operated under the jurisdiction of the Okmulgee County Criminal Justice Authority. The facility is an IGSA located approximately forty miles south of Tulsa, Oklahoma. The facility has a total capacity of [REDACTED] beds, housing all custody levels of adult male ICE detainees and male U.S. Marshals Service detainees.

There is currently one dormitory housing unit used to house medium high to high custody ICE detainees. The facility is authorized to house low to low medium custody ICE detainees, and there are separate beds available for this purpose. There is a dedicated special management unit containing thirteen cells with two-person occupancy and two medical cells. The facility is a two-story building operated under the indirect supervision model. Living units are well lit with both natural and artificial light and have adequate open space for detainees. The living areas are furnished with tables and chairs for detainees to participate in leisure time activities and socializing. Board games, leisure reading material, playing cards, and televisions are among the amenities available to detainees. Detainees have access to electronic kiosks in the ICE housing unit for reviewing the detainee handbook, checking account balances, and sub-



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mitting electronic requests to ICE. Detainees have daily access to the outdoor recreation yard to jog and walk with other detainees housed in their living unit. General visitation has been temporarily suspended due to health concerns associated with the COVID-19 virus. Video-visitation is available to detainees and the facility chaplain conducts smaller group services in the housing unit.

The facility is climate controlled and appeared to be in good repair. Administrative and supervisory staff interviewed were well-versed in facility guidelines and operating procedures, as well as, the National Detention Standards. Staff was professional during interviews and detainees spoke willingly and respectfully. The sanitation level of the facility was below average.

Five ICE detainees were interviewed confidentially and spoke openly with the inspectors. Concerns voiced by the detainees included not being allowed to go to recreation. Interview with staff indicated that recreation is by request only; however, there is no mention in the detainee handbook outlining the process for the detainees to request recreation. Detainees stated that food portions were not adequate. The Safety SME verified that portions served were within standard guidelines. When questioned, none of the detainee stated that they had called the OIG concerning these issues.

Food services, medical services, and the facility medical doctor are Okmulgee County employees while dental and mental health services are contracted with a local provider. 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 was a hybrid inspection with one inspector working remotely. The remote inspector was unable to personally observe practices and procedures within the facility but was able to review files and documentation. The following are the Standards and Priority Components that were found to not meet requirements of the standards:

Priority Components

Standard 2.11 Sexual Abuse and Assault Prevention and Intervention

Component #4: PRIORITY: Training on the facility's SAAPI Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and addresses all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training.

Finding: Review of documentation found that not all staff have received training on the facility's SAAPI Program during initial and annual refresher training.

Recommendation: Facility should implement a training schedule that ensures that all staff complete training as required by the component and maintain training record documentation to verify completion of required training.

Component #24: PRIORITY: The facility conducts an annual review of aggregate data regarding sexual abuse investigations and resulting incident reviews and presents the findings to the Field Office Director (FOD) and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices to further the goal of eliminating sexual abuse.

Finding: Interview with the facility PREA Compliance Manager verified that the facility did not complete an annual review of aggregate data regarding sexual abuse investigations and resulting incident reviews for forwarding of findings to the FOD and ICE/ERO for 2020.

Recommendation: The PREA Compliance Manager should implement an annual review of sexual abuse investigations and resulting incident reviews for submission of this data to ICE as required by the component.

Medical Care Standard Does Not Meet Standard

Component #25: PRIORITY: Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.

The screening shall inquire into the following:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms;
- Current illness and health problems, including communicable diseases;
- Pain assessment;
- Current and past medication;
- Allergies;
- Past surgical procedures;
- Symptoms of active TB or previous TB treatment;
- Dental problems;
- Use of alcohol and other drugs;
- Possibility of pregnancy;
- Other relevant health problems identified by the CMA responsible for screening inquiry;
- Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;
- History of suicide attempts or current suicidal/homicidal ideation or intent;
- Observation of body deformities and other physical abnormalities;
- A transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender;
- Past hospitalizations;
- Chronic illness (including, but not limited to, hypertension and diabetes);
- Dietary needs; and
- Any history of physical or sexual victimization and when the incident occurred.

Finding: Review of the initial screening process of arriving ICE detainees at the facility does not include required screenings on transgender self-identification and history of transition-related care when a detainee self-identifies as transgender or any history of physical or sexual victimization and when the incident occurred.



Recommendation: The facility medical intake process should include a complete medical screening process that includes all elements required by the component.

Component #33: PRIORITY: Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within fourteen days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. If such documentation exists of such a health assessment within the previous ninety days, the facility health care provider, upon review, may determine that a new appraisal is not required. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by physician) or other healthcare provider permitted by law.

Finding: Review of documentation indicated that facility RNs completed health assessment and physicals without proper documented training by the physician.

Recommendation: The facility's HSA should initiate a training program for the RNs to receive training by a physician to complete health assessments and physicals as required by the component.

Component #36: PRIORITY: Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee's medical record. Where medical staff furthermore determine the condition to be serious enough to require medical clearance of the detainee prior to transfer or removal, medical staff also place a medical hold on the detainee using the Medical/Psychiatric Alert form (IHSC-834) or equivalent, which serves to prevent ICE from transferring or removing the detainee without the prior clearance of medical staff at the facility. The facility administrator receives notice of all medical/psychiatric alerts or holds, and notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred.

Finding: Interview with the facility's HSA indicated that this facility does not utilize any medical/psychiatric alert forms.

Recommendation: To meet the requirements of the component, the facility should implement the use of the IHSC-834 or equivalent to prevent ICE from transferring or removing a detainee without the prior clearance of medical staff.

Component #49: PRIORITY: Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.

A plan shall be prepared in consultation with the facility's clinical medical authority or the HSA. The plan will include the following:

- An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;
- A list of telephone numbers for local ambulances and hospital services available to all staff;
- An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff;



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- All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually; and security procedures that ensure the immediate transfer of detainees for emergency medical care.
- Security procedures that ensure the immediate transfer of detainees for emergency medical care.

Finding: The facility was unable to produce a written emergency plan for the delivery of 24-hour emergency health care for review.

Recommendation: The facility compliance manager and HSA should collaborate in drafting a written emergency plan for the delivery of 24-hour emergency health care for review and approval by the facility administration.

Component #50: PRIORITY: Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:

- Responding to health-related situations within four (4) minutes;
- Recognizing of signs of potential health emergencies and the required responses;
- Administering first aid, AED and cardiopulmonary resuscitation (CPR);
- Obtaining emergency medical assistance through the facility plan and its required procedures;
- Recognizing signs and symptoms of mental illness and suicide risk;

The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.

Finding: Review of training documentation verified that not all staff have received medical emergency, CPR, or AED training during the current training cycle.

Recommendation: The facility training staff should produce a training curriculum and schedule that ensures all staff receive proper and timely medical emergency training as required by the component.

Component #68: PRIORITY: Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred. Those detainees who are currently placed in a medical hold status are evaluated and cleared by a licensed independent practitioner prior to transfer or removal. In addition, the CMA or designee informs the facility administrator in writing if the detainee's medical or psychiatric condition requires a medical escort during transfer or removal.

Finding: The health service administrator (HSA) confirmed the facility does not use any medical/psychiatric alert forms.

Recommendation: The facility should have on hand, and implement procedures to utilize, the IHSC-834 or equivalent to ensure any medical alerts or holds placed on a detainee to be transferred are appropriately evaluated and cleared prior to transfer.

Significant Self-Harm and Suicide Prevention and Intervention Standard Does Not Meet Standard

Component #1: PRIORITY: The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually.

At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:

- Staff training;
- Identification;
- Referral;
- Evaluation;
- Treatment;
- Housing;
- Monitoring;
- Consistent communication between medical, mental health, and correctional staff;
- Intervention;
- Notification and reporting;
- Review; and
- Debriefing

Finding: The current policy is dated 2017 with no signatures of approval.

Recommendation: The facility should update their Significant Self-Harm and Suicide Prevention policy and secure all appropriate approval signatures.

Component #3: PRIORITY: All facility staff who interact with and/or are responsible for detainees are trained, during orientation and at least annually on the facility's Suicide Prevention and Intervention Program, to include:

- Why the environments of detention facilities are conducive to suicidal behavior;
- Standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment;
- Liability issues associated with detainee suicide;
- Recognizing verbal and behavioral cues that indicate potential suicide;
- Demographic, cultural, and precipitating factors of suicidal behavior;
- Responding to suicidal and depressed detainees;
- Communication between correctional and health care personnel;
- Necessary referral procedures;
- Housing observation and suicide-watch procedures;
- Follow-up monitoring of detainees who have attempted suicide;
- Reporting and written documentation procedures.



Finding: Review of training documentation indicated that not all staff has received suicide prevention training.

Recommendation: Facility should implement a training schedule that ensures that all staff completes training as required by the component and should maintain training record documentation to verify completion of required training.

Component #15: PRIORITY: All detainees discharged from suicide observation should be re-assessed within 72 hours and then periodically at intervals prescribed by the treatment plan and consistent with the level of acuity by an appropriately trained and qualified mental health professional.

Finding: Review of documentation verified that one detainee released from suicide observation was not reassessed until seven days after discharge from suicide observation.

Recommendation: Procedures should be put in place to ensure that all detainees discharged from suicide observation are re-assessed within 72 hours as required by the component.

Personal Hygiene Standard

Component #12: PRIORITY: Detainees shall be provided with clean clothing, linens, 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.

Finding: Interview with the laundry officer and compliance manager revealed that a clothing order was on back order, and that detainees are issued clothing that was available. Additionally, posted laundry schedules were not current and/or not being followed.

Recommendation: Facility management should implement an inventory control system to ensure that proper amounts of required clothing, linens, and towels are on hand, and in proper quantity and sizes, to provide the minimal clothing allowance in proper sizes for detainees as required by the component.

Disability Identification, Assessment, and Accommodation Standard Does Not Meet the Standard

Disability Identification, Assessment, and Accommodation Standard: This standard protects against disability discrimination by ensuring detainees with a disability have an equal opportunity to participate in, access, and enjoy the benefits of the facility's programs, services, and activities.



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Finding: Interview with the health services administrator (HAS) revealed that this standard has not been implemented at this facility.

Recommendation: The compliance manager and HSA should collaborate and draft a written policy and procedure for this standard for submission to facility administration for review, approval, and implementation.

Food Service Standard Does Not Meet the Standard

Component #41: PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures.

Finding: Dish washing machine was found to be operating at temperatures that did not meet minimum requirements to ensure dishes were cleaned and sanitized. Additionally, refrigerator temperatures were not maintained to ensure potentially hazardous food was maintained at safe levels.

Recommendation: The facility should provide an increased level of supervision/maintenance to the food service program to ensure a safe, sanitary, and hygienic food service operation.

Recreation

Component #3: PRIORITY: If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions. If only indoor recreation is available, detainees shall have access for at least one hour each day to a large recreation room with exercise equipment and access to natural sunlight. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.

Finding: Detainees must request access to the recreation yard by ringing a bell inside the pod. There is no mention in the detainee handbook or policy specifying recreation time must be requested rather than offered.

Recommendation: The facility should clarify to detainees the procedures for going to the outside recreation area with an update to the supplemental handbook and posting notice in the housing unit. The facility should develop a system for documenting when detainees are permitted to participate in outdoor recreation.

Visitation

Component #5: PRIORITY: General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.



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Finding: General visitation has been suspended during this inspection period due to COVID-19. Video visits are available to detainees using the tablets in the housing units. There is a charge for the visits. Indigent detainees do not have access to visits.

Recommendation: Provide an accommodation for a contact/non-contact and/or video-visit that is safe and does not charge a fee.

Component 9: PRIORITY: The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.

Finding: Normally detainees are permitted a minimum of one hour for a visit. Special consideration is given to individuals who have traveled along distance or who have unusual circumstances. On-site general visitation has been suspended during this inspection period due to COVID-19. Detainees may visit using the tablets in the housing units for a fee. No accommodation is made for indigent detainees

Recommendation: Provide an accommodation for a contact/non-contact and/or video visit that is safe and does not charge a fee.

Detainee Handbook

Component #1: 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.

Finding: Detainees do not receive a copy of the local handbook during the admission process. The local supplement is available on kiosks located in the housing units and by request.

Recommendation: The facility should provide to each detainee, as part of the orientation program, a copy of the facility's local supplement as required by the Standard.

Grievance System

Component #11: PRIORITY: Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file.

Finding: During the current inspection it was determined that copies of grievance dispositions were not placed in the detainee's detention file, nor were medical grievances maintained in the detainee's medical file.

Recommendation: The facility should amend policy and practice to ensure grievances are filed as required by the standard.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Does Not Meet Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility does not comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011. Four (4) standards were found as Does Not Meet Standard. Three (3) standards were Not Applicable (N/A). All remaining thirty-six (36) standards were found to Meet Standards.

LCI Assurance Statement

The findings of compliance and non-compliance 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 with facility staff and ICE representatives. In addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – [REDACTED]
- Facility Staff – [REDACTED]

[REDACTED] Lead Compliance Inspector

October 28, 2021

Printed Name of LCI

Date