- A. Type of Facility Reviewed
 - ICE Service Processing Center
 - ICE Contract Detention Facility
 - ICE Intergovernmental Service Agreement

B. Current Inspection

 \square

Type of Inspection	
Field Office HQ Inspection	
Date[s] of Facility Review	
1/23/2019 - 1/25/2019	

C. Previous/Most Recent Facility Review

Date[s] of Last Facility F 9/18/2019-9/20/2019	Review
Previous Rating	
Meets Standards	Does Not Meet Standards

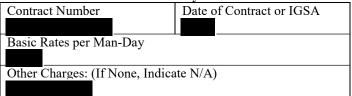
D. Name and Location of Facility

Name
Tulsa County Jail (David L. Moss Criminal Justice Center)
Address (Street and Name)
300 N. Denver Ave.
City, State and Zip Code
Tulsa, OK 74103
County
Tulsa
Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
Telephone # (Include Area Code)
Field Office / Sub-Office (List Office with oversight
responsibilities)
Dallas/Tulsa
Distance from Field Office
250

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
/ LCI/Detainee Rights SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Safety SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Security SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group

F. CDF/IGSA Information Only



Detention Review Summary Form Facilities Used Over 72 hours

Estimated Man-days Per Year

G. Accreditation Certificates

List all State or National Accreditation[s] received:
NCCHC, PREA, ACA
Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under (Court Order or Cla	ass Action Finding
Court Order	Class Ac	tion Order
The Facility has Signi	ficant Litigation H	Pending
Major Litigation	Life/Safe	ty Issues
Check if None.		

I. Facility History

or Upgraded
n / Bedspace Added
lanned
Future Bedspace (# New Beds only)
Number: Date:

J. Total Facility Population

Total Facility Intake for previous 12 months

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Total ICE Mandays for Previous 12 months
```

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

L. Facility Capacity

Rated Operational		Emergency

M. Average Daily Population

, i	ICE	USMS	Other

N. Facility Staffing Level

Security:	Support:

Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	N/A	N/A	N/A	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	0	0	3
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³	·	0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	0	N/A	N/A	26
	# Resolved in favor of Offender/Detainee	0	N/A	N/A	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	N/A	N/A	8
	# Psychiatric Cases referred for Outside Care	0	0	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders 2

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Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting 3

Routine transportation of detainees/offenders is not considered "forced"

Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large-scale incidents.

	DHS/ICE Detention Standards Review Summary Report							
1. I	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4			
PA	RT 1 SAFETY							
1	Emergency Plans	\boxtimes						
2	Environmental Health and Safety	\boxtimes						
3	Transportation (By Land)	\boxtimes						
PART 2 SECURITY								
4	Admission and Release	\boxtimes						
5	Classification System	\boxtimes						
6	Contraband	\square						
7	Facility Security and Control	\boxtimes						
8	Funds and Personal Property	\boxtimes						
9	Hold Rooms in Detention Facilities	\square						
10	Key and Lock Control	\square						
11	Population Counts	\boxtimes						
12	Post Orders	\square						
13	Searches of Detainees	\boxtimes						
14	Sexual Abuse and Assault Prevention and Intervention	\boxtimes						
15	Special Management Units	\boxtimes						
16	Staff-Detainee Communication	\boxtimes						
17	Tool Control	\boxtimes						
18	Use of Force and Restraints	\boxtimes						
PA	RT 3 ORDER							
19	Disciplinary System	\boxtimes						
PA	RT 4 CARE							
20	Food Service		\boxtimes					
21	Hunger Strikes	\boxtimes						
22	Medical Care	\square						
23	Personal Hygiene	\boxtimes						
24	Suicide Prevention and Intervention	\boxtimes						
25	Terminal Illness, Advance Directives, and Death	\boxtimes						
PA	RT 5 ACTIVITIES							
26	Correspondence and Other Mail	\boxtimes						
27	Escorted Trips for Non-Medical Emergencies				\boxtimes			
28	Marriage Requests	\square						
29	Recreation	\boxtimes						
30	Religious Practices	\boxtimes						
31	Telephone Access	\square						
32	Visitation	\boxtimes						
33	Voluntary Work Program				\square			
PA	RT 6 JUSTICE							
34	Detainee Handbook	\boxtimes						
35	Grievance System	\square						
36	Law Libraries and Legal Material							
37	Legal Rights Group Presentations	\boxtimes						
PA	PART 7 ADMINISTRATION & MANAGEMENT							
38	Detention Files							
39	News Media Interviews and Tours	\boxtimes						
40	Staff Training	\square						
41	Transfer of Detainees	\boxtimes						

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name)	Signature			
Title & Duty Location	Date			
Lead Compliance Inspector, The Nakamoto Group, Inc.	1/25/2019			

Team Members					
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location				
, Security SME, The Nakamoto Group, Inc.	, Safety SME, The Nakamoto Group, Inc.				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location				
, Medical SME, The Nakamoto Group, Inc.	, Medical SME, The Nakamoto Group, Inc.				

Recommended Rating:

☐ Meets Standards ⊠ Does Not Meet Standards

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) which include the following additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was rated Meets Standard;
- Classification System is now titled Custody Classification System;
- Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
- Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
- News Media Interviews and Tours is now titled Interviews and Tours, and;
- Transfer of Detainees is now titled Detainee Transfer.

There were no deaths or serious suicide attempts during the inspection period.

The facility does not have a canine unit for contraband detection. Tasers are authorized for personnel who have been trained in their use. The only chemical agent approved for use is oleoresin capsicum/pepper spray (OC). However, unit officers are not permitted to carry Tasers or OC in the housing units. Responding personnel, when called for assistance, may bring them into the unit to control the situation. The use of unsafe types of force such as choke holds, carotid control holds and neck restraints are not authorized.

There were no Uses of Force or SAAPI allegations involving an ICE detainee since the T.A.R. in September 2018.

The numbers reported on the Significant Incident Summary Worksheet on page 2 pertain only to ICE detainees.