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Inspections and Detention Oversight
Division Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations

ERO Dallas Field Office

Tulsa County Jail

Tulsa, Oklahoma

March 6 - 8, 2018

**COMPLIANCE INSPECTION
for the
TULSA COUNTY JAIL
Tulsa, Oklahoma**

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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Tulsa County Jail (TCJ), in Tulsa, Oklahoma from March 6-8, 2018¹. TCJ opened in 1999 and is owned by Tulsa County and operated by the Tulsa County Sheriff's Office. The Office of Enforcement and Removal Operations (ERO) began housing detainees at TCJ in 2008 under the oversight of ERO's Field Office Director (FOD) in Dallas. The facility operates under the National Detention Standards (NDS) 2000 and is contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard.

ERO Deportation Officers (DO) are assigned to the facility; however, no Detention Services Manager (DSM) is assigned. A jail administrator is responsible for daily facility operations and is supported by (b)(7)(E) personnel. Aramark Correctional Services, Inc. provides food services and medical care is provided by Turn Key Health Clinics, LLC. The facility holds accreditations from the American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	As Needed
Average ICE Detainee Population ³	190
Male Detainee Population (as of 03/06/2018)	167
Female Detainee Population (as of 03/06/2018)	18

In FY 2014, ODO conducted an inspection of TCJ and found 19 deficiencies in the following areas: Detainee Classification system (1 deficiency), Detainee Grievance Procedures (1), Detainee Handbook (2), Disciplinary Policy (2), Environmental Health and Safety (1), Food Service (3), Funds and Personal Property (1), Medical Care (1), Special Management Unit – Administrative Segregation (3), and Staff-Detainee Communication (4).

¹ This facility holds male and female detainees with low, medium low, medium high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List Report as of February 26, 2018.

³ *Ibid.*

FY 2018 FINDINGS by NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	0
Detainee Grievance Procedures	1
Detainee Handbook	1
Food Service	6
Funds and Personal Property	2
Staff-Detainee Communication	0
Telephone Access	0
Use of Force and Restraints	2
Sub-Total	13
Part 2 – Security and Control	
Environmental Health and Safety	5
Special Management Unit (Administrative Segregation)	3
Special Management Unit (Disciplinary Segregation)	2
Use of Force	0
Sub-Total	10
Part 3 – Health Services	
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
PBNDS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	23

⁴ For greater detail on ODO’s findings, see the *Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to (i) assist ERO in developing and initiating corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency's entire detention inventory.

⁵ ODO reviews the facility's compliance with selected standards in their entirety.

DETAINEE RELATIONS

Eighteen (18) detainees voluntarily agreed to be interviewed by ODO. Most detainees reported satisfaction with facility services, with the exception of the concerns listed below.

Medical Care: One detainee claims to have a heart condition requiring a cardiac monitor or pacemaker. He also claims he is only provided Tylenol for pain in his right foot from an old Gunshot Wound (GSW).

- Action Taken: ODO discussed the detainee's complaint with facility medical staff. ODO reviewed the detainee's medical record and found he was medically screened on January 23, 2018. In addition to an old GSW, his claim of needing a pacemaker was documented along with a history of hypertension. The facility requested the detainee's private medical records but only received records concerning the GSW. The detainee was placed in the chronic care program and prescribed two hypertension medications. Records indicate the detainee claims he was told he had a "small heart" and needed a pacemaker. He also described wearing a Holter monitor for 3 months at home, to determine if he needed a pacemaker. Medical staff administered an EKG on February 3, 2018, and he had a normal sinus rhythm with possible enlarged left ventricle, which is usually caused by uncontrolled high blood pressure. As no information is available from a previous cardiac provider, TCJ submitted a request to ICE for a full cardiac evaluation on March 5, 2018 which was pending approval at the time of the inspection.

Medical Care: One detainee claims she requested a flu shot but was denied.

- Action Taken: ODO reviewed the detainee's medical records and spoke with health care staff. ODO found no evidence in the detainee's medical record she requested a flu shot, nor any record showing a denial. The facility has an active flu vaccination program which is offered to all detainees upon request. At ODO's request, medical staff called the detainee to the clinic on March 7, 2018 and offered her a flu shot. She declined the flu shot and signed a refusal form.

Religious Practices: One detainee claims he is not allowed to wear his rosary which was taken during intake and placed in his personal property.

- Action Taken: ODO discussed the detainee's complaint with ERO and facility staff. A housing supervisor informed ODO he must submit a request for a rosary and once the request is approved, the facility chaplain will issue a facility-approved rosary to him. At ODO's request, the supervisor agreed to follow-up with the detainee to ensure he understands the procedure for requesting a rosary.

Sexual Abuse and Assault Prevention and Intervention: One detainee claims another detainee in her housing unit has been sexually harassing her daily. The reporting detainee indicated she has not previously disclosed the harassment to anyone.

- Action Taken: ODO reported the claim to the facility Lieutenant and the ERO Supervisory Detention and Deportation Officer (SDDO). The facility initiated their Sexual Abuse and Assault Prevention and Intervention protocols. The detainee was interviewed by facility staff, and the alleged perpetrator was moved to another housing unit.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed twenty-five (25) detention files and found each contained an Order to Detain or Release (I-203) form; however, five were not signed by an ERO authorizing official (**Deficiency A&R-1**⁶).

Corrective Action: The facility initiated corrective action during the inspection by having ERO authorizing officials sign the forms requiring a signature (**C-1**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO's review of detainee grievance procedures found the Risk Management Administrator provides the initial response to all grievances. If an appeal is filed by the detainee, the Risk Management Administrator again responds to the grievance instead of allowing for an appeal to the Officer in Charge (**Deficiency DGP-1**⁷).

DETAINEE HANDBOOK (DH)

The latest revision of the local handbook is October 2016. TCJ had already begun drafting an ICE detainee specific local supplement and will be finalizing the draft following the ODO inspection. ODO's review of the local handbook and the draft version of the ICE detainee specific local handbook found neither document includes information on facility-issued bedding nor do they list the detainee's rights (**Deficiency DH-1**⁸).

FOOD SERVICE (FS)

ODO's observation of the satellite feeding operation found food carts are not secured with locking devices and are delivered by inmate trustees; however, the inmate trustees are not supervised by staff (**Deficiency FS-1**⁹).

ODO's review of food service staff and worker records found there was no documentation food service staff were medically cleared to work in food service (**Deficiency FS-2**).¹⁰ Also, ODO found no evidence of staff checking food service workers for signs of illness at the beginning of

⁶ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁷ "If the detainee does not accept the grievance committee's decision, he/she may appeal it to the OIC." See ICE NDS 2000, Standard, Detainee Grievance System, Section (III)(C).

⁸ "The overview will also cover medical policy (sick-cell); facility-issued items, e.g., clothing, bedding, etc.; access to personal property; and meal service" and "The handbook will list detainee rights and responsibilities." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(B) and (D).

⁹ "Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices." See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(g).

¹⁰ "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a).

each work shift (**Deficiency FS-3¹¹**).

ODO found the following food service areas require a thorough cleaning: floors, toilets, and sinks in the staff and inmate restrooms; floors around the food serving line, dishwashing machine, ice machine, the liquid food composter machine and; grease filters above the steam kettles and stove. Inspectors also noted ceiling tiles are missing above the dishwasher machine, and the food cart storage areas (**Deficiency FS-4¹²**).

ODO's inspection of the dishwashing machines found the dishwasher pressure gauge for measuring the pounds per square inch (psi) and the temperature gauge for the pre-wash cycle to dishwashing machine #1 were inoperable (**Deficiency FS-5¹³**).

ODO's review of documentation found monthly food safety inspections are being conducted; however, corrective action reports are not submitted to the OIC for follow-up, weekly inspections are not conducted by staff, and water temperatures for the dishwashing machine are not recorded by food service staff after every meal (**Deficiency FS-6¹⁴**).

¹¹ "The CF or equivalent will inspect all detainee food service workers daily at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness. The detainees shall return to work only after the FSA has received written clearance from Health Services staff." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(4).

¹² "All facilities shall meet the following environmental standards:

- Clean, well-lit, and orderly work and storage areas.
- Overhead pipes removed or covered, to eliminate the food-safety hazard posed by leaking or dusty pipes.
- Routinely cleaned walls, floors, and ceilings in all areas.
- Ventilation hoods, to prevent grease buildup and wall/ceiling condensation that can drip into food or onto food-contact surfaces. Filters or other grease-extracting equipment shall be readily removable for cleaning and replacement."

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(a-d).

¹³ "Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and liquid sanitizer, shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles. Procedures for cleaning and sanitizing follow:

- The pressure of the final-rinse water must be between 15 and 25 pounds per square inch (psi) in the water line immediately adjacent to the final-rinse control valve."

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(g)(1).

¹⁴ "Mandatory Inspections:

- The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. All components of the food service department, (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily, recording the results. The FSA or CS of food service shall inspect food service areas weekly....
- Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the OIC. The OIC shall establish the date(s) by which identified problems shall be corrected.
- Daily checks of equipment temperatures shall follow this schedule:
 - Dishwashers: every meal;
 - Pot- and pan-washers: daily, if water in the third compartment of a three-compartment sink is used for sanitation and the required minimum temperatures is 80 degrees F;
 - Refrigeration/freezer equipment (walk-in units): site-specific schedule, established by the FSA. All temperature-check documentation shall be files and accessible."

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO's review of TCJ's policies: 17-06 *Inmate Trust Account* and 17-09 *Detention Property Storage* found they address the requirements of the standard; however, TCJ does not have policy addressing procedures for lost or damaged property (**Deficiency F&PP-1**¹⁵).

ODO's review of the facility handbook verified it provides notice to detainees about items they can retain in their possession, definitions of contraband, and the ability to get certified identification documents from their A-file; however, the facility handbook does not include rules for storing/mailling property not allowed, procedures for claiming property when leaving TCJ, nor procedures for filing claims for lost or damaged property (**Deficiency F&PP-2**¹⁶).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO's review of the facility's hazardous substance program found a master index of hazardous substances and a master file of Material Safety Data Sheets (MSDS) is maintained in the maintenance shop with a copy in the Health Services Department. A review of the master index confirmed storage locations and emergency telephone listings are included; however, documentation for semi-annual reviews are not maintained as required by the standard (**Deficiency EH&S-1**¹⁷).

ODO observed secondary containers (e.g. spray bottles and five-gallon containers) located in the corridor outside the chemical distribution closet and in the medical mop closet are not labeled as to their contents (**Deficiency EH&S-2**¹⁸).

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a-c).

¹⁵ "All CDF's and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;
3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. The will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. The will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
7. The senior contract officer will immediately notify the designated INS officer of all claims and

outcomes."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H)(1-7).

¹⁶ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

- ...
3. The rules for storing or mailing property not allowed in their possession;
 4. The procedure for claiming property upon release, transfer, or removal;
 5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(3-5). **This is a repeat deficiency.**

¹⁷ "Documentation of the semi-annual reviews will be maintained in the MSDS master file." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹⁸ "The OIC will individually assign the following responsibilities associated with the labeling procedure:

ODO's review of documentation found monthly safety inspections are being conducted for all areas of the facility with files maintained in the fire and safety manager's office; however, further weekly fire and safety inspections are not conducted by staff (**Deficiency EH&S-3¹⁹**).

ODO observed there were no sanitation guidelines posted, or in the barbering kits, and each detainee did not have their own clean towel. Additionally, clipper blades were not properly sanitized between haircuts (**Deficiency EH&S-4²⁰**).

ODO inspected the detainee housing units, the special housing unit, and booking area and determined the overall sanitation conditions in some general population units, special housing units, and the receiving and discharge holding rooms did not meet acceptable standards as the following conditions were found: walls were in need of cleaning and maintenance, several of the showers and bathroom areas had a build-up of soap scum and dirt, and clumps of hair were found on the floor of one shower, and sewer flies were observed in the bathroom area of the open bay housing units (**Deficiency EH&S-5²¹**).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION (SMU AS))

A review of documentation found there were 14 individuals placed in administrative segregation (AS) during the year preceding the inspection. ODO's review of the 14 detention files found detainees were medically-cleared prior to placement and files contained completed written segregation orders. However, there was no evidence in the file that a supervisory officer reviewed and approved one person's placement (**Deficiency SMU AS-1²²**).

Detainees in the SMU are provided the same meals as those in the general population in accordance with the standard. ODO observed detainees in the SMU are issued re-useable sporks in lieu of disposable utensils (**Deficiency SMU AS-2²³**).

-
- ...
2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material".

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(2).

¹⁹ "A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office." *See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).*

²⁰ "Sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting." *See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P).*

²¹ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention." *See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).*

²² "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable." *See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).*

²³ "Detainees in administrative segregation shall receive three nutritionally adequate meals per day, from the menu served to the general population. For security purposes, detainees in the SMU shall use disposable utensils only. Under no circumstances shall food be used as punishment." *See ICE NDS 2000, Standard, Special Management*

Detainees on AS receive privileges and services in accordance with the standard, including outdoor recreation, showers, personal and legal visits, meals, medical rounds, telephone access, and access to legal materials. A permanent log documenting these activities is maintained and incorporated in the detainee's file; however, ODO's review of 14 Segregation Activity Records found officers inconsistently documented detainee activities. In fact, there were ten records where an officer did not record any activities/meals (**Deficiency SMU AS-3²⁴**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION (SMU DS))

Detainees in the SMU are provided the same meals as those in the general population in accordance with the standard. ODO observed detainees in the SMU are issued a re-useable spork to be reused at each meal in lieu of disposable utensils (**Deficiency SMU DS-1²⁵**).

Policy allows for detainees on disciplinary segregation to receive privileges and services required by the standard, including outdoor recreation, showers, and personal and legal visits, meals, medical rounds, telephone access, and access to legal materials. A permanent log documenting these activities is maintained and incorporated in the detainee's file; however, ODO's review of the Segregation Activity Records found staff inconsistently document activities (**Deficiency SMU DS-2²⁶**).

USE OF FORCE (UOF)

ODO's review of documentation for eight incidents involving the use of force found medical personnel did not complete a medical assessment of the detainee in three cases (**Deficiency UOF-1²⁷**).

ODO's review of documentation for eight incidents involving the use of force found an after-action review was not completed in four cases. In fact, in three of the four cases without an after-action review, the SDDO submitted a memorandum stating a review was not necessary (**Deficiency UOF-2²⁸**).

Unit (Administrative Segregation), Section (III)(D)(5).

²⁴ "A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." *See* ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(E)(1).

²⁵ "Detainees in the SMU shall, for security reasons, eat with disposable utensils." *See* ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(10).

²⁶ "A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." *See* ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(E)(1).

²⁷ "After any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(G)(2).

²⁸ "The After-Action Review Team shall complete and submit its After-Action Review Report to the OIC within two working days of the detainee's release from restraints. The OIC shall review and sign the report, acknowledging its finding that the use of force was appropriate/ inappropriate. The reviewer team shall determine whether the incident requires further investigation; also, whether the incident should be referred to the Office of Internal Affairs, the Office of the Inspector General, or the Federal Bureau of Investigation. The OIC shall forward a copy of the After-Action Review Report to the District Director." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(K).

HEALTH SERVICES

MEDICAL CARE (MC)

Medical staff at TCJ are enrolled in a local service “My Health” that allows staff to access community health records from local hospitals on-line. This reduces the time required to access these records through normal mail and expedites medical care for detainees. ODO observed the use of the system when medical staff obtained outside hospital records of a detainee in just minutes after the detainee signed a release for those records. ODO cites the use of “My Health” as a **Best Practice**.

CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with fifteen (15) standards under the NDS 2000 and one (1) standard under the PBNDS 2011. In all, ODO found the facility compliant with seven (7) standards and found twenty-three (23) deficiencies in the remaining nine (9) standards, which is very similar to ODO’s last inspection of this facility. ODO notes the facility received no deficiencies in staff-detainee communication during this inspection as compared to FY 2014. However, there was an uptick in the number of deficiencies related to Environmental Health and Safety, as well as Food Service. ODO recommends ERO work with the facility to remedy all remaining deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2014 (NDS 2000)	FY 2018 (NDS 2000)
Standards Reviewed	17	16
Deficient Standards	10	9
Overall Number of Deficiencies	19	23
Deficient Priority Components	N/A	N/A
Corrective Action	0	1