



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO Dallas Field Office
Moore Detention Facility
Okmulgee, Oklahoma
August 13-15, 2019

**COMPLIANCE INSPECTION
of the
MOORE DETENTION FACILITY
Okmulgee, Oklahoma**

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FACILITY OVERVIEW

The U.S Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Moore Detention Facility (MDF) in Okmulgee, Oklahoma, from August 13-15, 2019. MDF opened in 2017 and is owned by Okmulgee County Building Authority Trust and operated by Okmulgee County Criminal Justice Authority. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees in 2017, pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Dallas, Texas. The facility currently operates under the Performance-Based National Detention Standards (PBNDS) 2011.

Deportation Officers (DO) are assigned to the facility. The Chief of Security is responsible for the oversight of daily facility operations and is supported by █ personnel. MDF houses male detainees of low and medium low levels. Food services and medical care are provided by MDF staff.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ¹	246
Average ICE Detainee Population ²	198
Male Detainee Population (as of 08/05/2019)	229
Female Detainee Population (N/A)	N/A

This is ODO's first compliance inspection of MDF.

¹ Data Source: ERO Facility List dated August 05, 2019.

² *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.³

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is 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. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

³ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	4
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	5
Part 4 – Care	
Disability, Identification, Assessment, and Accommodation	0
Food Service	0
Medical Care	2
Medical Care (Women)	N/A
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	4
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	12

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

DETAINEE RELATIONS

ODO interviewed 26 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported being satisfied with facility services except for the concerns listed below.

Religious Practices: One detainee claimed he is Rastafarian and was denied the use of his religious headwear.

- Action Taken: ODO discussed the detainee's complaint with the facility administrator, chief of security, and the Chaplain. The facility staff stated the detainee's religious headwear poses a security issue because it is large enough to cover his face. The detainee was informed of the security issue his headwear presents and was denied the use of that type. He was given an option of wearing another type of religious headwear that cannot be used to cover his face and does not pose a security risk.

Food Service: Ten detainees complained about the commissary food is mostly snacks and lacks a variety of healthy foods.

- Action Taken: ODO discussed the detainees' complaint with the facility administrator. The facility administrator arranged to speak with the Commissary provider about more nutritious food options. After speaking with the Commissary provider, the facility administrator stated she would speak with the detainees to determine the types of food they prefer in Commissary.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed the emergency power generators are not load tested [REDACTED] for [REDACTED] or in accordance with the manufacturer's recommendations (**Deficiency EH&S-1⁵**).

Corrective Action: Prior to the completion of the inspection, the generator was programmed to run every [REDACTED] (**C-1**).

MDF conducted quarterly fire drills, including the evacuation of detainees; however, staff do not use emergency keys for all drills (**Deficiency EH&S-2⁶**). The exit diagrams provide the required information in English, Spanish, and Hindu; however, the diagrams do not contain areas of safe refuge (**Deficiency EH&S-3⁷**).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 25 randomly selected detainee files and determined MDF did not complete a special reclassification on the randomly selected files before detainees left the Special Management Unit (SMU) (**Deficiency CCS-1⁸**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 16 files and found two out of the 16 detainees were placed in Administrative Segregation (AS) for Protective Custody (PC) for five and 46 days; however, PC investigations in both cases were never initiated to determine the need for continued placement or alternative housing (**Deficiency SMU-1⁹**). ODO found five out of 16 AS files reviewed determined the SMU

⁵ "Power generators are to be inspected [REDACTED] and load tested [REDACTED] at a minimum, or in accordance with the manufacturer's recommendations and instruction manual." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(6).

⁶ "Emergency- key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of [REDACTED] for drawing keys and unlocking emergency doors. However, when conducting fire drills, emphasis shall be placed on safe and orderly evacuation rather than speed." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁷ "Areas of safe refuge shall be identified and explained on diagrams. Diagram posting shall be in accordance with applicable fire safety regulations of the jurisdiction." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

⁸ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(3).

⁹ "A detainee requires protection. Protective custody may be initiated at the detainee's request or by staff as needed to protect the detainee from harm. Each facility shall develop procedures to consider continued placement in protective

releasing officer did not complete the section on the form documenting the date and time the detainees released from AS (**Deficiency SMU-2¹⁰**). ODO found there was no documentation the chair of the Institution Disciplinary Panel completed Disciplinary Segregation orders (**Deficiency SMU-3¹¹**).

Detainees housed in SMU are offered recreation for one hour, seven days a week; however, their recreation is only offered at midnight (**Deficiency SMU-4¹²**).

CARE

MEDICAL CARE (MC)

ODO reviewed the credential files of the [REDACTED] licensed providers and found [REDACTED] of the providers did not have a current license available on site. (**Deficiency MC-1¹³**).

Corrective Action: Prior to the completion of the inspection, the Health Service Administrator (HSA) provided documentation verifying all medical staff maintain a current license (**C-2**).

ODO found [REDACTED] out of [REDACTED] medical staff [REDACTED] out of [REDACTED] correctional staff did not have documentation of current Cardiopulmonary Resuscitation (CPR) certification (**Deficiency MC-2¹⁴**).

ODO cited MDF timely medical responses as a **Best Practice**. Detainees are seen by medical staff within 24 hours of submitting a sick call request. During screening, detainees are treated if there are applicable protocols to address the medical issue. ODO verified protocols were approved by the clinical director. If the nurse is unable to provide treatment at the time of the encounter, the

custody as well as provisions for release from protective custody when appropriate.” See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(A)(1)(c). **This is a Priority Component.**

¹⁰ “When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee’s detention file.” See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(A)(2)(h).

a. ¹¹ “A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation. Prior to a detainee’s actual placement in disciplinary segregation, the IDP chairman shall complete the disciplinary segregation order (Form I-883 or equivalent), detailing the reasons for placing a detainee in disciplinary segregation. All relevant documentation must be attached to the order.”

See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(B)(2)(a).

¹² “Detainees in the SMU for administrative reasons shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least seven days per week. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week.” See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(Z)(2).

¹³ “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(I). **This is a Priority Component.**

¹⁴ “Each facility shall have a written emergency services plan for delivery of 24-hour emergency health care. This plan shall be prepared in consultation with the facility’s CMA or the HSA, and must include the following: d. All detention and medical staff shall receive cardio-pulmonary resuscitation (CPR, AED), and emergency first aid training annually.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(T)(1)(d). **This is a Priority Component**

detainee is placed on the list to see the physician at the next clinic and is monitored in the interim.

PERSONAL HYGIENE (PH)

ODO toured the detainee housing units and found that one out of four housing units did not meet the recognized standards of hygiene for the minimum shower to detainee ratio (**Deficiency PH-1¹⁵**). Unit ■ had a capacity of 51 detainees with four showers.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SS-H&SP&I)

ODO found three out of ■ medical staff and ■ out of ■ correctional staff did not have documentation of current suicide prevention and intervention training. ODO reviewed the Basic Academy training lesson plan for new employees, the initial suicide prevention and intervention session is only four hours as opposed to eight hours specified in the standard (**Deficiency SS-H&SP&I-1¹⁶**).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 19 standards under the ICE PBNDS 2011. ODO found the facility fully compliant with 13 standards and identified 12 deficiencies in the remaining 6 standards.

During the inspection, ODO observed the housing units did not have adequate showers in accordance with the Personal Hygiene standard. The inadequate number of showers was notated as a deficiency; however, the Personal Hygiene standard was not inspected in its entirety.

ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PNDS 2011)
Standards Reviewed	19
Deficient Standards	6
Overall Number of Deficiencies	12
Deficient Priority Components	4
Corrective Action	2

¹⁵ "Detainees shall be provided: ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(3).

¹⁶ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually. Initial suicide prevention training for all staff responsible for supervising detainees should consist of a minimum of eight hours of instruction. Subsequent annual suicide prevention training should consist of a minimum of two hours of refresher instruction." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A). **This is a Priority Component.**