

Office of Professional Responsibility

Kay County Justice Facility

**Unannounced Compliance Inspection
2025-004-041**

March 4-6, 2025



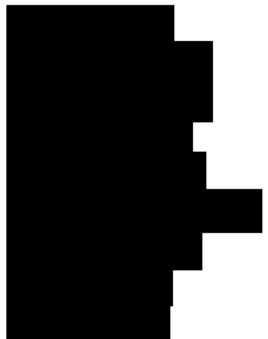
U.S. Immigration
and Customs
Enforcement

**UNANNOUNCED COMPLIANCE INSPECTION
of the
KAY COUNTY JUSTICE FACILITY
Newkirk, Oklahoma**

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
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	Inspections and Compliance Specialist	ODO
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	Contractor	Creative Corrections
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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Kay County Justice Facility (KCJF) in Newkirk, Oklahoma, from March 4 to 6, 2025..¹ The facility opened in 2010 and is owned and operated by the Kay County Justice Authority. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KCJF in June 2019 under the oversight of ERO's Field Office Director in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] The Kay County Sheriff handles daily facility operations and manages [REDACTED] support personnel. Benchmark provides food services, Turn Key Medical provides medical care, and Tiger Correctional Services provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of March 4, 2025)	[REDACTED]
Adult Female Population (as of March 4, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 8 deficiencies in the following areas: Facility Security and Control (1); Medical Care (4); Religious Practices (1); and Significant Self-Harm and Suicide Prevention and Intervention (2).

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 Custody Management Division Authorized Facility List as of March 3, 2025.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	2
Transportation by Land	0
Sub-Total	2
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Total Deficiencies	5

⁵ For greater detail on ODO's findings, see the *Unannounced Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. The remaining 116 detainees declined ODO's request for an interview. None of the detainees made allegations of harassment, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated he tested positive for Hepatitis A, B, and C, at another ICE/ERO facility; however, after arriving at KCJF, medical staff drew blood but did not provide the results of the bloodwork to him.

- Action Taken: ODO spoke with the health service administrator (HSA) who reviewed the detainee's medical file and found his medical records indicated he tested positive for Hepatitis B in 2021 but there was nothing in his records to support a diagnosis of Hepatitis A or C. A nurse practitioner (NP) examined him in January 2025 and ordered additional lab work. The NP scheduled a follow-up examination for March 7, 2025, to go over his treatment plan and lab results with him; however, ERO Chicago processed him for removal on March 6, 2025, and removed him to his home country.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed daily sharps inventories and found the following on-hand quantities did not reconcile with inventory log quantities: 17 23-gauge butterfly needles on-hand and 19 logged; 3 laceration trays on-hand and 2 logged; 160 insulin needles on-hand and 164 logged; 84 22-gauge Vacuette needles on-hand and 77 logged; and 2 Diazepam 6 milliliter (ml) syringes on-hand and 3 logged (**Deficiency EHS-52⁸**).

ODO observed 13 showers in 7 housing units and found in 5 out of 13 showers, discolored and stained walls in housing units 1, 2, and 3 (**Deficiency EHS-58⁹**).

⁸ "A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

⁹ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed KCJF's website and found no posted SAAPI protocols (**Deficiency SAAPI-16¹⁰**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service administrator, reviewed facility FS logs, and found facility staff did not record daily water temperature checks of the kitchen hand sinks (**Deficiency FS-117¹¹**).

MEDICAL CARE (MC)

ODO reviewed the controlled substances inventory and found the following on-hand quantities did not match corresponding inventory logs: 28 Clonazepam (1 mg) tablets on-hand and 25 logged; 42 Tramadol (50 mg) tablets on-hand and 34 logged; and 2 Diazepam (10 mg/2 ml) syringes on-hand and 3 logged. ODO noted the discrepancy in the controlled substances inventory as an **Area of Concern**.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed the suicide watch logs for 2 detainees placed on continuous monitoring and found in 1 out of 2 logs, clinical staff documented monitoring of the detainee every 17-minutes instead of every 15-minutes (**Deficiency SSHPI-21¹²**). **This is a priority component.**

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility's compliance with 21 standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found six deficiencies in the remaining four standards. Since KCJF's last rated inspection in March 2024, the facility's compliance with NDS 2019 has trended upward. KCJF went from 8 deficiencies in 4 standards, including 1 priority component and 2 repeat deficiencies, in March 2024 to 5 deficiencies in 4 standards, which included 1 priority component, during this most recent inspection. KCJF completed its UCAP for its last inspection in March 2024, which likely resolved ODO's previously cited deficiencies. ODO recommends ERO Chicago continue to work with the facility to resolve the deficiencies in accordance with contractual obligations.

¹⁰ "Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹¹ "Staff shall check refrigerator and water temperatures daily, recording the results." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

¹² "The monitoring must be documented every 15 minutes or more frequently if necessary." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	21
Deficient Standards	4	4
Overall Number of Deficiencies	8	5
Priority Component Deficiencies	1	1
Repeat Deficiencies	2	0
Areas Of Concern	2	1
Corrective Actions	0	0
Facility Rating	Good	Good



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