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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Dallas Field Office

Okmulgee County Jail-Moore Detention Facility  
Okmulgee, Oklahoma

July 20-23, 2020

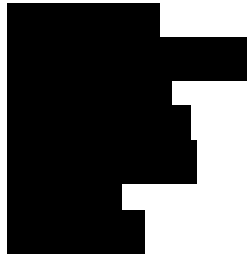
**COMPLIANCE INSPECTION**  
**of the**  
**OKMULGEE COUNTY JAIL-MOORE DETENTION FACILITY**  
Okmulgee, Oklahoma

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## COMPLIANCE INSPECTION TEAM MEMBERS



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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 Okmulgee County Jail-Moore Detention Facility (MDF) in Okmulgee, OK, from July 20 to 23, 2020.<sup>1</sup> The facility opened in 2017 and is owned and operated by the 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 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. The MDF facility administrator handles daily facility operations and is supported by █ personnel. Food service and medical care are provided by Okmulgee County. Commissary services are provided through an external vendor. The MDF is American Correctional Association accredited through 2022.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	220
Average ICE Detainee Population <sup>3</sup>	197
Male Detainee Population (as of 7/13/2020)	140
Female Detainee Population (as of 7/13/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2019, ODO found 12 deficiencies in the following areas: Environmental Health and Safety (3), Custody Classification System (1), Special Management Units (4), Medical Care (2), Personal Hygiene (1), Significant Self Harm and Suicide Prevention and Intervention (1).

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<sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of July 13, 2020.

<sup>3</sup> *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.<sup>4</sup>

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

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>4</sup> 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 <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	6
Staff-Detainee Communication	0
Use of Force and Restraints	6
<b>Sub-Total</b>	<b>14</b>
<b>Part 4 – Care</b>	
Food Service	1
Medical Care	4
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>24</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. One out of the 12 detainees reported a sexual abuse allegation regarding his time in a detention center, prior to his arrival at the MDF and ICE/ERO custody. The remaining detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted the detainee interviews via video teleconference.

*Medical Care:* One detainee stated he is on a hunger strike and the medical staff are not taking care of him as required. The detainee claims staff members are not consistently checking on him to ensure he stays healthy, during his hunger strike.

- Action Taken: ODO reviewed the detainees medical record and noted the facility is treating the detainee for several medical issues and the detainee is on a medical diet, not a hunger strike. The facility's Health Services Administrator (HSA) will conduct a follow-up with the detainee.

*Medical Care:* One detainee complained about a skin issue resulting from the water in the facility. The detainee has requested assistance from medical staff; however, the issue had not been addressed.

- Action Taken: ODO reviewed the detainees medical file and found no request relating to a skin condition or any other issues. The HSA has scheduled a follow-up with the detainee.

*Medical Care:* A detainee expressed concern regarding pain in his right eye, in which the nurse instructed she would be providing the detainee with eye drops; however, he had yet to receive the eye drops. The detainee also stated he is receiving heartburn from the food being served, in which he has requested medication. He has been told to purchase heartburn medication; however, it is too expensive at the commissary.

- Action Taken: ODO reviewed the detainee's medical records and noted a sick call request dated for June 17, 2020, regarding an eye issue. The detainee was seen on June 18, 2020, and given eye drops. The eye drops had not resolved the issue and the detainee is currently scheduled to see an eye doctor. HSA will conduct a follow-up.

*Religious Practices:* One detainee stated he needs a new prayer rug and he has tried to speak to the chaplain multiple times with no response.

- Action Taken: ODO spoke with the chaplain who stated he was familiar with the detainee and had conversations with this detainee regularly. The chaplain had not received a request from the detainee for a new prayer rug, but one was issued to the detainee during the inspection.

*Admission and Release:* Seven of the detainees claimed to have not received the facility detainee handbook or the ICE National Detainee Handbook.

- Action Taken: ODO reviewed the detainees' records, in which there were signed admission forms for receiving both handbooks. The facility would inform the detainees if they needed another handbook, another could be provided by submitting the "Request to Staff" form.

*Sexual Abuse and Assault Prevention and Intervention*: One detainee claimed while they were detained and working as a cook in a non-ICE affiliated facility, they were sexually assaulted by a facility staff member. The detainee informed ODO they did not, until that moment, inform anyone from ICE/ERO of the incident.

- Action Taken: The incident was immediately reported to ODO leadership and the ICE/ERO leadership at the Dallas Field Office. The MDF facility administrator and PREA coordinator were also informed. PREA protocols were initiated and the FOD reached out to the facility administrator where the alleged incident occurred. Additionally, the incident was reported to the ICE Joint Intake Center.

*Recreation*: 10 detainees noted there is limited recreation opportunities due to the small size of the outside recreation area. Detainees also noted there is no equipment available for use (soccer balls, basketballs, footballs).

- Action Taken: ODO spoke with the facility staff who noted the facility had a soccer ball deflated recently, and they were getting a new one that week. The also facility noted the detainees had a basketball hoop that recently broke and the facility is working to replace that as well.

*Food Service*: Six detainees noted the food service lacks enough vegetables and fruits to be healthy.

- Action Taken: ODO reviewed the meal plan and spoke with the facility. It was determined one fruit and one vegetable is available at every meal and the meal plan is reviewed and approved by a dietician.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed MDF's hazardous chemical inventories and found inventories were not maintained for caustic materials used. Specifically, [REDACTED], and entries did not contain [REDACTED] and [REDACTED], use dates and quantities on hand (**Deficiency EH&S-1<sup>6</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed MDF's orientation procedures and found the ICE/ERO Field Office had not approved their orientation procedures (**Deficiency AR-1<sup>7</sup>**).

ODO reviewed MDF's release procedures and found the ICE/ERO Field Office had not approved their release procedures (**Deficiency AR-2<sup>8</sup>**).

### SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed six detainee detention files and found one out of six detainee files was missing a ten-day segregation review, and one detainee file was missing a 72-hour review in administrative segregation (**Deficiency SMU-1<sup>9</sup>**).

ODO reviewed 12 detainee detention files and found two out of 12 detainees were not provided a copy of the decision and justification for each segregation review (**Deficiency SMU-2<sup>10</sup>**).

ODO reviewed six detainee detention files and found one out of six files were missing a 30-day

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<sup>6</sup> "Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there. Inventory records shall be maintained [REDACTED] on hand." See ICE PBNDS 2011 Standard, Environmental Health and Safety, Section (V)(B)(3).

<sup>7</sup> "... Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011 Revised 2016, Standard, Admission and Release, Section (V)(F).

<sup>8</sup> "... ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

<sup>9</sup> "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted.... b. A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter, for the first 30 days and every 10 days thereafter, at a minimum." See ICE PBNDS 2011, Revised 2016, Standard, Special Management Units, Section (V)(A)(3)(a)(b).

<sup>10</sup> "A copy of the decision and justification for each review shall be given to the detainee unless, in exceptional circumstances, this provision would jeopardize the facility's safety, security, or orderly operations. The detainee shall also be given an opportunity to appeal a review decision to the facility administrator." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(e).

review for a detainee in disciplinary segregation (**Deficiency SMU-3<sup>11</sup>**).

ODO reviewed the detention files and Segregation Activity Record (SAR) forms for 12 detainees housed in SMU and found three out of 12 were missing the record of meals accepted; four out of 12 were missing recreation information; and one out of 12 detainee files had no evidence of any SAR form for a period of five days (**Deficiency SMU-4<sup>12</sup>**).

ODO reviewed 12 detainee detention files and found 30-minute checks were not consistently completed for one detainee (**Deficiency SMU-5<sup>13</sup>**).

ODO reviewed 12 detainee detention files and found four out of 12 detainees in SMU were not offered at least one-hour of recreation per day, seven days a week (**Deficiency SMU-6<sup>14</sup>**).

### **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO reviewed ■ staff training files, lesson plans, and interviewed supervisory staff, and found confrontation avoidance techniques training was not provided to any of the staff annually (**Deficiency UOF&R-1<sup>15</sup>**).

ODO reviewed four UOF files and found the facility did not prepare a UOF form for each of the four incidents (**Deficiency UOF&R-2<sup>16</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility staff created and implemented a new form for future use to document UOF incidents (**C-1**).

ODO reviewed documentation for two calculated UOF incidents and found confrontation avoidance techniques were not initiated for both UOF incidents, prior to entering the cell in both

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<sup>11</sup> “The facility administrator shall review the status of a detainee in disciplinary segregation after the first 30 days of segregation, and each 30 days thereafter, to determine whether continued detention in disciplinary segregation is warranted.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(B)(3)(c).

<sup>12</sup> “The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee’s placement in the SMU. a. The special housing unit officer shall immediately record: 1) whether the detainee ate, showered, recreated and took any medication.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(D)(3)(a)(1).

<sup>13</sup> “Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU personnel shall personally observe detainees accordingly.” See ICE PBNDS 2011, Revised 2016, Standard, Special Management Units, Section (V)(M).

<sup>14</sup> “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, Revised 2016, Standard, Special Management Units, Section (V)(Z)(2).

<sup>15</sup> “All new officers shall be sufficiently trained during their first year of employment. Through ongoing training (to occur annually at a minimum), all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees. At a minimum, training shall include: f. confrontation-avoidance techniques.” See ICE PBNDS 2011, Revised 2016, Standard, Use of Force and Restraints, Section (V)(D)(1)(f).

<sup>16</sup> “Staff shall prepare a use of force form for each incident involving use of force. The report shall identify the detainee(s), staff and others involved and describe the incident.” See ICE PBNDS 2011, Revised 2016, Standard, Use of Force and Restraints, Section (V)(O)(2).

incidents (**Deficiency UOF&R-3**<sup>17</sup>).

ODO reviewed training documentation and interviewed supervisory staff and found no records to indicate staff are trained in the operation of audiovisual recording equipment (**Deficiency UOF&R-4**<sup>18</sup>).

ODO reviewed documentation for two calculated UOF incidents and found the UOF team members did not wear protective gear when entering the cell (**Deficiency UOF&R-5**<sup>19</sup>).

ODO reviewed four UOF after-action reviews and found the after-action review team did not convene on the workday after the incident for all four incidents (**Deficiency UOF&R-6**<sup>20</sup>).

ODO reviewed two immediate UOF files and found the detainees in each incident were in a secure cell with no immediate threat to themselves or others. ODO notes this as an **Area of Concern**. Although staff conducted the UOF following the proper guidelines for an immediate UOF incident, the PBNDS 2011, for UOF&R identifies this type of circumstance as a calculated UOF situation. MDF staff involved in these incidents could have responded following the guidelines for a calculated UOF to minimize harm to detainees or staff.

## **CARE**

### **FOOD SERVICE (FS)**

ODO reviewed religious/special diet procedures at MDC and found four out of four identification cards did not include the type of religious diet prescribed, expiration date within 90-days, and /or an approved signature from the food service administrator for a religious diet (**Deficiency FS-1**<sup>21</sup>).

### **MEDICAL CARE (MC)**

ODO reviewed four medical records of detainees enrolled in the mental health chronic care clinic with prescribed psychotropic medications and found two out of four medical records did not have

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<sup>17</sup> “Before authorizing the calculated use of force, the on-site ranking detention official, a designated health professional and others as appropriate shall assess the situation. Taking into account the detainee’s history and the circumstances of the immediate situation, they shall determine the appropriateness of using force.” See ICE PBNDS 2011, Revised 2016, Standard, Use of Force and Restraints, Section (V)(I)(1).

<sup>18</sup> “Staff shall be trained in the operation of audiovisual recording equipment.” See ICE PBNDS 2011, Revised 2016, Standard, Use of Force and Restraints, Section (V)(I)(2).

<sup>19</sup> “Use-of-force team members and others participating in a calculated use of force shall wear protective [REDACTED] See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3)(c)(1).

<sup>20</sup> “The facility administrator, the assistant facility administrator, the Field Office Director’s designee and the health services administrator (HSA) shall conduct the after-action review. This four-member after-action review team shall convene on the workday after the incident.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

<sup>21</sup> “Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card. This diet-identification card shall contain the following information: a. detainee name and A-number; b. type of religious diet prescribed; c. expiration date, within 90 days; and d. signature of the FSA.” See ICE PBNDS 2011 Standard, Food Service, Section (V)(G)(1)(b)(c)(d).

a signed consent for medication and side effects of the medication (**Deficiency MC-1**<sup>22</sup>).

ODO reviewed 12 medical records and confirmed 12 initial physicals were not reviewed and signed by the physician within the 14-days of the detainees' arrival to assess the priority for treatment (**Deficiency MC-2**<sup>23</sup>).

ODO reviewed [REDACTED] training records for medical staff and [REDACTED] correctional officers and confirmed [REDACTED] medical staff did not have a current cardio-pulmonary resuscitation (CPR) certification (**Deficiency MC-3**<sup>24</sup>).

ODO reviewed the medical records of four detainees who had been in custody at MDF for 365 days and found three out of four detainees had not received an annual physical (**Deficiency MC-4**<sup>25</sup>).

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION**

ODO reviewed [REDACTED] training records for medical staff and [REDACTED] for correctional officers and found [REDACTED] medical staff did not have a current CPR certification (**Deficiency SS&SPI-1**<sup>26</sup>).

## **ACTIVITIES**

### **VISITATION (V)**

ODO found the facility posts the dress code and visitation rules in the lobby and is available via telephone; however, the dress code is not available to the public on the facility website (**Deficiency V-1**<sup>27</sup>).

ODO found the facility has no written policy regarding visitation for detainees housed in

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<sup>22</sup> "4. Prior to administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(4).

<sup>23</sup> "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition....The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

<sup>24</sup> "All detention and medical staff shall receive cardiopulmonary resuscitation (CPR, AED), and emergency first aid training annually;" See ICE PBNDS 2011, Standard, Medical Care, Section (V)(T)(1)(d).

<sup>25</sup> "Any detainee in ICE custody for more than one year continuously shall receive health examinations on an annual basis." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(Q).

<sup>26</sup> 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.... All of the following interests should be incorporated into the required suicide prevention training....2. First Aid training: standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment (that may be located in each housing area of the detention facility). " See ICE PBNDS 2011, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(A)(2).

<sup>27</sup> "Each facility shall establish written visiting procedures, including a schedule and hours of visitation and make them available to the public." See ICE PBNDS 2011, Standard, Visitation, Section (V)(B).

administrative or disciplinary segregation (**Deficiency V-2<sup>28</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility updated and approved the MDF’s Visitation Policy to include visitation regarding detainees housed in administrative or disciplinary segregation (**C-2**).

ODO reviewed the facility’s visitation policy and found the facility did not disclose the visitation schedule and hours of operation (**Deficiency V-3<sup>29</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility updated and approved the MDF’s Visitation Policy to include visitation days and hours available (**C-3**).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 and found the facility in compliance with ten of those standards. ODO found 24 deficiencies in the remaining eight standards. ODO commends facility staff for their responsiveness during this inspection and notes there were three instances where staff initiated immediate corrective action during the inspection.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (PBNDS 2011)</b>	<b>FY 2020 (PBNDS 2011)</b>
Standards Reviewed	17	18
Deficient Standards	6	8
Overall Number of Deficiencies	12	24
Repeat Deficiencies	N/A	0
Corrective Actions	4	3

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<sup>28</sup> “If the facility establishes and maintains a dress code for visitors, it shall be made available to the public, e.g., posted on the facility’s website, telephone message and included in the detainee handbook.” See ICE PBNDS 2011, Standard, Visitation, Section (V)(G).

<sup>29</sup> “While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges.” See ICE PBNDS 2011, Standard, Visitation, Section (V)(I)(5).