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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Dallas Field Office**

**Garvin County Detention Center
Pauls Valley, Oklahoma**

September 27-29, 2022

COMPLIANCE INSPECTION
of the
GARVIN COUNTY DETENTION CENTER
Pauls Valley, 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 Garvin County Detention Center (GCDC) in Pauls Valley, Oklahoma, from September 27 to 29, 2022.¹ The facility opened in 2008 and is owned by Garvin County and operated by the Garvin County Sheriff's Office (GCSO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at GCDC in 2008 under the oversight of ERO's Field Office Director in Dallas (ERO Dallas). The facility operates under the National Detention Standards (NDS) 2019.

ERO has no staff assigned to the facility. A GCSO sergeant handles daily facility operations and manages [REDACTED] support personnel. Facility staff provides food services, TurnKey Medical provides medical care, and Keefe Commissary 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 September 27, 2022)	[REDACTED]
Adult Female Population (as of September 27, 2022)	[REDACTED]

This was ODO's first compliance inspection of GCDC.

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

² Data Source: ERO Facility List as of September 14, 2022.

³ *Ibid.*

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 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.⁴

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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an average daily population (ADP) of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct 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. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 its 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}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	7
Sub-Total	7
Part 2 – Security	
Use of Force and Restraints	0
Special Management Units	2
Staff-Detainee Communication	3
Sexual Abuse and Assault Prevention and Intervention	2
Sub-Total	7
Part 4 – Care	
Food Service	16
Hunger Strikes	1
Medical Care	1
Personal Hygiene	3
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	22
Total Deficiencies	36

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all inspections.

DETAINEE RELATIONS

ODO did not conduct any detainee interviews since the facility detainee population remained at zero throughout the inspection. Despite a zero-detainee population count, the facility maintains an active contract to house ICE detainees. Additionally, GCDC's ADP met ODO's inspection criteria for focused reviews of under 72-hour ICE detention facilities.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the detention sergeant, inspected the control center chemical storage area, and found no system for storing, issuing, nor maintaining inventories of or accounting for hazardous materials. Specifically, ODO observed bleach, multi-purpose cleaner, and detergent, and found no inventories or accountability records for these hazardous chemicals (**Deficiency EHS-2**⁷).

ODO interviewed facility staff, inspected the control center chemical storage area, and found the following deficiencies:

- No perpetual inventory for bleach, multi-purpose cleaner, and detergent (**Deficiency EHS-3**⁸);
- No inventory records for bleach, multi-purpose cleaner, and detergent (**Deficiency EHS-4**⁹); and
- No inventory records for hazardous substances before, during, and after each use. Specifically, ODO found no current inventory for bleach, multi-purpose cleaner, and detergent (**Deficiency EHS-16**¹⁰).

ODO inspected the facility and found the facility did not maintain environmental health conditions at a level that meets recognized standards of hygiene. Specifically, ODO noted the following sanitation and cleanliness issues:

- In housing unit two, a soiled towel on a shower head;
- In housing unit four, peeling paint on cell bars and a common area tabletop; and
- In housing units two and four, significant rust on the walls, ceiling, floors, showers,

⁷ "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ "Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

and fixtures (**Deficiency EHS-58**¹¹).

ODO inspected the facility and found the facility did not keep all surfaces, fixtures, and equipment clean and in good repair. Specifically, ODO noted the following issues:

- In housing unit two, graffiti on the shower wall;
- In housing unit four, peeling paint on cell bars and common area tabletops; and
- In housing units two and four, significant rust on the walls, ceiling, floors, showers, and fixtures (**Deficiency EHS-64**¹²).

ODO interviewed the assistant regional nurse manager, inspected the facility, and found no suitable cleanup kit for blood and other body fluid spills. Specifically, ODO observed only Sani-Cloth germicidal disposable wipes and found the facility had no kits with industry-recognized cleanup items, to include personal protective equipment and biohazardous waste disposal bags (**Deficiency EHS-69**¹³).

ODO inspected housing unit two and noted the following **Areas of Concern**:

- The overall floor area appeared to provide less than 40 square feet (ft²) for the first detainee and 20 ft² per each additional detainee;
- The toilet was at an arm's length from two females laying on bunk beds and another female, an inmate not an ICE detainee, laying on a floor mat;
- Telephone was located next to the toilet and shower; and
- An overall lack of privacy for the toilets in housing unit two.

SECURITY

SPECIAL MANAGEMENT UNIT (SMU)

ODO interviewed staff, reviewed facility training records, and found the facility did not provide mental health training to security staff assigned to SMU (**Deficiency SMU-86**¹⁴).

ODO interviewed the detention sergeant and found the facility did not consistently maintain rooms used for special management (SM) in a sanitary condition. Specifically, the detention sergeant

¹¹ "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).

¹² "Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹³ "A suitable cleanup kit will be maintained for use in cases of spills of blood and body fluids." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(3).

¹⁴ "Security staff assigned to SMU shall receive training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for appropriate interactions with mentally ill detainees;
3. The impact of isolation; and
4. De-escalation techniques."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(L)(1-4).

confirmed an inmate (not an ICE detainee) occupied the SM room and covered it with excrement from September 27 to the morning of September 29, 2022. At ODO’s request, the facility removed the occupant and cleaned the room on September 29, 2022 (**Deficiency SMU-76¹⁵**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO inspected the facility housing units, interviewed facility staff, and found the following deficiencies:

- The facility did not post the contact information and availability for ERO Dallas staff (**Deficiency SDC-21¹⁶**);
- No contact information for ERO Dallas staff nor the scheduled hours and days detainees could contact ERO Dallas staff (**Deficiency SDC-22¹⁷**); and
- ERO Dallas and/or facility staff did not update the ERO Dallas contact information at least quarterly (**Deficiency SDC-23¹⁸**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed facility staff, reviewed the facility’s website, and found the facility did not post its SAAPI protocol to its website (**Deficiency SAAPI-16¹⁹**).

ODO interviewed facility staff, reviewed facility training documents, and found the facility did not ensure staff completed the required SAAPI training (**Deficiency SAAPI-29²⁰**).

¹⁵ “Cells and rooms used for purposes of segregation must be well ventilated, adequately lit, appropriately heated/cooled, and maintained in a sanitary condition at all times, consistent with safety and security.” See ICE NDS 2019, Standard, Special Management, Section (II)(H).

¹⁶ “The facility administrator shall ensure that all ICE/ERO posters or other information are provided in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas).” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(3).

¹⁷ “The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

¹⁸ “Contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel.” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

¹⁹ “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).

²⁰ “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: ...

8. Recognition of the physical, behavioral, and emotional signs of sexual abuse and assault and ways to prevent and respond to such occurrences;
9. The requirement to limit reporting of sexual abuse and assault to personnel with a need to know in order to make decisions concerning the detainee-victim’s welfare, and for law enforcement/investigative purposes;
10. The investigation process and how to ensure that evidence is not destroyed;
11. Prevention, recognition and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(8-11).

CARE

FOOD SERVICE (FS)

ODO interviewed a facility detention sergeant and found no food service administrator (FSA) with direct supervision of the FS program. Specifically, the detention sergeant supervised the FS program with no previous FS training, certifications, nor other instruction related to professional FS administration (**Deficiency FS-2**²¹).

Since the facility did not employ a professional FSA, ODO found the facility did not have an FSA who was responsible for administering all aspects of the facility's food service program (**Deficiency FS-3**²²).

ODO reviewed the facility's FS program, observed all food service areas, interviewed facility staff, and found the following deficiencies:

- Detainees could not practice their religious faith because the facility did not have menus, food inventory, utensils, appliances, nor equipment to accommodate detainees requesting religious diets (**Deficiency FS-50**²³);
- The facility had no common-fare menu to accommodate the religious diets of detainees of various faiths (**Deficiency FS-57**²⁴);
- The facility did not have a menu representing a no-flesh protein option when they served entrées containing flesh (**Deficiency FS-58**²⁵);
- No hot entrées available to serve in a manner consistent with the religious requirements of any faith group (**Deficiency FS-59**²⁶);
- No 14-day cycle common-fare menu with special menus for the 10 Federal holidays (**Deficiency FS-60**²⁷);

²¹ "The food service program shall be under the direct supervision of a professional food service administrator (FSA)." See ICE NDS 2019, Standard, Food Service, Section (II)(A)(1).

²² "The FSA is responsible for planning, controlling, directing, and evaluating food service; training staff and detainees; managing budget resources; establishing standards of sanitation, safety, and security; developing nutritionally adequate menus and evaluating detainee acceptance; developing specifications for the procurement of food, equipment, and supplies; and ensuring a quality food service program." See ICE NDS 2019, Standard, Food Service, Section (II)(A)(1).

²³ "ICE/ERO requires all facilities to provide detainees requesting a religious diet reasonable and equitable opportunity to observe their religious dietary practice within the constraints of the security and orderly operations of the facility." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(1).

²⁴ "Facilities must make available a 'common fare' menu, which serves as the foundation to which modifications may be made to accommodate the religious diets of various faiths (e.g., for the inclusion of halal flesh-food options)." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁵ "Common fare represents a no-flesh protein option, offering vegetables, starches, and other foods that are not seasoned with flesh, and must be provided whenever an entrée containing flesh is offered as part of a meal." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁶ "In addition, hot entrées should be available to accommodate detainee's religious dietary needs and should be purchased, prepared, and served in a manner that does not violate the religious requirements of any faith group." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁷ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

- No common-fare menus certified to meet or exceed minimum daily nutritional requirements (**Deficiency FS-61**²⁸);
- No hot entrées available to accommodate the detainees’ religious dietary needs (**Deficiency FS-62**²⁹);
- No offering of hot entrées at least five times per week to accommodate religious diets (**Deficiency FS-63**³⁰);
- No purchase of kosher nor halal food products, that are fully prepared, ready-to-use, and bearing the symbol of a recognized kosher or halal certification agency (**Deficiency FS-64**³¹);
- No disposable nor reusable plates and utensils set aside for common-fare service only (**Deficiency FS-65**³²);
- No separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils used to prepare common-fare foods (**Deficiency FS-66**³³); and
- No separate storage of meat, dairy food items, and the service utensils used with each group (**Deficiency FS-67**³⁴).

ODO reviewed FS records, interviewed facility staff, and found the facility had no documented preemployment physical examinations for any of their FS workers (**Deficiency FS-86**³⁵).

ODO interviewed a detention sergeant, inspected the control center chemical storage area, and found the facility did not control nor account for toxic, flammable, and caustic material on hand. Specifically, ODO observed no accountability records for available chemicals, to include bleach, multi-purpose cleaner, floor cleaner, and pot/pan detergent, and staff was unsure of the amounts on hand (**Deficiency FS-105**³⁶).

²⁸ “The menus must be certified as exceeding minimum daily nutritional requirements, meeting or exceeding U.S. recommended daily allowances (RDAs).” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁹ “To the extent practicable, a hot entree shall be available to accommodate detainees’ religious dietary needs, e.g., kosher and/or halal products.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(4).

³⁰ “Hot entrees shall be offered five times a week and shall be purchased precooked, heated in their sealed containers, and served hot.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(4).

³¹ “With the exception of fresh fruits and vegetables, the facility’s kosher and/or halal food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher and/or halal certification agency.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(5).

³² “Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

³³ “Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods and shall be identified accordingly.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

³⁴ “Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

³⁵ “All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

³⁶ “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] non-medical and [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] medical staff records, no initial nor annual hunger strike training for recognizing the signs of a hunger strike, implementing the procedures for referral for medical assessment, and managing a detainee on a hunger strike (**Deficiency HS-1**³⁷).

MEDICAL CARE (MC)

ODO reviewed the facility's detainee handbook and found the handbook did not inform detainees how they or their representative may request and receive copies of their medical records (**Deficiency MC-102**³⁸).

PERSONAL HYGIENE (PH)

ODO reviewed the facility policy, interviewed facility staff, and found the facility did not issue undergarments to detainees (**Deficiency PH-5**³⁹).

ODO reviewed the facility policy, interviewed facility staff, and found the facility did not exchange socks and undergarments daily (**Deficiency PH-11**⁴⁰).

ODO observed the facility hygiene kit, interviewed facility staff, and found the facility did not provide a comb, lotion, nor shampoo to detainees (**Deficiency PH-14**⁴¹).

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

ODO reviewed [REDACTED] non-medical and 4 medical staff training records and found in [REDACTED] out of [REDACTED] medical staff records, no comprehensive suicide prevention training during orientation or annual refresher

³⁷ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

³⁸ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

³⁹ The standard issue of clothing for detainees should be consistent with facility policy, but should include not less than one uniform shirt and one pair of uniform pants or one jumpsuit; one pair of socks; one pair of underwear; two brassieres, as appropriate; and one pair of footwear." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(B).

⁴⁰ "Detainees shall be provided with clean clothing, linens, and towels on a regular basis to ensure proper hygiene. Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(E).

⁴¹ "Each detainee shall receive, at a minimum, the following items: ...

2. One comb or equivalent; ...
5. One bottle of shampoo, or equivalent; and
6. One container of skin lotion."

See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(2)(5) and (6). See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(B).

training (Deficiency SSHSPI-2⁴²).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 1 of those standards. ODO found 36 deficiencies in the remaining 9 standards. ODO recommends ERO Dallas work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required for GCDC as this was ODO's first inspection of GCDC.

Compliance Inspection Results Compared	FY 2021 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	N/A	10
Deficient Standards	N/A	9
Overall Number of Deficiencies	N/A	36
Repeat Deficiencies	N/A	N/A
Areas of Concern	N/A	4
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable

⁴² "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).