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ICE Inspections
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Office of Detention Oversight
Unannounced Compliance Inspection
Enforcement and Removal Operations
ERO Chicago Field Office

Kay County Justice Facility
Newkirk, Oklahoma

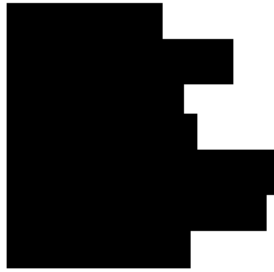
August 16-18, 2022

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

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Kay County Justice Facility (KCJF) in Newkirk, Oklahoma, from August 16 to 18, 2022.¹ 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 2019 under the oversight of ERO’s Field Office Director in Chicago (ERO Chicago). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. A KCJF director handles daily facility operations and manages █ personnel. Facility Staff 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. In August 2021, KCJF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█
Average ICE Population ³	█
Adult Male Population (as of August 16, 2022)	█
Adult Female Population (as of August 16, 2022)	█

During its last inspection, in Fiscal Year (FY) 2022, ODO found 44 deficiencies in the following areas: Admission and Release (7); Correspondence and Other Mail (4); Custody Classification System (1); Detention Files (4); Environmental Health and Safety (6); Food Service (3); Funds and Personal Property (2); Hunger Strikes (1); Medical Care (2); Post Orders (5); Searches of Detainees (2); Sexual Abuse and Assault Prevention and Intervention (1); Significant Self-harm and Suicide Prevention and Intervention (1); and Use of Force and Restraints (5).

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. Additionally, this inspection was a follow-up inspection to ODO’s inspection of KCJF from February 8-10, 2022.

² Data Source: ERO Facility List as of August 15, 2022.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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 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.

Beginning in fiscal year (FY) 2022, ODO will conduct focused 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 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of the detainee ADP, 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 unannounced compliance 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBND) 2011 (REVISED 2016) MAJOR CATEGORIES

PBND 2011 (Revised 2016) Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	4
Custody Classification System	0
Funds and Personal Property	2
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Use of Force and Restraints	4
Sub-Total	10
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	2
Sub-Total	2
Total Deficiencies	14

⁵ For greater detail on ODO's findings, see the *Unannounced 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 standards.

⁷ Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

DETAINEE RELATIONS

ODO interviewed 15 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he needs physical therapy for a knee injury that occurred at a different facility, and he has stopped taking the Tylenol the facility prescribed out of concern for his liver.

- Action Taken: On August 16, 2022, ODO interviewed the assistant health services administrator (AHSA) and confirmed facility medical staff performed a Magnetic Resonance Imaging (MRI) scan, diagnosed the detainee's knee as sprained, and instructed him to wear a knee brace and prescribed Tylenol for pain. The AHSA stated medical staff advised the detainee to wear the knee brace every day to decrease internal swelling and to increase clarity for his follow-up MRI scan, along with a safe dosage regimen for the Tylenol, which medical staff informed the det. The AHSA further stated the KCJF staff has documented instances of the detainee playing contact basketball without his brace and choosing to not wear it unless in view of medical staff. The AHSA stated the orthopedic doctor instructed the detainee to wear his knee brace consistently, except for when sleeping or showering, and to allow 6 weeks before resuming normal activity. The orthopedic doctor also warned the detainee of the risks of not using the knee brace as instructed and returning to activity too early. ODO found medical staff scheduled the detainee's next follow-up visit for August 22, 2022.

Medical Care: One detainee stated medical staff removed his food allergy status from his profile and the facility. As a result, food service served him meals containing tomatoes for which he is allergic, and the oversight took 2 days to correct. He also stated he had to notify ICE and a KCJF captain to resolve the issue.

- Action Taken: On August 16, 2022, ODO interviewed the AHSA and confirmed medical staff removed the food allergy from the detainee's file due to a miscommunication and then promptly corrected the deletion. The AHSA also confirmed the detainee received two evening meals with tomatoes, but the detainee did not consume them. The AHSA ensured that all medical and food staff understood the detainee's dietary requirement to receive a tomato-free diet.

Staff Training: One detainee stated a guard called him and other detainees "monkeys" but could not recall the name of the guard nor the date of the incident.

- Action Taken: On August 16, 2022, ODO interviewed KCJF leadership and confirmed they had previously reported the allegation to facility leadership, but a subsequent internal investigation found the allegation was unsubstantiated. As a precautionary measure, KCJF leadership removed the guard from the ICE detention side of the facility and the guard no longer has contact with ICE detainees. ODO reported this incident to the Joint Intake Center.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed 15 detainee files and found in 15 out of 15 files, the admission process for recently arrived detainees did not include the recording of basic personal information, photographing, fingerprinting, nor noting identifying marks or other usual physical characteristics (**Deficiency AR-11⁸**). **This is a repeat deficiency.**

ODO reviewed 15 detainee files and found in 15 out of 15 files, incomplete alien booking records (Form I-385) (**Deficiency AR-57⁹**). **This is a repeat deficiency.**

ODO reviewed 15 detainee files, interviewed the captain and supervisory detention deportation officer, and found in 15 out of 15 files, the facility did not develop a process to use in place of Form I-385 to include the following items:

- Name of the receiving facility;
- Detainee's short biography;
- Detainee's photograph;
- Detainee's physical characteristics noted on a marking diagram of the body; and
- Housing status (**Deficiency AR-59¹⁰**). **This is a repeat deficiency.**

⁸ "Admission processes for a newly admitted detainee shall include, but not be limited to:

- a. recording basic personal information;
- c. photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics..."

See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(1)(a-e).

⁹ "Forms requiring completion include, but are not limited to, the Alien Booking Record (Form I-385 or equivalent); the housing assignment card and any others used by the booking entity." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E).

¹⁰ "If the arresting/delivering officer has not initiated a Form I-385 or equivalent, the admissions processing officer is responsible for its completion, excluding the release information. The admissions processing officer shall:

- a. Circle or write the name of the facility receiving the detainee;
- b. Complete the biographical information in blocks 1, 2, 3, 4, 5 and 6 with information provided in the detainee's A-file or I-385. (The detainee's presence is not required for this step);
- c. Attach the detainee's photograph to the right of the biographical data;
- d. Record detainee responses (checking "yes" or "no") to section I interview questions covering recent doctor visits, hospital stays, drug and alcohol abuse and other physical and mental health conditions and concerns (on the forms for male detainees, strike the pregnancy question and enter "N/A");
- e. Mark the diagrams of the human anatomy, printed to the right of section I, to indicate the approximate locations of any bruises, scars, cuts and other marks and distinguishing characteristics observed on the detainee (if the officer who searches the detainee is not the officer completing the questionnaire, he/she shall likewise mark the diagram);
- f. Respond "yes" or "no" to the questions in section II, based on general observations of the detainee during the admissions process so far (e.g., compliance with orders, responsiveness, demeanor, etc.);
- g. Circle the appropriate action of the above questioning in "Section III..."

See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E)(a-g).

ODO reviewed five released detainee files and found in five out of five files, incomplete fingerprinting by KCJF prior to the detainees' release (**Deficiency AR-78¹¹**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the local supplement to the detainee site-specific handbook, interviewed facility management, and found the local supplement did not notify the detainees on access to their personal funds for payment of legal services (**Deficiency FPP-20¹²**).

ODO reviewed the facility's quarterly inventory audits for April and June 2022 and found the audits did not indicate the times the staff conducted inventories (**Deficiency FPP-124¹³**). **This is a repeat deficiency.**

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed facility management, reviewed █ training files, and found in █ out of █ files, the facility did not train the staff in the use-of-force (UOF) team technique, which prevented the facility from having enough UOF teams, to respond in different locations across all shifts (**Deficiency UOFR-75¹⁴**). **This is a repeat deficiency.**

ODO interviewed facility management, reviewed 15 training files, and found in █ out of █ files, no UOF team technique training for staff members who may be involved in a calculated UOF (**Deficiency UOFR-76¹⁵**). **This is a repeat deficiency.**

ODO interviewed facility management, reviewed 15 training files, and found in █ out of █ files, the facility did not train staff in the UOF team technique, to include its application, confrontation avoidance, professionalism, and debriefing (**Deficiency UOFR-77¹⁶**). **This is a repeat deficiency.**

¹¹ "Facility staff assigned to processing must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include, but are not limited to: completing out-processing forms; closing files and fingerprinting; returning personal property; reclaiming facility-issued clothing, identification cards, handbooks, and bedding; and checking wants and warrants." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H).

¹² "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: ...

6. access to detainee personal funds to pay for legal services."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(C)(6).

¹³ "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

¹⁴ "Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility. To use staff resources most effectively." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(a).

¹⁵ "The facility administrator shall provide use-of-force team technique training for all staff members who could potentially participate in a calculated use of force." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3)(a).

¹⁶ "The use-of-force team technique training shall include the technique, its application, confrontation-avoidance, professionalism and debriefing." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(b).

ODO interviewed facility management, reviewed [REDACTED] training files, and found in [REDACTED] out of [REDACTED] files, the facility did not train staff in the UOF team technique, addressing the use of protective clothing and handling of blood and body fluids (**Deficiency UOFR-78¹⁷**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO interviewed the food service administrator and found the facility administrator did not document a pre-employment medical examination of food service personnel to identify communicable diseases (**Deficiency FS-306¹⁸**).

MEDICAL CARE (MC)

ODO reviewed the medical record of one detainee who received psychotropic medications during the inspection period and found no informed consent with a corresponding description of the medication's side effects (**Deficiency MC-241¹⁹**).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed [REDACTED] active detainee detention files and found none of the files contained a completed I-385 (or equivalent), nor a copy of a KCJF housing ID card (**Deficiency DF-9²⁰**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] archived detention files and found in none of the files contained a completed I-385 (or equivalent), nor a copy of a KCJF housing ID card (**Deficiency DF-18²¹**). **This is a repeat deficiency.**

¹⁷ "Training shall also address the use of protective clothing and handling of spilled blood and body fluids." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(c).

¹⁸ "The facility administrator shall document that food service personnel have received a pre-employment medical examination to identify communicable diseases that may contraindicate food service work." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(3).

¹⁹ "Prior to the administration of psychotropic medications, is a separate documented informed consent, that includes a description of the medication's side effects obtained." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

²⁰ "The file shall, at a minimum, contain the following documentation:

- a. I-385, Alien Booking Record, with one or more original photograph(s) attached;
- b. Classification Work Sheet;
- c. Personal Property Inventory Sheet;
- d. Housing Identification Card; e. G-589, Property Receipt or facility equivalent; and
- f. I-77, Baggage Check(s)."

See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(B)(1)(a-f).

²¹ "Upon the detainee's release from the facility, staff shall add final documents to the file before closing and archiving the file and after inserting the following:

- a. copies of completed release documents;

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 14 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 8 of those standards. ODO found 14 deficiencies in the remaining 6 standards, which included 11 repeat deficiencies. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of KCJF in February 2022.

Compliance Inspection Results Compared	FY 2022 (PBNDS 2011) (Revised 2016)	FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	23	14
Deficient Standards	14	6
Overall Number of Deficiencies	44	14
Repeat Deficiencies	3	11
Areas Of Concern	2	0
Corrective Actions	4	0
Facility Rating	Acceptable/Adequate	Failure

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- b. the original closed-out receipts for property and valuables; and
 - c. the original I-385 and other documentation.”

See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(E)(1)(a-c).