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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Dallas Field Office

Kay County Justice Facility  
Newkirk, Oklahoma

August 17-21, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**KAY COUNTY JUSTICE FACILITY**  
Newkirk, 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 Kay County Justice Facility (KCJF) in Newkirk, Oklahoma, from August 17 to 21, 2020.<sup>1</sup> 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 Dallas (ERO Dallas). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has not assigned deportation officers nor a detention services manager to the facility. A KCJF director handles daily facility operations and is supported by [REDACTED] personnel. KCJF provides food services, Turn-Key Health provides medical care, and Tiger Commissary provides commissary services at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	120
Average ICE Detainee Population <sup>3</sup>	88
Male Detainee Population (as of 8/17/2020)	62
Female Detainee Population (as of 8/17/2020)	22

This was the first ODO compliance inspection of the facility.

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<sup>1</sup> This facility holds male and female 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 27, 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 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) 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	6
Custody Classification System	0
Funds and Personal Property	3
Special Management Units	6
Staff-Detainee Communication	1
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>17</b>
<b>Part 4 – Care</b>	
Food Service	1
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	4
<b>Sub-Total</b>	<b>10</b>
<b>Part 5 – Activities</b>	
Recreation	1
Religious Practices	0
Telephone Access	1
Visitation	4
<b>Sub-Total</b>	<b>6</b>
<b>Part 6 – Justice</b>	
Grievance System	6
Law Libraries and Legal Material	3
<b>Sub-Total</b>	<b>9</b>
<b>Total Deficiencies</b>	<b>43</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. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Medical Care:* One detainee stated he had been in ICE custody for approximately three years and had not received a dental cleaning.

- Action Taken: ODO reviewed the detainee's medical record and spoke to medical staff and determined the detainee was last seen on March 16, 2020, by a dentist for an annual dental exam. During the dental exam, no gingivitis was reported or noted by the dentist, and salivary glands were found normal. Additionally, the detainee was educated by the dentist on oral care, and the detainee signed a patient education form on how to brush his teeth. On August 18, 2020, during ODO's inspection of the facility, the detainee was again seen by medical staff. The detainee was evaluated, his vital signs were normal, and a dental assessment was done. The detainee was referred to outside dental services since the facility only performed initial and routine dental screenings.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO reviewed the facility's policies, as well as fire drill forms, and found the facility did not conduct [REDACTED] (Deficiency EH&S-1<sup>6</sup>).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO found facility staff did not use [REDACTED] to screen all detainees upon admission to the facility as required by the facility's policy and the standard (Deficiency A&R-1<sup>7</sup>).

ODO found the facility placed original identity documents in the detainee's property; however, the facility did not surrender the documents to ICE/ERO Dallas (Deficiency A&R-2<sup>8</sup>).

ODO reviewed 12 detainee files and found 4 out of 12 files did not contain complete inventories of the detainees' personal property (Deficiency A&R-3<sup>9</sup>). Specifically, the disposition of personal property or valuables was left blank. Additionally, of the 12 files reviewed, one file did not contain an Order to Detain Form (Form I-203) (Deficiency A&R-4<sup>10</sup>).

ODO found no documentation ICE/ERO Dallas had approved orientation procedures (Deficiency A&R-5<sup>11</sup>), or release procedures (Deficiency A&R-6<sup>12</sup>).

The facility's staff members assigned to the intake department had been provided on-the-job training for the admission and release processes according to interviews by ODO with the intake supervisor. However, there was no formal training agenda, lesson plan, nor documentation of the training. ODO cited this as an **Area of Concern**.

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<sup>6</sup> [REDACTED] shall be included in [REDACTED]. [REDACTED] NFPA recommends a limit of [REDACTED]. However, when conducting fire drills, emphasis shall be placed on safe and orderly evacuation rather than speed." See ICE PBNDs 2011, Standard, Environment Health and Safety, Section (V)(C)(4)(c).

<sup>7</sup> "All detainees shall be screened upon admission; screening shall ordinarily include: a. screening with a metal detector." See ICE PBNDs 2011, Standard, Admission and Release, Section (V)(B)(2)(a).

<sup>8</sup> "...Identity documents, such as passports, birth certificates and driver's licenses, shall also be inventoried and given to ICE/ERO staff." See ICE PBNDs 2011, Standard, Admission and Release, Section (V)(B)(5).

<sup>9</sup> "...Admission processes for a newly admitted detainee shall include, but not be limited to: e. inventory of personal property." See ICE PBNDs 2011, Standard, Admission and Release, Section (V)(B)(1)(e).

<sup>10</sup> "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDs 2011, Standard, Admission and Release, Section (V)(E).

<sup>11</sup> "...Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDs 2011, Standard, Admission and Release, Section (V)(F).

<sup>12</sup> "...ICE/ERO shall approve all facility release procedures." See ICE PBNDs 2011, Standard, Admission and Release, Section (V)(H).

The facility's admission policy stated "no meals will be served to inmates while housed in the intake area unless they are permanently housed in this area." ODO found that detainees may be involved in the admission process for up to 12-hours. ODO cited this as an **Area of Concern**.

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed the facility's classification policy and found when making classification and housing decisions for a transgender detainee, the facility's policy did not address detainee gender self-identification. ODO interviewed the facility's intake and medical staff and they stated they were unaware of the requirement. ODO cited this as an **Area of Concern**.

The facility's detainee handbook contained conflicting information regarding classifying medium level detainees. Specifically, the facility's handbook stated [REDACTED]

[REDACTED] ODO cited this as an **Area of Concern**.

### **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO reviewed the facility's supervisor shift change audits from June 1 through August 1, 2020, and found 12 instances where the property and valuables log was signed by only one supervisor instead of two supervisors, and 2 out of 12 instances with no review of the log documented (**Deficiency F&PP-1**<sup>13</sup>).

ODO reviewed the facility's quarterly audit documentation for the year preceding the inspection and found audits for three out of four quarters were not completed (**Deficiency F&PP-2**<sup>14</sup>).

ODO reviewed 12 detainee files and found two files had property forms with small valuable items inventoried signed by only one facility staff member instead of 2 facility staff members (**Deficiency F&PP-3**<sup>15</sup>).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed the facility's policies and interviewed facility staff and found detainees in administrative and disciplinary segregation status were restrained with handcuffs any time the detainees were escorted outside their housing units for any reason (**Deficiency SMU-1**<sup>16</sup>).

<sup>13</sup> "Both [REDACTED] shall [REDACTED] of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes. The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

<sup>14</sup> "...An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

<sup>15</sup> "...The detainee and two processing officers shall sign the G-589 or equivalent with copies distributed as noted above in this standard." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(2).

<sup>16</sup> "...Placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility. Consistent with standard 2.15, restraints should only be used if necessary, as a precaution against escape during transfer, for medical reasons (when directed by the medical officer), or to prevent

ODO reviewed the facility's policies and interviewed facility staff and found detainees were not evaluated by medical personnel prior to their placement in administrative segregation (AS) (**Deficiency SMU-2<sup>17</sup>**).

ODO reviewed the facility's AS tracking forms and found 6 out of 21 detainee placements in AS status were not reviewed by a supervisor within 72-hours (**Deficiency SMU-3<sup>18</sup>**).

ODO reviewed 15 disciplinary segregation orders and found 5 out of 15 orders did not contain the releasing officer's name and/or time and date of release from the SMU (**Deficiency SMU-4<sup>19</sup>**).

ODO interviewed the captain and found a multi-disciplinary committee did not convene on a [REDACTED] basis to review all detainees housed in SMU (**Deficiency SMU-5<sup>20</sup>**).

Prior to a detainee's placement in SMU, the facility administrator or designee did not complete an AS order detailing the reasons for placing the detainee in SMU. ODO requested the AS orders for those detainees admitted to AS, which the facility was unable to provide the documentation for review (**Deficiency SMU-6<sup>21</sup>**).

#### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed the facility's detainee request logbook and found the logbook did not record the staff response and action of detainee requests (**Deficiency SDC-1<sup>22</sup>**).

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

ODO reviewed 12 staff training records and found annual training did not include forced

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self-injury, injury to others, or serious property damage." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(E).

<sup>17</sup> "Detainees must be evaluated by a medical professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement). The assessment should include a review of whether the detainee has been previously diagnosed as having a mental illness...." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(P).

<sup>18</sup> "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is warranted." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(a).

<sup>19</sup> "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary 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 Units, Section (V)(A)(2)(h).

<sup>20</sup> "...A multi-disciplinary committee of facility staff, including facility leadership, medical and mental health professionals, and security staff, shall meet weekly to review all detainees currently housed in the facility's SMU...." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(g).

<sup>21</sup> "Prior to a detainee's actual placement in administrative segregation, the facility administrator or designee shall complete the administrative segregation order (Form I-885 or equivalent), detailing the reasons for placing a detainee in administrative segregation." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(a).

<sup>22</sup> "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: a. date of receipt; b. detainee's name; c. detainee's A-number; d. detainee's nationality; e. name of the staff member who logged the request; f. date that the request, with staff response and action, was returned to the detainee; g. any other pertinent site-specific information, including detention condition complaints; h. specific reasons why the detainee's request is urgent and requires a faster response; and i. the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(a-i).

medication procedures (**Deficiency UOF&R-2<sup>23</sup>**).

## **CARE**

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

ODO interviewed the food service manager and chaplain and found the facility was not using the “Authorization for Common Fare Participation” form in accordance with the standard and the facility’s policy (**Deficiency FS-1<sup>24</sup>**).

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

ODO reviewed 12 medical records and found one record for a detainee enrolled in the mental health chronic care clinic. The detainee was prescribed psychotropic medications, which ODO found no documentation of a signed consent form for psychotropic medication and medication education prior to initiation of treatment of the detainee (**Deficiency MC-1<sup>25</sup>**).

ODO reviewed 12 medical records and found 9 out of 12 detainees’ initial physical examinations were not reviewed nor signed by the physician within 14-days of the detainees’ arrival at the facility to assess the priority for treatment (**Deficiency MC-2<sup>26</sup>**).

ODO reviewed 12 medical records and found 2 out of 12 detainees’ initial medical screenings were not completed within 12 hours of arrival to the facility by the health care provider (**Deficiency MC-3<sup>27</sup>**).

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)**

ODO reviewed 12 medical records and found 2 out of 12 detainees’ mental health screenings were not completed within 12 hours of arrival to the facility by the health care provider (**Deficiency**

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<sup>23</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:

1. forced medication procedures.”

*See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(D)(1)(I).

<sup>24</sup> “...To participate in the common fare program, a detainee shall initiate an “Authorization for Common Fare Participation” form (Appendix 4.1.A) for consideration by the chaplain (or FSA). On the form, the detainee shall provide a written statement articulating the religious motivation for participation in the common fare program. Oral interpretation or written assistance shall be provided to illiterate or limited-English proficient detainees as necessary in completing this form. If participation is approved, the chaplain or FSA shall forward a copy of the form for inclusion in the detainee’s detention file....” *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(1).

<sup>25</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)(A)(4).

<sup>26</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>27</sup> “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by health care provider, an initial medical, dental, and mental health screening....” *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(J).

**SSH&SPI-1<sup>28</sup>**).

ODO reviewed training records for 10 medical staff and 10 correctional staff and found no documentation of suicide prevention training existed for the 10 correctional staff (**Deficiency SSH&SPI-2<sup>29</sup>**).

## **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

The facility had not developed written policy and procedures, including reasonable timelines, for reviewing detainees' requests for accommodations related to a disability and for providing accommodations, modifications and reassessments that were consistent with the processes outlined in the standard (**Deficiency DIA&A-1<sup>30</sup>**).

Training on the facility's disability and reasonable accommodations procedures were not provided to employees, volunteers, and contract personnel, nor was training included in annual refresher training thereafter (**Deficiency DIA&A-2<sup>31</sup>**).

The facility's policies and procedures did not include the convening of a multi-disciplinary team to evaluate requests or referrals that required an evaluation (**Deficiency DIA&A-3<sup>32</sup>**).

The facility's policies and procedures did not include notification of a detainee with a communication, mobility impairment, or the facility's denials of accommodations to ICE/ERO Dallas (**Deficiency DIA&A-4<sup>33</sup>**).

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<sup>28</sup> "All detainees shall receive an initial mental health screening within 12 hours of admission..." See ICE PBNDS 2011, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(B)(1).

<sup>29</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." See ICE PBNDS 2011, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(A).

<sup>30</sup> "The facility shall develop written policy and procedures, including reasonable timelines, for reviewing detainees' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments. These policies and procedures shall be consistent with the processes outlined in this standard." See ICE PBNDS 2011, Standard, Disability Identification, Assessment and Accommodation, Section (V)(B)(1).

<sup>31</sup> "Training on the facility's Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter. New facility staff, including contractors and volunteers, shall receive this training as part of the Initial Orientation training required by Standard 7.3. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility's disability accommodations policy." See ICE PBNDS 2011, Standard, Disability Identification, Assessment and Accommodation, Section (V)(I).

<sup>32</sup> "The multidisciplinary team will include a healthcare professional and any additional facility staff with requisite knowledge of and/or responsibility for compliance with disability policies and procedures. The team may consist of [REDACTED] staff and may have different members at different times, depending on the detainee or request for accommodations under review. When appropriate, the multi-disciplinary team shall consult with ICE/ERO to obtain guidance, information, and/or resources for providing accommodations." See ICE PBNDS 2011, Standard, Disability Identification, Assessment and Accommodation, Section (V)(F)(4).

<sup>33</sup> "The facility shall notify the Field Office Director as soon as practicable, but no later than 72 hours, after the multidisciplinary team has completed its review of the needs of any detainee with a communication or mobility impairment.... The facility shall notify the Field Office Director in writing within 72 hours of any final denial by the facility administrator or assistant facility administrator of any accommodations request reviewed by the

## **ACTIVITIES**

### **RECREATION (R)**

The facility's outdoor recreation area did not offer any fixed equipment (**Deficiency R-1**<sup>34</sup>).

### **TELEPHONE ACCESS (TA)**

Telephone inspection logs show staff did not inspect all detainee telephones daily (**Deficiency TA-1**<sup>35</sup>).

### **VISITATION (V)**

The facility's general visitor's log did not contain the name and alien registration number of the detainee visited, nor the visitor's address and relationship to the detainee (**Deficiency V-1**<sup>36</sup>).

The facility's written rules specify 30-minute time limits for visits, and not one-hour as required by the standard (**Deficiency V-2**<sup>37</sup>).

Staff did not maintain a separate log to record all legal visitors (**Deficiency V-3**<sup>38</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by developing a legal visitation log and implementing its use on August 19, 2020. A facility sergeant notified the facility staff via memo of the new legal visitation log and placed the log in the legal visitation binder in the visitation area on the same day (**C-1**).

The facility had not established policies and procedures regarding visitation by independent medical service providers, law enforcement officials, visitation by former detainees, and visiting

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multidisciplinary team." See ICE PBNDS 2011, Standard, Disability Identification, Assessment and Accommodation, Section (V)(H)(1-2).

<sup>34</sup> "Exercise areas shall offer a variety of equipment. Weight training, if offered, must be limited to fixed equipment." See ICE PBNDS 2011, Standard, Recreation, Section (V)(D)(2).

<sup>35</sup> "Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly. This information shall be logged and maintained by each Field Office." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(3).

<sup>36</sup> "Each facility shall maintain a log of all general visitors, and a separate log of legal visitors. If the stated purpose of the visit is for Expedited Removal consultation, the visit shall be logged in the Legal Visitation Log. Staff shall record in the general visitors' log:

1. the name and alien-registration number (A-number) of the detainee visited;
2. the visitor's name and address;
3. the visitor's relationship to the detainee...."

See ICE PBNDS 2011, Standard, Visitation, Section (V)(D)(1-3).

<sup>37</sup> "The facility's written rules shall specify time limits for visits, no less than one hour, under normal conditions." See ICE PBNDS 2011, Standard, Visitation, Section (V)(I)(1).

<sup>38</sup> "Staff shall maintain a separate log to record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access." See ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(14).

rules regarding animals (**Deficiency V-4<sup>39</sup>**).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility's grievance log and found it did not contain the name of the detainee that filed the grievance, nature of the grievance, nor the date the decision was provided to the detainee (**Deficiency GS-1<sup>40</sup>**).

ODO also determined the facility's grievance appeal board (GAB) did not note the grievance log with the nature of the grievance, the name of the grievance officer that conducted the initial adjudication, date the decision was provided to the detainee, nor the outcome of the adjudication (**Deficiency GS-2<sup>41</sup>**).

ODO determined the facility's appellate reviewer did not note the grievance with the nature of the grievance, basis of GAB decision, date decision was provided to detainee, nor the outcome of the adjudication (**Deficiency GS-3<sup>42</sup>**).

Additionally, ODO determined the facility did not assign all grievances a log number, enter them on the grievance forms, nor record them in the grievance log (**Deficiency GS-4<sup>43</sup>**).

ODO found the grievance log did not include the disposition date for all grievances (**Deficiency GS-5<sup>44</sup>**).

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<sup>39</sup> "1. Independent Medical Service Providers and Experts. A detainee or his/her legal representative may seek an independent medical or mental health examination to develop information useful in administrative proceedings, in accordance with "EE. Examinations by Independent Medical Service Providers and Experts" found in standard 4.3 "Medical Care...." 2. Law Enforcement Officials' Visits. Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees.... 3. Visitation by Former Detainees or Aliens in Proceedings. Former ICE/ERO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visitation.... 5. Visiting Rules Regarding Animals. Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property." See ICE PBNDS 2011, Standard, Visitation, Section (V)(N)(1, 2, 3, and 5).

<sup>40</sup> "...GO or designee shall note the grievance log with the following information: • date grievance filed; • name of detainee that filed grievance; • nature of the grievance; • date decision provided to detainee; and • outcome of the adjudication...." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(c).

<sup>41</sup> "...The GAB shall note the grievance log with the following information: • date appeal filed; • name of detainee that filed grievance; • nature of the grievance; • name of the GO that conducted the initial adjudication; • date decision provided to detainee; and • outcome of the adjudication...." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(2)(d).

<sup>42</sup> "...The appellate reviewer shall note the grievance log with the following information: • date appeal received; • name of detainee that filed grievance; • nature of the grievance; • basis of the GAB decision; • date decision provided to detainee; and • outcome of the adjudication..." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(3)(c).

<sup>43</sup> "...Facility staff shall assign each grievance a log number, enter it in the space provided on the detainee grievance form, and record it in the detainee grievance log in chronological order..." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D).

<sup>44</sup> "...The log shall include the receipt date and the disposition date..." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D)(2).

ODO determined copies of grievance dispositions were not consistently placed in detainee detention files (**Deficiency GS-6<sup>45</sup>**).

## LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

The facility did not have a designated room for a law library furnished with tables and chairs to accommodate legal research and writing needs (**Deficiency LL&LM-1<sup>46</sup>**), nor were policies and procedures governing access to legal materials posted where detainees could easily see them (**Deficiency LL&LM-2<sup>47</sup>**).

The facility's detainee handbook did not provide detainees with the procedure for requesting legal reference materials not maintained in the law library (**Deficiency LL&LM-3<sup>48</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with three of those standards. ODO found 43 deficiencies in the remaining 15 standards. As stated in the Facility Overview section of this report, this was the first ODO compliance inspection of the facility. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection. Additionally, there were two Areas of Concern in the Admission and Release section and two in the Custody Classification section. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011 [Revised 2016])
Standards Reviewed	18
Deficient Standards	15
Overall Number of Deficiencies	43
Repeat Deficiencies	N/A
Corrective Actions	1

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<sup>45</sup> "...A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days...." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D).

<sup>46</sup> "Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to accommodate detainees' legal research and writing needs." See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section, (V)(A).

<sup>47</sup> "These policies and procedures shall also be posted in the law library, along with a list of the law library's holdings. The list of the law library's holdings shall be kept up to date and shall include the date and content of the most recent updates of all legal materials available to detainees in print and electronic media." See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section, (V)(N).

<sup>48</sup> "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: 5. the procedure for requesting legal reference materials not maintained in the law library." See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section, (V)(N)(5).