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**Office of Detention Oversight
Unannounced Compliance Inspection
2023-004-066**

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

**Kay County Justice Facility
Newkirk, Oklahoma**

February 28-March 2, 2023

UNANNOUNCED COMPLIANCE INSPECTION
of the
KAY COUNTY JUSTICE FACILITY
Newkirk, 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 an unannounced compliance inspection of the Kay County Justice Facility (KCJF) in Newkirk, Oklahoma, from February 28 to March 2, 2023.¹ 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 full-time to the facility. A KCJF director handles daily facility operations and manages █ personnel. KCJF provides food services, Turn-Key Health provides medical care, and Tiger Correctional 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 February 28, 2023)	█
Adult Female Population (as of February 28, 2023)	█

During its last full 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.

² Data Source: ERO Facility List as of February 27, 2023.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for 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.

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 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBND Standards 2011 (Revised 2016) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	4
Transportation (by Land)	1
Sub-Total	5
Part 2 - Security	
Admission and Release	0
Custody Classification System	1
Contraband	0
Funds and Personal Property	3
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	4
Tool Control	1
Use of Force and Restraints	0
Sub-Total	9
Part 3 - Order	
Disciplinary System	4
Sub-Total	4
Part 4 - Care	
Food Service	0
Medical Care	10
Significant Self-harm and Suicide Prevention and Intervention	4
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	2
Sub-Total	16
Part 5 - Activities	
Correspondence and Other Mail	4
Recreation	0
Visitation	4

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.

Sub-Total	8
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	42

DETAINEE RELATIONS

ODO interviewed 17 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 medical staff has not responded to his sick call request from 3 weeks ago for vomiting, dehydration, constipation, and bloody stools.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee's medical records, and found the detainee submitted a sick call request for reddish bowel movements and straining on February 11, 2023. A facility nurse evaluated the detainee on the following day, but the detainee denied needing any treatment at the time. On February 20, 2023, the detainee submitted a sick call request, and a facility nurse evaluated him on the same day, diagnosed hemorrhoids and epigastric burning, and prescribed Famotidine (10 mg), one tablet per day for 7 days, and hemorrhoidal cream. Medical staff advised the detainee of his medication routine, and the detainee acknowledged understanding. ODO noted the detainee refused treatment on February 20, 2023, but accepted his medication for the remainder of the treatment period.

Medical Care: One detainee stated he still experiences painful urination after medical staff examined him and prescribed medication.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical records, and confirmed the detainee submitted numerous sick call requests regarding painful urination in which medical staff responded within 1-day of each request. On February 22, 2023, a facility nurse obtained a urine sample from the detainee, and the subsequent urinalysis results arrived on February 24, 2023, confirming no viral nor bacterial infections. A facility nurse reviewed the results with the detainee, prescribed acetaminophen (500 mg), two tablets per day for 6 days, to alleviate the pain, and encouraged the detainee to increase water intake. ODO noted the detainee refused medication on February 25 and 28, 2023, but accepted his medication for the remainder of the treatment period.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the EHS manager; inspected eyewash stations in the central hall closet, the east janitor's closet, the medical department, and the food service department; and found none of the eyewash stations met the Occupational Safety and Health Administration (OSHA) standard as it relates to the American National Standards Institute (ANSI) standard Z358.1-2014. Specifically, the eyewash stations did not provide the capability of a hands-free continuous flushing for 15 minutes (**Deficiency EHS-38**⁷).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action and installed four Uline Guardian eyewash systems on March 1, 2023. Additionally, facility staff trained on the device's usage, meeting the ANSI standard (**C-1**).

ODO interviewed the fire and safety manager, toured the facility, reviewed 15 diagram postings, and found in 14 out of 15 postings, no accurate depiction of the facility's evacuation routes as per fire safety regulations of the Oklahoma jurisdiction (**Deficiency EHS-116**⁸).

ODO interviewed the fire and safety manager and HSA, reviewed the facility's exposure control plan, toured the biohazard waste storage room, and found medical staff did manage/dispose of 15 red biohazard waste bags and 6 plastic sharps disposal containers filled with contaminated items as per their exposure control plan (**Deficiency EHS-118**⁹).

Additionally, ODO found the facility did not store infectious and hazardous waste in accordance with all applicable federal and state regulations. Specifically, ODO observed the facility did not have a container to hold 15 red biohazard waste bags and 6 plastic sharps disposal containers filled with contaminated items in the biohazard waste storage room as required by the facility's exposure control plan and OSHA regulations (**Deficiency EHS-202**¹⁰).

⁷ "Eyewash stations that meet OSHA standards shall be installed in designated areas throughout the facility, and all employees and detainees in those areas shall be instructed in their use." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(2)(b).

⁸ "Diagram posting shall be in accordance with applicable fire safety regulations of the jurisdiction." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(5).

⁹ "Only sharps and medical waste generated within the medical department or by medical staff shall be managed in accordance with the medical department's exposure control plan." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(D).

¹⁰ "Infectious and hazardous waste generated at a medical facility shall be stored and disposed of safely and in accordance with all applicable federal and state regulations." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(D)(6)(c).

TRANSPORTATION (BY LAND) (TBL)

ODO reviewed the facility's TBL policies and postings and found the facility did not post written guidelines for trace procedures to locate overdue vehicles (**Deficiency TBL-122**¹¹).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee files and found in [REDACTED] out of [REDACTED] files, the detainee's custody classification worksheet did not note his gang affiliation documentation (**Deficiency CCS-12**¹²).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed a facility lieutenant, observed 25 property bags stored in the property room, and found the following deficiencies:

- Facility staff did not tag property bags with a baggage check form (Form I-77) or equivalent after properly inventorying and inspecting the bags for contraband (**Deficiency FPP-90**¹³);
- The top part of the Form I-77 or its equivalent was not attached to any of the detainees' property. Specifically, facility staff tagged detainees' property with only the detainees' names and A-numbers (**Deficiency FPP-94**¹⁴); and
- No Form I-77 or equivalent tagged to any of the bags. Specifically, facility staff stored tagged baggage in the property room with only detainees' names and A-numbers (**Deficiency FPP-99**¹⁵).

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed a facility lieutenant, reviewed seven detainee disciplinary files, and found in one out of seven files, the following deficiencies:

- On November 16, 2022, facility staff placed a detainee in disciplinary segregation on

¹¹ "Each office shall develop and post written guidelines for tracing procedures to locate an overdue vehicle." *See* ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(K)(1).

¹² "During the classification process, staff shall reference facts and other objective, credible evidence documented in the detainee's A-file, work-folders, ICE automated records systems, criminal history checks, or other objective sources of information." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(C).

¹³ "After being properly inventoried and inspected for contraband, all baggage and facility containers shall be tagged and stored securely." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

¹⁴ "The top part of the Form I-77 or its equivalent shall be attached to the detainee's property." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I)(3).

¹⁵ "Tagged baggage and other property tagged only with a Form I-77, or equivalent, shall then be stored in the facility baggage storage area." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

- without an IDP order (**Deficiency SMU-61**¹⁶);
- The facility placed the same detainee in disciplinary segregation without a written order signed by a hearing officer or IDP chairman (**Deficiency SMU-64**¹⁷);
- The detainee’s file did not contain a disciplinary segregation order (Form I-883 or equivalent) completed by the IDP chairman, detailing the reasons for placing the detainee in disciplinary segregation (**Deficiency SMU-65**¹⁸); and
- Facility staff placed the detainee in disciplinary segregation on November 16, 2022, without providing the detainee with a disciplinary segregation order in a language or manner he understood. Additionally, ODO determined delivery of the disciplinary segregation order did not jeopardize the safe, secure, or orderly operation of the facility (**Deficiency SMU-66**¹⁹).

TOOL CONTROL (TC)

ODO interviewed the maintenance supervisor and chief of security, reviewed inventory documentation, and found the maintenance supervisor and chief of security did not approve the tool inventory certification (**Deficiency TC-102**²⁰).

ORDER

DISCIPLINARY SYSTEM (DS)

ODO interviewed facility staff, reviewed five disciplinary cases, and found in one out of five cases, the following deficiencies:

- An investigating officer did not advise the detainee of their right to remain silent at every stage of the disciplinary process nor provide a complete listing of the detainee’s

¹⁶ “A detainee may be placed in disciplinary segregation only by order of the IDP, or its equivalent, after a hearing in which the detainee has been found to have committed a prohibited act and only when alternative dispositions may inadequately regulate the detainee’s behavior.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B).

¹⁷ “A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2).

¹⁸ “Prior to a detainee’s actual placement in disciplinary segregation, the IDP chairman shall complete the disciplinary segregation order (Form I-883 or equivalent), detailing the reasons for placing a detainee in disciplinary segregation. All relevant documentation must be attached to the order.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2)(a).

¹⁹ “The completed disciplinary segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2)(b).

²⁰ “a. Annual

Once each year at a minimum, the tool control officer and employees responsible for tools shall together inventory all tools/equipment on-site.

- 1) Each inventory-taker shall certify with name, title and identification number the accuracy of that inventory. Certification must be approved by the facility maintenance supervisor and Chief of Security.”

See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(5)(a)(1).

- rights (**Deficiency DS-45**²¹);
- An investigating officer did not advise the detainee in writing of his due process rights before his unit disciplinary committee (UDC) hearing. Specifically, ODO found facility staff provided the detainee his due process rights, in writing, 2 days after the UDC hearing (**Deficiency DS-51**²²);
- Facility staff did not forward the case to the IDP. Specifically, the facility assessed the detainee with a 101-Assault Charge, bypassed the IDP, brought the case before the UDC, and sanctioned the detainee to disciplinary segregation on November 16, 2022 (**Deficiency DS-60**²³); and
- The UDC did not refer a case involving an incident of serious violation to the IDP. Specifically, the UDC found the detainee guilty of assault and placed the detainee in disciplinary segregation on November 16, 2022, without referring the case to the IDP (**Deficiency DS-69**²⁴).

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found credentialed health care personnel did not perform duties within their scope of practice. Specifically, on November 3, 2022, a licensed practical nurse (LPN) performed a detainee’s comprehensive health assessment, but the Oklahoma Nursing Act, dated May 21, 2020, does not authorize LPNs to conduct comprehensive health assessments (**Deficiency MC-21**²⁵). **This is a priority component.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] annual or periodic records, medical staff did not implement the tuberculosis (TB) skin test in accordance with Center for Disease Control (CDC) guidelines. Specifically, health care personnel performed one TB skin test

²¹ “The investigating officer shall: ...

2. Advise the detainee of his/her right to remain silent at every stage of the disciplinary process and ensure that he/she has a complete listing of detainee rights.”

See ICE PBNDS 2011 (Revised 2016), Standard, Disciplinary System, Section (V)(E)(2).

²² “The investigating officer shall: ...

6. Advise the detainee in writing of his/her due process rights before the UDC, or before the IDP if the case is being referred directly to the IDP, as provided in this standard.”

See ICE PBNDS 2011 (Revised 2016), Standard, Disciplinary System, Section (V)(E)(6).

²³ “Unresolved cases and cases involving serious charges are forwarded to the institution disciplinary panel.” See ICE PBNDS 2011 (Revised 2016), Standard, Disciplinary System, Section (V)(F).

²⁴ “The UDC shall: ...

2. Refer to the IDP any incident involving a serious violation that may result in the following sanctions: initiation of criminal proceedings, recommended disciplinary transfer, disciplinary segregation, or monetary restitution. This includes all code violations in the “greatest” and “high” categories (100s and 200s) and must include code violations in the “high moderate” category (300s) in order for any of the sanctions listed above to be imposed.”

See ICE PBNDS 2011 (Revised 2016), Standard, Disciplinary System, Section (V)(F)(2).

²⁵ “Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(B).

on January 16, 2023, without documenting the test result reading according to CDC guidelines (**Deficiency MC-31**²⁶).

ODO reviewed [REDACTED] medical staff credential records and found in [REDACTED] out of [REDACTED] files, no verifiable licensing, certifying, credentialing, or registering in compliance with state and federal requirements. Specifically, the facility did not verify primary sources for two licensed professional counselors and two registered nurse (RN) licensures (**Deficiency MC-101**²⁷).

ODO reviewed [REDACTED] medical staff credential records and found in [REDACTED] out of [REDACTED] files, no documents maintained on site and ready for review. Specifically, the facility did not maintain copies of one RN's license (**Deficiency MC-102**²⁸).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the following deficiencies:

- The detainee arrived on October 20, 2022, and medical staff conducted the comprehensive health assessment on November 3, 2022, 15 days after his arrival (**Deficiency MC-137**²⁹). **This is a priority component;**
- An LPN performed the detainee's physical examination on November 3, 2022; however, this type of procedure is not authorized for LPNs to perform per the Oklahoma Nursing Act, dated May 21, 2020 (**Deficiency MC-138**³⁰);
- The clinical medical authority did not review and assess a comprehensive health assessment that an LPN conducted on November 3, 2022 (**Deficiency MC-140**³¹);
- The detainee arrived on October 20, 2022, and medical staff performed his initial dental screening on November 3, 2022, 15 days after his arrival (**Deficiency MC-176**³²). **This is a repeat deficiency;** and

²⁶ "Annual or periodic TB testing shall be implemented in accordance with CDC guidelines; annual TB screening method should be appropriately selected with consideration given to the initial screening method conducted or documented during intake." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

²⁷ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

²⁸ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

²⁹ "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." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

³⁰ "Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

³¹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

³² "An initial dental screening shall be performed within 14 days of the detainee's arrival." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

- An LPN performed the detainee’s dental screening on November 3, 2022; however, this type of procedure is not authorized for LPNs to perform per the Oklahoma Nursing Act, dated May 21, 2020 (**Deficiency MC-177**³³).

ODO reviewed [REDACTED] detainee medical records for detainees the facility prescribed psychotropic medications to and found in [REDACTED] out of [REDACTED] records, medical staff did not obtain a separate documented informed consent with a corresponding description of the medication’s side effects (**Deficiency MC-241**³⁴). **This is a repeat deficiency.**

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

ODO reviewed [REDACTED] non-medical and [REDACTED] medical training records and found in [REDACTED] out of [REDACTED] records, no documented comprehensive suicide prevention training at orientation and annually thereafter for [REDACTED] facility staff hired on January 4, 2023, February 2, 2023, and February 8, 2023. In addition, ODO found no documented suicide prevention training for five facility staff employed for more than 1 year (**Deficiency SSHSPI-8**³⁵). **This is a repeat deficiency and a priority component.**

ODO reviewed the medical records of five detainees on suicide watch during the inspection period and found the following deficiencies:

- In one out of five records, no regular follow-up appointments based on the level of acuity (**Deficiency SSHSPI-31**³⁶);
- ODO found a 17-minute monitoring documented in one suicide watch log (**Deficiency SSHSPI-34**³⁷). **This is a priority component;** and
- In three out of five records, no re-assessment of the detainees within 72 hours of their discharge from suicide watch, and in one out of five records, no periodic reassessment intervals prescribed by the treatment plan by an appropriately trained and qualified

³³ “The initial dental screening may be performed by a dentist or a properly trained qualified health provider.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

³⁴ “Prior to the 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 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

³⁵ “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 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

³⁶ “The treatment plan shall include: ...

3. Regular follow-up appointments based on the level of acuity.”

See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(E)(3).

³⁷ “The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

medical staff member (**Deficiency SSHSPI-56³⁸**). **This is a priority component.**

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO interviewed the HSA, observed all showers for detainees, and found no showers equipped with grabbing bars, as required by the American with Disabilities Act (**Deficiency DIAA-9³⁹**)

Additionally, ODO observed the facility did not have any shower chairs for disabled detainees to use (**Deficiency DIAA-10⁴⁰**).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility-specific detainee handbook and found no notification to the detainees informing them that:

- Facility staff will open and inspect general mail correspondence and other mail in a detainee's presence unless the facility administrator authorizes otherwise for security purposes (**Deficiency COM-16⁴¹**);
- Facility staff will not open, inspect, nor read a detainee's outgoing special correspondence or legal mail (**Deficiency COM-19⁴²**); and
- Packages may not be sent without advance arrangements approved by the facility administrator (**Deficiency COM-20⁴³**).

³⁸ "All detainees discharged from suicide observation should be re-assessed within 72 hours and then periodically at intervals prescribed by the treatment plan and consistent with the level of acuity by an appropriately trained and qualified medical staff member." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F)(4).

³⁹ "The facility shall comply with all applicable federal, state, and local laws and regulations related to the accessibility of safe and appropriate housing for detainees with disabilities." *See* ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(D)(1).

⁴⁰ "The facility will ensure that detainees with disabilities are able to physically access its programs, services, and activities. This includes, for example, ensuring detainees with disabilities can access telephones, as well as toileting and bathing facilities." *See* ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(D)(1).

⁴¹ "At a minimum, the notification shall specify: ...

3. That general correspondence and other mail addressed to detainees shall be opened and inspected in the detainee's presence, unless the facility administrator authorizes inspection without the detainee's presence for security."

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(3).

⁴² "At a minimum, the notification shall specify: ...

5. That incoming special correspondence or legal mail may only be opened in the detainee's presence, and may be inspected for contraband, but not read, and that outgoing special correspondence or legal mail shall not be opened, inspected, or read."

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(5).

⁴³ "At a minimum, the notification shall specify: ...

ODO reviewed the facility-specific detainee handbook and one Package/Mail Rejection Form completed during the inspection period and found the facility administrator did not sign the written rejection notice provided to the sender and addressee for incoming mail (**Deficiency COM-81**⁴⁴).

VISITATION (V)

ODO reviewed the facility's written visitation policy and found it did not include:

- Specific time limits for visits to be no less than 1-hour under normal conditions. Specifically, the facility's visitation policy states a minimum visitation time of 30 minutes (**Deficiency V-31**⁴⁵);
- The facility's specific limits and conditions for contact visits (**Deficiency V-53**⁴⁶);
- Procedures to allow legal representatives and assistants to telephone the facility in advance to confirm detention of an individual at the facility (**Deficiency V-74**⁴⁷); and
- Procedures for the exchange of documents between a detainee and legal representative or assistant, even when contact visitation rooms are unavailable (**Deficiency V-87**⁴⁸).

CONCLUSION

During this unannounced inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 12 of those standards. ODO found 42 deficiencies in the remaining 12 standards. Since KCJF's last full inspection in February 2022, the facility has continued to have difficulty with maintaining a high-level of overall compliance with the ICE PBNDS 2011 (Revised 2016). KCJF went from 14 deficient standards and 44 deficiencies in February 2022 to 12 deficient standards and 42 deficiencies during this most recent full inspection, which includes 3 repeat deficiencies and 5 priority component deficiencies. The high number of deficiencies in conjunction with the repeat and priority component deficiencies ODO identified, contributed to an assigned rating of "acceptable" to this most recent full inspection of KCJF. ODO did not review the DS, DIAA, V, TBL, nor TC standards during the February 2022 inspection as they were not FY 2022 core

6. That packages may neither be sent nor received without advance arrangements approved by the facility administrator, as well as information regarding how to obtain such approval."

See ICE PBNDS 2011(Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(6).

⁴⁴ "Both sender and addressee shall be provided written notice, signed by the facility administrator, with explanation, when the facility rejects incoming or outgoing mail." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(H).

⁴⁵ "The facility's written rules shall specify time limits for visits, no less than one hour, under normal conditions." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(I)(1).

⁴⁶ "Written procedures shall detail the limits and conditions of contact visits in facilities that permit them." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(I)(4).

⁴⁷ "Each facility shall establish a written procedure to allow legal representatives and assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained there." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(6).

⁴⁸ "The facility's written legal visitation procedures must provide for the exchange of documents between a detainee and the legal representative or assistant, even when contact visitation rooms are unavailable." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(10).

standards, and these standards accounted for 12 out of 42 deficiencies found during this most recent inspection. ODO has not received a completed uniform corrective action plan for the full inspection in February 2022 nor the follow-up inspection in August 2022, which likely contributed to the repeat deficiencies identified in the MC and SSHSPI standards. ODO recommends ERO Chicago work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.”

Compliance Inspection Results Compared	FY 2022 Full Inspection PBNDS 2011 (Revised 2016)	FY 2023 Full Inspection PBNDS 2011 (Revised 2016)
Standards Reviewed	23	24
Deficient Standards	14	12
Overall Number of Deficiencies	44	42
Priority Component Deficiencies	N/A	5
Repeat Deficiencies	3	3
Areas Of Concern	2	0
Corrective Actions	4	1
Facility Rating	Acceptable	Acceptable