



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

**Office of Detention Oversight
Compliance Inspection**

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

**Kay County Justice Facility
Newkirk, Oklahoma**

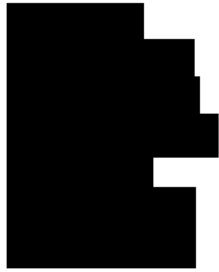
February 8-10, 2022

COMPLIANCE INSPECTION
of the
KAY COUNTY JUSTICE FACILITY
Newkirk, Oklahoma

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY	8
Environmental Health and Safety	8
SECURITY	9
Admission and Release	9
Custody Classification System	10
Funds and Personal Property	10
Post Orders	11
Searches of Detainees	12
Sexual Abuse and Assault Prevention and Intervention	12
Use of Force and Restraints	12
CARE	13
Food Service	13
Hunger Strikes	13
Medical Care	14
Significant Self-harm and Suicide Prevention and Intervention	14
ACTIVITIES	14
Correspondence and Other Mail	14
ADMINISTRATION AND MANAGEMENT	15
Detention Files	15
CONCLUSION	16

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	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 a compliance inspection of the Kay County Justice Facility (KCJF) in Newkirk, Oklahoma, from February 8 to 10, 2022.¹ The facility opened in 2010 and is owned and operated by Kay County. 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 [REDACTED] support 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 national accreditations.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 8, 2022)	[REDACTED]
Adult Female Population (as of February 8, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 27 deficiencies in the following areas: Admission and Release (1); Disability Identification, Assessment, and Accommodation (1); Environmental Health and Safety (4); Food Service (1); Funds and Personal Property (1); Hunger Strikes (1); Law Libraries and Legal Material (2); Medical Care (5); Sexual Abuse and Assault Prevention and Intervention (1); Significant Self-harm and Suicide Prevention and Intervention (6); Special Management Units (3); and Staff-Detainee Communication (1).

¹ This facility holds both 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 January 31, 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 over 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 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 (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	6
Sub-Total	6
Part 2 - Security	
Admission and Release	7
Custody Classification System	1
Funds and Personal Property	2
Post Orders	5
Searches of Detainees	2
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	0
Use of Force and Restraints	5
Sub-Total	23
Part 4 - Care	
Food Service	3
Hunger Strikes	1
Medical Care	2
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	7
Part 5 - Activities	
Correspondence and Other Mail	4
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
Sub-Total	4
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	

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 Transfers	0
Detention Files	4
Interviews and Tours	0
Sub-Total	4
Total Deficiencies	44

DETAINEE RELATIONS

ODO interviewed 26 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee exhibited signs of mental health issues during the interview, and ODO immediately referred him to facility medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee said he had a stomach infection in December 2021 and received surgery. The detainee stated the following concerns: his pain still persisted; he did not have normal bowel movements; and a doctor had not examined him since December 2021.

- Action Taken:** ODO interviewed the health services administrator (HSA), reviewed the detainee’s medical record, and found the detainee arrived at KCJF on November 2, 2021, and received an intake screening by a licensed practical nurse (LPN). The LPN referred the detainee to a nurse practitioner (NP) for further evaluation. On November 5, 2021, an NP conducted a physical examination of the detainee and noted a history of seizures, constipation, headaches, and depression. The NP referred the detainee to a neurology clinic for monthly consultations, continued the detainee’s current seizure medication, and prescribed pain medication for his headache, anti-depressants for depression, and laxatives for constipation. On December 29, 2021, KCJF transported the detainee to a local hospital for severe abdominal pain. Hospital staff evaluated and diagnosed the symptoms as diverticulitis with an abdominal abscess and scheduled the detainee for surgery on December 30, 2021. The Hospital discharged the detainee on January 2, 2022, prescribed antibiotic and pain medication, and scheduled him for a follow-up visit on February 9, 2022. KCJF medical staff conducted daily post-surgery assessments of the detainee from January 3 to 31, 2022, and continued treatment with pain medication and laxatives. On February 9, 2022, facility staff transported the detainee to the hospital for a follow-up visit, but the hospital staff discovered a blockage in his stomach while examining him and scheduled him for surgery. On February 16, 2022, the hospital discharged the detainee and instructed him to follow up if symptoms continued. On February 17, 2022, facility medical staff evaluated the detainee and noted the detainee’s good appetite and normal vital signs. KCJF medical staff continued to monitor the detainee’s progress and advised the detainee to report any worsening of symptoms to facility medical staff for treatment.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated he had thoughts of committing suicide.

- **Action Taken:** ODO immediately referred the detainee to facility staff, who escorted the detainee to the medical unit for psychiatric care and evaluation. ODO interviewed the HSA and found a mental health provider placed the detainee on suicide watch on February 9, 2022, for observation. On February 10, 2022, a psychologist evaluated the detainee via telemedicine, and the detainee denied having suicidal ideations. The psychologist determined the detainee was at minimal risk for self-harm and cleared the detainee from suicide watch and the detainee was returned to general population.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the safety lieutenant, reviewed 12 fire drill reports, and found in all reports, staff did not use emergency keys to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-112**⁷).

ODO observed the facility's barbering areas and found the facility did not conspicuously post detailed hair care sanitation regulations for the use of all detainees (**Deficiency EHS-213**⁸).

ODO also found KCJF did not notify detainees of the following requirements for barbershop operations:

- Detainees may not reuse cotton pads, absorbent cotton, and other single or dispensable toilet articles and shall place used items in a proper waste receptacle immediately after use (**Deficiency EHS-214**⁹);
- The facility prohibits the common use of brushes, neck dusters, shaving mugs, and shaving brushes (**Deficiency EHS-215**¹⁰);
- The facility prohibits barber service to any detainee when the skin of the detainee's face, neck or scalp is inflamed, or when there is scaling, pus or other skin eruptions, unless service of such detainee is performed in accordance with the specific authorization of the chief medical officer (**Deficiency EHS-216**¹¹); and

⁷ "Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁸ "Detailed hair care sanitation regulations shall be conspicuously posted in each barbershop for the use of all hair care personnel and detainees." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(4).

⁹ "Cotton pads, absorbent cotton and other single or dispensable toilet articles may not be reused, and shall be placed in a proper waste receptacle immediately after use." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(4).

¹⁰ "The common use of brushes, neck dusters, shaving mugs and shaving brushes is prohibited." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(4).

¹¹ "Barbers or beauticians shall not provide service to any detainee when the skin of the detainee's face, neck or scalp is inflamed, or when there is scaling, pus or other skin eruptions, unless service of such detainee is performed in

- The facility prohibits barber service to detainees infested with head lice (**Deficiency EHS-217**¹²).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed █ detainee detention files and the facility’s admission process and found in all █ files, the facility did not record basic personal information, photographs, fingerprints, nor note identifying marks and other unusual physical characteristics of the detainee (**Deficiency AR-11**¹³).

ODO reviewed █ detainee detention files and found █ out of █ files did not contain an Order to Detain nor Order to Release (Form I-203 or I-203a), signed by the appropriate ICE/ERO Authorizing Official (**Deficiency AR-54**¹⁴). **This is a repeat deficiency.**

ODO reviewed █ detainee detention files and found in all █ files, admissions staff did not complete a Migrant Booking Record (Form I-385 or equivalent) (**Deficiency AR-57**¹⁵).

ODO reviewed KCJF’s AR policy and found the facility did not develop an equivalent process for admitting detainees when the arresting/delivering officer did not initiate a Form I-385 or equivalent. Specifically, the admissions processing officer did not complete the following actions:

- Circle or write the name of the facility receiving the detainee;
- Complete the biographical information with information provided in the detainee’s A-file or Form I-385;
- Attach the detainee’s photograph; nor
- Mark the diagrams of the human anatomy indicating the approximate locations of any bruises, scars, cuts, and other marks and distinguishing characteristics observed on the detainee (**Deficiency AR-59**¹⁶).

accordance with the specific authorization of the chief medical officer.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(5).

¹² “No person who is infested with head lice shall be served.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(5).

¹³ “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)(c).

¹⁴ “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 (Revised 2016), Standard, Admission and Release, Section (V)(E).

¹⁵ “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).

¹⁶ “For SPCs the following criteria shall apply; CDFs and IGSA’s shall develop an equivalent process for processing detainees ... 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

ODO reviewed █ detainee detention files of released detainees and found in all █ files, the facility did not complete the necessary steps prior to a detainee's release, removal, or transfer from the facility. Specifically, facility staff assigned to processing did not accomplish the following actions:

- Complete fingerprinting;
- Reclaim facility issued clothing, handbooks, and bedding; nor
- Check for wants and warrants (**Deficiency AR-78**¹⁷).

ODO reviewed █ detainee detention files for released detainees and found █ out of █ files did not contain a Form I-203 altogether and 5 out of 10 files did not contain a Form I-203 bearing an authorizing official's signature (**Deficiency AR-80**¹⁸).

ODO reviewed █ detainee detention files for released detainees and found all █ files did not contain a copy of inventory sheets signed by detainees, accounting for the detainee's property. Specifically, ODO found detainees signed a separate stamped form, not the original personal property inventory form (**Deficiency AR-90**¹⁹).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed four detainee detention files for detainees with lengths of stays requiring reclassification and found in three out of four files, the facility did not complete a reclassification assessment 60 to 90 days after the detainee's initial classification (**Deficiency CCS-51**²⁰).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's quarterly inventory audits of detainee baggage and other non-valuable property for September 2021 and December 2021 and found both audits did not indicate the

A-file or I-385;

- c. attach the detainee's photograph to the right of the biographical data; ...
- 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)." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release,

Section (V)(E)(a)(b)(c)(e).

¹⁷ "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).

¹⁸ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(1).

¹⁹ "The detainee shall check his/her property against the original personal property inventory form. If all property is correctly accounted for, the detainee shall sign the inventory sheet, a copy of which the officer shall place in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(c).

²⁰ "The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(1).

inventory's date, time, nor the names of the officers conducting the inventory (**Deficiency FPP-124**²¹). y ERO.

ODO reviewed █ detainee detention files of released detainees and found all █ files did not contain inventory sheets signed by the detainee, indicating receipt of all funds and personal property due to the detainee. Specifically, ODO found detainees signed a separate stamped form, which did not include an inventory of all funds and personal property (**Deficiency FPP-136**²²).

POST ORDERS (PO)

ODO reviewed 10 POs and found in all 10 POs, facility supervisors did not ensure officers understood their assigned PO. Specifically, officers did not consistently sign a PO for each shift in all 10 POs (**Deficiency PO-8**²³).

ODO reviewed 10 POs and found the facility administrator or designee did not initial and date all other pages prior to the signature page approving the PO (**Deficiency PO-12**²⁴).

ODO reviewed 10 POs and found officers did not sign a PO for each shift. Specifically, ODO found one instance where control center officers did not sign a PO for three consecutive days (**Deficiency PO-19**²⁵).

ODO reviewed eight housing-unit logs and found in all eight logs, shift supervisors did not initial the log on each shift. Specifically, ODO found in all eight logs supervisors did not initial the log in each housing area for at least one shift per day (**Deficiency PO-21**²⁶).

ODO reviewed the PO for detainee transportation assignments and found the PO did not describe nor explain the safe handling of firearms (**Deficiency PO-22**²⁷).

Corrective Action: Prior to the conclusion of the inspection, KCJF revised the PO for armed assignments to include instructions on the safe handling of firearms. ODO verified

²¹ "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).

²² "The detainee shall then sign the blue/second copy of the G-589 Form or equivalent, indicating his/her receipt of all funds and personal property due him/her. The property log and inventory sheets shall reflect the transaction." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(K).

²³ "Supervisors shall ensure that officers understand the post orders, regardless of whether the assignment is temporary, permanent, or due to an emergency." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(B).

²⁴ "The facility administrator (or designee) shall: ...

2. initial and date all other pages."

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(C)(2).

²⁵ "The post orders for each post shall be issued in a six-part classification folder and organized as follows: ...

Section 6: Review and signature form, dated and with the officer's name printed and signed."

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(D).

²⁶ "The shift supervisor shall visit each housing area and initial the log on each shift." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(E).

²⁷ "In addition to the above requirements for all post orders, post orders for armed and perimeter-access post assignments shall describe and explain:

1. the proper care and safe handling of firearms."

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F)(1).

KCJF placed the revised PO into the PO binder (C-1).

SEARCHES OF DETAINEES (SD)

ODO reviewed KCJF's SD policy and found the policy did not require staff to leave searched housing or work areas and detainee property in its original order (**Deficiency SD-6**²⁸).

ODO reviewed the facility's housing-unit search log and found staff did not maintain written documentation of each housing-unit search within individual housing units. Specifically, ODO found KCJF did not document searches of housing-units prior to January 31, 2022 (**Deficiency SD-17**²⁹).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed KCJF's SAAPI policy and found the policy did not state the facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. Specifically, ODO found in facility policy, "The hearing officer will discipline any inmate for sexual contact with staff, only if not coerced by staff," (**Deficiency SAAPI-177**³⁰).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO inspected the facility's armory and found the facility did not maintain an inventory of chemical agents, nor related security equipment (**Deficiency UOFR-51**³¹).

ODO reviewed [REDACTED] staff training files, interviewed the lieutenant responsible for training, and found in all files, staff did not train in the use-of-force team technique (**Deficiency UOFR-75**³²).

Additionally, ODO found:

- KCJF did not provide use-of-force team technique training for all staff members who

²⁸ "All facilities shall have written policy and procedures consistent with this standard for the following: ...

6. leaving a searched housing or work area and detainee's property in its original order, to the extent practicable."

See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(A)(6).

²⁹ "Staff shall maintain written documentation of each housing-unit search within the individual housing unit." See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(C).

³⁰ "The facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact." See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(M)(4)(c).

³¹ "Each facility shall maintain a written record of routine and emergency distribution of security equipment and shall specifically designate and incorporate, in one or more post orders, responsibility for staff to inventory chemical agents and related security equipment at least monthly to determine their condition and expiration dates." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(G)(2).

³² "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." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(a).

- could potentially participate in a calculated use of force (**Deficiency UOFR-76**³³);
- KCJF did not conduct use-of-force team technique training, including its application, confrontation-avoidance, professionalism, nor debriefing (**Deficiency UOFR-77**³⁴); and
- KCJF did not conduct use-of-force team technique training which addressed the use of protective clothing, nor handling of spilled blood and body fluids (**Deficiency UOFR-78**³⁵).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service administrator (FSA) and found the facility’s common fare menu did not include special menus for federal holidays (**Deficiency FS-188**³⁶).

ODO interviewed the FSA, observed food service personnel, and found personnel did not wear rubber-soled safety shoes while working in the food service department (**Deficiency FS-301**³⁷).

ODO observed food service personnel and found personnel did not wear safety shoes in FSA-designated foot hazard areas (**Deficiency FS-401**³⁸).

ODO interviewed the FSA and the KCJF captain and found an independent and external inspector did not conduct an inspection of food service in 2021 due to the COVID-19 pandemic. ODO noted this as an **Area of Concern**.

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] records, facility medical staff did not receive 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**³⁹). **This is a repeat deficiency.**

³³ “To use staff resources most effectively, 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 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(a).

³⁴ “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).

³⁵ “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).

³⁶ “The common fare menu is based on a 14-day cycle, with special menus for the ten federal holidays.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(2).

³⁷ “All food service personnel working in the food service department shall be provided with and required to use approved rubber-soled safety shoes.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(2)(f).

³⁸ “Safety shoes shall be worn in FSA-designated foot hazard areas.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(c)(3).

³⁹ “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

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility did not conduct a comprehensive health assessment within 14 days of the detainees' arrival. Specifically, ODO found in [REDACTED] out of [REDACTED] records, KCJF completed comprehensive health assessments between 18 and 21 days after the detainees' arrival (**Deficiency MC-137**⁴⁰).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility did not perform an initial dental screening within 14 days of the detainees' arrival. Specifically, ODO found in [REDACTED] out of [REDACTED] records, KCJF performed initial dental screenings between 18 and 21 days after the detainees' arrival (**Deficiency MC-176**⁴¹).

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

ODO reviewed [REDACTED] healthcare staff training records and found in [REDACTED] out of [REDACTED] records, healthcare staff did not receive annual comprehensive suicide prevention training (**Deficiency SSHPI-8**⁴²). **This is a repeat deficiency.**

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed KCJF's COM program and found the facility did not post written procedures in housing units to explain how indigent detainees can request postage at government expense (**Deficiency COM-8**⁴³).

Corrective Action: Prior to the conclusion of the inspection, ODO verified KCJF posted COM procedures in each housing unit that included steps to request postage by indigent detainees at government expense (**C-2**).

ODO reviewed KCJF's supplemental detainee handbook and found the handbook did not define special correspondence or legal mail, including instructions on the proper labeling as "special correspondence" or "legal mail" (**Deficiency COM-17**⁴⁴).

PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(A).

⁴⁰ "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).

⁴¹ "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).

⁴² "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).

⁴³ "Each facility shall have written procedures that explain how indigent detainees can request postage at government expense. Such procedures shall also be posted in a common area where all detainees can view them." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(B).

⁴⁴ "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or

ODO reviewed KCJF's supplemental detainee handbook and found the handbook did not notify detainees that identity documents in a detainee's possession are contraband and ICE/ERO may use these as evidence against the detainee or for other purposes authorized by law (**Deficiency COM-22**⁴⁵).

ODO observed the facility's housing areas and found the facility did not post facility rules on COM in each housing area (**Deficiency COM-27**⁴⁶).

Corrective Action: Prior to the conclusion of the inspection, ODO verified KCJF posted the facility's COM rules in each housing unit (**C-3**).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed ■ detainee detention files and found in all files, the officer completing the admissions portion of the detention file did not note the file had been activated (**Deficiency DF-3**⁴⁷).

Corrective Action: Prior to the conclusion of the inspection, KCJF created new adhesive labels, which included the file activation date. ODO observed KCJF staff applying the new labels to detainee detention files. Additionally, KCJF leadership briefed file room staff on the new procedure for activating a file (**C-4**).

ODO reviewed ■ detainee detention files and found all ■ files did not contain a Form I-385 with one or more original photograph(s) attached to it, nor a housing identification card (**Deficiency DF-9**⁴⁸).

ODO reviewed ■ released detainee detention files and found in all ■ files, staff did not insert original closed-out receipts for property and valuables nor the original Form I-385, before closing

supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

4. The definition of special correspondence or legal mail, including instructions on the proper labeling as "special correspondence" or "legal mail" to ensure that it is treated as privileged mail; the notification shall clearly state that it is the detainee's responsibility to inform senders of the labeling requirement.

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(4).

⁴⁵ "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law ..."

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(8).

⁴⁶ "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance ... The rules notification shall be posted in each housing area."

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(10).

⁴⁷ "The officer completing the admissions portion of the detention file shall note that the file has been activated." See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(A)(2).

⁴⁸ "The file shall, at a minimum, contain the following documentation:

- a. I-385, Alien Booking Record, with one or more original photograph(s) attached; ...
- d. Housing Identification Card."

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

and archiving the file (**Deficiency DF-18**⁴⁹).

ODO interviewed KCJF file room staff, reviewed digital logbook entries, and found staff did not record the dates and times for the removal of files nor the dates and times for their return (**Deficiency DF-29**⁵⁰).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 23 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 9 of those standards. ODO found 44 deficiencies in the remaining 14 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO’s last inspection of KCJF on August 17, 2021.

Compliance Inspection Results Compared	Second FY 2021 PBNDS 2011 (Revised 2016)	First FY 2022 PBNDS 2011 (Revised 2016)
Standards Reviewed	18	23
Deficient Standards	12	14
Overall Number of Deficiencies	27	44
Repeat Deficiencies	6	3
Areas Of Concern	1	1
Corrective Actions	0	4
Facility Rating	N/A	Acceptable

⁴⁹ “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: ...

- 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)(b)(c).

⁵⁰ “At a minimum, a logbook entry recording the file’s removal from the cabinet shall include the following information: ...

- b. date and time removed; ...
- e. date and time returned.”

See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(F)(3)(b)(e).