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Office of Professional Responsibility
ICE Inspections
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Office of Detention Oversight
Follow-Up/Interim Compliance Inspection
2023-002-190

Enforcement and Removal Operations
ERO Chicago Field Office

Kay County Justice Facility
Newkirk, Oklahoma

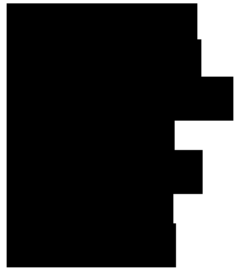
August 29-31, 2023

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION
of the
KAY COUNTY JUSTICE FACILITY
Newkirk, Oklahoma

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FOLLOW-UP/INTERIM COMPLIANCE INSPECTION TEAM MEMBERS



Acting 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 follow-up/interim compliance inspection of the Kay County Justice Facility (KCJF) in Newkirk, Oklahoma, from August 29 to 31, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of KCJF from February 28 to March 2, 2023. The facility opened in 2010 and is owned and operated by 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 National Detention Standards (NDS) 2019.²

[REDACTED] A KCJF director handles daily facility operations and manages [REDACTED] support personnel. Kay County provides food services, Turn Key Medical provides medical care, and Tiger Correctional Services provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In August 2021, KCJF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of August 29, 2023)	[REDACTED]
Adult Female Population (as of August 29, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 42 deficiencies in the following areas: Correspondence and Other Mail (4); Custody Classification System (1); Disability Identification, Assessment, and Accommodation (2); Disciplinary System (4); Environmental Health and Safety (4); Funds and Personal Property (3); Medical Care (10); Significant Self-harm and Suicide Prevention and Intervention (4); Special Management Units (4); Tool Control (1); Transportation (by Land) (1); and Visitation (4).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² On June 1, 2023, KCJF executed a contract modification with ERO, changing their NDS from the Performance-Based NDS 2011 (Revised 2016) to the NDS 2019.

³ Data Source: ERO Facility List as of August 28, 2023.

⁴ *Ibid.*

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.⁵

Follow-Up/Interim Compliance Inspections focus on facilities that changed their contractually required ICE National Detention Standards (i.e., from NDS 2000 to NDS 2019) following their first ODO inspection of the FY. ODO will conduct a complete review of several core standards, in accordance with the facility's new contractually required ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniformed corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards.

⁵ ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	7
Transportation by Land	0
Sub-Total	7
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	1
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	0
Visitation	0
Sub-Total	0
Total Deficiencies	12

⁶ For greater detail on ODO's findings, see the *Follow-up/Interim Compliance Inspection Findings* section of this report.

⁷ 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.

DETAINEE RELATIONS

ODO interviewed 30 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's tool and hazardous material control and their use of hazardous materials policies, interviewed a facility captain and a safety manager, observed the central control, laundry, and maintenance areas, and found the facility did not have a perpetual inventory of the hazardous substances used and stored in each area. Specifically, the central control and laundry areas did not have an inventory for Tide PODS and the maintenance area did not have an inventory for gasoline, Round-up weed and grass killer, Clipper 7X premium butane, Liquid Wrench penetrating oil, and Minwax wood finish (**Deficiency EHS-3⁸**).

ODO reviewed the facility's tool and hazardous material control and their use of hazardous materials policies, interviewed a facility captain and a safety manager, observed the central control, laundry, and maintenance areas, and found the facility did not maintain inventory records for each hazardous substance. Specifically, ODO found no inventory records for Tide PODS in central control and laundry areas and none for gasoline, Round-up weed and grass killer, Clipper 7X premium butane, Liquid Wrench penetrating oil, and Minwax wood finish in the maintenance area (**Deficiency EHS-4⁹**).

ODO inspected the central control area and found the facility did not maintain a file of corresponding safety data sheets (SDS) for Tide PODS (**Deficiency EHS-5¹⁰**).

ODO inspected the central control area and found facility staff and detainees did not have ready and continuous access to SDS for Tide PODS (**Deficiency EHS-6¹¹**).

ODO reviewed the facility's tool and hazardous material control and their use of hazardous materials policies, interviewed a facility captain and a safety manager, observed the central control,

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

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

¹⁰ "In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDS)." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹¹ "Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

laundry, and maintenance areas, and found the facility did not keep current inventory records for hazardous substances before, during, and after each use. Specifically, ODO found no inventory records in the central control and laundry areas for Tide PODS and none for gasoline, Round-up weed and grass killer, Clipper 7X premium butane, Liquid Wrench penetrating oil, and Minwax wood finish in the maintenance area (**Deficiency EHS-16**¹²).

ODO reviewed the facility jail emergency plans, interviewed a facility captain, and found no procedures to ensure safety and security for detainees with disabilities (**Deficiency EHS-25**¹³).

ODO interviewed the corporate quality assurance coordinator, reviewed the shift sharps/syringe inventory, and found the facility health service administrator or designee did not reconcile the inventory weekly (**Deficiency EHS-52**¹⁴).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility inmate and employee communication policy and found no written procedures to route detainee requests to appropriate ERO Chicago officials (**Deficiency SDC-11**¹⁵). **This is a priority component.**

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility completed the comprehensive health assessments between 17 and 86 days after the detainees' arrival at the facility (**Deficiency MC-27**¹⁶). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility completed the initial dental screening exam between 17 and 86 days after the detainees' arrival at the facility (**Deficiency MC-43**¹⁷).

¹² "Inventory records for a hazardous substance must be kept current before, during, and after each use." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹³ "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹⁴ "This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

¹⁵ "The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s)." *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

¹⁶ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁷ "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(H).

ODO reviewed [REDACTED] detainee medical records for detainees the facility prescribed psychotropic medications to and found in [REDACTED] out of [REDACTED] records, no separate informed consent for psychotropic medication, and in four out of six records, no description of the medications' side effects included on the consent form (**Deficiency MC-93¹⁸**). **This is a priority component.**

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

ODO reviewed [REDACTED] medical records of detainees on suicide watch and found in [REDACTED] out of [REDACTED] records, the facility did not stagger 15-minute checks. Specifically, the facility documented 217 out of 218 instances of unstaggered 15-minute checks (**Deficiency SSHSPI-27¹⁹**).

CONCLUSION

During this follow-up/interim inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found 12 deficiencies in the remaining 4 standards. Since KCJF's last full inspection in February 2023, the facility underwent a contract modification for detention standards and is no longer obligated to comply with the Performance-Based National Detention Standards 2011 (Revised 2016). The facility now operates under the NDS 2019. Since KCJF's contract modification, the facility's overall compliance has trended up. KCJF went from 12 deficient standards and 42 deficiencies in February 2023 to 4 deficient standards and 12 deficiencies during this most recent inspection. Three deficiencies are priority components; two in MC and one in SDC. ODO has not received a UCAP for ODO's last inspection in February 2023, likely because KCJF changed standards to NDS 2019. ODO recommends ERO Chicago continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-up/Interim Inspection (NDS 2019)
Standards Reviewed	24	16
Deficient Standards	12	4
Overall Number of Deficiencies	42	12
Priority Component Deficiencies	5	3
Repeat Deficiencies	3	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Acceptable/Adequate	N/A

¹⁸ “Prior to the administration of psychotropic medications, is a separate documented informed consent, that includes a description of the medications side effects, obtained?” See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

¹⁹ “The monitoring shall consist of staggered checks at intervals not to exceed 15 minutes (e.g., every 5, 10, 7 minutes) and be documented.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).