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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection
2024-001-301**

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

**Kay County Justice Facility
Newkirk, Oklahoma**

March 5-7, 2024

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 a compliance inspection of the Kay County Justice Facility (KCJF) in Newkirk, Oklahoma, from March 5 to 7, 2024.¹ 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. Benchmark provides food services, Turnkey 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 March 5, 2024)	[REDACTED]
Adult Female Population (as of March 5, 2024)	[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 low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

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

³ Data Source: ERO Custody Management Division Authorized Facility List as of March 11, 2024.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁵

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	4
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	2
Sub-Total	6
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	1
Telephone Access	0
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0

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

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detainee Transfers	0
Sub-Total	0
Total Deficiencies	8

DETAINEE RELATIONS

ODO interviewed 38 detainees, who each voluntarily agreed to participate. One detainee declined ODO’s request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated he was experiencing chest pains, dizziness, and light-headedness.

- Action Taken: On March 5, 2024, ODO informed the facility staff of a detainee suffering from chest pains, dizziness, and light-headedness, and staff immediately escorted him to the medical department. ERO Chicago approved the detainee’s off-site transport to the local hospital emergency room for evaluation of a possible irregular and rapid heart rhythm. On the same day, the hospital released the detainee and returned him to the facility. On March 8, 2024, a nurse practitioner (NP) examined the detainee for a follow-up visit and ordered a hepatitis test due to the detainee’s elevated enzyme levels. The NP also informed the detainee that emergency room staff found his heartbeat and rhythm were normal. On March 15, 2024, the NP evaluated the detainee, noted no other symptoms, and prescribed no medication.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the housing unit cell and area search logs and found the logs did not document when searches were completed during security inspections (**Deficiency FSC-11**).⁸

CARE

MEDICAL CARE (MC)

ODO reviewed the medical record of one detainee diagnosed with human immunodeficiency virus (HIV) and found medical staff did not take a chest X-ray to check for tuberculosis (**Deficiency MC-23**).⁹

⁸ “Each housing unit, including the Special Management Unit (SMU), will document cell and area searches including the time.” See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(B)(1).

⁹ “All detainees with suspected or confirmed TB disease shall be evaluated for human immunodeficiency virus (HIV), and all detainees with HIV shall be evaluated for TB disease, which includes a chest x-ray.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

ODO reviewed the medical record of an HIV positive detainee and found when the facility admitted the detainee on September 24, 2024, the detainee had a prescription for a daily dosage of HIV medication; however, the facility did not provide the detainee with medication until September 29, 2024, resulting in the detainee missing doses of his medication for 4 days (**Deficiency MC-85¹⁰**).

ODO reviewed medical files of seven detainees with prescribed psychotropic medications and found in three out of seven files, no separate documented informed consent form for the medications administered (**Deficiency MC-93¹¹**). **This is a repeat deficiency and a priority component.**

ODO reviewed the medical summaries of four detainees removed or released from the facility and found in one out of four summaries, no documented discharge from suicide watch (**Deficiency MC-113¹²**).

ODO inspected 3 automated external defibrillators (AED) located throughout the facility and found the AED electrode pads of 2 out of 3 defibrillators had an expiration date of October 31, 2023. ODO cited this observation as an **Area of Concern**.

ODO inspected two epinephrine pens in the medication cart and found both pens with expiration dates of January 2024. ODO cited this observation as an **Area of Concern**.

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

ODO interviewed the facility health services administrator (HSA) and Corporate Quality Assurance Coordinator (CQAC), reviewed the facility's suicide policy and 3 detainee suicide watch logs, and found in 3 out of 3 logs, documented staggered check monitoring ranged between 16 and 24 minutes (**Deficiency SSHSPI-27¹³**). **This is a repeat deficiency.**

ODO interviewed the facility HSA and CQAC, reviewed the facility's policy and 3 detainee suicide watch medical records, and found in 1 out of 3 records, clinical staff documented a suicide welfare check occurring 19 hours and 42 minutes after the initial check on February 3, 2024

¹⁰ "Medical and pharmacy personnel shall ensure the facility maintains access to adequate supplies of FDA-approved medications for the treatment of HIV/AIDS to ensure that newly admitted detainees are able to continue with their treatment without interruption." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(N)(3).

¹¹ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(O).

¹² "The summary shall include, at a minimum, the following items: ...

3) Current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up;"

See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(3)(b)(3).

¹³ "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).

(Deficiency SSHSPI-28.¹⁴).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed the facility’s religious practices program, interviewed a facility lieutenant, and found the facility did not record a detainee’s religious preference or non-preference during the intake process (**Deficiency RP-9**.¹⁵).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under NDS 2019 and found the facility in compliance with 20 of those standards. ODO found eight deficiencies in the remaining four standards. Since KCJF’s last full inspection in February 2023, the facility underwent a contract modification for detention standards, changing from PBNDS 2011 (Revised 2016) to NDS 2019. Since KCJF’s last full inspection in February 2023, the facility has significantly trended upward. KCJF went from 12 deficient standards and 42 deficiencies in February 2023 to 4 deficient standards and 8 deficiencies during this most recent full inspection. Due to the change in standards, ODO did not assess what role the uniform corrective action plan (UCAP) from the previous full inspection had with the facility’s current performance; however, ODO has not received the completed UCAP for the facility’s follow-up inspection in August 2023, which likely contributed to the facility having repeat deficiencies in the MC and SSHSPI standards. 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 2024 Full Inspection (NDS 2019)
Standards Reviewed	24	24
Deficient Standards	12	4
Overall Number of Deficiencies	42	8
Priority Component Deficiencies	5	1
Repeat Deficiencies	3	2
Areas Of Concern	0	2
Corrective Actions	1	0
Facility Rating	Acceptable/Adequate	Good. ¹⁶

¹⁴ “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

¹⁵ “The facility shall record any or no religious preference during in-processing.” See ICE NDS 2019, Standard, Religious Practices, Section (II)(C).

¹⁶ ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.