



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

---

**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

**Okmulgee County Jail  
(Moore Detention Facility)  
Okmulgee, Oklahoma**

**June 7-11, 2021**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**OKMULGEE COUNTY JAIL (MOORE DETENTION FACILITY)**  
Okmulgee, Oklahoma

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS.....</b>	<b>7</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....</b>	<b>8</b>
<b>SAFETY.....</b>	<b>8</b>
Emergency Plans.....	8
Environmental Health and Safety .....	10
<b>SECURITY .....</b>	<b>10</b>
Admission and Release.....	10
Custody Classification System .....	11
Funds and Personal Property .....	11
Special Management Units .....	12
<b>CARE .....</b>	<b>13</b>
Hunger Strikes .....	13
Medical Care.....	14
Significant Self-harm and Suicide Prevention and Intervention.....	15
<b>CONCLUSION .....</b>	<b>15</b>

---

## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Team Lead  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
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 compliance inspection of the Okmulgee County Jail (Moore Detention Facility) (MDF) in Okmulgee, Oklahoma, from June 7 to 11, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of MDF from January 5 to 7, 2021. The facility opened in 2017, is owned by Okmulgee County, and is operated by the Okmulgee County Criminal Justice Authority. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MDF in 2017 under the oversight of ERO’s Field Office Director (FOD) in Dallas (ERO Dallas). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. An MDF director handles daily facility operations and manages █ personnel. Okmulgee County provides food services and medical care, and Tiger Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	220
Average ICE Detainee Population <sup>3</sup>	█
Male Detainee Population (as of June 7, 2021)	█
Female Detainee Population (as of June 7, 2021)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found 37 deficiencies in the following areas: Admission and Release (7); Custody Classification System (4); Funds and Personal Property (4); Special Management Units (8); Medical Care (12); and Significant Self-harm and Suicide Prevention and Intervention (2).

<sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high-security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of June 7, 2021.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP 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 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 well-being.<sup>4</sup> 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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, 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 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. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

---

<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL  
DETENTION STANDARDS 2011 (REVISED 2016)  
MAJOR CATEGORIES**

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>5</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	13
Environmental Health and Safety	4
<b>Sub-Total</b>	<b>17</b>
<b>Part 2 – Security</b>	
Admission and Release	4
Custody Classification System	1
Funds and Personal Property	5
Special Management Units	9
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>19</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	1
Medical Care	7
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>9</b>
<b>Total Deficiencies</b>	<b>45</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed nine detainees, who each voluntarily agreed to participate. The remaining 38 detainees the facility housed during the inspection 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 concerns listed below. ODO conducted detainee interviews via video teleconference.

*Admission and Release:* Eleven out of 12 detainees stated they did not receive either the ICE National Detainee Handbook, the MDF detainee handbook, or both handbooks.

- Action Taken: ODO contacted the MDF admissions lieutenant, who provided copies of the Classification Interview Form and Inmate Issue/Service Statement Form for the 11 detainees. All 11 detainees signed both forms stating they acknowledged how to access the ICE National Detainee and MDF local detainee handbooks on the housing unit kiosks. ODO confirmed the kiosks were operational in all detainee housing units.

*Food Service:* One detainee stated he is Muslim and the MDF chaplain denied his request for a religious diet. The detainee added he believed halal and kosher diets were interchangeable per his religious beliefs.

- Action Taken: ODO interviewed the food service administrator and chaplain and reviewed food service documentation. On December 2, 2020, the detainee submitted a written request for a religious diet due to his Muslim beliefs, and the chaplain approved the common fare menu the same day. On January 9, 2021, the detainee submitted a written request for a halal diet, and the chaplain approved a kosher diet on January 11, 2021. On January 12, 2021, the chaplain explained the common fare menu and kosher menu to the detainee and confirmed the detainee's understanding of both menus.

*Medical Care:* One detainee stated he received medical treatment for throat pain and an ear infection but was not satisfied with the treatment because he still experienced pain.

- Action Taken: ODO spoke with the health service administrator (HSA) and reviewed the detainee's medical record. On November 13, 2020, the detainee submitted a sick call request for ear irritation and a possible foreign object in the ear canal. The MDF nursing staff evaluated the detainee the same day and found an intact tympanic membrane and no foreign objects in his ear canal. The NP prescribed a nonsteroidal anti-inflammatory drug (NSAID) twice daily for pain as needed for 5 days. The MDF nursing staff notified the on-call NP of the detainee's medication and advised the detainee to apply warm compresses to his ear twice daily for 7 days. The detainee took the NSAID medication on November 13 and 14, 2020, but declined his subsequent doses. MDF offered sick call daily, but the detainee made no further sick call requests.

# FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## SAFETY

### EMERGENCY PLANS (EP)

ODO reviewed the facility's emergency plans and found the plans did not specify alternate means of reaching the facility for emergency staff if the main approach became dangerous or inaccessible (**Deficiency EP-66**<sup>6</sup>).

ODO reviewed the facility's emergency plans, interviewed the director of operations, and found the plans did not specify whether the remote battery charging units would be maintained in the control center on the outside of the secure perimeter (**Deficiency EP-68**<sup>7</sup>).

ODO reviewed the Riot/Disturbance Emergency Plan and found it did not cover removing controlled substances from the pharmacy area (**Deficiency EP-75**<sup>8</sup>).

ODO reviewed the Hostage Emergency Plan, interviewed the director of operations, and found hostage negotiation team (HNT) members convened for less than [REDACTED] of duty time [REDACTED] to plan and practice negotiation scenarios and consult with other law enforcement agencies (**Deficiency EP-96**<sup>9</sup>).

ODO reviewed the Internal Search Plan, interviewed the director of operations, and found search teams did not have master blueprints/schematics, separate blueprints for each search area, or riot batons (**Deficiency EP-137**<sup>10</sup>).

ODO reviewed the Bomb Threat Emergency plan, interviewed the director of operations, and found no available "script" for staff to follow upon receiving a telephoned bomb threat at every

---

<sup>6</sup> "The plan shall specify alternate means of reaching the facility for emergency staff if the main approach becomes dangerous or inaccessible (e.g., during a civil disturbance, adverse weather conditions, fire, etc.)." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(D)(15).

<sup>7</sup> "The plan shall specify whether the remote battery charging units shall be maintained in the control center or outside the secure perimeter." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(D)(17).

<sup>8</sup> "After determining the course of action to pursue, the facility administrator shall direct staff to implement the action plan, which shall cover at a minimum:

1. controlling utilities;
2. securing available emergency entrances (e.g., food service, housing areas, etc.);
3. notifying and assembling trained emergency responders/other staff and equipment;
4. dispensing chemical agents in specific areas;
5. maintaining perimeter security (including crowd, traffic and media control);
6. shutting down detainee telephone systems;
7. notifying outside agencies; and
8. removing controlled substances from the pharmacy area." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(3)(1-8).

<sup>9</sup> "HNT members shall convene for no less than [REDACTED] of duty time [REDACTED] to plan and practice negotiation scenarios and consult with other law enforcement agencies." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(5)(b)(3).

<sup>10</sup> "Equipment (at a minimum): master blueprint or schematic for search coordinator, separate blueprints for each search area or riot batons." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(6)(b)(1-8).



staff telephone (**Deficiency EP-138**<sup>11</sup>).

ODO reviewed the Evacuation Emergency Plan and found it did not specify procedures for multiple deployments involving the same or different kinds of equipment and teams (**Deficiency EP-152**<sup>12</sup>).

ODO reviewed the Environmental Hazard Emergency Plan and found the designated areas did not have the capacity to house many detainees safely and securely for [REDACTED] nor provide amenities such as a gym, auditorium, food service area, etc. (**Deficiency EP-155**<sup>13</sup>).

ODO reviewed the General Section Emergency Plan and the hazardous chemical/radiological emergency plan and found not all departments had written procedures and at least [REDACTED] provisions for use in temporary quarters (**Deficiency EP-157**<sup>14</sup>).

ODO reviewed the Hazardous Chemical/Radiological Emergency Plan and found the plan does not specify how often and where specialized training for staff shall occur. Facility staff indicated they would not use detainees (**Deficiency EP-160**<sup>15</sup>).

ODO reviewed the Hazardous Chemical/Radiological Emergency Plan and found the plan does not specify the number of employees to receive the training (**Deficiency EP-161**<sup>16</sup>).

ODO reviewed the facility's emergency evacuation procedures and found the procedures did not factor in the following contingencies and their repercussions that could precipitate or affect a mass evacuation (**Deficiency EP-170**<sup>17</sup>).

ODO reviewed the facility's emergency evacuation procedures and found the procedures did not identify and prepare a list of suppliers to provide essential goods and materials during an

---

<sup>11</sup> "The facility administrator shall develop a "script" for staff to follow upon receiving a telephoned bomb threat; script shall be available at every staff telephone for instant access, (FBI Bomb Threat DATA Form, DOJ 370). See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(7)(a)(1).

<sup>12</sup> "For each of the several scenarios, the plan shall specify procedures for multiple deployments involving the same and/or different kinds of equipment and teams, e.g., in the event of simultaneous demonstrations." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(9)(a).

<sup>13</sup> "Designated areas shall have the capacity to house a large number of detainees safely and securely for [REDACTED], providing amenities such as a gym, auditorium, food service area, etc." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(10)(a)(1).

<sup>14</sup> "Every department (e.g., food service, medical, maintenance, recreation, administration, etc.) shall have written procedures and at least [REDACTED] provisions for use in temporary quarters, with the objective to minimize disruption to daily routine." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(10)(a)(2).

<sup>15</sup> "The plan shall specify how often and where specialized training shall occur." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(10)(b)(1)(b).

<sup>16</sup> "The plan shall specify the number of employees and detainees to receive the training." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(10)(b)(1)(c).

<sup>17</sup> "The facility's plan shall factor in all variables, and combinations of variables, that may precipitate or affect a mass evacuation, such as the following contingencies and their repercussions:

- 1) minimal warning/preparation time;
- 2) weather-related complications (e.g., tornadoes, hurricanes, blizzards);
- 3) an area-wide disaster that would limit facility access to state and local emergency services (e.g., police, fire department, hospitals, military, etc.) and transportation providers; and
- 4) failure of at least 10 percent of staff to respond when recalled." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(12)(a)(1-4).

emergency and an alternative list, identifying product substitutions and alternate suppliers or assigned priorities among the essentials listed (**Deficiency EP-171**<sup>18</sup>).

## **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed facility staff, reviewed generator test logs, and found the facility did not test the emergency power generators for [REDACTED] at least every [REDACTED] weeks and did not inspect the oil, water, hoses, and belts for mechanical readiness in an emergency situation (**Deficiency EHS-26**<sup>19</sup>).

ODO interviewed facility staff, reviewed generator test logs, and found the facility did not inspect power generators weekly and did not load test quarterly at a minimum or in accordance with manufacturer's recommendations and instruction manual (**Deficiency EHS-27**<sup>20</sup>).

ODO reviewed generator test logs and an invoice from Cummins Sales and Service, Tulsa, Oklahoma, and found technicians did not check starting battery voltage, generator voltage, nor amperage output, at a minimum, and did not perform all other necessary checks (**Deficiency EHS-28**<sup>21</sup>).

ODO reviewed generator test logs and an invoice from Cummins Sales and Service, Tulsa, Oklahoma, and found no documentation verifying other emergency electrical power generator equipment and quarterly testing of systems (**Deficiency EHS-29**<sup>22</sup>).

## **SECURITY**

### **ADMISSION AND RELEASE (AR)**

ODO interviewed facility staff and found staff did not screen detainees with a metal detector upon their admission to the facility (**Deficiency AR-12**<sup>23</sup>). **This is a Repeat Deficiency.**

---

<sup>18</sup> "For every evacuation scenario, the plan shall:

1) identify and prepare a list of suppliers to provide essential goods and materials during the emergency;  
2) prepare an alternative list, identifying product substitutions and alternate suppliers; and  
3) assign priorities among the essentials listed, recognizing shortages likely to occur during an area-wide emergency." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plan, Section (V)(E)(12)(b)(1-3).

<sup>19</sup> "At least every two weeks, emergency power generators shall be tested for one hour, and the oil, water, hoses and belts of these generators shall be inspected for mechanical readiness to perform in an emergency situation." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(6).

<sup>20</sup> "Power generators are to be inspected weekly and load-tested quarterly at a minimum, or in accordance with the manufacturer's recommendations and instruction manual." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(6).

<sup>21</sup> "Technicians shall check starting battery voltage, generator voltage and amperage output at a minimum, and shall perform all other necessary checks as well." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(6).

<sup>22</sup> "Other emergency equipment and systems shall be tested quarterly, and all necessary follow-up repairs or replacement shall be performed as soon as feasible." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(6).

<sup>23</sup> "All detainees shall be screened upon admission; screening shall ordinarily include:

a. screening with a metal detector;  
b. a thorough pat search; and

ODO interviewed facility staff and found the facility did not have an orientation video in Spanish (**Deficiency AR-63**<sup>24</sup>). **This is a Repeat Deficiency.**

ODO reviewed [REDACTED] detainee release files and found [REDACTED] out of [REDACTED] files did not have the Order to Detain or Release Form (Form I-203) (**Deficiency AR-80**<sup>25</sup>).

ODO reviewed [REDACTED] detainee release files and found [REDACTED] out of [REDACTED] files did not have a copy of the personal property inventory in the file (**Deficiency AR-91**<sup>26</sup>). **This is a Repeat Deficiency.**

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

ODO reviewed [REDACTED] detainee file for a detainee the facility housed in their Special Management Unit (SMU) and found facility staff did not complete a special reclassification on the detainee before he left SMU (**Deficiency CCS-53**<sup>27</sup>).

### **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO interviewed the property supervisor and found the facility did not permit detainees to keep their wedding rings in their possession (**Deficiency FPP-38**<sup>28</sup>). **This is a Repeat Deficiency.**

ODO interviewed the facility staff and found the on-coming and off-going supervisors did not simultaneously conduct an audit of detainee property envelopes and large valuables, where physical custody of or access to such items, changed with facility shift changes (**Deficiency FPP-100**<sup>29</sup>).

ODO interviewed facility staff, reviewed documentation, and found the facility did not have a property and valuables logbook to record the date, time, and name of the officers conducting the

---

c. a search of each detainee's clothing (and issuance of institutional clothing)." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(2)(a-c).

<sup>24</sup> "The video shall generally be in English and Spanish and provisions shall be made for other significant segments of the population with limited English proficiency." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F).

<sup>25</sup> "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).

<sup>26</sup> "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).

<sup>27</sup> "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(J)(3).

<sup>28</sup> "Each detainee shall be permitted to keep in his/her possession reasonable quantities of the following, as long as a particular item does not pose a threat to the security or good order of the facility:

8. wedding ring."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E)(8).

<sup>29</sup> "Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

inventory (**Deficiency FPP-101**<sup>30</sup>).

ODO interviewed the facility staff and found the facility had not conducted an inventory of detainee baggage and other non-valuable property at least quarterly (**Deficiency FPP-123**<sup>31</sup>). **This is a Repeat Deficiency.**

ODO interviewed facility staff, reviewed documentation, and found the facility did not have inventory documentation to indicate the time, date, and names of the officers conducting the inventory (**Deficiency FPP-124**<sup>32</sup>).

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

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, facility staff did not document the date nor time the facility released the detainee from the SMU (**Deficiency SMU-42**<sup>33</sup>).

ODO reviewed [REDACTED] detainee disciplinary segregation detention files and found in [REDACTED] out of [REDACTED] files facility staff did not document the date nor time the facility released the detainee from the SMU (**Deficiency SMU-71**<sup>34</sup>). **This is a Repeat Deficiency.**

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] of the detention files contained documentation the facility provided detainees a written copy of the reviewing officer's decision and the basis for his/her finding. Additionally, [REDACTED] of the detention files contained documentation a written copy would result in a compromise of institutional security (**Deficiency SMU-81**<sup>35</sup>). **This is a Repeat Deficiency.**

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, facility staff did not record whether the detainee ate and/or recreated. Specifically, ODO found [REDACTED] missing entries for meals and [REDACTED] missing entries for recreation in the [REDACTED] files (**Deficiency SMU-98**<sup>36</sup>). **This is a**

---

<sup>30</sup> "The property and valuables logbook shall record the date, 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).

<sup>31</sup> "An inventory of detainee baggage and other nonvaluable property shall be conducted by the facility administrator's designee at least once each quarter." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

<sup>32</sup> "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(3).

<sup>33</sup> "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(h).

<sup>34</sup> "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(c).

<sup>35</sup> "After each formal review, the detainee shall be given a written copy of the reviewing officer's decision and the basis for his/her finding, unless such a copy may result in a compromise of institutional security." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(3)(b)(5).

<sup>36</sup> "The special housing unit officer shall immediately record:

## Repeat Deficiency.

ODO reviewed █ detainee detention files and found in █ out of █ files, facility staff did not record whether the detainee ate and/or recreated. Specifically, ODO found 2 █ missing entries for meals and █ missing entries for recreation in the █ files (**Deficiency SMU-99**<sup>37</sup>).

ODO reviewed █ detainee detention files and found in █ out of █ files that medical staff did not sign each individual record when visiting the detainee in SMU (**Deficiency SMU-100**<sup>38</sup>).

ODO reviewed █ detainee detention files and found in █ out of █ detention files, the housing unit officers did not initial the Daily Activity Sheet after medical staff members completed their visits. Specifically, there were █ missing entries where the officers did not sign after medical staff visited the unit (**Deficiency SMU-101**<sup>39</sup>).

ODO reviewed █ detainee detention files and found in █ out of █ files staff did not create a new form for each week the detainee was in SMU. Specifically, ODO found █ consecutive weeks in which staff did not create a new form for a detainee housed in SMU (**Deficiency SMU-102**<sup>40</sup>).

ODO reviewed █ detainee detention files and found in █ out of █ files facility staff did not personally observe and log at least every █ minutes on an irregular schedule. Specifically, ODO reviewed █ instances of observations made by staff and the length of time between observations ranged from █ minutes to █ hours (**Deficiency SMU-126**<sup>41</sup>). **This is a Repeat Deficiency.**

## CARE

### HUNGER STRIKE (HS)

ODO reviewed █ staff training records, █ detention staff and █ medical staff, and found in █ out of █ records █ detention staff did not have evidence of being trained 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 (**Deficiency HS-1**<sup>42</sup>).

---

1) whether the detainee ate, showered, recreated and took any medication; and  
2) any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(3)(b)(5).

<sup>37</sup> “The officer that conducts the activity shall print his/her name and sign the record.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(3).

<sup>38</sup> “The facility medical officer shall sign each individual’s record when he/she visits a detainee in the SMU.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(D)(3)(b).

<sup>39</sup> “The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(b).

<sup>40</sup> “A new form must be created for each week the detainee is in the SMU.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(c).

<sup>41</sup> “Detainees in SMU shall be personally observed and logged at least every █ minutes on an irregular schedule.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(M).

<sup>42</sup> “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 PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(A).

## MEDICAL CARE (MC)

ODO interviewed the HSA and found the facility's medical department did not have National Commission on Correctional Health Care accreditation (**Deficiency MC-10**<sup>43</sup>). **This is a Repeat Deficiency.**

ODO reviewed [REDACTED] credential files for licensed medical staff and found [REDACTED] out of [REDACTED] files did not contain a current license. Specifically, a credential file for a medical assistant did not have evidence of a current license (**Deficiency MC-101**<sup>44</sup>).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility did not complete the detainees' initial physical exam within 14 days of their arrival at the facility. The facility completed the two physical exams [REDACTED] days after the detainees' arrival (**Deficiency MC-137**<sup>45</sup>).

ODO reviewed [REDACTED] detainee medical files and found the clinical medical authority (CMA) did not review the comprehensive health assessments to assess the priority for treatment for [REDACTED] of the [REDACTED] files (**Deficiency MC-140**<sup>46</sup>). **This is a Repeat Deficiency.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility did not complete the detainees' initial dental screening within 14 days of their arrival at the facility. The facility completed the two dental exams [REDACTED] days after the detainees' arrival (**Deficiency MC-176**<sup>47</sup>).

ODO reviewed [REDACTED] training records, [REDACTED] detention staff and [REDACTED] medical staff, and found [REDACTED] out of [REDACTED] medical staff training records did not have documentation of CPR training (**Deficiency MC-193**<sup>48</sup>).

ODO reviewed [REDACTED] detainee medical records and found [REDACTED] out of [REDACTED] records did not contain written records of all prescribed medications given to or refused by the detainee (**Deficiency MC-205**<sup>49</sup>).

---

<sup>43</sup> "Medical facilities within the detention facility shall achieve and maintain current accreditation with the National Commission on Correctional Health Care (NCCHC), and shall maintain compliance with those standards." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(A).

<sup>44</sup> "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).

<sup>45</sup> "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

<sup>46</sup> "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).

<sup>47</sup> "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).

<sup>48</sup> "Each facility shall have a written emergency services plan for delivery of 24-hour emergency health care. This plan shall be prepared in consultation with the facility's CMA or the HSA, and must include the following:

d. all detention and medical staff shall receive cardiopulmonary resuscitation (CPR, AED), and emergency first aid training annually." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(T)(1)(c-d).

<sup>49</sup> "Written records of all prescribed medication given to or refused by detainees shall be maintained." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(U).

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

ODO reviewed the suicide prevention committee’s meeting minutes, interviewed the HSA, and found the multidisciplinary suicide prevention committee did not include representatives from custody or mental health (**Deficiency SSHSPI-3**<sup>50</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 12 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 3 of those standards. ODO found 45 deficiencies in the remaining 9 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. ODO has not received the uniform corrective action plan for ODO’s last inspection of MDF, which occurred in January 2021.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2021 PBNDS 2011 (Revised 2016)</b>	<b>Second FY 2021 PBNDS 2011 (Revised 2016)</b>
Standards Reviewed	20	12
Deficient Standards	6	9
Overall Number of Deficiencies	37	45
Repeat Deficiencies	4	11
Areas of Concern	0	0
Corrective Actions	0	0

---

<sup>50</sup> “The multidisciplinary suicide prevention committee shall, at a minimum, comprise representatives from custody, mental health, and medical staff.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V).