



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 Dallas Field Office

Okmulgee County Jail
(Moore Detention Facility)
Okmulgee, Oklahoma

December 6-9, 2021

Amended report as of April 28, 2022

This report has been amended due to updated information being added to pages 8 and 9 of this report. Updated information was added to “ODO’s Action Taken” in the Detainee Relations section of this report. The detainee complaints from Environmental Health and Safety, Medical Care, and Staff-Detainee Communication were updated due to the fact more information was provided to ODO after this report was completed. No other changes were made to this report.

COMPLIANCE INSPECTION
of the
OKMULGEE COUNTY JAIL (MOORE DETENTION FACILITY)
Okmulgee, Oklahoma

TABLE OF CONTENTS

FACILITY OVERVIEW	5
COMPLIANCE INSPECTION PROCESS	6
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES	7
DETAINEE RELATIONS	8
COMPLIANCE INSPECTION FINDINGS	9
SAFETY	9
Emergency Plans	9
Environmental Health and Safety	10
SECURITY	11
Admission and Release	11
Funds and Personal Property	11
Post Orders	12
Searches of Detainees	12
Sexual Abuse and Assault Prevention and Intervention	13
Use of Force and Restraints	13
CARE	14
Food Service	14
Hunger Strikes	14
Medical Care	15
Significant Self-harm and Suicide Prevention and Intervention	17
ADMINISTRATION AND MANAGEMENT	18
Detention Files	18
CONCLUSION	19

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor

ODO
ODO
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 compliance inspection of the Okmulgee County Jail (Moore Detention Facility) (MDF) in Okmulgee, Oklahoma, from December 6 to 9, 2021.¹ The facility opened in June 2017 and is owned and operated by the Okmulgee County Criminal Justice Authority. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MDF in August 2018 under the oversight of ERO's Field Office Director (FOD) in ERO Dallas. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has not assigned deportation officers nor a detention services manager to the facility. A compliance and accreditation manager handles daily facility operations and manages support personnel. MDF provides food services and medical care, and Tiger Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association (ACA) in August 2019.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	
Average ICE Population ³	
Adult Male Population (as of December 6, 2021)	
Adult Female Population (as of December 6, 2021)	

During its last inspection, in Fiscal Year (FY) 2021, ODO found 45 deficiencies in the following areas: Admission and Release (4); Custody Classification System (1); Emergency Plans (13); Environmental Health and Safety (4); Funds and Personal Property (5); Hunger Strikes (1); Medical Care (7); Significant Self-harm and Suicide Prevention and Intervention (1); and Special Management Units (9).

¹ This facility holds male 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 December 6, 2021.

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.

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.

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	4
Environmental Health and Safety	7
Sub-Total	11
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Funds and Personal Property	3
Post Orders	3
Searches of Detainees	1
Sexual Abuse and Assault Prevention and Intervention	2
Special Management Units	0
Use of Force and Restraints	9
Sub-Total	20
Part 4 – Care	
Food Service	1
Hunger Strikes	1
Medical Care	14
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	6
Sub-Total	22
Part 5 – Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	0
Part 6 – Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 – Administration and Management	
Detention Files	2
Interviews and Tours	0

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 standards.

Detainee Transfers	0
Sub-Total	2
Total Deficiencies	55

DETAINEE RELATIONS

ODO interviewed six detainees, who each voluntarily agreed to participate. Most detainees reported satisfaction with facility services except for the concerns listed below.

Environmental Health and Safety: Several detainees stated the soap is sparse in the housing pods. Also, they have no cleaning supplies to clean the toilets, and the facility staff does not clean the toilets in the housing unit.

- Action Taken: ODO interviewed the safety supervisor and confirmed the storage of chemicals and cleaning supplies in a central location of the facility, the availability of these supplies to the housing officers, and the daily checking and restocking of these items by the maintenance department. The housing unit officers provide chemicals, cleaning supplies, including toilet brushes, to the detainees upon request. Additionally, the unit officer issues soap to the detainees upon request. ODO confirmed with the safety supervisor that these detainees have been issued soap and cleaning supplies, as well as informed of the process of how to retrieve these items in the future.

Medical Care: One detainee stated he had hepatitis C virus, informed the facility's medical unit of his health condition upon arrival to the facility, and has not received any treatment to date.

- Action Taken: ODO interviewed the acting health service administrator (HSA) who confirmed the medical staff was aware of the detainee's hepatitis C virus status; however, the facility did not provide any additional information regarding this detainee. ODO also confirmed the facility did not have a process in place for the treatment of detainees with Hepatitis. ODO requested the facility provide the detainee's medical records for review; however, the facility did not provide the detainee's medical records to ODO. As of January 24, 2022, MDF no longer housed this detainee.

Medical Care: One detainee stated he submitted a medical request on December 3, 2021, for his post-traumatic stress disorder, dizziness, and blackouts and has not received any medical treatment as of December 7, 2021.

- Action Taken: ODO spoke with the acting HSA and confirmed a nurse assessed the detainee on December 3, 2021, and adjusted his current medications to treat the dizziness and blackouts. On December 6, 2021, medical staff scheduled the detainee for a doctor's appointment for December 7, 2021. ODO asked for more details about the doctor's appointment of December 7, 2021, but the facility staff provided no additional information to ODO.

Staff-Detainee Communication: Four detainees stated a correctional officer has been verbally abusive and uses inappropriate language when speaking to detainees. Detainees also stated, on

December 7, 2021, the correctional officer said at the breakfast serving, “I want 16 empty plates back, or you all will not get dinner!” The correctional officer then proceeded to shout obscenities at the detainees.

- Action Taken: ODO contacted ERO Dallas regarding the allegations of verbal abuse by the correctional officer. ERO Dallas informed ODO they reported the misconduct allegations to the Joint Intake Center (JIC) on December 10, 2021 and the assigned JIC number is 202202352.

Staff-Detainee Communication: One detainee stated he filed a grievance regarding paperwork on October 21, 2021, and has received no response to date.

- Action Taken: ODO spoke with facility and ERO Dallas staff and found the detainee had not submitted a grievance but instead had submitted several requests to have facility staff fax his legal documents to various legal providers. ERO Dallas staff informed ODO that several attorneys from the Office of the Principle Legal Advisor told the facility not to fax client legal work because the facility is not to transmit these confidential legal documents via an unsecure line, which prevented facility staff from fulfilling the detainee’s requests. ODO confirmed the facility staff informed the detainee that they could not fax his legal documents and provided the reason why. The facility staff explained to the detainee that another alternative would be for the detainee to mail his legal documents via certified mail, or a legal representative could come to the facility and take possession of the legal documents.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility’s EP and found the plans do not include procedures for rendering emergency assistance (e.g., supplies, transportation and temporary housing for detainees, personnel and/or TDY staff) to another ICE/ERO facility (**Deficiency EP-77**).

ODO reviewed the environmental hazard emergency plan and the uniform corrective action plan (UCAP) dated June 11, 2021, and found the designated areas for “safe harbor” did not have the capacity to house large numbers of detainees safely and securely for 2 or 3 hours, providing amenities such as gym, auditorium, food service area, etc. (**Deficiency EP-155⁸**). **This is a repeat deficiency.**

⁷ "Each plan shall include procedures for rendering emergency assistance (e.g., supplies, transportation and temporary housing for detainees, personnel and/or TDY staff) to another ICE/ERO facility." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(C)(1)(a)(1).

⁸ "The facility administrator shall identify and equip one or more ‘safe harbor’ area(s) in the facility.

1) Designated areas shall have the capacity to house a large number of detainees safely and securely for two or three hours, providing amenities such as a gym, auditorium, food service area, etc." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(10)(a)(1).

ODO reviewed the facility's hazardous chemical/radiological emergency plan and UCAP, dated June 11, 2021, and found not all departments had written procedures and at least 3 days' provisions for use in temporary quarters to minimize disruption to daily routine (**Deficiency EP-157⁹**). **This is a repeat deficiency.**

ODO reviewed the emergency evacuation procedures and found the plan did not factor in the following contingencies and their repercussions that could precipitate or affect a mass evacuation: minimal warning/preparation time, weather-related complications, an area-wide disaster that would limit facility access to state and local emergency services and transportation providers, and failure of at least 10 percent of staff to respond when recalled (**Deficiency EP-170¹⁰**). **This is a repeat deficiency.**

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the safety supervisor, reviewed generator documentation, and found the facility does not inspect the oil, water, hoses, and generator belts, checking for mechanical readiness and ensuring the generators will perform in an emergency (**Deficiency EHS-26¹¹**). **This is a repeat deficiency.**

ODO interviewed the safety supervisor, reviewed generator documentation, and found the facility did not load test the generator at least quarterly, or in accordance with manufacturer's recommendations and instruction manual. ODO requested the quarterly generator test documentation from the facility; however, the facility did not provide the documentation to ODO. (**Deficiency EHS-27¹²**). **This is a repeat deficiency.**

ODO interviewed the safety supervisor, reviewed generator documentation, and found technicians did not check the starting battery voltage and generator voltage and amperage output at a minimum (**Deficiency EHS-28¹³**). **This is a repeat deficiency.**

⁹ "Every department (e.g., food service, medical, maintenance, recreation, administration, etc.) shall have written procedures and at least three days' provisions for use in temporary quarters, with the objective to minimize disruption to daily routine." *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(10)(a)(2).

¹⁰ "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 Plans, Section (V)(E)(12)(a)(1-4).

¹¹ "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).

¹² "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).

¹³ "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).

ODO interviewed the safety supervisor and found the facility did not send a copy of the master index to the local fire department (**Deficiency EHS-49¹⁴**).

ODO interviewed the safety supervisor, reviewed six fire drill reports, and found in six out of six fire drills, the facility did not evacuate the detainees from the drill site (**Deficiency EHS-109¹⁵**).

ODO interviewed the safety supervisor, reviewed six fire drill reports, and found in five out of six fire drills, staff did not include emergency keys in the drills (**Deficiency EHS-111¹⁶**).

ODO interviewed the safety supervisor, reviewed six fire drill reports, and found in five out of six fire drills, staff did not draw emergency keys to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-112¹⁷**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee release files and found [REDACTED] out of [REDACTED] files did not contain an Order to Detain or Release (Form I-203) (**Deficiency AR-80¹⁸**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee release files and found [REDACTED] out of [REDACTED] files did not contain a copy of the property inventory form (**Deficiency AR-91¹⁹**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's detainee handbook and found it did not inform detainees they could access personal funds to pay for legal services (**Deficiency FPP-20²⁰**).

¹⁴ "The maintenance supervisor shall maintain this information in the safety office (or equivalent) and ensure that a copy is sent to the local fire department." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(5).

¹⁵ "Detainees shall be evacuated during fire drills, except:

- 1) in areas where security would be jeopardized;
- 2) in medical areas where patient health could be jeopardized; or
- 3) in individual cases when the evacuation of patients or detainees is logistically not feasible."

See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(b)(1-3).

¹⁶ "Emergency-key drills shall be included in each fire drill, and timed." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

¹⁷ "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).

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 "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 detainee handbook or equivalent shall notify the detainees of facility policies including: access to detainee personal funds to pay for legal services." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(C)(6).

ODO reviewed the facility's detainee handbook, interviewed the lead detention liaison, and found the facility did not authorize retention of wedding rings by detainees (**Deficiency FPP-38²¹**). **This is a repeat deficiency.**

ODO interviewed the lead detention liaison and found the facility did not maintain a logbook listing the detainee's name, A-number or facility detainee number, Baggage Check (Form I-77) number, security tie-strap number, property description, date issued, and date returned (**Deficiency FPP-98²²**).

POST ORDERS (PO)

ODO interviewed the facility PO liaison and confirmed officers assigned to an armed post are qualified in the use of firearms. ODO requested the training documents for officers the facility assigned to armed posts but received no response from the facility and was unable to verify officers qualified on the firearms for their posts (**Deficiency PO-24²³**).

ODO reviewed 14 POs and found the facility last updated 13 out of 14 POs on April 7, 2017, and 1 PO on June 1, 2021, and did not always keep them current (**Deficiency PO-30²⁴**).

ODO reviewed 14 POs and found the facility did not review them at least annually. Specifically, ODO found the facility most recently updated 13 out of 14 POs on April 7, 2017, and 1 PO on June 1, 2021 (**Deficiency PO-31²⁵**).

SEARCHES OF DETAINEES (SD)

ODO reviewed the SD policy and procedures and found they did not instruct officers on how to leave a searched housing or work area and detainee's property in its original order, as practicable (**Deficiency SD-6²⁶**).

²¹ "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: ... wedding ring." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E)(8).

²² "A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued and date returned." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

²³ "Any officer assigned to an armed post must be qualified to use the firearms assigned to that post." *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F).

²⁴ "Post Orders shall be kept current at all times." *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(G).

²⁵ "Post orders shall be formally reviewed annually, at a minimum, and updated as needed." *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(G).

²⁶ "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).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the facility's staff and found the FOD had not reviewed and approved the facility's SAAPI policy (**Deficiency SAAPI-14**²⁷). **This is a repeat deficiency.**

ODO interviewed the facility's staff, reviewed the facility's public-facing website, and found the facility had not made their SAAPI protocols available to the public (**Deficiency SAAPI-16**²⁸). **This is a repeat deficiency.**

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed a facility captain, reviewed documentation for one UOF incident, and found medical staff did not examine the detainee after the UOF incident (**Deficiency UOFR-9**²⁹).

ODO interviewed a facility captain, reviewed documentation for one UOF incident, and found staff did not seek the assistance of qualified health personnel to immediately determine if the detainee required continued care (**Deficiency UOFR-58**³⁰).

ODO interviewed a facility captain, reviewed documentation for one UOF incident, and found staff did not seek the assistance of qualified health personnel to immediately examine the detainee and treat any injuries (**Deficiency UOFR-59**³¹).

ODO interviewed a facility captain, reviewed documentation for one UOF incident, and found medical staff did not examine the detainee subjected to UOF and, therefore, did not provide medical services to the detainee nor document detainee injuries (**Deficiency UOFR-60**³²).

ODO interviewed a facility captain, reviewed documentation for one UOF incident, and found [REDACTED] out of [REDACTED] officers involved in the UOF incident, did not provide a written report to the shift supervisor (**Deficiency UOFR-63**³³).

²⁷ "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A).

²⁸ "Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocol available to the public." See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A).

²⁹ "Detainees subjected to use of force shall be seen by medical staff as soon as possible. If the use of force results in an injury or claim of injury, medical evaluation shall be obtained and appropriate care provided." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(B)(7).

³⁰ "Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately:

1. Determine if the detainee or facility staff requires continuing care and, if so, make the necessary arrangements. Continuing care may involve such measures as admission to the facility hospital."

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(H)(1).

³¹ "Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to: ...

2. Examine the detainee and immediately treat any injuries."

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(H)(2).

³² "The medical services provided and diagnosed injuries shall be documented." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(H)(2).

³³ "A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer's shift." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(H)(4).

ODO interviewed a facility captain, reviewed documentation for one UOF incident, and found the shift supervisor did not provide a written report to the facility administrator or designee by the end of the shift (**Deficiency UOFR-64**³⁴).

ODO interviewed a facility captain, reviewed documentation for one UOF incident, and found staff did not immediately refer the detainee to medical staff for examination (**Deficiency UOFR-152**³⁵).

ODO interviewed a facility captain and the supervisory detention deportation officer, reviewed documentation for one UOF incident, and found the facility did not conduct an after-action review of the incident (**Deficiency UOFR-154**³⁶).

ODO interviewed a facility captain, reviewed documentation for one UOF incident, and found the facility administrator did not report the details and findings of appropriate or inappropriate UOF to the FOD, nor if they concurred with the finding (**Deficiency UOFR-176**³⁷).

CARE

FOOD SERVICE (FS)

ODO interviewed the FS supervisor, reviewed the common fare menu, and found the facility did not have special menus for the 10 federal holidays (**Deficiency FS-188**³⁸).

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] staff training records and found [REDACTED] out of [REDACTED] records did not document annual training to: recognize the signs of a hunger strike, implement the referral procedures for medical assessment, nor to manage a detainee on a hunger strike (**Deficiency HS-1**³⁹). **This is a repeat deficiency.**

³⁴ "The shift supervisor shall provide a written report to the facility administrator or designee no later than the end of a tour of duty when force was used on any detainee, or if any detainee remains in restraints at the end of that shift." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(H).

³⁵ "The detainee will be referred immediately to medical staff for an examination." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(2).

³⁶ "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

³⁷ "Within two workdays of the after-action review team's submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he/she concurs with the finding." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(5).

³⁸ "The common fare menu is based on a 14-day cycle, with special menus for the 10 federal holidays." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(2).

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

MEDICAL CARE (MC)

ODO interviewed the acting HSA and found the facility did not have National Commission on Correctional Health Care (NCCHC) accreditation (**Deficiency MC-10⁴⁰**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, facility health care personnel did not perform duties within their scope of practice for which training, licensure, certification, job descriptions, and/or written standing or direct orders by authorized personnel credentialed them. Specifically, a licensed practical nurse or registered nurse (RN) received five telephone orders from a physician, and the physician did not sign-off on the orders in the medical record (**Deficiency MC-21⁴¹**).

ODO interviewed the acting HSA and found the acting HSA or designees does not review or discuss infectious and communicable disease control activities during the facility's quarterly administrative meetings. ODO requested quarterly administrative meeting documentation from the acting HSA; however, ODO was unable to obtain any records showing the facility conducted quarterly administrative meetings prior to the acting HSA's tenure (**Deficiency MC-26⁴²**).

ODO reviewed [REDACTED] medical staff credential files and found [REDACTED] out of [REDACTED] files did not have verification of a license in compliance with applicable state and federal requirements. Specifically, four medical assistant files did not have evidence of a current license (**Deficiency MC-101⁴³**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, a health care provider or specially trained detention officer did not conduct an initial medical, dental, and mental health screening no later than 12 hours after the detainees' arrival. Specifically, medical staff completed [REDACTED] initial screenings 14 to 16 hours after the detainees' admission to the facility and [REDACTED] screening 11 days after the detainee's admission to the facility (**Deficiency MC-103⁴⁴**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility did not conduct a comprehensive health assessment, including a physical examination and mental health screening within 14 days of the detainees' arrival to the facility, as required. Specifically, medical

⁴⁰ "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).

⁴¹ "Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(B).

⁴² "Infectious and communicable disease control activities shall be reviewed and discussed in the quarterly administrative meetings as described in Section V.DD of this detention standard." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(1).

⁴³ "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).

⁴⁴ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

staff completed the 14-day health assessments between 32 and 40 days after the detainees arrived at the facility (**Deficiency MC-137⁴⁵**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, an RN, who did not have documented training provided by a physician, performed the physical examination of the detainee. ODO reviewed [REDACTED] training files for the RNs who performed all physical examinations and found in [REDACTED] out of [REDACTED] files, no documented training provided by a physician (**Deficiency MC-138⁴⁶**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the clinical medical authority did not review the comprehensive health assessments to assess the priority for treatment (**Deficiency MC-140⁴⁷**). **This is a repeat deficiency.**

ODO interviewed the acting HSA, requested training documentation of medical staff who performed initial dental screening, and found four out of five non-dentist health care providers who completed initial dental screenings lacked training to perform the dental screenings (**Deficiency MC-177⁴⁸**).

ODO reviewed [REDACTED] staff training records and found [REDACTED] out of [REDACTED] training records did not have documentation of completed cardiopulmonary resuscitation training (**Deficiency MC-193⁴⁹**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility did not obtain a separate, documented informed consent that includes a description of the prescribed medication's side effects (**Deficiency MC-241⁵⁰**).

ODO interviewed the acting HSA and found the acting HSA did not convene a facility health care meeting at least quarterly, which included other appropriate facility and medical staff (**Deficiency**

⁴⁵ "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).

⁴⁶ "Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

⁴⁷ "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).

⁴⁸ "The initial dental screening may be performed by a dentist or a properly trained qualified health provider." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

⁴⁹ "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: ...

c. an automatic external defibrillator (AED) shall be maintained for use at each facility and accessible to staff;

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).

⁵⁰ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

MC-284⁵¹).

ODO interviewed the acting HSA, requested quarterly administrative meeting minutes, but the facility did not provide documented meeting minutes, which indicated the acting HSA held a quarterly health care meeting covering all required agenda items (**Deficiency MC-285⁵²**).

ODO reviewed one peer review of a medical doctor and found the facility did not complete the peer review annually. Specifically, the facility completed the last peer review on August 26, 2020 (**Deficiency MC-292⁵³**).

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

ODO reviewed the facility's SSHSPI policy and found facility administrators did not review and approve the policy annually as required. The facility last reviewed their SSHSPI policy on June 8, 2020 (**Deficiency SSHSPI-2⁵⁴**).

ODO found the facility's SSHSPI committee does not meet at least quarterly to provide input regarding all aspects of the facility's suicide prevention and intervention program, including suicide prevention policies and staff training. ODO requested SSHSPI quarterly meeting documentation; however, the facility's acting HSA was unable to obtain any records to show the facility conducted quarterly meetings prior to the acting HSA's tenure at the facility (**Deficiency SSHSPI-4⁵⁵**).

ODO reviewed [REDACTED] staff training records and found [REDACTED] out of [REDACTED] records did not have documentation of completed annual comprehensive suicide prevention training (**Deficiency SSHSPI-8⁵⁶**).

⁵¹ "The HSA shall convene a meeting quarterly at minimum, and include other facility and medical staff as appropriate." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(EE)(1).

⁵² "The meeting agenda shall include, at minimum, the following:

- a. an account of the effectiveness of the facility's health care program;
- b. discussions of health environment factors that may need improvement;
- c. review and discussion of communicable disease and infectious control activities;
- d. changes effected since the previous meetings; and
- e. recommended corrective actions, as necessary."

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(EE)(1)(a-e).

⁵³ "Reviews shall be conducted at least annually." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(EE)(3).

⁵⁴ "Each detention facility shall have a written suicide prevention and intervention program, including a multidisciplinary suicide prevention committee, that shall be reviewed and approved by the clinical medical authority (CMA), approved and signed by the health services administrator (HSA) and facility administrator, and reviewed annually." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V).

⁵⁵ "The committee shall meet on at least a quarterly basis to provide input regarding all aspects of the facility's suicide prevention and intervention program, including suicide prevention policies and staff training." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V).

⁵⁶ "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).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, a qualified health care professional or health-trained correctional officer did not conduct an initial mental health screening of the detainees within 12 hours of their admission to the facility. Specifically, a qualified staff member completed 5 mental health screenings between 14 and 16 hours of the detainees' arrival, and qualified staff completed one detainee screening 11 days after the detainee arrived at the facility (**Deficiency SSHSPI-13**⁵⁷).

ODO interviewed the acting HSA, reviewed the facility's SSHSPI policy, and found the policy did not include procedures that enable a detainee on suicide watch to avoid exposing himself or herself to nonmedical staff of the opposite gender (**Deficiency SSHSPI-52**⁵⁸).

ODO interviewed the acting HSA, reviewed the facility's SSHSPI policy, and found the facility's SSHSPI procedures do not address what the facility will do in situations in which an immediate safety concern or detainee conduct dictates an opposite gendered staff member will continue to observe an undressed detainee (**Deficiency SSHSPI-54**⁵⁹).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed [REDACTED] detainee DFs and found [REDACTED] out of [REDACTED] files did not contain a classification worksheet (**Deficiency DF-9**⁶⁰).

⁵⁷ "All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by "J. Medical and Mental Health Screening of New Arrivals" in Standard 4.3 "Medical Care". See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(B)(1).

⁵⁸ "Although staff of the opposite gender can be assigned to suicide watch, including constant observation, the facility must have procedures in place that enable a detainee on suicide watch to avoid exposing himself or herself to nonmedical staff of the opposite gender." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F)(2).

⁵⁹ "Although staff of the opposite gender can be assigned to suicide watch, including constant observation, the facility must have procedures in place that enable a detainee on suicide watch to avoid exposing himself or herself to nonmedical staff of the opposite gender... However, any privacy accommodations must be implemented in a way that does not pose a safety risk for the individual on suicide watch. Safety is paramount when conducting a suicide watch, and if an immediate safety concern or detainee conduct makes it impractical to provide same gender coverage during a period in which the inmate is undressed, the detainee should continue to be observed, and any such incident should be documented." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F)(2).

⁶⁰ "The file shall, at a minimum, contain the following documentation: ...

b. Classification Work Sheet;"

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

ODO interviewed the facility's staff and found the facility does not ensure the detainees sign a release-of-information consent form prior to releasing any information, nor do they place a copy of this form in the detainee's DF (**Deficiency DF-32**⁶¹).

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 10 of those standards. ODO found 55 deficiencies in the remaining 13 standards. ODO found 5 out of 17 repeat deficiencies were in the MC standard and involved delayed medical screenings, late health assessments, and missing staff training/qualifications. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the UCAP for ODO's last inspection of MDF on June 7, 2021.

Compliance Inspection Results Compared	Second FY 2021 (PBNDS 2011) (Revised 2016)	First FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	12	23
Deficient Standards	9	13
Overall Number of Deficiencies	45	55
Repeat Deficiencies	11	17
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Failure

⁶¹ "Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form shall be maintained in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(G).