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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Dallas Field Office

Tulsa County Jail
Tulsa, Oklahoma

October 29-31, 2019

COMPLIANCE INSPECTION
of the
TULSA COUNTY JAIL
Tulsa, Oklahoma

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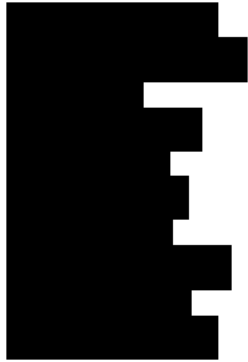
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FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Tulsa County Jail (TCJ) in Tulsa, Oklahoma, from October 29 to 31, 2019.¹ The facility opened in 1997 and is owned and operated by the Tulsa County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TCJ in 2008 under the oversight of ERO's Field Office Director (FOD) in Dallas (ERO Dallas). The facility operated under the National Detention Standards (NDS) 2000 until 2018 when TCJ modified its contract and began operating under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers (DOs) and a TCJ Facility Administrator handles, who the daily facility operations and is supported by ██████ personnel. Summit Food Service provides food services, Turnkey Health Clinics provide medical care, and TCJ provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2019 and by the National Commission on Correctional Health Care in March 2018. TCJ received the U.S. Department of Justice Prison Rape Elimination Act (PREA) recertification in 2018 and received the Department of Homeland Security PREA certification on September 23, 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	202
Average ICE Detainee Population ³	80
Male Detainee Population (as of 10/30/2019)	66
Female Detainee Population (as of 10/30/2019)	1

During its last inspection, in FY 2018, ODO found 23 deficiencies in the following areas:⁴ Admission and Release (1); Detainee Grievance Procedures (1); Detainee Handbook (1); Environmental Health and Safety (5); Food Service (6); Funds and Personal Property (2); Special Management Unit (Administrative Segregation) (3); Special Management (Disciplinary Segregation) (2); and Use of Force (2).

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

² Data Source: ERO Facility List Report as of October 21, 2019.

³ *Ibid.*

⁴ The deficiencies listed are from NDS 2000 which the facility was inspected under in March 2018.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances in which 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁶	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	4
Custody Classification System	3
Funds and Personal Property	5
Sexual Abuse and Assault Prevention and Intervention	3
Special Management Units	4
Staff-Detainee Communication	1
Use of Force and Restraints	2
Sub-Total	22
Part 4 – Care	
Food Service	1
Medical Care	0
Personal Hygiene ⁷	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	4
Sub-Total	6
Part 5 – Activities	
Recreation	2
Religious Practices	2
Telephone Access	2
Visitation	1
Sub-Total	7
Part 6 – Justice	
Grievance System	2
Law Libraries and Legal Materials	1
Sub-Total	3
Total Deficiencies	40

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

⁷ ODO did not inspect against the Personal Hygiene standard in its entirety.

DETAINEE RELATIONS

ODO interviewed 22 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he had tooth pain causing face and ear discomfort. He was informed by the dentist the tooth needed to be extracted due to an infection; however, he was only prescribed an antibiotic.

- Action Taken: ODO reviewed the detainee's medical record with the facility medical staff and determined the detainee was seen on October 25, 2019, by the dentist, for tooth pain. The dentist determined there were no infections present during the examination; however, the detainee was prescribed Ibuprofen, 800mg, three times a day for 10 days. ODO confirmed the detainee was scheduled for follow-up care with the dentist on November 5, 2019.

Medical Care: Another detainee stated he put in a dental request for an issue with his tooth. The detainee claimed after being treated, his account was debited \$22.00 for the visit and medication.

- Action Taken: ODO discussed the issue with the facility medical staff and determined the detainee was seen on August 25, 2019, for a skin related rash and not a dental related issue. The detainee was charged a co-pay for the visit and medication. However, at the time the detainee was being held at the Tulsa County Jail under county jurisdiction and was not in ICE/ERO Dallas custody. The detainee was a county inmate from July 20, 2019, to October 15, 2019, and was not transferred to ICE/ERO Dallas custody until October 16, 2019, so a co-pay for all his health services was debited to his account. On October 30, 2019, the facility medical staff explained to the detainee why his account was debited for the visit and medication related to his skin rash, while he was under county jurisdiction. The detainee indicated he was satisfied with the explanation.

Personal Hygiene: Two detainees stated when they were outside of their cells, they had access to only one bathroom and must wait for security checks every [REDACTED] minutes to be able to use their own bathroom in their cell.

- Action Taken: ODO discussed the issue with the facility and ICE/ERO Dallas staff and determined on September 4, 2019, the TCJ Administrator instituted a new Cell Door Locking procedure. The new policy requires officers to open and unlock either with a key or remotely all cell doors, while completing security checks every [REDACTED] minutes. The officers let the detainees into or out of their cells only during these checks, and the doors will be secured before the officers continue the security checks. The policy also stated the detainees only had immediate access to one designated bathroom or must wait for a security check to access the toilet in their assigned cell. ODO determined the new process does not afford the detainees access to an adequate

number of toilets 24 hours per day without staff assistance. See the Personal Hygiene section of this report for more information.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the housing units and observed sanitation throughout TCJ was unsatisfactory. The floors in the mop closets, storage rooms and laundry areas of the housing units had trash and a build-up of dirt. The cooler in the main hall, where sack lunches were kept, appeared as though it had not been cleaned in several days, revealing trash and dirt on the floor. The housing unit laundry areas were of concern due to severe soap scum buildup on the drums of the washing machines (**Deficiency EH&S-1⁸**).

ODO observed a detainee using barbering clippers and when the detainee finished clipping his hair and beard, he passed the clippers to another detainee without sanitizing them. ODO inspected the barbering equipment and discovered the containers with the barbering tools contained hair particles and empty bottles of sanitizer. In addition, there were no sanitation regulations posted or maintained within the barbering kits (**Deficiency EH&S-2⁹**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO observed detainees not being issued sweatshirts or jackets appropriate for the facility environment and local weather (**Deficiency AR-1¹⁰**).

ODO reviewed the facility orientation videos and found the “Know Your Rights” and PREA videos are played for detainees; however, a facility specific orientation video and question and answer session were not provided to detainees (**Deficiency A&R-2¹¹**). Additionally, ODO noted the facility orientation policy dated November 30, 2011, had not been updated to reflect the

⁸ “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section, (V)(A)(3).

⁹ “Sanitation in barber operations is imperative because of the possible transfer of diseases...”

2. Each barbershop shall have all equipment and facilities necessary for maintaining sanitary procedures for hair care, including covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.
3. After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected. Ultraviolet lights are not appropriate for sterilization but may be used for maintaining tools that have already been properly sterilized.
4. Detailed hair care sanitation regulations shall be conspicuously posted in each barbershop for the use of all hair care personnel and detainees.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section, (V)(E)(2-4).

¹⁰ “In accordance with standard ‘4.5 Personal Hygiene,’ staff shall issue clothing and bedding items that are appropriate for the facility environment and local weather conditions.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(C).

¹¹ “All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand... Following the orientation, staff shall conduct a question-and-answer session.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

requirements of the standard.

ODO reviewed the facility records and found the TCJ release procedures were not approved by the local ICE/ERO Dallas (**Deficiency AR-3**¹²).

ODO reviewed the document provided to the detainees before they were released from the facility, and noted the document lacked directions to local shelters (**Deficiency AR-4**¹³).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO found no documented training for the facility classification process. ODO interviewed the TCJ classification and ICE/ERO Dallas staff and confirmed the staff assigned classification duties were not adequately trained (**Deficiency CCS-1**¹⁴).

During the detainee file review, ODO found six out of six detainees, who were released from the Special Management Unit (SMU) after serving in disciplinary segregation for fighting, received no reclassification review (**Deficiency CCS-2**¹⁵).

ODO reviewed the local detainee handbook and found the handbook did not include an explanation of the conditions and restrictions applicable to each classification level (**Deficiency CCS-3**¹⁶).

ODO reviewed the TCJ classification policy and found the policy did not address the housing arrangements for detainees with a classification level of medium-high and a history of violence. These detainees should not be housed with detainees with a classification level of medium-low or low and no history of violence. ODO cited this as an **Area of Concern**.

ODO did not observe any co-mingling while touring the facility or reviewing the housing unit roster. Furthermore, ODO interviewed the TCJ correctional staff and determined the possibility of comingling during religious services or meeting with consular officials may occur. Specifically, correctional staff stated wrist bands are used to identify classification levels; however, all detainees and U.S. Marshals Service inmates ██████████, regardless of their classification level,

¹² “ICE/ERO shall approve all facility release procedures.” See ICE PBNDs 2011, Standard, Admission and Release, Section (V)(H).

¹³ “Detainees will be provided with a list of legal, medical, and social services that are available in the release community, and a list of shelter services available in the immediate area along with directions to each shelter.” See ICE PBNDs 2011, Standard, Admission and Release, Section (V)(I).

¹⁴ “Each facility administrator shall require that the facility’s classification system ensures the following:...

2. All facility staff assigned to classification duties shall be adequately trained in the facility’s classification process. Each staff member with detainee in-processing responsibilities shall receive on-site training.” See ICE PBNDs 2011, Standard, Custody Classification System, Section (V)(A)(2).

¹⁵ “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, Standard, Custody Classification System, Section (V)(H)(3).

¹⁶ “The ICE Detainee Handbook standard section on classification shall include: An explanation of the classification levels, with the conditions and restrictions applicable to each.” See ICE PBNDs 2011, Standard, Custody Classification System, Section (V)(K).

which allow opportunities for staff error. ODO noted this as an **Area of Concern**.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the detainee handbook and found the handbook did not contain substantial amounts of information the detainees are required to know (**Deficiency F&PP-1¹⁷**). Specifically, the handbook lacks: information regarding the procedure to request and be provided with a certified copy of an identity document; the rules for mailing property not allowed in their possession; the procedure for claiming property upon release, transfer, or removal; the procedure for filing a claim for lost or damaged property; and procedures for access to personal funds to pay for legal services.

ODO inspected the housing units and found the detainees are provided a hard-plastic bin to store their personal property; however, the detainees were not provided a way to secure the bins (**Deficiency F&PP-2¹⁸**).

ODO interviewed the booking staff and found it is common practice to prohibit detainees from keeping small religious items, including religious jewelry and wedding rings (**Deficiency F&PP-3¹⁹**).

ODO reviewed the TCJ policies, which govern the management of funds and personal property at the facility and determined these policies did not provide a process to report the loss or damage to detainee personal property (**Deficiency F&PP-4²⁰**).

ODO reviewed how the detainee funds are inventoried and documented and found Mexican

¹⁷ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:

2. that, upon request, they shall be provided an ICE/ERO-certified copy of any identity document (e.g., passport, birth certificate), which shall then be placed in their A-files;
3. the rules for storing or mailing property not allowed in their possession;
4. the procedure for claiming property upon release, transfer, or removal;
5. the procedure for filing a claim for lost or damaged property and
6. access to detainee personal funds to pay for legal services.” *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(2-6).

¹⁸ “Every housing area shall have lockers or other securable space for storing detainees’ authorized personal property.” *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E).

¹⁹ “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:

1. small religious items including religious jewelry items;
8. wedding ring.” *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E)(1)(8).

²⁰ “All facilities shall have and follow a policy for loss of or damage to properly received detainee property, as follows:

- a. all procedures for investigating and reporting property loss or damage shall be implemented as specified in this standard;
- b. supervisory staff shall conduct the investigation;
- c. the senior facility contract officer shall promptly process all detainee claims for lost or damaged property;
- d. the official deciding the claim shall be at least one level higher in the chain of command than the official investigating the claim;
- e. the facility shall promptly reimburse detainees for all validated property losses caused by facility negligence;
- f. the facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
- g. the senior contract officer shall immediately notify the designated ICE/ERO officer of all claims and outcomes.” *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(L)(3)(a-g).

currency is generally inventoried with only the total amount noted on the property inventory form while other foreign currency is detailed by the number of bills and coins, without a total amount noted (**Deficiency F&PP-5²¹**). Furthermore, ODO determined there is no consistency when the facility officers document the property inventory form. Proper documentation should contain the currency amount followed by the type (e.g., 140 Japanese yen or 4,000 Mexican pesos).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO noted the TCJ SAAPI policy was not approved by ICE/ERO Dallas (**Deficiency SAAPI-1²²**).

ODO reviewed the detainee files and determined 1 out of 25 files did not contain a sexual risk assessment (**Deficiency SAAPI-2²³**) or if the detainee participated in the facility SAAPI orientation program (**Deficiency SAAPI-3²⁴**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by completing a risk assessment and an orientation with the detainee on October 30, 2019 (**C-1**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee files and determined one file had no documentation of an administrative segregation order being completed for the reason the detainee was placed in the SMU. Additionally, the detainee did not receive a copy of the administrative segregation order (**Deficiency SMU-1²⁵**).

ODO reviewed the SMU documentation and determined 72-hour and seven-day reviews were completed by a supervisor; however, TCJ does not utilize a multidisciplinary committee with

²¹ “Facilities lacking automated detainee funds systems must process detainee funds and valuables as follows.

4) for foreign currency, the currency amount followed by the type (e.g., 140 Japanese Yen, 300 Euros, 4,000 Mexican Pesos).” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(1)(f)(4).

²² “The facility’s written policy and procedures require the review and approval of the Field Office Director.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A). **This is a Priority Component.**

²³ “In accordance with standards “2.1 Admission and Release” and “2.2 Custody Classification System,” the facility shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(I)(1). **This is a Priority Component.**

²⁴ “The facility shall maintain documentation of detainee participation in the instruction session.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(F). **This is a Priority Component.**

²⁵ “A written order shall be completed and approved by the facility administrator or designee...

a. Prior to a detainee’s actual placement in administrative segregation, the facility administrator or designee shall complete the administrative segregation order (Form I-885 or equivalent), detailing the reasons for placing a detainee in administrative segregation,

e. The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(A)(2)(a)(e).

facility staff to review all detainees housed in the SMU on a weekly basis (**Deficiency SMU-2²⁶**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by changing the policy to comply with the requirements of this standard on October 31, 2019 (**C-2**).

ODO reviewed the housing unit log for the detainee housed in the SMU and found the breakfast and dinner meals for the previous day were not recorded (**Deficiency SMU-3²⁷**). During an interview with ODO, the detainee stated he had eaten all three meals the previous day.

ODO reviewed the facility policy and interviewed the facility staff and found all detainees in the SMU were placed in hand restraints indiscriminately each time they were removed from their cell (**Deficiency SMU-4²⁸**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by changing the policy to comply with the requirements of the standard on October 31, 2019 (**C-3**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the ICE/ERO Dallas detainee request log for the past 12 months preceding the inspection and determined the log did not include a reason as to why a detainee's request was marked urgent requiring a faster response (**Deficiency SDC-1²⁹**).

ODO noted an **Area of Concern** while reviewing the TCJ Detainee Handbook found ICE/ERO Dallas staff conducted detainee visits on [REDACTED]; however, ICE/ERO Dallas staff stated visits also occurred on [REDACTED] and [REDACTED]. The facility handbook should be updated to reflect the actual days ICE/ERO Dallas conduct staff detainee visits to the housing units to eliminate confusion by the detainees.

USE OF FORCE AND RESTRAINTS (UOF&R)

²⁶ "A multi-disciplinary committee of facility staff, including facility leadership, medical and mental health professionals, and security staff, shall meet weekly to review all detainees currently housed in the facility's SMU. During the meeting, the committee shall review each detainee individually to ensure all staff are aware of the detainee's status, current behavior, and physical and mental health, and to consider whether any change in status is appropriate." See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(A)(3)(g).

²⁷ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU.

a. The special housing unit officer shall immediately record:

1. whether the detainee ate, showered, recreated and took any medication." See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(D)(3)(a)(1).

²⁸ "Placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility. Consistent with Standard 2.15, restraints should only be used if necessary as a precaution against escape during transfer, for medical reasons (when directed by the medical officer), or to prevent self-injury, injury to others, or serious property damage." See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(E).

²⁹ "At a minimum, the log shall record specific reasons why the detainee's request is urgent and requires a faster response..." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section, (V)(B)(2)(h).

ODO reviewed TCJ documentation for one of two immediate UOF incidents and found there was no immediate threat, so the TCJ staff had time to assess the possibility of resolving the situation without force (**Deficiency UOF&R-1**³⁰).

The facility administrator informed ODO he reviews all UOF reports with the assistant administrator the day after the incident; however, this process had not been formalized in a written procedure, approved by the local ICE/ERO Dallas, ERO Dallas, or the health services administrator (**Deficiency UOF&R-2**³¹).

CARE

FOOD SERVICE (FS)

ODO observed loaded food carts, which were not locked, but delivered by inmate food service workers who were unsupervised by the facility staff (**Deficiency FS-1**³²).

PERSONAL HYGIENE (PH)

ODO reviewed TCJ policy, memos, and notes and determined the facility practice is to open and lock the cells in the housing unit in ■-minute increments from ■. The detainees may choose to stay in their cell or in the common areas of the housing unit. However, if detainees are out of their cells, they only have access to one toilet in the common area of the housing unit. This practice could result in as many as 70 detainees having access to only one toilet for ■ minutes or waiting until the housing officer opens their cells. Detainees should have access to an adequate number of toilets 24 hours per day (**Deficiency PH-1**³³).

³⁰ “If a detainee is in a location where there is no immediate threat to the detainee or others (for example, a locked cell or range), staff shall take the time to assess the possibility of resolving the situation without resorting to force.” *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I).

³¹ “Written Procedures Required

1. All facilities shall have ICE/ERO-approved written procedures for after-action review of use of force incidents (immediate or calculated) and applications of restraints. The primary purpose of an after-action review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee’s actions.
3. 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. This four-member after-action review team shall convene on the workday after the incident. The after-action review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the detainee’s release from restraints.” *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(1)(3). **This is a Priority Component and Repeat Deficiency.**

³² “In any facility, if food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff.” *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(D)(2)(g).

³³ “Detainees shall be provided: ...

1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees.” *See* ICE PBNDS 2011, Standard, Personal Hygiene, Section, (V)(E)(1)

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the TCJ policy and found the facility had an Inmates with Disability Accommodation policy in place for the county inmates; however, TCJ did not have a DIA&A program that met the requirements of this standard. The facility had not developed written policy and procedures, to include reasonable timelines and a review of detainees' requests for accommodations related to a disability (**Deficiency DIAA-1**³⁴). Additionally, the facility did not have a multidisciplinary team to evaluate disability accommodations for the detainees (**Deficiency DIAA-2**³⁵).

ODO reviewed the TCJ staff training files and found the facility had not established disability accommodations procedures, nor had all facility employees, volunteers, and contract personnel gone through initial and annual training on identifying detainees with disabilities (**Deficiency DIAA-3**³⁶). Furthermore, ODO noted although the orientation and training for the medical staff incorporates special needs identification (age, adaptive equipment, diets), the training did not incorporate all requirements for reasonable accommodations for detainees with disabilities.

The facility orientation program and the detainee handbook did not notify and inform detainees about the DIA&A policy, including their right to request reasonable accommodations and how to make a request for reasonable accommodations. Additionally, the facility did not post information in the detainee living areas and in the medical unit to inform detainees about the DIA&A policy (**Deficiency DIAA-4**³⁷).

ACTIVITIES

RECREATION (R)

ODO interviewed the facility leadership and was informed the facility did not have a dedicated

³⁴ "The facility shall develop written policy and procedures, including reasonable timelines, for reviewing detainees' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments. These policies and procedures shall be consistent with the processes outlined in this standard." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(B)(1).

³⁵ "The multidisciplinary team will include a healthcare professional and any additional facility staff with requisite knowledge of and/or responsibility for compliance with disability policies and procedures." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(F)(4).

³⁶ "Training on the facility's Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter. New facility staff, including contractors and volunteers, shall receive this training as part of the Initial Orientation training required by Standard 7.3. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility's disability accommodations policy." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(I).

³⁷ "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

person to oversee the recreation activities (**Deficiency R-1**³⁸).

ODO interviewed the facility staff, inspected the housing unit and outdoor recreation areas, and observed detainees using the outdoor recreation area and found the detainees only have access to one handball for exercise (**Deficiency R-2**³⁹).

RELIGIOUS PRACTICES (RP)

ODO toured the detainee housing units and observed the religious services program schedule was not available to detainees in Spanish, which is the primary language spoken by many of the detainees housed at TCJ (**Deficiency RP-1**⁴⁰).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by the TCJ staff placing the religious services program schedule on the facility kiosk system in Spanish on October 31, 2019 (**C-4**).

ODO observed the chapel is maintained in an inter-faith fashion accommodating all faith groups. The chaplain is available throughout the facility; however, he did not provide pastoral care to detainees in the SMU or the hospital units weekly at a minimum (**Deficiency RP-2**⁴¹).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by the jail administrator providing a memorandum on October 31, 2019, effective immediately directing the chaplain to provide services in the SMU and hospital units (**C-5**).

TELEPHONE ACCESS (TA)

ODO inspected each housing unit and found the TCJ staff did post telephone access rules, telephone access hours, and updated telephone and consulate lists in some housing units; however, the pro bono list was last updated in October 2018 (**Deficiency TA-1**⁴²).

ODO reviewed the TCJ telephone policy and procedures and determined the facility did not have a process in place to assist indigent detainees in making a free emergency call, if needed (**Deficiency TA-2**⁴³).

³⁸ “The facility administrator shall designate an individual responsible for the development and oversight of the recreation program.” See PBNDS 2011, Standard, Recreation, Section, (V)(C).

³⁹ “Exercise areas shall offer a variety of equipment...” See PBNDS 2011, Standard, Recreation, Section, (V)(D)(2).

⁴⁰ “The chaplain or religious services coordinator shall schedule and direct the facility’s religious activities, and current program schedules shall be posted on all unit and detainee bulletin boards in languages understood by a majority of detainees.” See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(D).

⁴¹ “Detainees in an SMU or hospital unit shall have regular access to the chaplain or other religious services provider staff. The chaplain or other religious services provider staff shall provide pastoral care in SMUs and hospital units weekly at minimum.” See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(G).

⁴² “All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(3).

⁴³ “Indigent detainees are afforded the same telephone access and privileges as other detainees. Each facility shall enable all detainees to make calls to the ICE/ERO-provided list of free legal service providers and consulates at no

VISITATION (V)

ODO reviewed and verified the detainee facility policy and observed detainees at TCJ were permitted non-contact visitation with immediate family, legal representatives and assistants, and consulates; however, the detainees were not permitted visits with other family members, friends, and associates (**Deficiency V-1**⁴⁴).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO toured the facility and determined grievance forms were available in the medical department and the SMU. However, the facility did not allow detainees to bypass the informal grievance process at any point and proceed directly to the formal grievance stage nor were there written procedures for urgent access to legal counsel and the law library (**Deficiency GS-1**⁴⁵).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by updating the detainee handbook and facility policy to reflect the required information stated above with approval by the jail administrator on October 31, 2019 (**C-6**).

Law Libraries and Legal Material (LL&LM)

ODO reviewed the facility handbook and found the facility did not have a procedure in place allowing detainees to request legal materials not maintained in the law library (**Deficiency LL&LM-1**⁴⁶).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by updating the detainee handbook to reflect instructions on requesting material not maintained in the law library on October 31, 2019 (**C-7**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with two of those standards. ODO found 40 deficiencies in the remaining 17 standards. ODO commends facility staff for their

charge to the detainee or the receiving party. The indigent detainee may request a call to immediate family or others in personal or family emergencies or on an as-needed basis." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(E)(3).

⁴⁴ "Others may include grandparents, uncles, aunts, in-laws, cousins, nieces, nephews, non-relatives and friends." See ICE PBNDS 2011, Standard, Visitation, Section (V)(I)(2)(a)(c).

⁴⁵ "A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage. Written procedures shall also cover urgent access to legal counsel and the law library." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(1)(2).

⁴⁶ "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information:

5. the procedure for requesting legal reference materials not maintained in the law library." See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(N)(5).

responsiveness during this inspection and notes there were seven instances where staff initiated immediate corrective action during the inspection.

ODO observed several sanitation issues throughout the facility: detainee cells containing graffiti and in need of painting, dust and dirt present throughout the housing units, and washing machines in need of deep cleaning.

ODO observed outdoor recreation did not contain any equipment other than a handball for detainees to use during outdoor recreation. Furthermore, the facility should also provide detainees with weather appropriate clothing for outdoor conditions, especially for those who wish to exercise outdoors. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (PBNS 2000)	FY 2020 (PBNS 2011)
Standards Reviewed	16	19
Deficient Standards	9	17
Overall Number of Deficiencies	23	40
Deficient Priority Components	N/A	4
Repeat Deficiencies	N/A	1
Corrective Actions	1	7