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Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

Enforcement and Removal Operations

Dallas

Tulsa County Jail

Tulsa, Oklahoma

June 10–12, 2014

**COMPLIANCE INSPECTION
TULSA COUNTY JAIL
ERO DALLAS FIELD OFFICE**

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INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replaced the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Inspections and Compliance Specialist (Team Lead)	ODO
	Senior Special Agent	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a compliance inspection of Tulsa County Jail (TCJ) in Tulsa, Oklahoma, from June 10 to 12, 2014. TCJ, which opened in 1999, is owned by Tulsa County and operated by the Tulsa County Sheriff's Office. ERO began housing detainees at TCJ in September 2007 under an intergovernmental service agreement (IGSA) contract. Male and female detainees of all security classification levels (Level I through III) are detained at the facility for periods in excess of 72 hours. The inspection evaluated TCJ's compliance with the 2000 NDS and the 2011 PBNDS Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard.¹

The ICE ERO Field Office Director (FOD) in Dallas, Texas, is responsible for ensuring facility compliance with the 2000 NDS and 2011 SAAPI standard, and ICE policies. An Assistant Field Office Director (AFOD) in Tulsa, Oklahoma, has primary oversight responsibility at TCJ. (b)(7)e ICE personnel are stationed onsite at the facility. There is no ERO Detention Service Manager assigned to TCJ.

Capacity and Population Statistics	Quantity
Total Bed Capacity	1,770
ICE Detainee Bed Capacity	190
Average Daily Population	1,740
Average ICE Detainee Population	135
Average Length of Stay (Days)	19.4
Male Detainee Population Count (as of 6/10/14)	139
Female Detainee Population Count (as of 6/10/14)	13

The Jail Administrator is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. Aramark provides food services, and Armor Correctional Health Services, Inc. provides medical services. The facility holds accreditations from the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and the Commission on Accreditation for Law Enforcement Agencies.

In September 2012, ODO conducted a compliance inspection of TCJ under the 2000 NDS. ODO reviewed 16 standards and found TCJ compliant with six standards. A total of 19 deficiencies were found in the remaining ten standards.

During this inspection, ODO reviewed 16 NDS and one 2011 PBNDS and found TCJ compliant with seven standards.² ODO found a total of 19 deficiencies, in the remaining ten standards: Detainee Classification System (1 deficiency), Detainee Grievance Procedures (1), Detainee Handbook (2), Disciplinary Policy (2), Environmental Health and Safety (1), Food Service (3), Funds and Personal Property (1), Medical Care (1), Special Management Unit- Administrative (3), and Staff-Detainee Communication (4). ODO made four recommendations regarding facility policy and procedures.³

¹ The facility signed a contract modification to incorporate the 2011 SAAPI standard on October 19, 2012.

² The Disciplinary Policy standard was not within the original scope of this inspection. However, two deficiencies in the Disciplinary Policy standard were noted by ODO in the course of inspecting the Special Management Unit-Disciplinary Segregation standard. Therefore, deficiencies noted under the Disciplinary Policy standard are inclusive of the total number of deficiencies found during this inspection.

³ Recommendations are annotated in this report as "R", followed by a number.

This report details all deficiencies and refers to the specific, relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary findings with TCJ and ERO management during the inspection and at a closeout briefing conducted on June 12, 2014.

Upon admission into TCJ, detainees are issued facility clothing, linens, personal hygiene items and a facility handbook which is available in both English and Spanish. The handbook does not include information stating that detainees exhibiting literacy or language problems have access to translation assistance. Changes to the handbook are made on an as-needed basis by the facility, and TCJ does not have an appointed committee established to conduct annual reviews of the handbook.

Classification and reclassification of detainees at TCJ is conducted solely by ERO. ERO uses a standardized risk assessment form for initial classification. ERO also reclassifies detainees following disciplinary actions, or when new information is learned and is relevant to a detainee's classification level. Newly arriving detainees are not routinely informed about their classification levels and are, therefore, unable to appeal their classification level. Following classification, detainees view an orientation video advising them of facility rules, detainee rights and the Prison Rape Elimination Act.

During intake, detainee funds and personal property are inspected for contraband and inventoried. Personal property is placed in hanging garment bags and stored in a secured property room that is only accessible by authorized TCJ staff. Detainees receive a signed and dated receipt for personal property. Funds are deposited directly into the detainee's account, which is accessible through an electronic kiosk system located in the housing units. TCJ's detainee handbook does not provide a procedure for filing a claim of lost or damaged property.

TCJ has a designated law library that is well-lit and adequately equipped as required by the standard. Detainees have access to the law library a minimum of five hours per week, and can request additional time by submitting a request through the facility's electronic kiosk system. Detainees housed in special management units are afforded the same access to law library privileges as general population detainees. Writing implements, paper and envelopes are provided by the facility to support a detainee's legal research and case preparation. All computers contained a current version of LexisNexis and word-processing software.

The grievance system at TCJ allows detainees to file informal, formal and emergency grievances. The facility maintains an electronic grievance log to track grievances filed by detainees. ODO reviewed the grievance log and noted that, at the time of inspection, a total of 47 grievances were filed within the last six months. ODO found that TCJ did not respond to 13 of the 47 grievances in a timely manner, which is identified as 72 hours in the facility's written grievance procedure. No trends or patterns were noted among the grievances reported.

ODO toured the facility and found the building was well maintained and sanitary. Hazardous substances are listed in a master index which includes locations, Material Safety Data Sheets (MSDS), emergency contact information, and documentation of semi-annual reviews. Weekly and monthly fire and safety inspections are completed, and evacuation diagrams are posted throughout the facility in English and Spanish. Although fire drills are conducted monthly in

each area of the facility, emergency keys are not consistently drawn and tested. This represents a repeat deficiency from ODO's September 2012 inspection.

The facility's food service vendor does not require its employees to undergo a pre-employment medical exam to confirm they do not have a communicable disease. ODO observed the preparation and delivery of the lunch meal on Wednesday, June 11, 2014. ODO found hot food items to be within the necessary temperature ranges required by the NDS. However, the temperature for cold food items fell above the acceptable limit of 41 degrees. Additionally, sack lunches for detainees did not contain a snack food item. Although the sanitation of the food service area was found to be in relatively good condition, ODO observed two restrooms designated for use by workers to be disorderly, missing trash receptacles, soap dispensers and signs reminding workers to wash their hands before returning to work.

Medical services are provided 24 hours a day seven days a week, with administrative oversight provided by the Health Services Administrator (HSA). The HSA has an extensive background in the mental health profession as a social worker. Clinical oversight is provided by the physician. On-call weekend coverage is provided by a part-time physician's assistant. A dentist and dental assistant are onsite three days per week. Nurses, which include (b)(7) registered nurses and (b)(7) licensed practical nurses conduct detainee medical and mental health intake screenings. Health appraisals, which include hands-on physical examinations and dental screenings, are performed by trained registered nurses and cosigned by the clinical director. Detainees may submit written or electronic sick call requests. Electronic requests are routed directly to medical where they are triaged by nursing staff upon receipt. Detainees place written sick call requests in locked boxes located in the housing units, and the request slips are picked up, sorted and forwarded to medical by mail room staff. This process does not protect patient confidentiality.

There were no attempted suicides reported by TCJ in the past year, nor were there any detainees on suicide watch at the time of inspection. ODO verified detainees are screened at the time of intake by nursing staff to determine any potential risk for suicide. If detainees are found to be at risk during the screening, nursing staff makes an immediate referral for the detainee to be evaluated by a mental health professional. Additionally, housing and monitoring protocols are followed as required by the standard.⁴ ODO noted that facility policy did not stipulate that the clinical director must authorize release from suicide watch. A deficiency was not cited because there was no documentation that detainees discontinued suicide watch by order of unauthorized personnel. However, ODO recommends that the HSA revise the policy to align with the standard **(R-1)**.

TCJ has a comprehensive written policy that provides for the prevention, reporting, and investigation of sexual assaults. One of the facility's internal investigators is the designated

⁴ Although housing protocols are monitored as required by the standard, ODO noted the following as an area of concern. This concern was addressed by ODO in the closeout briefing with ERO and TCJ leadership on June 12, 2014. There are four cells in the infirmary designated for ICE detainees on suicide watch. Each cell is equipped with cameras to provide constant monitoring; however, in the event of overflow, ICE detainees may be placed in other cells without cameras. Additionally, cells are covered with heavy opaque shades to provide privacy for ICE detainees (males, females and juveniles). Although there were no ICE detainees on suicide watch at the time of inspection, ODO found the shades invite the potential for suicide attempts in between the time officers and medical staff conduct required rounds.

SAAPI program coordinator. TCJ employees, volunteers, and contractors are required to take pre-service and annual training about SAAPI. Staff interviews and a review of training records confirmed staff is knowledgeable about the SAAPI program. The intake process includes screening detainees for sexual abuse victimization history and history of predatory behavior to identify potential sexual aggressors. Detainees are shown a SAAPI orientation video at the time of admission into the facility. Detainees also are provided with information on the SAAPI program through the facility handbook and postings located in housing units.

At the time of inspection, the facility reported one case of sexual assault or abuse within the last year. The incident was reported on December 3, 2013, and involved officers removing a pair of undershorts deemed as contraband from a detainee who refused to remove the shorts. The case was reported to ERO and the Joint Intake Center, and has since been investigated, found unsubstantiated, and the case was closed.

The facility operates two separate Special Management Units (SMU) – one for male detainees and the other for female detainees. Each of the SMUs is used for administrative and disciplinary segregation. ODO found the SMUs to be well ventilated, adequately lit and maintained in a sanitary condition. There were no detainees in administrative or disciplinary segregation at the time of inspection.

Eight detainees were placed in administrative segregation in 2014. ODO reviewed each of the detainees' detention files and found that in one of the eight cases, there was no documentation showing that a TCJ supervisor reviewed and approved the detainee's placement into administrative segregation. Further, the forms that were used were outdated, and not in line with the current form attached to TCJ's segregation policy. There was no record of seven-day status reviews being conducted on detainees housed in administrative segregation for seven days or more. Permanent logs capturing daily activities specific to detainees in administrative segregation were also improperly filled out and inconsistently maintained in detention files.

ODO noted two deficiencies in the Disciplinary Policy standard in the course of inspecting the Special Management Unit- Disciplinary Segregation standard. ODO found that detainees are placed on 72-hour lockdowns for punishment without undergoing a formal disciplinary process, and that TCJ staff does not document all events relevant to a disciplinary incident in accordance with its own procedures.

ICE staff makes weekly scheduled and unscheduled visits. Scheduled visit times and days are posted in housing units. Visits are documented in the facility's electronic logbook, ICE Facility Liaison Visit Checklists, and telephone serviceability worksheets. The facility does not have standard operating procedures established for detainees who need assistance in preparing request forms. Additionally, ERO's electronic log did not have all of the required data fields to document the status and nature of detainee requests. However, ODO reviewed the logs and found that detainee requests are responded to within 72 hours as required by the standard. Although the facility handbook lists written procedures specifying how detainees can route requests to ICE officials, the handbook does not include instruction for detainees that need assistance in preparing an ICE request.

TCJ has a comprehensive use of force policy addressing confrontation avoidance, using force only as a last resort, and reporting requirements when force is used. ODO reviewed staff training records and found that detention officers are trained in the use of force and are certified in the use of oleoresin capsicum (OC) spray during pre-service and annual training. There were no incidents involving use of force in the 12 months preceding the inspection, nor were there any grievances filed by detainees alleging use of force.

Detainees have regular access to telephones and can make calls for up to 20 minutes at a time. There is no restriction on the number of calls made. Detainees housed in segregation have the same telephone privileges as detainees in general population. The telephone availability ratio is approximately ten detainees per telephone. ODO checked telephones in housing units and reviewed ERO telephone serviceability worksheets to confirm that telephones are operable and in good working order.

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

Due to (b)(7) detention officer vacancies, TCJ management instituted housing unit lockdowns on four separate occasions since April 2014, each lockdown lasting no longer than eight hours. As a result, some detainees have had to forego visitation, religious practices, telephone access and recreation during those brief periods. Management stated these lockdowns were necessary in order to maintain safety, security and order at the facility. Since April 2014, the detention officer workforce has been placed on “mandatory call-back” status, requiring them to work an additional 24 hours per month. TCJ graduated an academy class in July 2014, filling (b)(7) of its (b)(7) detention officer vacancies..

DETAINEE RELATIONS

ODO interviewed 35 randomly-selected detainees (22 males and 13 females) to assess the conditions of confinement at TCJ. The vast majority of the detainees stated that food service quality was adequate and none of the detainees complained about medical care.

Detainee Handbook: Fourteen detainees reported they did not receive the ICE National Detainee Handbook and 12 detainees reported that they did not receive the facility handbook. ODO reviewed 15 randomly selected detention files and found that each of the files contained acknowledgement forms documenting the detainee’s receipt of both the ICE National Detainee Handbook and facility handbook. The vast majority of detainees stated they received the facility handbook. Additionally, the facility maintains copies of the ICE National Detainee Handbook and facility handbook in the electronic kiosks which are located in each of the facility’s housing units.

Detainee Privileges: Although detainees have regular access to telephone, recreation and visitation privileges, several detainees complained about not receiving those privileges when the facility is on lockdown. ODO reviewed TCJ’s shift logs and determined that the facility has been on lockdown four times since April 2012. Lockdowns mainly occurred during second shift and lasted no longer than eight hours at a time. ODO interviewed TCJ’s Jail Administrator and learned that lockdowns occur infrequently to maintain security and order within the confines of the facility, and are due to staffing shortages.

Staff-Detainee Communication: Most of the detainees stated they saw ERO staff speaking with other detainees at least once a week and knew how to communicate or submit request forms if they wanted to speak with an ICE officer. However, 19 detainees stated that they did not know who their deportation officer was. ODO found that five of the 19 detainees were recent arrivals at TCJ and had only been at the facility for one week prior to interviews taking place. Further, ODO reviewed the Staff-Detainee Communication standard and found that ICE staff regularly conducts scheduled visits to housing units at least once a week to address detainee questions and concerns.

ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 NDS and one 2011 PBNDS and found TCJ fully compliant with the following standards:

1. Access to Legal Materials
2. Admission and Release
3. Sexual Abuse and Assault Prevention and Intervention (2011 PBNDS)
4. Special Management Unit- Disciplinary
5. Suicide Prevention and Intervention
6. Telephone Access
7. Use of Force

As the standards above were compliant at the time of the inspection, a synopsis for these standards is not included in this report.

ODO found 19 deficiencies in the following ten standards:

1. Detainee Classification System
2. Detainee Grievance Procedures
3. Detainee Handbook
4. Disciplinary Policy
5. Environmental Health & Safety
6. Food Service
7. Funds and Personal Property
8. Medical Care
9. Special Management Unit- Administrative
10. Staff-Detainee Communication

Findings for these standards are presented in the remainder of this report.

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Classification System standard at TCJ to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE 2000 NDS. ODO toured the facility, reviewed local policies and procedures, interviewed staff, and inspected detainee files, the detainee handbook and related documentation.

TCJ has written policies and procedures addressing the classification of detainees. ODO verified the facility handbook provides information on the classification process, including appeal procedures. The facility policy section K, "Classification Appeals" states, "Any inmate may appeal a classification decision using the grievance procedure. The Detention Division Chief will make the final determination of an inmate's classification." However, staff at TCJ acknowledged that detainees are not routinely informed (**Deficiency DCS-1**).

During the intake process, ERO is solely responsible for the classification and reclassification of detainees. In addition, ERO also addresses reclassification of detainees following disciplinary actions, or in the event new information is learned which is relevant to the detainee's classification level. Detainees were found to be properly housed given their classification levels.

A review of 15 active and 15 archived detention files confirmed all contained documentation of initial classification and reclassification processes, and appropriate information supporting classification decisions.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE 2000 NDS, Detainee Classification System section (III) (H), The FOD must ensure, "All facility classification systems shall include procedures by which new arrivals can appeal their classification levels."

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedure standard at TCJ to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE 2000 NDS. ODO interviewed staff and detainees, and reviewed facility policy, the facility handbook, and grievance documentation.

TCJ policies and the facility handbook both address informal and formal grievance processes, emergency grievances, the availability of assistance in filing a grievance, procedures for appeal, and the opportunity to file a complaint involving officer misconduct. Detainees can file a grievance by submitting a grievance form to the housing unit officers or by filling out an electronic grievance on TCJ's kiosk system, which is located in each housing unit. Detainees can appeal a grievance to the grievance committee, which consists of the facility administrator, one facility major, and one facility sergeant. If the detainee is dissatisfied with the outcome, he or she may appeal the grievance directly to ICE.

The facility maintains an electronic grievance log. Grievances and responses to grievances are filed in the detainee's detention file. ODO reviewed the grievance log and found that 47 grievances were filed in the past six months. In reviewing each grievance, ODO found that facility staff did not address 13 grievances in a timely manner (**Deficiency DGP-1**). The facility handbook identifies 72 hours a reasonable response time to detainee grievances. Grievances included ICE-specific questions, issues with food service, and telephone access. ODO did not identify any recurring issues or trends in the grievances reported.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with ICE 2000 NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure, "The facility shall make every effort to resolve the detainee's complaint or grievance at the lowest level possible, in an orderly and timely manner."

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at TCJ to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE 2000 NDS. ODO reviewed the facility handbook, detention files, and interviewed staff and detainees.

Detainees are issued the facility handbook at the time of admission into TCJ. The handbook is also available through an electronic kiosk. The handbook is available in both English and Spanish. Detainees sign an acknowledgement form stating that they received the facility's handbook. ODO reviewed 15 randomly-selected detention files to ensure that detainees receive the handbook. Acknowledgment forms were also present in detention files indicating that detainees received the ICE National Detainee Handbook as well.

ODO reviewed the facility handbook and found that it covers the following areas as required by the standard: 1) overview of programs and services, 2) detainee rights and responsibilities, 3) disciplinary procedures and sanctions, 4) contraband, 5) grievance and appeals procedures, and 5) prohibited acts and behaviors. Aside from the above noted inclusions, the handbook also includes sections that inform detainees about the facility's zero tolerance sexual abuse, harassment and retaliation policy, housing assignments, commissary, personal property, telephone and library privileges, mail and telephone usage, and recreation and visitation rules. The handbook does not include information stating that detainees exhibiting literacy or language problems have access to translation assistance (**Deficiency DH-1**). However, ODO verified the facility does have a contract with the LanguageLine Solutions to provide such services.

The facility makes revisions and updates to the detainee handbook as the need arises. TCJ does not have an appointed committee to conduct annual reviews of the handbook (**Deficiency DH-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE 2000 NDS, Detainee Handbook section (III)(E), the FOD must ensure that, "The OIC will provide translation assistance to detainees exhibiting literacy or language problems and those who request it. This may involve translators from the private sector or from the detainee population."

DEFICIENCY DH-2

In accordance with the ICE 2000 NDS, Detainee Handbook section (III)(I), the FOD must ensure "An appointed committee will conduct annual reviews of the handbook, after the annual reviews and revisions by facility department heads and the OIC."

DISCIPLINARY POLICY (DP)

ODO did not review the Disciplinary Policy standard in its entirety during the inspection⁵; however, in the course of inspecting the SMU-Disciplinary Segregation standard, ODO became aware of Disciplinary Policy deficiencies.

By TCJ policy, officers are authorized to sanction detainees they believe have violated housing unit and other minor rules by restricting them to their cells for one to 72 hours. This restriction occurs absent supervisory review, outside the disciplinary process, and without due process. ODO finds this practice does not safeguard against capricious or retaliatory actions **(Deficiency DP-1)**.

In addition, ODO discovered that for matters handled through the formal disciplinary process, not all documentation relating to the disciplinary action is maintained. During a review of eight detainee files, ODO noted only the initial charging document was present. The disposition as determined at a disciplinary hearing is entered in the computer system, but no additional information is recorded in the file or computer system, including any witness testimony, the detainee's statements, or the basis for the finding of guilt and imposed sanctions **(Deficiency DP-2)**.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DP-1

In accordance with ICE 2000 NDS, Disciplinary Policy section (III)(A)(2) , the FOD shall ensure, "Disciplinary action may not be capricious or retaliatory."

DEFICIENCY DP-2

In accordance with ICE 2000 NDS, Disciplinary Policy section (III)(J), the FOD shall ensure, "All documents relevant to the incident, subsequent investigation, hearing(s), etc., will be completed in accordance with facility procedures."

⁵ The Disciplinary Policy standard was not initially considered for inclusion prior to conducting this compliance inspection.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at TCJ to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances, in accordance with ICE 2000 NDS. ODO toured the facility, interviewed staff, and reviewed procedures and documentation of inspections, hazardous chemical management, and fire drill documentation.

ODO observed the sanitation of the facility was good and the building was well maintained. Hazardous substances are listed in a master index which includes locations, MSDS sheets, emergency contact information, and documentation of semi-annual reviews for accuracy. A copy of the index is on file with the local fire department. MSDS sheets were also present in areas where substances are stored and used. Inventories of hazardous substances and chemicals used in the facility were current and accurate. Hazardous substances are stored outside the secure perimeter in two separate storage areas.

ODO's review of documentation provided by the fire safety officer confirmed required weekly and monthly fire and safety inspections are completed. ODO observed exit/evacuation diagrams in both English and Spanish are present in the housing units and throughout the facility, and they meet the requirements of the NDS. TCJ is inspected annually by the Oklahoma Department of Health, Jail Inspection Division, and the last inspection was completed on April 28, 2014. In addition, the state fire marshal conducted the most recent annual fire inspection on May 29, 2014.

Fire drills are conducted monthly in each area of the facility and are well documented; however, emergency keys were only drawn and tested in four drills during the past year **(Deficiency EH&S-1)**.⁶ ODO reviewed a random sample of (b)(7) employee training records and verified staff received training in fire, safety, and use and storage of chemicals.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDING

DEFICIENCY EH&S-1

In accordance with ICE 2000 NDS Environmental Health and Safety, section (III)(L)(4)(c), the FOD must ensure, "Emergency key drill will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors."

⁶ This is a repeat deficiency from ODO's September 2012 inspection.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at TCJ to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with ICE 2000 NDS. ODO interviewed staff, inspected storage areas, observed meal preparation and service, and reviewed policy and relevant documentation.

The food service operation at TCJ is managed by contractor Aramark Correctional Services. The staff consists of the food service director, assistant food service director, and (b)(7) cook supervisors, supported by a crew of (b)(7) county inmate workers assigned to three shifts. No ICE detainees work in food service. Security in the kitchen is supervised by (b)(7) correctional officers. ODO reviewed documentation indicating inmate workers are medically cleared prior to assignment to the kitchen; however, Aramark employees do not undergo a pre-employment medical examination to confirm they do not have a communicable disease (**Deficiency FS-1**). Aramark management informed ODO that medical examinations are not performed, because they are not required by the local health department.

ODO verified a registered dietician certified the facility's menus based on a complete nutritional analysis. Religious and medical diets are approved and provided in accordance with the NDS. At the time of the inspection, six detainees were on medical diets and five detainees were on religious diets.

TCJ has a satellite feeding operation. ODO observed the preparation of the noon meal on Wednesday during the inspection, and noted food service staff taking temperatures of food with a digital food thermometer as the trays were being prepared. The temperature of the hot item, baked beans, was 177 degrees and cold items, coleslaw and salami, were 38 degrees and 41 degrees, respectively. Other items, a bun and cake, were room temperature. ODO observed the trays were placed on a cart, which was locked by an officer, after which the cart was delivered to the housing unit, where it was unlocked by another officer. ODO sampled the meal and found it acceptable.

Inspection of the sack meals provided to detainees who are being transported found they contained two non-pork meat sandwiches, a fruit item, and a dessert item. These meals did not include any extra item such as packaged fresh vegetables or commercially packaged snack foods (**Deficiency FS-2**). The food service manager stated adding the extra item would increase the cost of the meals and would have to be approved by the jail administration.

The Food Protection Services division of the Tulsa Health Department inspects TCJ's food service operation every quarter. The last inspection was conducted on May 23, 2014, with no violations cited. Documentation reflects the food service director conducts inspections of the kitchen area on a weekly basis. ODO observed the sanitation of the food service operation was good overall; however, inspection of the two restrooms designated for inmate workers found unsanitary conditions. Trash was observed on the floors, and there were no soap dispensers or soap, hand towels, trash containers, or signs reminding workers to wash their hands before returning to work (**Deficiency FS-3**). The staff restroom was clean and appropriately equipped. ODO notes the food service director's weekly inspections did not include the inmate workers' restrooms. Upon re-inspection, ODO found the workers' restrooms rooms had been cleaned and

dispensers for paper towels and liquid soap had been installed; however, there were no soap, paper towels, signs, or trash cans. To ensure sanitary conditions are maintained, ODO recommends that the food service director's weekly inspections of the food service area include the workers' restrooms (R-2).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE 2000 NDS, Food Service, section (III)(H)(3)(a)(b), the FOD must ensure,

- a. "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.
- b. The food service workers' examination shall be conducted in sufficient detail to determine absence of:
 1. Acute or chronic inflammatory condition of the respiratory system.
 2. Acute or chronic infectious skin disease.
 3. Communicable disease.
 4. Acute or chronic intestinal infection."

DEFICIENCY FS-2

In accordance with ICE 2000 NDS, Food Service, section (III)(G)(6)(c)(3), the FOD must ensure "Each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork). Commercial bread or rolls may be preferable because they include preservatives. To ensure freshness, fresh, facility-made bread may be used only if made on the day of lunch preparation. Sandwiches should be individually wrapped or bagged in a secure fashion, to prevent the food from deteriorating. Meats, cheeses, etc., should be freshly sliced the day of sandwich preparation. Leftover cooked meats shall not be used after 24 hours.

In addition, each sack shall include:

3. Such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged "snack foods," e.g. peanut butter crackers, cheese crackers, individual bags of potato chips. These items enhance the overall acceptance of the lunches."

DEFICIENCY FS-3

In accordance with ICE 2000 NDS, Food Service, section (III)(H)(9)(a)(b)(c), the FOD must ensure:

- a. “Adequate and conveniently located toilet facilities shall be provided for all food service staff and detainee workers. Toilet fixtures shall be of sanitary design and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept clean and in good repair. Signs shall be prominently displayed directing all personnel to wash hands after using the toilet.
- b. Lavatories shall have readily available hot and cold water.
- c. Soap or detergent and paper towels or a hand-drying device providing heated air shall be available at all times in each lavatory. Waste receptacles shall be conveniently placed near the hand washing facilities.”

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at TCJ to determine if controls are in place to inventory, receipt, store, and safeguard detainees' personal property, in accordance with the ICE 2000 NDS. ODO toured the facility, reviewed local policies, the detainee handbook, and detention files, interviewed staff, and inspected areas where detainee property and valuables are stored.

Property is inventoried during the intake process. ODO reviewed property bags for the detainees at TCJ and confirmed inventory forms are signed by intake officers and detainees. Personal property is placed in hanging garment bags and stored in a locked property room. The property room is secure and only accessible to authorized staff. Documentation confirmed personal property is inventoried by the property room supervisor.

Upon admission, the detainee deposits cash in an electronic funds receiver, which creates an account for the detainee that is accessible through a kiosk system located in each housing unit. Valuable property items are placed in a sealed clear envelope, which is placed inside a secure property room apart from hanging garment bags.

The facility handbook provides notice to detainees about items that may be retained in their possession, the rules for storing or mailing property not allowed in their possession, and the procedure for claiming property upon release, transfer, or removal. The facility handbook does not provide the procedure for filing a claim for lost or damaged property (**Deficiency F&PP-1**). This deficiency was communicated on-site to TCJ administrative staff, and ODO recommended updating the handbook on the kiosk system, adding an addendum to the facility handbook, and/or posting the revision on bulletin boards located in each housing unit (**R-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE 2000 NDS, Funds and Personal Property, section (III)(J)(5), the FOD must ensure, "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

5. The procedures for filing a claim for lost or damaged property."

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at TCJ to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE 2000 NDS. ODO toured the clinic, reviewed the department's policies and procedures, observed administration of medication and sick call, verified medical staff credentials, and examined the medical files of 25 detainees, ten of whom had a chronic health condition. Interviews were conducted with detainees, health care staff, and administrative staff.

Armor Correctional Health Services, Inc., has held TCJ's health services contract since November 2013. The facility is accredited by the ACA and by the NCCHC. Medical services are provided 24 hours a day, seven days a week, with administrative oversight provided by the HSA who has an extensive background in the mental health profession as a social worker. Clinical oversight is provided by the physician. In addition to the HSA and physician, full-time staff includes a psychiatrist, an advanced practice registered nurse practitioner, a director of nursing, (b)(7)e registered nurses, (b)(7)e licensed practical nurses, (b)(7)e certified medical assistants, (b)(7)e licensed mental health counselors, an infection control registered nurse, a utilization review/discharge planning registered nurse, and (b)(7)e administrative support staff. A part-time physician's assistant provides weekend coverage, and a dentist and dental assistant are on-site three days a week. Coverage for annual leave and training is provided by (b)(7)e as-needed medical staff per diem positions. At the time of the review, the per diem positions were vacant, including a physician, (b)(7)e registered nurse, (b)(7)e licensed practical nurses, and (b)(7)e certified medical assistant. In-patient and out-patient services are provided by Oklahoma State University Hospital, located in Tulsa, Oklahoma. All professional licenses were present and primary source verified.

The clinic is spacious, well equipped, and includes a 28-bed infirmary. There are two examination rooms, a treatment room, pharmacy, dental suite/dialysis room, radiology room, and a large nursing station and several offices. Sick call is conducted five days a week in examination rooms located in each of the housing units. A contract is in place to provide in-house dialysis three days a week when needed. The infirmary area includes eight negative pressure cells and four suicide watch cells. Bilingual staff or a translation service is used when a language barrier is encountered. The detainee waiting area is adequate and has a drinking fountain and restroom facilities.

Medical and mental health screening is completed by nursing staff at intake. General consent for treatment is obtained during the intake process. Detainees are screened for tuberculosis (TB) using the purified protein derivative skin test (PPD). ODO verified documentation of screening, TB testing, and consent for treatment was present in all 25 medical records reviewed.

Detainees symptomatic of TB or those who have a positive PPD with an abnormal chest x-ray are housed in a negative pressure room.

Health appraisals, which include hands-on physical examinations and dental screenings, are performed by trained registered nurses and cosigned by the clinical director. Review of the nurses' training files confirmed they were trained by the physician in conducting the health appraisal. The appraisal form currently being used meets the NDS and NCCHC requirements.

ODO's medical record review confirmed health appraisals for all 25 detainees were completed within 14 days of arrival at the facility.

Detainees have two options for accessing health care: they may submit a written sick call request or submit an electronic request using the facility's kiosk system. Both the electronic and written requests are available in English and Spanish. The kiosk system is available in each of the housing units and directly routes requests to health services where they are triaged by nurses upon receipt. Written requests are placed in a locked box in the housing unit and picked up by mailroom staff. Mailroom staff sorts the requests by department and the medical requests are picked up by nursing staff on a daily basis. Involvement of non-medical staff in this process violates patient confidentiality, as medical information is documented on the forms **(Deficiency MC-1)**. ODO verified sick call requests were triaged upon receipt by nursing staff, and detainees were evaluated at sick call within 24 to 36 hours.

ODO's review confirmed the facility's emergency plan includes emergency contact phone numbers. An emergency response cart, including an automated external defibrillator (AED), is located in the medical clinic. AEDs and first aid kits are also located in the booking area and master control. ODO's review of training records for medical staff and (b)(7)(c) detention officers confirmed all received initial and annual training in first aid, including the requirement to respond to medical emergencies within four minutes. Training records also confirmed they had current certification in cardio-pulmonary resuscitation (CPR) and the use of an AED.

TCJ contracts with Maxor National Pharmacy Services Corp., for mail order pharmacy services. Nursing staff are responsible for administering medication to the detainees in the housing units. ODO observed psychotropic medication and controlled substances are crushed prior to administration. Specific consent for psychotropic medications was present in detainee medical records. Ten medication administration records were reviewed, and the entries were found to be complete. Documentation verifies the medication carts are inventoried twice per day at shift change.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE 2000 NDS, Medical Care, section (III)(M), the FOD must ensure, "Medical providers shall protect detainee's medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees."

SPECIAL MANAGEMENT UNIT (SMU) - ADMINISTRATIVE SEGREGATION

ODO reviewed the Special Management Unit (SMU) - Administrative Segregation standard at TCJ to determine if the facility has procedures in place to temporarily segregate detainees for administrative reasons in accordance with the ICE 2000 NDS. ODO toured the SMU, reviewed policies, interviewed staff, and inspected detainee files.

TCJ operates two separate SMUs, one for male detainees, the second for female detainees. The SMU for male detainees has three units with a total of 48 single-occupancy cells. One unit has 12 cells, the second has 14 cells, and the third has 22 cells. Each of the three units has its own shower and dayroom area. An outdoor recreation area is adjacent to the unit control center. The female SMU consists of 16 single occupancy cells with a shower, dayroom, and accessible outdoor recreation area. ODO's inspection found the SMUs well ventilated, adequately lit, and maintained in a sanitary condition.

Since January 2014, a total of eight detainees were either placed in administrative segregation for pre-disciplinary hearing detention (three detainees), or protective custody (five detainees). There were no detainees housed in administrative segregation during the time of the inspection. ODO's review of the detainees' files found all were cleared by medical staff prior to their placement. In addition, the Supervisory Detention and Deportation Officer stated he was notified of all eight SMU placements and that the facility notifies him when a detainee is assigned to segregation. Written segregation orders were completed for the eight detainees; however, in one case, there was no documentation a supervisor reviewed and approved the detainee's placement in administrative segregation (**Deficiency SMU AS-1**). ODO also notes that in all eight cases, an outdated form was used for the segregation orders. The form used is dated July 2005, though the current version attached to the segregation policy is dated October 23, 2012, and includes sections for recording different information. Though both versions of the form meet the requirements of the standard, ODO recommends that the facility take necessary action to ensure the current version is used (**R-4**).

Of the eight detainees placed in administrative segregation over the past year, only three remained on the status after seven days. There was no documentation reflecting completion of seven day status reviews in any of the three cases, though required by facility policy as well as the NDS (**Deficiency SMU AS-2**). One detainee was in segregation for seven days, one for eight days, and one for 23 days.

Detainees on administrative segregation receive privileges and services required by the standard, including indoor and outdoor recreation, showers, personal and legal visits, meals, medical rounds, telephone access, and access to legal materials. A permanent log documenting these activities is maintained and incorporated in the detainee's file; however, in one case, activity logs are missing for a four-day period, and in a second case, there were no dates recorded for security rounds (**Deficiency SMU AS-3**). It is also noted that in a third case, the detainee's activity logs were present and complete, but ODO found logs for an inmate were included in the file as well.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU AS-1

In accordance with the ICE 2000 NDS, Special Management Unit-Administrative Segregation, section (III)(B), the FOD must ensure, “A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impossible.

DEFICIENCY SMU AS-2

In accordance with the ICE 2000 NDS, Special Management Unit-Administrative Segregation, section (III)(C), the FOD must ensure, “All facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified below. A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification.”

DEFICIENCY SMU AS-3

In accordance with the ICE 2000 NDS, Special Management Unit –Administrative Segregation, section (III)(E), the FOD must ensure, “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.”

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at TCJ to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE 2000 NDS. ODO interviewed staff and detainees, visually inspected housing units, and reviewed records.

ERO staff conducts weekly scheduled and unscheduled visits at TCJ. The days and times for scheduled visits are posted in housing units. During visits, ICE officials check on the overall condition of the facility and respond to detainee requests. Visits are documented in the facility's electronic logbook. ODO reviewed Facility Liaison Checklists and telephone serviceability worksheets to verify weekly checks are completed and that records are maintained.

The facility handbook lists written procedures specifying how detainees can route requests to ICE officials. However, the facility does not have established standard operating procedures covering detainees with special requirements who may need assistance from another detainee, housing unit officer, or other facility staff member in preparing a request form **(Deficiency SDC-1)**. Furthermore, these procedures are not listed in the facility handbook.

Detainees can submit written or electronic ERO request forms if they would like to speak with ERO officials. The facility uses an electronic kiosk system that routes detainee requests directly to ERO officials; written requests are dropped in a designated box accessible only by ERO personnel. ERO officials maintain an electronic log to document detainee requests. Although the electronic log captures the date of receipt; the detainee's name and nationality; A-number; name of the staff member who logged the request; the date the request was returned to the detainee; and other pertinent information, the log does not include the date the request was forwarded to ICE **(Deficiency SDC-2)**. This is especially important for detainee requests that are submitted in written form. ODO reviewed the logs and found that staff responds to detainee requests within 72 hours.

The facility does not include instruction for detainees that need assistance in preparing an ERO request **(Deficiency SDC-3)**. In accordance with the ICE "Change Notice National Detention Standards," dated June 15, 2007, DHS Office of Inspector General Hotline posters were not observed in every housing unit and in appropriate common areas **(Deficiency SDC-4)**. ODO spoke with ICE officials and corrective action was initiated during the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B), the FOD must ensure that, "The OIC shall ensure that the standard operating procedures cover detainees with special requirements, including those who are disabled, illiterate, or know little or no English. Each facility will accommodate the special assistance needs of such detainees in making a request."

DEFICIENCY SDC-2

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure that the detainee request logbook includes “the date the request was forwarded to ICE.”

DEFICIENCY SDC-3

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B)(3), the FOD must ensure the handbook states that, “the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request.”

DEFICIENCY SDC-4

In accordance with the ICE “Change Notice National Detention Standards, Staff-Detainee Communication,” dated June 15, 2007, the FOD must ensure, “the attached document regarding the OIG Hotline (see Attachment A) is conspicuously posted in all units housing ICE detainees.”

Attachment A:

**Department Of Homeland Security
Immigration and Customs Enforcement**

You are in the custody of Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE), Office of Detention and Removal. While in custody, you have the right to an environment that provides for your safety, care, and well-being.

While in custody, if you are subjected to conditions of confinement that are abusive or you feel violate your civil rights, you have the right to file a complaint or request assistance to remedy your problem.

The DHS Office of the Inspector General wants to work with DHS Employees and the public to protect the integrity, effectiveness, and efficiency of DHS programs.

As a detainee under the custody and care of ICE, you may report allegations of abuse and civil rights violations, along with officer misconduct, directly to the OIG using one of the following methods. Your communication with the OIG is confidential.

DHS OIG HOTLINE

Write to:

245 Murray Drive, S.E., Building 410
Washington, D.C. 20538

Email to:

DHSOIGHOTLINE@DHS.GOV

OR Telephone:

1-800-323-8603

**You must be able to access this number from any
ICE detention facility Toll Free!**