

June 1, 2018

TO: [REDACTED]
Assistant Director for Detention Management

FROM: [REDACTED]
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Tulsa County Jail**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) of the Tulsa County Jail (David L. Moss Criminal Justice Center) in Tulsa, OK, during the period of May 30-June 1, 2018. This is an IGSA facility.

The inspection was performed under the guidance of [REDACTED], Lead Compliance Inspector. Team Members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

Type of Inspection

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility received a previous rating of Acceptable during the May 2017 inspection.

Inspection Summary

The Tulsa County Jail is currently accredited by:

- The American Correctional Association (ACA) - Yes
- The National Commission on Correctional Health Care (NCCHC) - Yes
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - Yes

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2017 and 2018 annual inspections:



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2017 Annual Inspection	
Acceptable	37
Deficient	0
At Risk	0
Repeat Deficiency	0
Not Applicable	2

2018 Annual Inspection	
Meets Standards	40
Does Not Meet Standard	0
At-Risk	0
Repeat Finding	0
Not Applicable	2

The inspection team identified forty-five (45) deficient components in the following twenty (20) standards:

- Emergency Plan—3, one of which is a priority component
- Environmental Health and Safety—2, one of which is a priority component
- Classification System—1
- Hold Rooms in Detention Facilities—2
- Post Orders—1
- Sexual Abuse and Assault Prevention and Intervention—2, one of which is a repeat deficiency
- Segregation Management Unit—8, one of which is a priority component
- Staff Detainee Communication—2
- Disciplinary System—1
- Food Service—6, one of which is a priority component
- Personal Hygiene—1
- Significant Self-Harm and Suicide Prevention and Intervention—2
- Terminal Illness, Advance Directives and Death—2
- Correspondence and Other Mail—2
- Religious Practices—1
- Recreation—2, one of which is a priority component
- Visitation—2, one of which is a priority component
- Detainee Handbook—1, which is a priority component
- Grievance System—2, one of which is a priority component
- Law Libraries and Legal Materials—2

Facility Snapshot/Description

The Tulsa County Jail is owned by Tulsa County and operated by the Tulsa County Sheriff's Department. The facility has a capacity of [REDACTED] and houses all custody levels of [REDACTED].

[REDACTED]. The facility houses local non-ICE detainee juveniles but does not house any juvenile detainees for ICE. Juvenile detainees are not comingled with adult detainees. On the first day of the inspection the population count was [REDACTED].

The Tulsa County Jail is a single level design although housing units have a lower and upper tier. The facility was constructed in 1999; four additional housing units were constructed and opened in 2017. The facility has 25 [REDACTED].



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housing units; nineteen for general population, four restrictive housing units and two for detainees with mental health needs. Both cell and dormitory beds are available, all of which are directly supervised by officers stationed in the housing units. Each general population housing unit has a dayroom which contains a television; telephones; a kiosk for ordering commissary, communicating with ICE, submitting sick call requests and filing grievances; and video visitation kiosks. Additionally, an outdoor recreation yard is attached to each housing unit. ICE detainees are commingled with other populations of similar classification custody levels. The entire facility is climate controlled.

Numerous ICE detainees were interviewed during the course of the inspection. Some interviews were confidential and some were with detainees with limited English proficiency. Detainees' statements indicated general satisfaction with living conditions and access to the law library, facility and ICE personnel, recreation, telephones and medical care. None of the detainees interviewed expressed any life safety concerns.

The Medical SME followed-up on several complaints regarding access to medical care. Investigation into these complaints indicated the detainee was either being evaluated routinely, sometimes daily, by medical personnel, or there was no record the detainee had requested access.

There was one complaint from a female ICE detainee alleging she had been strip searched twice for no cause. This issue was reported to the facility and ICE who reported not having any documentation of the strip searches. Additional follow-up by the ICE SDDO found that the detainee had been in a non-ICE status when first arriving at the facility in March 2018 and could have possibly been subjected to a strip search prior to her status as an ICE detainee.

Several ICE detainees, both male and females, in different housing units complained about the replenishment of certain hygiene items such as toilet paper and feminine hygiene products. Staff was observed distributing toilet paper to detainees in the housing units during the inspection. The facility administration was made aware of the concerns expressed by the detainees.

Sanitation throughout the facility, with the exception of the mental health housing units, was observed to be below average. Overall, the atmosphere at the facility was observed to be generally calm with no obvious indicators of high stress.

The facility does not charge co-pays for medical, mental health or dental care. Health services are provided by Turn-Key Medical Inc.

Food service operations are contracted with Aramark. Detainee telephone services are provided via a contract with Correct Solutions Group. Video visitation kiosks and services are provided by HomeWAV.

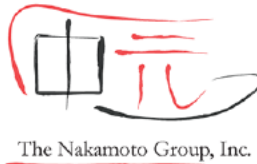
Areas of Concern/Significant Observations

The inspection team identified eight (8) deficient priority components:

Emergency Plans

*Component #3-*The facility shall have in place contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan.

Finding: The facility does not have an approved and annually updated evacuation plan.



Recommendation: Develop an evacuation plan and obtain approval from the local fire department/fire marshal.

Environmental Health and Safety

*Component #14-*The facility has an approved fire prevention, control, and evacuation plan.

Finding: The facility's fire prevention, control and evacuation plan has not been approved or filed with the local fire department as required by the Standard.

Recommendation: The facility's fire prevention, control and evacuation plan should be approved by the fire department or fire marshal and filed with the local fire department as required by the Standard.

Special Management Units

*Component #11-*There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 30 days and at least every 10 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.

Finding: The facility's current practice is to conduct a review every seven days for the first sixty days and at least every thirty days thereafter.

Recommendation: The facility's written procedures should be revised to include the requirement that when a detainee has spent seven days in administrative segregation, and every week thereafter for the first thirty days and at least every ten days thereafter, a supervisor conducts a review to determine whether segregation is still warranted. The review should include an interview with the detainee and a written record made of the decision and justification.

Food Service

*Component #39-*Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures. The FSA or CS shall inspect food service areas at least weekly. An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.

Finding: On the first day of the inspection, 5/30/2018, at approximately 10:00 a.m., a review of the temperature logs for a freezer and two refrigerators revealed that temperatures had already been recorded for



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the evening temperature check and one log had been completed for the following day, 5/31/2018. The logs were reviewed again on the second day of the inspection, 5/31/2018, and it was discovered that the temperatures were not recorded.

Recommendation: Temperature readings should not be recorded in advance. Temperatures should be taken and documented daily.

Recreation

*Component #12-*Recreation for detainees housed in the SMU shall be separate from the general population. Detainees in the SMU for administrative reasons shall be offered at least one hour of exercise opportunities per day, seven days a week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, five days per week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire.

Finding: Detainees in the Special Management Unit (SMU) have a separate recreation area. Per policy, detainees in administrative segregation or disciplinary segregation are offered one hour of outdoor recreation, seven days a week. Per the sergeant in SMU, this practice started two weeks ago. However, a review of a segregation log revealed that an ICE detainee housed in the SMU during that time period was not offered recreation daily as required by the Standard. The outdoor recreation area is not covered and the facility does not provide weather appropriate equipment and attire to mitigate inclement weather. However, the facility received an exception to this requirement in the IGSA contract between the Department of Homeland Security and the Tulsa County Board of County Commissioners on behalf of the Tulsa County Sheriff which was approved on 5/8/2017.

Recommendation: The OIC should ensure that detainees in the SMU for administrative reasons be offered at least one hour of exercise opportunities per day, seven days a week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Detainees in the SMU for disciplinary reasons should be offered at least one hour of recreation per day, five days per week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time.

Visitation

*Component #9-*The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.

Finding: Per policy, in person visitation is restricted to thirty minutes. There is no restriction on length of visits for video visitation for ICE detainees. Special consideration is given to individuals who have traveled long distances or those who have other special circumstances.

Recommendation: All visits should be permitted for not less than one hour as required by the Standard.



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Detainee Handbook

Component #7-The detainee handbook (local supplement) address the following issues:

- The rules, regulations, policies and procedures with which every detainee must comply
- Detainee rights and responsibilities
- Procedures for requesting interpretive services for essential communication
- The facility's services and programs
- The facility's classification system
- Medical care
- The facility's zero tolerance policy for all forms of sexual abuse and assault
- The facility's rules of conduct and prohibited acts, the disciplinary scale, the sanctions imposed for violations of the rules, the disciplinary process, the procedure for appealing disciplinary findings, and detainees' rights in the disciplinary system (as required by Standard 3.1)
- Information about the facility's grievance system, including medical grievances (as required by Standard 6.2)
- The facility's policies on telephone access and on the monitoring of telephone calls, if telephone calls are monitored
- The facility's visitation rules and hours
- Rules and procedures governing access to the law library (as required by Standard 6.3) and to legal counsel
- Content and procedures of the facility's rules on legal rights group presentations, and the availability of legal orientation programs
- The facility's rules on correspondence and other mail (including information on correspondence procedures as required by Standard 5.1)
- The facility's policies and procedures related to personal property (as required by Standard 2.5)
- The facility's marriage request procedures
- Contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility
- Procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests.

Finding: All the bulleted items listed in this component are addressed in the site-specific handbook except for detainee rights and responsibilities; procedures for requesting interpretive services for essential communication; facility's rules on group legal presentations and the availability of legal orientation programs; and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees.

Recommendation: Include language in the site-specific handbook regarding detainee rights and responsibilities, procedures for requesting interpretive services for essential communication, the facility's rules on group legal presentations and the availability of legal orientation programs, and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees.

Grievance System

Component #11-Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file.



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Finding: The health Services administrator does not place a copy of the grievance in the detainee medical file as required by the Standard. The HSA keeps all grievances in a three-ring binder in her office.

Recommendation: Medical grievances should be maintained in the detainee's medical file.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Does Not Meet Standards. The facility does not comply with the ICE Performance Based National Detention Standards (PBNDS) 2011 for Over 72 hour facilities as evidenced by eight (8) priority components rated as Does Not Meet Standard. No (0) standards were found Does Not Meet Standards and two (2) standards were Not Applicable (N/A). All remaining forty (40) standards were found to Meet Standards.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – [REDACTED]
- Facility Staff – [REDACTED]

[REDACTED]

[REDACTED], Lead Compliance Inspector

June 1, 2018

Printed Name of LCI

Date