

February 21, 2020

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, Oklahoma during the period of February 19-21, 2020. This is an IGSA.

The annual 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 rating of Does Not Meet Standards during the January 2019 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 2019 and 2020 PBNDS 2011 annual compliance inspections:

<b>2019 Annual Inspection</b>	
Meets Standards	39
Does Not Meet Standards	1
Repeat Finding	0
Not Applicable	2

<b>2020 Annual Inspection</b>	
Meets Standards	38
Does Not Meet Standards	2
Repeat Finding	1
Not Applicable	2

The inspection team identified forty-six (46) deficient components in the following sixteen (16) standards:

- Environmental Health and Safety – 7
- Admission and Release – 4
- Classification System – 2
- Funds and Personal Property – 1, which is a repeat deficiency
- Post Orders – 1
- Searches of Detainees - 1
- Special Management Units – 3, all of which are repeat deficiencies
- Staff-Detainee Communication – 2, one of which is a repeat deficiency
- Food Service – 15, six are repeat deficiencies and three are priority components
- Personal Hygiene - 1, which is a repeat deficiency
- Significant Self-Harm and Suicide Prevention – 1
- Correspondence and Other Mail – 1, which is a repeat deficiency
- Recreation – 1, which is a priority component
- Telephone Access – 1
- Detainee Handbook – 3, one of which is a priority component
- Law Libraries and Legal Material - 2

### **Facility Snapshot/Description**

The Tulsa County Jail, located in downtown Tulsa, Oklahoma, is owned by Tulsa County and operated by the Tulsa County Sheriff's Department. [REDACTED] The facility houses all custody levels of adult male and female ICE detainees, prisoners for the United States Marshals Service and local Tulsa County non-ICE detainees. 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. [REDACTED]

[REDACTED] There were no female ICE detainees housed in the facility during the inspection. [REDACTED] ICE maintains an on-site presence in the facility.

The facility 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 24 housing units; nineteen for general population, three 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 at least one television; telephones; two kiosks for ordering commissary, communicating with ICE, submitting sick call requests and filing grievances; and video visitation monitors. Electronic tablets are also available in the housing units which have similar functionality to the kiosks. Detainees may access

LexisNexis on the tablets. An outdoor recreation yard is attached to each general population housing unit. ICE detainees are comingled with other detainees of similar classification levels. Detainees complained about the limited number of board games and leisure reading materials available. Several detainees stated that they had requested playing cards but the request was denied. Staff stated that a detainee had used a playing card to jam a lock so cards were no longer being made available per order of the OIC.

The inspection team visited all areas of the facility and noted that sanitation was good in the medical unit and mental health housing units. Sanitation in the food service area was unacceptable. Sanitation in the general housing units was below average, especially in the day room areas. Mildew was noted in the shower stalls and individual cells and the cells were cluttered. All detainees willing to speak to the inspectors were interviewed in groups or in a private confidential setting. The detainees interviewed had been housed in the facility for two weeks to ten months. Several detainees expressed a concern about the lack of cleaning supplies. Interviews with housing unit officers and detainees and observations indicated that housekeeping plans are not enforced and follow-up inspections are not being completed to ensure compliance with safety and hygiene requirements. Detainees in the housing unit referred to as J-1 showed inspectors a large stain on the dayroom carpet that they said was the result of a sewer line backup. The detainees stated that staff vacuumed up the mess but the carpet has not been cleaned. The carpet was stained and worn in several places.

Numerous detainees complained about the quality and portion sizes of the food. One detainee stated that he was having difficulty getting access to the law library. The law library logs were reviewed and it was found that the detainee has been permitted to use the law library on a regular basis. Another detainee stated that he had been charged a co-pay for medical care. A check of his records indicated that he was in USMS custody when he was charged.

Language Line was utilized to interview two detainees from India, one from Sri Lanka, and one from China. All of the detainees complained that the amount of food they receive at every meal is not enough. The detainees from India stated they do not feel safe because they are housed with non-ICE detainees which causes problems interacting with others due to language barriers. They stated that they have repeatedly requested to be transferred to another facility but ICE has not addressed their requests.

Food Services are provided by Summit. Medical services are provided by Turn-Key Health Services. Detainees are not charged co-pay fees for medical, dental or mental health services.

### **Areas of Concern/Significant Observations**

#### **Environmental Health and Safety Standard – Rated Does Not Meet Standard**

*Policy:* This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

**#1** - Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:

- American Correctional Association,
- Occupational Safety and Health Administration,
- Environmental Protection Agency,
- Food and Drug Administration,

- National Fire Protection Association's Life Safety Code, and
- National Center for Disease Control and Prevention

*Finding:* An inspection of the detainee housing units, the special housing unit, and booking area was conducted and it was determined the overall sanitation conditions did not meet acceptable standards of safety and hygiene. The following conditions were found: walls were in need of cleaning and maintenance, several of the showers and bathroom areas had a build-up of soap scum and dirt; in-dorm laundry area walls and mop sinks had what appeared to be mold and mildew; baseboard and railing had a build-up of dirt; carpeting soiled, stained and torn; and individual cell rooms dirty and littered with trash.

*Recommendation:* Daily cleaning schedules should be developed to include all areas of the facility. The OIC must ensure that sanitation inspection conducted by the life safety officer and outside entities are reviewed to ensure that discrepancies are corrected. Provide additional training to staff regarding safety and sanitation as noted in the Environmental Health and Safety Standard.

**#2 -** A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained.

*Finding:* The facility has a housekeeping plan for detainee living areas. An inspection of the two ICE detainee housing units on 2/19/2020 and subsequent visits during the inspection revealed that the plan is not being followed or enforced. Interviews with detainees revealed that cleaning supplies are not provided on a regular basis and stated they were only given supplies recently to prepare for this inspection. Sanitation was observed to be unacceptable as referenced in the previous component.

*Recommendation:* Adhere to the current housekeeping plan and include detailed cleaning requirements expected for housing units. Review the Environmental Health and Safety Standard and provide training to staff regarding safety and sanitation requirements. Follow-up on sanitation inspections to ensure corrective actions are taking place.

**#3 -** The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.

*Finding:* The facility has policy and procedures regarding the storing, issuing and maintaining inventories of hazardous materials. However, inventories in food service were found to be inaccurate.

*Recommendation:* Review the Environmental Health and Safety Standard section regarding the control of hazardous substances. Ensure that inventories are accurate and up to date.

**#4 -** The Maintenance Supervisor or facility administrator designee shall compile:

- An up-to-date master index of all hazardous substances in the facility and their locations,
- A master file of MSDSs, and
- A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

*Finding:* The Safety Data Sheets (SDS), are maintained by the life safety officer (LSO). A review of the master index/file of all hazardous substances in the facility revealed that the index did not include the SDS for a caustic bathroom cleaner found unsecured in the main hallway of the facility.

*Recommendation:* Adhere to the Environmental Health and Safety Standard section regarding the control of hazardous substances. Provide refresher training to staff regarding hazardous materials

**#7 - Hazardous materials are always issued under proper supervision.**

*Finding:* Policy and procedures require that all hazardous materials be secured. During the inspection, a container labeled hazardous (Danger) was observed in the main hallway unsecured. Detainees working in this area had direct access to this product.

*Recommendation:* Adhere to the “control of hazardous materials” section of the Environmental Health and Safety Standard. Provide refresher training to all staff regarding maintaining control of hazardous materials.

**#8 -All toxic and caustic materials are stored in their original containers in a secure area.**

*Finding:* Secondary containers (e.g. spray bottles and five-gallon containers) located throughout the facility, accessible to all detainees, were not labeled as to their contents.

*Recommendation:* Adhere to the section of the Environmental Health and Safety standard as it relates to labeling of secondary containers and provide training to staff.

**#13 -The facility maintains files of inspection reports, including corrective actions taken.**

*Finding:* A review of documentation found monthly safety inspections are being conducted for all areas of the facility with files maintained in the life safety officer’s office. However, further weekly fire and safety inspections are not conducted by staff as required by the Standard. Corrective actions noted on the reports are not being followed-up to ensure compliance.

*Recommendation:* Adhere to all provisions of the Environmental Health and Safety Standard and provide training to staff to ensure all staff understand the importance of weekly safety and sanitation inspections. Ensure that qualified department staff members conduct comprehensive and accurate weekly fire safety and sanitation inspections and that inspections are followed-up to ensure compliance.

#### Food Service Standard – Rated Does Not Meet Standard

*Policy:* This Detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

**#1 PRIORITY:** The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:

- Planning, controlling, directing, managing, and evaluating food service;
- Managing budget resources;
- Establishing standards of sanitation, safety and security;
- Developing nutritionally adequate menus and evaluating detainee acceptance of them;
- Developing specifications for the procurement of food, equipment, and supplies; and
- Establishing a training program that ensures operational efficiency and a high-quality food service program.

*Finding:* The food service administrator (FSA) is ServSafe-certified and has 20 years of food service experience. FSA responsibilities include the elements of this component. Observations and documentation review indicate that the elements of this standard relating to establishing standards of sanitation and safety

and a sound training program are not in place. Effective sanitation practices are not in place. Detainee toilet facilities were not supplied with soap, paper towels or handwashing signage. Walls, ceilings and floors needed additional cleaning. Air vents over the serving lines had an accumulation of dirt and lint. Satellite trays were observed being pushed through spilled food on the serving line. Inspector observed the serving of food without the use of utensils. Cleaning and sanitizing buckets were not available. No clean as you go policy was in effect. Dry storage and chemical storage areas needed to be swept and mopped. Dish machines were observed to be dirty. There is a lack of follow-up and/or corrective action plan on inspection reports.

*Recommendation:* The FSA should develop a sanitation and safety program that meets the requirements of the standard. The FSA should conduct detailed sanitation inspections and develop corrective action plans that include follow-up to inspections being completed by the FSA and the local health department and the facility's life safety officer's inspections. The FSA should follow cleaning schedules that have been developed. The FSA should become familiar with the Food Service Standard and conduct training in accordance with the requirements of the Standard.

**#4 -** The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.

*Finding:* A review of documentation revealed that the FSA has not reviewed the non-ICE detainee-volunteer job descriptions to ensure they are accurate and up-to-date. ICE detainees do not participate in the volunteer work program.

*Recommendation:* The FSA must conduct a thorough review of the detainee-volunteer job descriptions to ensure they are accurate and up-to-date.

**#5 -** During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates:

- Safe work practices and methods.
- Safety features of individual products/ pieces of equipment.
- Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.

*Finding:* The FSA or cook supervisor instructs new detainee workers on the elements of this component with the exception of hazardous material training. Prior to the conclusion of the inspection, documentation was provided indicating that training has been provided.

*Recommendation:* The FSA should develop comprehensive training regarding hazardous materials to ensure detainees and staff receive training on hazardous materials they are likely to encounter.

**#6 -** The cook supervisor documents all training.

*Finding:* A review of documentation indicates that training files are not accurate and do not include all of the training required.

*Recommendation:* The FSA should ensure that training is conducted and documented and that the training covers all of the required topics as discussed in the Food Service Standard.

**#10 PRIORITY:** Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140°F (120°F in food trays) and foods that require refrigeration maintained at 41°F or below.

*Finding:* Observation of the satellite plating revealed that temperatures of the food delivered to the housing units was not maintained at the appropriate temperature. Special trays, i.e. medical diets and/or religious diet trays, are placed on top of the food carts, unsecured, prior to the remaining trays being prepared and loaded into the cart. The temperature of the hot dogs on 2/19/2020 and coleslaw on 2/19/2020 were 75°F and 65°F respectively. In addition, milk cartons were on top of the food carts without refrigeration or on ice to maintain proper temperature. Due to the temperatures not being at appropriate levels during the plating of the items and the extended time the trays remained at room temperature, the current practice is not conducive to maintaining proper time and temperature requirements. Prior to the conclusion of the inspection, neither changes to procedures nor policies were implemented to indicate a corrective action process was in place.

*Recommendation:* The facility should ensure that temperatures of the hot food delivered in satellite trays be maintained at least 140°F (120°F in food trays) and that cold food be held at 41° F or below. The facility should consider heating/holding the hot food to a higher temperature prior to plating to ensure that food temperatures are maintained. Cold foods should be maintained under refrigeration or on ice to ensure proper temperatures. Food service staff should be responsible for inspecting the food service serving line to ensure food is appropriately presented and sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140°F (120°F in food trays) and foods that require refrigeration maintained at 41°F or below. Food service staff are ServSafe certified. Additional training is necessary to ensure an understanding of the importance of time and temperature controls.

**#11-** Servers must wear food-grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Serving food without use of utensils is strictly prohibited.

*Finding:* Food service workers were observed wearing appropriate gloves and hair restraints when in direct contact with food or beverages. Workers were observed plating hot dogs without the use of utensils.

*Recommendation:* The FSA must ensure that detainees and staff are aware of food handling procedures as outlined in the Food Service Standard. A review of the Food Service Standard should be conducted and used as a training tool.

**#26 -** The sanitary standards, including proper temperature maintenance, are required in the food service department also apply to satellite meals, from preparation to actual delivery.

*Finding:* Observation of the satellite feeding during the inspection revealed that the temperature of the food delivered to the housing unit was not maintained at the appropriate temperature.

*Recommendation:* The facility should ensure that temperatures of the hot food delivered in satellite trays be maintained at least 140°F (120°F in food trays) and that cold food be held at 41° F or below. The facility should consider heating/holding the hot food to a higher temperature prior to plating to ensure that food temperatures are maintained. Cold foods should be maintained under refrigeration or on ice to ensure proper temperatures.

**#12 -** Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service.



*Finding:* Sanitizing stations were not available for use to sanitize utensils to prevent cross-contamination and other food-handling hazards during food preparation and service. Proper sanitizing practices are not in place.

*Recommendation:* The FSA should review the Food Service Standards and provide training to staff and detainees on proper sanitizing techniques. The FSA should implement proper sanitizing techniques and enforce their use.

**#32 -** The food service department complies with food safety and sanitation requirements as prescribed by the governing health inspection authority, applicable laws and contract provisions.

*Finding:* This component was rated as Does Not Meet Standard during the last inspection because the food service department was not complying with food safety and sanitation requirements as prescribed by the governing health inspection, applicable laws and contract provisions. Numerous code violations were reported during the inspection of the facility on 11/4/2019 by the Tulsa Health Department. The report identified nine repeat violations with warnings issued and follow-up notices filed. Responses to this inspection have not been completed. An inspection of the food service department was conducted on 2/19/2020 with the OIC, FSD and ICE staff. The inspection revealed that neither toilet facilities nor handwashing stations were equipped with soap, towels or trash receptacles and the floors in the restrooms were littered with trash and had standing water and wet toilet paper on the floor. Proper handwashing signage was not present. Subsequent visits numerous times during the inspection revealed that the conditions of the rest room facilities were not improved. A review of six months' worth of documentation of inspections conducted by the facility life safety officer revealed that sanitation of the restroom facilities, as well as other items noted in the inspection reports, have remained the same. This is a repeat deficiency.

*Recommendation:* The FSA should review and respond to all inspections denoting violations and make improvements accordingly. Adhere to the Food Service Standards regarding safety, sanitation and proper hygiene.

**#33 -** All facilities shall meet environmental standards for safety and sanitation.

*Finding:* This component was rated as Does Not Meet Standard during the last inspection because the food service department was not complying with environmental standards for safety and sanitation. During this inspection, numerous sanitation concerns were observed that included restroom facilities concerns expressed in the preceding component. During the initial inspection on 2/19/2020, the following issues and/or concerns were observed: Inmate break area strewn with food service footwear (boots), handwash stations inoperable, missing soap and towels, steam pots with baked on-grease and food debris underneath and backsides, cockroaches observed, dirty and rusty shelving throughout, vents covered in dust above open food on serving lines, floors not swept and standing water throughout the kitchen. This is a repeat deficiency.

*Recommendation:* The FSA should develop and implement a comprehensive safety and sanitation program and provide training to staff and detainees. The FSA should follow-up on inspections to ensure discrepancies are corrected and review Food Service Standards regarding sanitation guidelines and develop a more in-depth kitchen sanitation checklist. The FSA should ensure that pest control is regularly and effectively administered and all pests eradicated.

**#34 -** The FSA shall develop a schedule for the routine cleaning of equipment consistent with the information obtained from manufacturers or local distributors, the National Sanitation Foundation International-



al (NSF) standards or equivalent standards of other agencies about the operation, cleaning, and care of equipment.

*Finding:* This component was rated as Does Not Meet Standard during the last inspection because the cleaning schedule was not being followed. Observations during this inspection reveal that the FSA has an equipment cleaning schedule. However, the cleaning schedule was not being followed. A review of the schedule revealed that cleaning had not been documented for the previous three days. This is a repeat deficiency.

*Recommendation:* The FSA should revise the current cleaning schedule and incorporate areas of the kitchen such as the restrooms, air vents, ceilings, walls and floors into the daily cleaning schedule and enforce the cleaning procedures as outlined in the schedule. Inspections should identify areas that are not clean and follow-up should generate corrective action as necessary.

**#35** - Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles.

*Finding:* This component was rated as Does Not Meet Standard during the last inspection because the dish machine was not being properly maintained. Observations during this inspection revealed that proper cleaning was not being conducted. The machines were observed to have an accumulation of dirt and debris on top and lime build-up on the inside and outside of machine. This is a repeat deficiency.

*Recommendation:* The FSA should adhere to the Food Service Standard requirements regarding dish machines and incorporate them into the daily sanitation checklist and follow-up daily to ensure compliance.

**#36** - Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.

*Finding:* This component was rated as Does Not Meet Standard during the last inspection because the restrooms were dirty, littered with trash with no waste receptacles, wet floors, no paper towels and no hand washing signage. During this inspection, the bathrooms were observed to be dirty, wet, with trash on floors, no soap, no paper towels or trash receptacles and no signage. This is a repeat deficiency.

*Recommendation:* The FSA should ensure the detainee restrooms are clean and serviceable in every manner required to ensure that detainees working in the food service area have adequate access to hand washing, use of the restrooms for personal relief, in a sanitary manner and an overall humane restroom experience. The FSA should develop checklists to ensure that restroom facilities are being cleaned properly and that the areas are provided with soap, towels, trash receptacles and handwashing signage. Inspections should include follow-up to ensure that discrepancies are corrected timely.

**#39 PRIORITY:** 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:* A review of documentation indicated that the contract food service personnel inspect food service areas weekly and document the results. A review of temperature logs confirmed they are completed for refrigerator and water temperatures. A review of documentation confirmed that the facility is inspected annually by the local health department. In addition, the facility's life safety officer (LSO) conducts

comprehensive and independent safety and sanitation inspections on a monthly basis. The LSO is part of the risk management team that operates independently of the jail administration. A review of the LSO's reports revealed that food service safety and sanitation issues are reported in the inspections. Follow-up and correction plans are not being followed; thus, sanitation is not within health codes as demonstrated by the previously mentioned 11/4/2019 Tulsa Health Department inspection report. The OIC stated that the FSA would be responsible for ensuring corrective actions are enforced to ensure compliance with this component. Prior to the conclusion of the inspection, the OIC presented a checklist to monitor restroom facility sanitation.

*Recommendation:* The facility should ensure that the contract food service management company is compliant and held accountable for the food service safety and sanitation requirements as provided in the Food Service Standards and applicable health codes. Follow-up should ensue and corrective action plans should be developed, implemented and reviewed to ensure food safety and sanitation compliance.

**#40** -The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.

*Finding:* This component was rated as Does Not Meet Standard during the last inspection because the cleaning schedules were developed but were not posted. During this inspection, it was observed that although the cleaning schedules are posted, they are not being followed. This is a repeat deficiency.

*Recommendation:* The FSA should develop and enforce a comprehensive cleaning schedule. Inspections should include follow-up to ensure that deficiencies are corrected in a timely manner.

#### Priority Components Rated Does Not Meet Standard

### **Food Service**

#### **Component #1**

*Policy:* The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:

- Planning, controlling, directing, managing, and evaluating food service;
- Managing budget resources;
- Establishing standards of sanitation, safety and security;
- Developing nutritionally adequate menus and evaluating detainee acceptance of them;
- Developing specifications for the procurement of food, equipment, and supplies; and
- Establishing a training program that ensures operational efficiency and a high-quality food service program.

*Finding:* The food service administrator (FSA) is ServSafe-certified and has 20 years of food service experience. FSA responsibilities include the elements of this component. Observations and documentation review indicate that the elements of this standard regarding establishing standards of sanitation and safety and a sound training program are not in place. Effective sanitation practices are not in place. Detainee toilet facilities were not supplied with soap, paper towels or handwashing signage. Walls, ceilings and floors needed additional cleaning. Air vents over the serving lines had an accumulation of dirt and lint.

Satellite trays were observed being pushed through spilled food on the serving line. The inspector observed serving of food without the use of utensils. Cleaning and sanitizing buckets were not available. No clean as you go policy in effect. Dry storage and chemical storage areas needed to be swept and mopped. Dish machines were observed to be dirty. The facility lacked in follow-up and/or corrective action plan on inspection reports.

*Recommendation:* The FSA should develop a sanitation and safety program that meets the requirements of the standard. The FSA should conduct detailed sanitation inspections and develop corrective action plans that include follow-up to inspections being completed by the FSA and the local health department and the facility's life safety officer's inspections. The FSA should follow cleaning schedules that have been developed. The FSA should become familiar with the Food Service Standard and conduct training in accordance with the requirements of the Standard.

### **Component #10**

*Policy:* Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140° F (120° F in food trays) and foods that require refrigeration maintained at 41° F or below.

*Finding:* Observation of the satellite plating revealed that temperatures of the food delivered to the housing units were not maintained at the appropriate temperature. Special trays, i.e. medical diets and/or religious diet trays, are placed first on top of the food carts (unsecured) prior to the remaining trays being prepared and loaded into the cart. The temperature of the hot dogs on 2/19/2020 and coleslaw on 2/19/2020 were 75°F and 65°F respectively. In addition, milk cartons were on top of the food carts without refrigeration or on ice to maintain proper temperature. Due to the temperatures not being at appropriate levels during the plating of the items and the extended time the trays remain at room temperature, the current practice is not conducive to maintaining proper time and temperature requirements. Prior to the conclusion of the inspection, neither changes to procedures nor policies were implemented to indicate a corrective action process was in place.

*Recommendation:* The facility should ensure that temperatures of the hot food delivered in satellite trays be maintained at least 140°F (120°F in food trays) and that cold food be held at 41°F or below. The facility should consider heating/holding the hot food to a higher temperature prior to plating to ensure that food temperatures are maintained. Cold foods should be maintained under refrigeration or on ice to ensure proper temperatures. Food service staff are responsible for inspecting the food service serving line to ensure food is appropriately presented, and sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140°F (120°F in food trays) and foods that require refrigeration maintained at 41°F or below. Food service staff are ServSafe certified. Additional training is necessary to ensure an understanding of the importance of time and temperature controls.

### **Component #39**

*Policy:* 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:* A review of documentation indicated that the contract food service staff inspect and document food service areas weekly. A review of temperature logs confirmed they are completed for refrigerator and water temperatures.

A review of documentation confirmed that the facility is inspected annually by the local health department. In addition, the facility's life safety officer (LSO) conducts comprehensive and independent safety and sanitation inspections on a monthly basis. The LSO is part of the risk management team that operates independently of the jail administration. A review of the LSO's reports revealed that food service safety and sanitation issues are reported in the inspections. Follow-up and correction plans are not being followed. The OIC stated that the FSA would be responsible for ensuring corrective actions are taken to ensure compliance with this component. Prior to the conclusion of the inspection, the OIC presented a checklist to monitor restroom facility sanitation.

*Recommendation:* The facility should ensure that the contract food service management company is compliant and held accountable for the food service safety and sanitation requirements as provided in the standards. Follow-up and corrective action plans must be developed, implemented and enforced to ensure food safety and sanitation compliance.

## **Recreation**

### **Component #5**

*Policy:* All facilities shall have an individual responsible for the development and oversight of the recreation program. Every facility with a rated capacity of 350 or more detainees shall employ a full-time recreation specialist with special training in implementing and overseeing a recreation program, who assesses the needs and interests of the detainees.

*Finding:* The facility does not have an individual responsible for the development and oversight of the recreation program. Interviews with the OIC indicated that the chaplain was responsible for the development and oversight of the recreation program. Interviews with the chaplain revealed that he was unaware he had these duties. Housing unit officers oversee the recreation activities but not the overall recreation program. Prior to the conclusion of the inspection, the OIC stated that these duties would be delegated to the chaplain. No policies or procedures were developed or implemented to indicate these changes prior to the conclusion of the inspection.

*Recommendation:* The OIC should designate an individual to oversee and coordinate the recreation program and inform the individual that they have this responsibility.

## **Detainee Handbook**

### **Component #7**

*Policy:* The detainee handbook (local supplement) addresses 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 of the items listed in this component are not addressed in the local supplement in Spanish, as required by the Standard. The Spanish version provides only a limited amount of the required and accurate information. During the previous inspection in January 2019, the facility indicated that the Spanish version of the local handbook would be available in thirty days. It is therefore not assumed or expected that the Spanish version will be completed and available in a timely fashion and LEP Spanish speaking detainees have not been able to access the content of the local handbook since the last inspection. The



The Nakamoto Group, Inc.

handbooks cannot be considered available to detainees who speak only Spanish if they are not generally translated into Spanish. This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials in English, Spanish and other languages as required. Staff expressed difficulties in finding someone to interpret the handbook into Spanish. The facility stated they were hoping to have the handbook interpreted and available within thirty days. A review of the previous inspection indicates that the facility stated the same response regarding issues with the availability of interpretive services.

*Recommendation:* The facility should have the handbook interpreted and printed into Spanish and available for issue to LEP Spanish-speaking detainees.

### **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. Five (5) Priority components were rated Does Not Meet Standard. Two (2) standards were rated Does Not Meet Standard, one of which is a repeat finding and two (2) standards were Not Applicable (N/A). All remaining thirty-eight (38) standards were found to be in compliance.

### **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

February 21, 2020

Printed Name of LCI

Date