

A. Type of Facility Reviewed

| | |
|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> | ICE Service Processing Center |
| <input type="checkbox"/> | ICE Contract Detention Facility |
| <input checked="" type="checkbox"/> | ICE Intergovernmental Service Agreement |

B. Current Inspection

| | |
|---------------------------------------|---------------------------------------------------|
| Type of Inspection | |
| <input type="checkbox"/> Field Office | <input checked="" type="checkbox"/> HQ Inspection |
| Date[s] of Facility Review | |
| 5/30/2018 - 6/1/2018 | |

C. Previous/Most Recent Facility Review

| | |
|-----------------------------------------------------|--------------------------------------------------|
| Date[s] of Last Facility Review | |
| 5/23/2017-5/25/2017 | |
| Previous Rating | |
| <input checked="" type="checkbox"/> Meets Standards | <input type="checkbox"/> Does Not Meet Standards |

D. Name and Location of Facility

| | |
|-------------------------------------------------------------------------|-------------------|
| Name | Tulsa County Jail |
| Address (Street and Name) | 300 North Denver |
| City, State and Zip Code | Tulsa, OK 74103 |
| County | Tulsa |
| Name and Title of Facility Administrator (Warden/OIC/Superintendent) | |
| Telephone # (Include Area Code) | |
| Field Office / Sub-Office (List Office with oversight responsibilities) | Dallas |
| Distance from Field Office | 260 miles |

E. ICE Information

| | |
|-------------------------------------------------------|--------------------------------------------|
| Name of Inspector (Last Name, Title and Duty Station) | / LCI/Detainee Rights SME / Nakamoto Group |
| Name of Team Member / Title / Duty Location | / Medical SME / Nakamoto Group |
| Name of Team Member / Title / Duty Location | / Safety SME / Nakamoto Group |
| Name of Team Member / Title / Duty Location | / Security SME / Nakamoto Group |
| Name of Team Member / Title / Duty Location | / Medical SME / Nakamoto Group |

F. CDF/IGSA Information Only

| | |
|----------------------------------------|--------------------------|
| Contract Number | Date of Contract or IGSA |
| Basic Rates per Man-Day | |
| Other Charges: (If None, Indicate N/A) | |

Estimated Man-days Per Year

| |
|--|
| |
|--|

G. Accreditation Certificates

| |
|------------------------------------------------------------------------|
| List all State or National Accreditation[s] received: |
| NCCCHC, PREA, ACA |
| <input type="checkbox"/> Check box if facility has no accreditation[s] |

H. Problems / Complaints (Copies must be attached)

| | |
|-----------------------------------------------------------|---------------------------------------------|
| The Facility is under Court Order or Class Action Finding | |
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Class Action Order |
| The Facility has Significant Litigation Pending | |
| <input checked="" type="checkbox"/> Major Litigation | <input type="checkbox"/> Life/Safety Issues |
| <input type="checkbox"/> Check if None. | |

I. Facility History

| | |
|----------------------------------------|-----------------------------------|
| Date Built | |
| Date Last Remodeled or Upgraded | |
| Date New Construction / Bedspace Added | |
| Future Construction Planned | |
| <input type="checkbox"/> Date: | |
| Current Bedspace | Future Bedspace (# New Beds only) |
| | Number: Date: |

J. Total Facility Population

| |
|----------------------------------------------|
| Total Facility Intake for previous 12 months |
| Total ICE Mandays for Previous 12 months |

K. Classification Level (ICE SPCs and CDFs Only)

| | L-1 | L-2 | L-3 |
|--------------|-----|-----|-----|
| Adult Male | N/A | N/A | N/A |
| Adult Female | N/A | N/A | N/A |

L. Facility Capacity

| | Rated | Operational | Emergency |
|--|-------|-------------|-----------|
| | | | |
| | | | |
| | | | |

M. Average Daily Population

| | ICE | USMS | Other |
|--|-----|------|-------|
| | | | |
| | | | |

N. Facility Staffing Level

| | |
|-----------|----------|
| Security: | Support: |
| | |

Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

| <i>Incidents</i> | <i>Description</i> | Jan – Mar | Apr – Jun | Jul – Sept | Oct – Dec |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------|------------------|-------------------|------------------|
| Assault: Offenders on Offenders ¹ | Types (Sexual ² , Physical, etc.) | P=2 S=1 | P=4 | P=4 | P= 5 |
| | With Weapon | 0 | 0 | 0 | 1 |
| | Without Weapon | 3 | 4 | 4 | 4 |
| Assault: Detainee on Staff | Types (Sexual Physical, etc.) | N/A | N/A | N/A | N/A |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 0 | 0 | 0 |
| Number of Forced Moves, incl. Forced Cell moves ³ | | 0 | 0 | 0 | 0 |
| Disturbances ⁴ | | 0 | 0 | 1 | 1 |
| Number of Times Chemical Agents Used | | 0 | 0 | 0 | 0 |
| Number of Times Special Reaction Team Deployed/Used | | 0 | 0 | 0 | 0 |
| # Times Four/Five Point Restraints applied/used | Number/Reason (M=Medical, V=Violent Behavior, O=Other) | 0 | 0 | 0 | 0 |
| | Type (C=Chair, B=Bed, BB=Board, O=Other) | N/A | N/A | N/A | N/A |
| Number of Times Canines Used in Facility | | 0 | 0 | 0 | 0 |
| Offender / Detainee Medical Referrals as a result of injuries sustained. | | 17 | 3 | 3 | 0 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 1 | 5 | 4 | 4 |
| | # Resolved in favor of Offender/Detainee | 0 | 0 | 2 | 0 |
| Deaths | Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other) | 0 | 0 | 0 | 0 |
| | Number | 0 | 0 | 0 | 0 |
| Psychiatric / Medical Referrals | # Medical Cases referred for Outside Care | 0 | 0 | 0 | 0 |
| | # Psychiatric Cases referred for Outside Care | 0 | 0 | 0 | 0 |

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

| DHS/ICE Detention Standards Review Summary Report | | | | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable | | 1 | 2 | 3 | 4 |
| PART 1 SAFETY | | | | | |
| 1 | Emergency Plans | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Environmental Health and Safety | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Transportation (By Land) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PART 2 SECURITY | | | | | |
| 4 | Admission and Release | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Classification System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Contraband | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Facility Security and Control | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Funds and Personal Property | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Hold Rooms in Detention Facilities | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Key and Lock Control | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Population Counts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | Post Orders | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | Searches of Detainees | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 | Sexual Abuse and Assault Prevention and Intervention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15 | Special Management Units | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16 | Staff-Detainee Communication | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | Tool Control | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18 | Use of Force and Restraints | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PART 3 ORDER | | | | | |
| 19 | Disciplinary System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PART 4 CARE | | | | | |
| 20 | Food Service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21 | Hunger Strikes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22 | Medical Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23 | Personal Hygiene | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24 | Suicide Prevention and Intervention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25 | Terminal Illness, Advance Directives, and Death | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PART 5 ACTIVITIES | | | | | |
| 26 | Correspondence and Other Mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27 | Escorted Trips for Non-Medical Emergencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28 | Marriage Requests | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Recreation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30 | Religious Practices | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31 | Telephone Access | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32 | Visitation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 33 | Voluntary Work Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| PART 6 JUSTICE | | | | | |
| 34 | Detainee Handbook | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 35 | Grievance System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 36 | Law Libraries and Legal Material | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37 | Legal Rights Group Presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PART 7 ADMINISTRATION & MANAGEMENT | | | | | |
| 38 | Detention Files | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39 | News Media Interviews and Tours | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40 | Staff Training | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 41 | Transfer of Detainees | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

| | |
|------------------------------------------------------------------------------|-------------------------|
| Lead Compliance Inspector: (Print Name) [REDACTED] | Signature [REDACTED] |
| Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc. | Date 6/1/2018 |

Team Members

| | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc. | Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc. |
| Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc. | Print Name, Title, & Duty Location [REDACTED], Safety SME, The Nakamoto Group, Inc. |

Recommended Rating:

- ☐ Meets Standards
☒ Does Not Meet Standards

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) which include the following additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was rated Meets Standard;
- Classification System is now titled Custody Classification System;
- Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
- Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
- News Media Interviews and Tours is now titled Interviews and Tours, and;
- Transfer of Detainees is now titled Detainee Transfer.

There were no escapes, deaths or serious suicide attempts during the inspection period. The facility does not have a canine unit for contraband detection. The only chemical agent used at the facility is OC (oleoresin capsicum)/pepper spray. Only trained personnel are authorized to use chemical agents. The use of unsafe types of force such as choke holds, carotid control holds and neck restraints are prohibited by policy. Tasers are used.

There was one immediate use of force incident reported during the inspection period. A Taser was used on an ICE detainee who was assaulting another detainee and could not be restrained. There were no injuries to staff. Medical staff removed the probes, checked vitals and dressed the Taser wounds. The incident was reviewed by the shift supervisor and found to be in compliance with policy.

During the inspection period there were two allegations of detainee on detainee sexual assault or abuse. A female detainee was charged with abusive sexual contact on another female detainee. The incident was investigated and found "substantiated". The female victim declined to file criminal charges. A male detainee threatened to sexually assault another male detainee if he did not payback the money he owed. The incident remains under investigation with the disposition pending.

The information on page 2, Significant Incident Summary Worksheet, pertains only to ICE detainees. The facility reported no referrals for outside medical or psychiatric care due in large part to the medical department's record keeping system which does not segregate the information by ICE and non-ICE. During reviews of medical records, at least twelve cases of medical referrals were noted for the previous six months of the inspection period. Section H of the Worksheet indicates the facility has significant litigation pending. The litigation pertains to medical care involving non-ICE detainees. No additional information was provided.