

# Office of Professional Responsibility

**Tulsa Co. Jail (David L. Moss Justice Ctr)  
Inspection 2024-003-333**

September 17–19, 2024



U.S. Immigration  
and Customs  
Enforcement



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Special Review  
2024-003-333**

**Enforcement and Removal Operations  
ERO Dallas Field Office**

**Tulsa County Jail  
(David L. Moss Justice Center)  
Tulsa, Oklahoma**

**September 17-19, 2024**

**SPECIAL REVIEW  
of the  
TULSA COUNTY JAIL (DAVID L. MOSS JUSTICE CENTER)  
Tulsa, Oklahoma**

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## SPECIAL REVIEW TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a special review of the Tulsa County Jail (David L. Moss Justice Center) (TCJ) in Tulsa, Oklahoma, from September 17 to 19, 2024.<sup>1</sup> The facility opened in 2007 and is owned and operated by the Tulsa County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TCJ in 2007 under the oversight of ERO’s Field Office Director in Dallas (ERO Dallas). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A Tulsa County Sheriff handles daily facility operations and manages [REDACTED] support personnel. Summit Food Services provides food services, Turn Key Health Clinics provides medical care, and the David L. Moss Criminal Justice Center provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in October 2021 and the American Correctional Association in December 2021. In January 2023, TCJ was audited for DHS PREA and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of September 17, 2024)	[REDACTED]
Adult Female Population (as of September 17, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2023, ODO found 3 deficiencies in the following areas: Detainee Handbook (1); Medical Care (1); and Recreation (1).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods less than 72 hours.

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of August 26, 2024.

<sup>3</sup> *Ibid.*

## SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Special Review Findings* section of this report.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating uniform corrective action plans (UCAPs); and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	5
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 - Security</b>	
Facility Security and Control	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>5</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Special Review Findings* section of this report.

<sup>6</sup> During a special review, ODO will review a facility's compliance with at least 10 individual standards.

<sup>7</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

## DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an ADP of 3 ICE detainee for FY 2023, meeting the ODO requirement for special reviews.

## SPECIAL REVIEW FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS policy, observed 25 hazardous chemicals located in the chemical storage area of the main warehouse, and found the following deficiencies:

- No documented perpetual inventory for 25 out of 25 hazardous chemicals (**Deficiency EHS-3<sup>8</sup>**);
- No inventory record for 25 out of 25 hazardous substances (**Deficiency EHS-4<sup>9</sup>**); and
- No current inventory records for the following hazardous substances: Zenex Air Fresheners, Barbicide, Enforcer Bed Bug and Lice Control Spray, Boardwalk Carpet Cleaner, Reliable Carpet Spin Brite, Goodway GVC 500 Cleaner/Degreaser, and Wahl Clipper Oil (**Deficiency EHS-16<sup>10</sup>**).

ODO inspected the pharmacy in the health services department, reviewed inventory records, and found no perpetual and running inventory for the following security-risk items: 32 insulin needles and 32 syringes (**Deficiency EHS-51<sup>11</sup>**).

ODO toured all areas of the facility, to include the 24 housing units, and found the following cleanliness and sanitation issues:

- Tire and foot scuff marks, build-up of dirt from foot traffic, and wax build-up along base boards, door frames, and thresholds in D and J Halls, medical and booking departments, and Units J1 Unit J2;
- Discolored and stained grout and caulk in the showers of Unit J1;
- Chipped and peeling paint in the common areas of Units J1 and J2; and

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<sup>8</sup> "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>9</sup> "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>10</sup> "c. Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

<sup>11</sup> "a. Inventory: A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).



- Shredded paper, discarded portion control containers, and graffiti on the walls of the Unit J2 recreational area (**Deficiency EHS-64<sup>12</sup>**).

## CONCLUSION

During this special review, ODO assessed the facility’s compliance with 10 standards under NDS 2019 and found the facility in compliance with 9 of those standards. ODO found five deficiencies in the remaining standard. Since TCJ’s last special review in June 2023, the facility’s compliance with NDS 2019 has trended downward. TCJ went from 3 deficient standards and 3 deficiencies in June 2023 to 1 deficient standard and 5 deficiencies during this special review. TCJ completed its UCAP for its last inspection in June 2023; however, new deficiencies were identified during this most recent inspection. ODO recommends ERO Dallas continue to work with the facility to resolve the deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Special Review (NDS 2019)</b>	<b>FY 2024 Special Review (NDS 2019)</b>
Standards Reviewed	10	10
Deficient Standards	3	1
Overall Number of Deficiencies	3	5
Priority Component Deficiencies	2	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Superior

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<sup>12</sup> “General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).



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