OKLAHOMA
State Department
of Health

March 30, 2021

Gred Williams, Administrator
Oklahoma County Detention Center
201 N Shartel
Oklahoma City, OK 73102

E-Mail: gwilliams@okcountydc.net

RE: Non-Compliance

Dear Mr. Williams:

On February 5, 2021, our office conducted an annual inspection and investigations, during a visit to your facility, to determine if your facility was in compliance with the requirements of the Oklahoma Administrative Code (OAC) in Title 310, Chapter 670, City and County Detention Facility Standards. Deficiencies identified during this inspection are listed on the enclosed Statement of Deficiencies (SOD) form.

Pursuant to Title 74 of the Oklahoma Statutes, at Section 193(B), you are provided a report (SOD) of the deficiencies identified in the condition or operation of the facility and specific proposals for their solution. Based on the deficiencies cited, you are provided notice that the facility was found not to be in substantial compliance with established standards.

Pursuant to Title 74 O.S. Section 194, [if] the deficiencies listed in the report have not been corrected, within sixty (60) days after delivery of the report, the Commissioner of Health shall be authorized to file a complaint with the Attorney General or the District Attorney.

If you would like to provide a response or provided an alternative “Plan of Correction”, please send correspondence via e-mail to CCDF@health.ok.gov. If you have questions, please contact our office at 405-426-8170.

Sincerely,

Barry Edwards
Detention Program Manager

Enc. Statement of Deficiencies

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | DET-090 | A. BUILDING: _____ B. WING _____ | C 02/05/2021 |

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| P 000 | INITIAL COMMENTS:<br><br>On February 4, 2021, Oklahoma State Department of Health staff conducted an unannounced annual inspection. The census at the time of the inspection was 1712, and the rated capacity is 2890.<br><br>The following completed Deaths and Complaints were investigated: D-2020-011, D-2020-013, D-2020-016, D-2020-018, D-2020-022, D-2020-029, D-2020-030, D-2021-001, D-2021-002, D-2021-005, D-2021-006, C-2020-023, C-2020-025, C-2020-027, C-2020-029, C-2020-034, C-2020-039, C-2020-040, C-2020-042, C-2020-052, C-2020-057, C-2020-060, C-2020-063, C-2021-001, C-2021-020, C-2021-021.<br><br>Based on the violations cited below the facility is not in substantial compliance.<br><br>The following deficient practice(s) was identified: | P 000 | | |
| P5202 | 310:670-5-2(3) Detention Facilities-Hourly Sight Checks<br><br>The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, inmates and visitors. Policies and procedures shall address at least the following:<br>... ....<br>(3) There shall be at least one (1) visual sight check every hour which shall include all areas of each cell, and such sight checks shall be documented. | P5202 | | |

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| P5202 | Continued From page 1<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview and record review the facility failed to conduct at least one (1) visual sight check every hour and in accordance with their policy, which shall include all areas of each cell, and such sight checks shall be documented. Oklahoma County Detention Center policy: Sight Checks, dated December 30-2020.<br><br>Findings:<br><br>1) A review of 23 unit log books indicate sight checks in 22 of the unit logs were not performed and documented hourly.<br><br>2) A review of log book records requiring 15 minute sight checks revealed sight checks were missed on the following dates, October 20 and 21, 2020, July 24 and 31, 2020, January 2 and 29, 2021 and February 2 and 4, 2021.<br><br>3) A record review of unit log books for unit 13 David, requiring 30 minute sight checks, indicate sight checks were not performed and documented on January 1, 2 and 22, 2021.<br><br>4) A video review revealed hourly sight checks were missed in the following units and dates; 2 David on December 20, 2020, 4 Adam on May 23, 2020, 4 Charlie on December 24, 2020, 12 Charlie on January 5, 2021, 13 Bravo on June 13, 2020 and 13 David on January 2 and 22, 2021.<br><br>5) A record review of unit 4 Adam for Cell #26 dated November 3, 2020, revealed visual sight checks were not performed and documented every hour. Only one single sight check was documented at 12:09 am during the morning shift. | P5202 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |

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| P5202 | Continued From page 2<br><br>6) Interview with several inmates housed in units 12 and 13 indicated a lack of staff presence on a regular basis.<br><br>7) A review of Juvenile unit 13 Foxtrot log book dated February 4, 2021, indicated hourly sight checks were not performed and documented.<br><br>8) Record review of log books revealed the use of several different terms being used to document a "sight check". Terms such as "visual check" and "face to face" were also found in the logs. 310:670-1-2 Definitions: "Sight Check" means when a Detention Officer physically observes an inmate. The term "Sight Check " must be used by all staff.<br><br>9) Cell windows on the 2nd, 4th, 6th, 8th, 10th, 12th, and 13th floors are obscured from scratches on the surface of the windows allowing less than fifty percent (50%) visibility. Thus obstructing the ability of having "Sight Contact" - clear visibility within close proximity of the inmate while performing "Sight Checks". | P5202 | | |
| P5230 | 310:670-5-2(27)(B) Detention Facilities-Notify Serious Injury<br><br>The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, inmates and visitors. Policies and procedures shall address at least the following:<br>... ....<br>(27) The Department shall be notified no later than the next working day if any of the following incidents occur:<br>... .... | P5230 | | |

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| P5230 | Continued From page 3<br>(B) Serious injury to staff or inmate defined as life threatening or requiring transfer to outside medical facility;<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and review the facility failed to notify the Oklahoma State Department of Health of an injury of an inmate requiring transfer to outside medical facility.<br><br>Findings:<br><br>1) A review of records revealed on July 23, 2020, the facility failed to notify the Oklahoma State Department of Health of an inmate requiring transfer to an outside medical facility.<br><br>2) A review of records indicated for the month covering January 1, 2021 through January 31, 2021, the facility failed to notify the Oklahoma State Department of Health of forty (40) serious injuries of inmates requiring transfer to an outside medical facility. | P5230 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed. | |
| P5232 | 310:670-5-2(27)(D) Detention Facilities-Notification of Suicide<br><br>The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, inmates and visitors. Policies and procedures shall address at least the following:<br>... .... | P5232 | | |

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| P5232 | Continued From page 4<br>(27) The Department shall be notified no later than the next working day if any of the following incidents occur:<br>... ....<br>(D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility; and<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and review the facility failed to notify the Oklahoma State Department of Health of serious suicide attempts, requiring transfer to outside medical facility.<br><br>Findings:<br><br>1) Review of records revealed inmates were transferred to the emergency room due to self harm on the following dates, June 11, 2020, June 13, 2020, July 17, 2020, July 22, 2020, and August 13, 2020. | P5232 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed. | |
| P5301 | 310:670-5-3(b) Detention Facilities-Staff 24 Hr Supervision<br><br>Supervision of inmates:<br>(b) Staff shall provide twenty-four (24) hour supervision of inmates. | P5301 | | |

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| P5301 | Continued From page 5<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview the facility failed to provide a working intercommunication system, allowing for an emergency response.<br><br>Findings:<br><br>1) Duress/Emergency phone system was tested using (#211) in Units 13 Adam, 8 David, 8 Bravo, 6 David and 4 Charlie, producing negative results.<br><br>2) Numerous interviews with inmates housed in the various units denoted their calls for assistance, when using the #211 system, have gone unanswered.<br><br>3) Staff interviewed confirmed the Duress/Emergency phone system in the cells designate in medical. However, reponse from adminstration stated the system designates in Camera Ops. | P5301 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |
| P5302 | 310:670-5-3(c) Detention Facilities-Staff Respond PHYS/CCTV<br><br>(c) Detention Officer posts shall be located and staffed to monitor all inmate activity either | P5302 | | |

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| P5302 | Continued From page 6<br>physically or electronically and close enough to the living areas to respond immediately to calls for assistance, and respond to emergency situations. A Detention Officer shall be on duty at all times at each location where inmates are confined or the observation shall be conducted by closed circuit TV. The location shall be equipped with an intercommunication system that terminates in a location that is staffed twenty-four (24) hours a day and is capable of providing an emergency response.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview the facility failed to provide access to a working intercommunication system, allowing for an emergency response.<br><br>Findings:<br><br>1) Duress/Emergency phone system was tested using (#211) in Units 13 Adam, 8 David, 8 Bravo, 6 David and 4 Charlie, producing negative results with the phone either continually ringing with no response or not ringing at all.<br><br>2) Numerous interviews with inmates housed in the various units denoted their calls for assistance, when using the #211 system, have gone unanswered or the phone in the cell did not work.<br><br>3) Staff interviewed confirmed the Duress/Emergency phone system in the cells designate in medical. However, response from | P5302 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to | |

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| P5302 | Continued From page 7<br>administration stated the system designates in Camera Op's.<br><br>4) Interview with staff revealed that some phone systems do not work. | P5302 | perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |
| P5303 | 310:670-5-3(d) Detention Facilities-Ample Staffing Perform<br><br>(d) There shall be sufficient staff to perform all assigned functions relating to security, custody and supervision of inmates. Staff assignments shall provide for backup assistance for all employees entering locations where inmates are confined.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews and record review the facility failed to ensure sufficient staffing to perform all assigned functions relating to security, custody and supervision of inmates.<br><br>Findings:<br><br>1) A record review of 22 unit logs indicate insufficient staffing to perform all assigned functions. Logs reveal missed sight checks due to staff performing clinical escort, feeding other units, assisting in counts, and escort of medical staff.<br><br>2) Interview of staff stated a performance of | P5303 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews. | |

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| P5303 | Continued From page 8<br>multiple duties in several units on a floor cause a lapse of inmate supervision and required sight checks.<br><br>3) Interview with inmates in units on 12th and 13th floors indicate they seldom see staff presence in the units, and when they do it is very brief.<br><br>4) Observed food service carts not being delivered to the units in a timely manner, in order to provide for a hot meal to be served to the inmate population. The time and temperature of the food trays for the 12th floor lunch cart, when ready to be delivered from food service, was 160 degrees at 9:28 a.m. The time and temperature of the same cart later located on the 12th floor, but not yet delivered to the inmate population, was 80 degrees at 11:00 a.m.<br><br>5) Interview escorting staff stated food cart delays are a direct result of insufficient staffing.<br><br>6) Interview of an inmate who was cuffed to a bar in hallway of medical, stated he been seen by medical and has been waiting for hours to be returned to his unit.<br><br>7) Staff interviewed denoted clothing exchange is not conducted weekly in accordance with policy due to staff shortage. | P5303 | 5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |
| P5601 | 310:670-5-6(1) Detention Facilities-Kept Clean Condition<br><br>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: | P5601 | | |

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| P5601 | Continued From page 9<br><br>(1) The facility shall be kept in a clean condition consistent with the requirements in Title 57 O.S. § 4.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to maintain an acceptable level of sanitation. Observed visible signs of uncleanliness, build-up of dirt and trash on floors. Area of inspection was the basement, 1st, 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors.<br><br>Findings:<br><br>1) Observed a build-up of dirt and debris on the basement, 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors.<br><br>2) Return air vents throughout the facility were observed to have a build-up of lint and black residue.<br><br>3) All the showers on the 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors were observed to contain a black residue which appeared to be mold and mildew.<br><br>4) Shower curtains on the 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors were observed to contain a black residue which appeared to be mold and mildew.<br><br>5) Shower drains observed during the inspection | P5601 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates.<br>6) Review the policy on cleaning supplies distribution. | |

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| P5601 | Continued From page 10<br>drained slowly when tested.<br><br>6) The 2nd floor shower drain in 8 Bravo was observed to be clogged and had standing water, the water had become stagnant, having a strong and pungent odor. Observed an area of the stagnant water had become solidified.<br><br>7) Interview with inmates and staff indicate the plugged shower drain had been in this condition for several months.<br><br>8) Interview with staff stated work requests had been submitted with no work being completed.<br><br>9) Surfaces of cell doors and cell walls on the 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors were observed to have a black residue build-up.<br><br>10) The kitchen hood duct suppression system and filters had a build-up of grease. | P5601 | | |
| P5603 | 310:670-5-6(3) Detention Facilities-Floors Clean/Dry/Clear<br><br>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... ....<br>(3) Floors shall be kept clean, dry and free of hazardous substances.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility | P5603 | Pursuant to Title 74, Section 193(B)(1), | |

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| P5603 | Continued From page 11<br>failed to implement policy to ensure the safety and maintenance of sanitation standards were maintained. This creates a potential slipping hazard.<br><br>Findings:<br><br>1) Standing water was observed in visitation and on common area floors of the administration offices. The water appeared to be coming from the ceiling.<br><br>2) Units 6 and 8 David and 4 Charlie had standing water on floors in common areas.<br><br>3) Interview with staff who stated due to the leaks from rain, leaking plumbing pipes, fixtures and clogged drains on the above floors, have all resulted in the lower floors having water issues.<br><br>4) Staff indicated due to the roof leaks when it rains this causes several inches of water on the floors in the dock, laundry, kitchen and basement areas. | P5603 | the Department provides the following proposals for solution:<br><br>1) Review the policy and procedures for reporting and responding to maintenance and repair needs.<br>2) Review the process for authorizing repairs.<br>3) Review the process for monitoring for completion of repairs.<br>4) Identify those steps in the process that were not followed and why.<br>5) Revise and train staff on maintenance procedures as needed.<br>6) Confirm the repair is scheduled and completed.<br>7) Conduct periodic monitoring of the correction for compliance. | |
| P5604 | 310:670-5-6(4) Detention Facilities-Routine Cleaning Supply<br><br>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... ....<br>(4) Inmates shall be provided with materials and supplies on a routine sufficient to maintain clean showers, washbasins and toilets. | P5604 | | |

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| P5604 | Continued From page 12<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to provide inmates with materials and supplies to maintain clean showers, washbasins and toilets.<br><br>Findings:<br><br>1) Observed inmate cells and unit common areas to have a build-up of dirt, debris and trash on the floors.<br><br>2) All showers on the 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors were observed to contain a black residue which appeared to be mold and mildew on the walls and floors.<br><br>3) Shower curtains were observed to contain a black residue which appeared to be mold and mildew.<br><br>4) Interview with several inmates revealed they are not being provided with cleaning materials and supplies on a routine basis sufficient to maintain their cells, washbasins, toilets, showers and the common areas to an acceptable level of sanitation. | P5604 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates.<br>7) Review the policy on cleaning supplies distribution. | |
| P5612 | 310:670-5-6(10) Detention Facilities-Clean Bedding/Towels<br><br>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... .... | P5612 | | |

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| P5612 | Continued From page 13<br>(10) Clean bedding and towels shall be offered at least one (1) time each week.<br><br>This STANDARD is not met as evidenced by:<br>Based on interviews and record review the facility failed to provide clean bedding and towels at least one (1) time each week.<br><br>Findings:<br><br>1) Interview with staff revealed clean bedding is exchanged once every six (6) to seven (7) weeks and not weekly as required.<br><br>2) A review of records revealed laundry is exchanging blankets at least once every seven (7) weeks, in accordance with Oklahoma County Sheriff's policy 4130.01, Inmate Clothing and Bedding Inventory, Distribution and Accountability. | P5612 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. . | |
| P5613 | 310:670-5-6(11) Detention Facilities-Regular Laundry Exchange<br><br>The administrator shall develop and implement | P5613 | | |

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| P5613 | Continued From page 14<br>policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... ....<br>(11) Laundry services shall be sufficient to permit regular exchange of all inmate clothing, bedding and towels.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews and record review the facility failed to provide laundry services sufficient to permit regular exchange of all inmate bedding and towels.<br><br>Findings:<br><br>1) Interview with staff revealed clean bedding is exchanged once every six (6) to seven (7) weeks and not weekly as required.<br><br>2) A review of records revealed laundry has a schedule to exchange blankets at least once every seven (7) weeks, in accordance with Oklahoma County Sheriff's policy 4130.01, Inmate Clothing and Bedding Inventory, Distribution and Accountability.<br><br>3) A review of records revealed laundry has a schedule to exchange inmate clothing once every week in accordance with Oklahoma County Sheriff's policy 4130.01, Inmate Clothing and Bedding Inventory, Distribution and Accountability. However, interviews with inmates on each floor visited revealed clothing exchange is not being conducted weekly. | P5613 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates.<br>7) Ensure laundry service for bedding | |

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| P5613 | Continued From page 15<br><br>4) Staff interviewed denoted clothing exchange is not conducted weekly due to staff shortage.<br><br>5) Laundry staff stated they go by a schedule and do not keep records denoting exchange for each individual inmate. | P5613 | and towels is sufficient to allow weekly exchanges. | |
| P5618 | 310:670-5-6(16) Detention Facilities-Shower x3/Daily Food SVC<br><br>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... ....<br>(16) Sufficient showers shall be provided in housing units to provide inmates the opportunity to bathe at least three (3) times each week. Inmates working in food service shall be required to bathe daily.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview the facility failed to provide inmates the opportunity to bathe at least three (3) times each week.<br><br>Findings:<br><br>1) Interview with inmates in units 12 and 13 Adam indicated showers are not offered three (3) times a week per the standard.<br><br>2) Several inmates interviewed in the lookdown units stated it is not unusual to only have access | P5618 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. | |

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| P5618 | Continued From page 16<br>to the shower one (1) time in an eight (8) day period.<br><br>3) Staff indicated the showers are available when the inmates are let out of their cell for recreation. However, recreation is seldom or cut short in the lock down units, and not all the inmates get to shower.<br><br>4) There is a shower schedule, however, a shower log for each inmate is not maintained to document if and when an inmate does shower. | P5618 | 4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |
| P5620 | 310:670-5-6(18) Detention Facilities-Water Standards;Hot/Cold<br><br>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... ....<br>(18) The potable water supply shall meet all state and local water quality standards. Hot and cold water shall be provided in showers and washbasins.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and record review the facility failed to provide hot water to showers. Water temperatures of hot water were taken using the Day Mark Safety Systems Thermometer.<br><br>Findings: | P5620 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Review the policy and procedures for reporting and responding to maintenance and repair needs. | |

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| P5620 | Continued From page 17<br><br>1) A shower in 12 Baker unit had a hot water temperature reading that measured of 59 degrees.<br><br>2) A shower in 13 Adam unit had a hot water temperature reading that measured of 59 degrees.<br><br>3) A shower on the first floor of 2 Adam unit had a hot water temperature reading that measured of 56 degrees.<br><br>4) A shower on the 2nd floor of 2 Adam unit had a hot water temperature reading that measured of 97 degrees.<br><br>5) Observed 3 of the 6 showers in 2 Adam unit did not have hot or cold running water.<br><br>6) Showers located in 8 David and Bravo units had a hot water temperature readings that measured 72 degrees.<br><br>7) Observed 6 of the 8 showers in 8 David and 8 Bravo unit did not have hot or cold running water.<br><br>8) A shower on the 1st floor of 4 Charlie unit had a hot water temperature reading that measured 91 degrees.<br><br>9) Observed 3 of the 6 showers in 4 Charlie unit did not have hot or cold running water.<br><br>10) Observed 3 of the 6 showers in 2 Adam unit did not have hot or cold running water.<br><br>11) Interview with several inmates in these various units stated the showers have been inoperable for a extended period of time. | P5620 | 2) Review the process for authorizing repairs.<br>3) Review the process for monitoring for completion of repairs.<br>4) Identify those steps in the process that were not followed and why.<br>5) Revise and train staff on maintenance procedures as needed.<br>6) Confirm the repair is scheduled and completed.<br>7) Conduct periodic monitoring of the correction for compliance. | |

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| P5620 | Continued From page 18<br><br>12) Hot water shower temperatures are not being provided in accordance with the Oklahoma County Detention Center Policy Statement, Inmate Housing, Cell and living Area Hygiene Standards; "Water for showers is thermostatically controlled to temperatures ranging from one hundred (100) to one hundred and twenty (120) degrees Fahrenheit to ensure the safety of inmates and promote hygienic practice".<br><br>13) The Oklahoma Plumbing Code defines hot water as follows: Hot water - Water at a temperature greater than or equal to 110°F (43°C). | P5620 | | |
| P5621 | 310:670-5-6(19) Detention Facilities-Eliminate Pests/Control<br><br>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... ....<br>(19) Any condition conducive to harboring or breeding insects, rodents or other vermin shall be eliminated immediately. Licensed pest control professionals shall be contracted to perform pest control on a scheduled basis specified in the facility policy and procedure.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, record review and interview it was determined the facility failed to | P5621 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following | |

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| P5621 | Continued From page 19<br>maintain a facility free of pests. During the inspection, numerous complaints of bedbugs were lodged by inmates in pods on the 4th, 6th, 8th, and l3th floors.<br><br>Findings:<br><br>1) Interview of inmates on the 4th, 6th, 8th and l3th floors voiced complaints of bed bug infestation in their cell, on their person, in the clothing and bedding.<br><br>2) Observed evidence of bed bug infestation from several of the inmates at the time of the inspection. Inmates displayed live bed bugs and bug bites on their person during the inspection.<br><br>3) Record review of the "Grievance Log" dated February 2, 2021, indicated 13 Baker and 8 Baker unit having "bed bugs extremely bad".<br><br>3) Observed evidence of live cockroaches in cell #27 of unit 8 David.<br><br>4) Review of records indicated a there was a yearly Orkin Commercial Services contract dated July 27, 2020, to provide general pest control, however, the contract excluded the treatment of Bed Bugs.<br><br>5) A review of records indicated Orkin did treat for bed bugs on August 7, 2020, unit 8 Adam, on October 2, 2020, unit 4 David, on October 12, 2020, unit 8 (Adam, Charlie, David). They only treated twelve (12) of the fifty (50) cells in Unit 8 David.<br><br>6) Record review revealed on three (3) separate occasions (November 12, 2020, November 25, 2020, and December 7, 2020) Orkin gave aerosol | P5621 | proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates.<br>7) Review the sanitation policy and related activities to ensure proper levels are conducive in preventing pest infestation.<br>8) Review the clothing and bedding exchange policy to provide for more frequent exchanges in order to prevent pest infestation and harborage.<br>9) Review the inmate personal hygiene policy in order to provide for more frequent hygiene practices, such the showering schedule.for more frequent hyshowering schedule. | |

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| P5621 | Continued From page 20<br>spray cans of pesticides to facility staff for use. However, no documentation was provided as to the areas treated by staff, the chemical used, quantity, precautions taken during treatment (i.e. Personal Protective Equipment), or the training and licensing of the staff member applying the aerosol spray cans of pesticides.<br><br>7) Records were not provided for the staff who applied the aerosol spray cans of pesticides, to indicate they were Licensed. "Qualified Pest Exterminator: An individual licensened by the State of Oklahoma to provide pest control treatment, per the Oklahoma County Sheriff's policy 7210.02, Pest Contol" | P5621 | | |
| P5623 | 310:670-5-6(21) Detention Facilities-Safety Fire Prevention<br><br>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... ....<br>(21) The facility's fire prevention policies and procedures shall ensure the safety of staff, inmates and visitors and shall conform to the requirements of the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq. These shall include, but not be limited to an adequate fire protection service; a system of fire inspection and testing of equipment and documentation on a weekly basis; and the availability of fire hoses or extinguishers at appropriate locations throughout the facility. The facility shall have an automatic fire alarm and heat and smoke detection system approved by the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq. | P5623 | | |

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| P5623 | Continued From page 21<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview and review, the facility failed to ensure the safety of staff, inmates and visitors by maintaining an adequate fire protection service; a system of fire inspection and testing of equipment and conforming to the requirements of the Oklahoma State Fire Marshal.<br><br>Findings:<br><br>1) The main automatic fire alarm and heat and smoke detection system panel was red tagged denoting the 2nd and 8th floors were inoperable. The system was last inspected on January 14, 2021, by Firetrol Protection Systems, State License #863 and #302.<br><br>2) Interview of Assistant Administrator and Safety Officer revealed they were aware that the automatic fire alarm and heat and smoke detection system was red tagged and displayed trouble codes.<br><br>3) Fire watches are not being conducted for the inoperable areas (2nd and 8th floors), as required and in accordance with the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq.<br><br>4) Upon request for the quarterly fire drill documentation, the Assistant Administrator reveal quarterly fire drills are not being conducted. | P5623 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of Detention Facility staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Review the procedures for fire code compliance and reporting and responding to maintenance needs.<br>6) Review the actions taken to identify and report repairs.<br>7) Review the process for authorizing repairs.<br>8) Review the process for monitoring for completion of repairs.<br>9) Identify those steps in the process that were not followed and why.<br>10) Revise and train staff on maintenance procedures as needed.<br>11) Confirm the repair is scheduled and completed.<br>12) Review and assess facility resources | |

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| P5623 | Continued From page 22<br><br>5) Review of several fire extinguishers on each floor revealed they are not being inspected monthly. The last inspection documented on the tags was October 2020.<br><br>6) Observed a build-up of grease on the kitchen hood and filters, creating a potential fire hazard.<br><br>7) Observed rubber blow off caps were missing from some of the nozzles of the kitchen hood fire suppression system.<br><br>8) Observed only two of the three elevators available for staff use was operational.<br><br>9) Interview with staff indicated that only two elevators had been operational for an extended period of time, they further reported only one elevator was reliable.<br><br>10) The exit door leading out of kitchen was blocked by a trash cart preventing a clear path to the emergency exit.<br><br>11) Ceiling tiles are missing and exposing the plenum area in the following areas, the basement, 1st, 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors. | P5623 | with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |
| P5626 | 310:670-5-6(24) Detention Facilities-Material Fire Compliance<br><br>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... ....<br>(24) Facility furnishings, walls, ceilings and floors | P5626 | | |

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| P5626 | Continued From page 23<br>shall be constructed of material that meets the code requirements of the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation the facility failed to provide materials that meet the code requirements of the Oklahoma State Fire Marshal.<br><br>Findings:<br><br>1) Ceiling tiles are missing through out the facility, the basement, 1st, 2nd, 4th, 6th, 8th, 10th, 12th and 13th common areas included, exposing the plenum areas.<br><br>2) Interior Pod and corridor windows which are part of the fire barrier on the 2nd, 4th, 6th, 8th, 10th, 12th, and 13th floors are broken/cracked and an integral part of the emergency egress system. The broken/cracked windows obscured visibility, create a potential safety hazard and compromise the fire protection rating for fixed fire window assemblies required in a fire barrier. | P5626 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Review the procedures for fire code compliance and reporting and responding to maintenance needs.<br>6) Review the actions taken to identify and report repairs.<br>7) Review the process for authorizing repairs.<br>8) Confirm the repair is scheduled and completed. | |
| P5627 | 310:670-5-6(25) Detention Facilities-Heating Min 65 Degree<br><br>The administrator shall develop and implement | P5627 | | |

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| P5627 | Continued From page 24<br>policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:<br>... ....<br>(25) Heating systems shall be capable of maintaining a temperature of at least sixty-five (65) degrees Fahrenheit. Open-faced or un-vented heaters are not permitted.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations and interviews the facility failed to develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. Heating systems shall be capable of maintaining a temperature of at least sixty-five (65) degrees Fahrenheit. Temperatures were taken using the REED Instruments Infrared Thermometer.<br><br>Findings:<br><br>1) Interview with inmates in unit 2 Adam stated the unit was cold.<br><br>2) Temperatures were taken of the day room, measuring a temperature of 55 degrees.<br><br>3) Temperatures were taken in cells #22 and #23 of unit 2 Adam, measuring a temperature of 62 degrees. | P5627 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Review the policy and procedures for reporting and responding to maintenance and repair needs.<br>2) Review the process for authorizing repairs.<br>3) Review the process for monitoring for completion of repairs.<br>4) Identify those steps in the process that were not followed and why.<br>5) Revise and train staff on maintenance procedures as needed.<br>6) Confirm the repair is scheduled and completed.<br>7) Conduct periodic monitoring of the correction for compliance. | |
| P5700 | 310:670-5-7(a) Detention Facilities-24 hr 3 Meals/2 Hot<br><br>(a) Each inmate shall be provided at least three (3) meals each twenty-four (24) hours that meet | P5700 | | |

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| P5700 | Continued From page 25<br>the national recommended allowance for basic nutrition. At least two (2) hot meals shall be provided daily. There shall not be more than fourteen (14) hours between the breakfast and evening meals.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews and record review the facility failed to provide at least two (2) hot meals daily. Temperatures were taken of trays in a lunch cart staged for delivery and again upon its arrival to the housing unit. Temperatures were taken using the Day Mark Safety Systems Thermometer.<br><br>Findings:<br><br>1) Observed food cart loaded with food trays ready for delivery and staged in kitchen corridor. The cart was dated February 4, 2021, Lunch, 12th floor, time 09:28 a.m. and a temperature of 160 degrees.<br><br>2) Observed at 10:10 a.m. the same food cart in kitchen corridor, a second temperature was taken measuring 101 degrees.<br><br>3) Observed at 11:00 a.m. the same food cart which had been delivered to the 12th floor corridor but not served to the inmates. A third temperature was taken measuring 80 degrees.<br><br>4) Interview of staff who reported the lack of available staff to deliver the meals is a reason for the delay of hot meals to units. | P5700 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |

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| P5700 | Continued From page 26<br>"Hot meal" means a measure of food served and eaten at one sitting prepared in accordance with and served at a palatable temperature range of 110º - 120º F. (43.3º - 48.8º C.). | P5700 | | |
| P5801 | 310:670-5-8(2) Detention Facilities-Observtion MED/PSY Risk<br><br>"Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following:<br>... ....<br>(2) Intake screening shall be performed on all inmates immediately upon admission to the facility and before being placed in the general population or housing area. An inmate whose screening indicates a significant medical or psychiatric problem, or who may be a suicide risk, shall be observed frequently by the staff consistent with the facility's policy and the identified need until the appropriate medical evaluation has been completed. After medical evaluation , these inmates may be assigned to housing consistent with the medical evaluation.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to frequently observe an | P5801 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following | |

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| P5801 | Continued From page 27<br>inmate whose screening indicated a significant suicide risk or observation, consistent with the facility's policy, Oklahoma County Sheriff policy 4520.04 Suicide Preventions/Suicide Precautions, Oklahoma County Sheriff policy 4310.03 Sight Checks.<br><br>Findings:<br><br>1) A review of records for inmates on suicide watch, requiring 15 minute sight checks, revealed sight checks were not documented every 15 minutes as required on July 24, 2020, July 31, 2020, January 2, 2021, January 28, 2021, January 29, 2021, January 30, 2021, February 1, 2021, February 2, 2021, February 3, 2021, and February 4, 2021.<br><br>2) A review of records revealed on February 4, 2021, not all 30 minute sight checks were documented in units 12 and 13 Adam.<br><br>3 Interview with staff indicated units 12 and 13 Adam are observation units and require 30 minute sight checks. | P5801 | proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |
| P5802 | 310:670-5-8(2)(A) Detention Facilities-Prescription Possession<br><br>Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following:<br>... ....<br>(2) Intake screening shall be performed on all inmates immediately upon admission to the facility and before being placed in the general | P5802 | | |

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| P5802 | Continued From page 28 | P5802 | | |

population or housing area. An inmate whose screening indicates a significant medical or psychiatric problem, or who may be a suicide risk, shall be observed frequently by the staff consistent with the facility's policy and the identified need until the appropriate medical evaluation has been completed. After medical evaluation , these inmates may be assigned to housing consistent with the medical evaluation.

(A) Medications in the possession of the inmate at the time of the booking, whether prescription or over-the-counter shall be logged, counted and secured. Prescription medications shall be provided to the [inmate] as directed by a physician or designated medical authority. The [inmate] shall be observed to ensure the prisoner takes the medication. The physician or designated medical authority shall be particularly aware through his or her training of the impact of opiate or methadone withdrawal symptoms that may occur in regard to the mental and physical health of the [inmate]. The physician or medical authority shall prescribe and administer appropriate medications to the [inmate] pursuant to Section 5-204 of Title 43A of the Oklahoma Statutes as the medical authority deems appropriate to address those symptoms. Neither prescription nor over-the-counter medications shall be kept by [an inmate] in a cell with the exception of prescribed nitroglycerin tablets and prescription inhalers. Over-the-counter medications shall not be administered without a physician's approval unless using prepackaged medications [57 O.S. § 4.1(1)]. This authorization to allow certain medications in a cell does not require a facility to allow the medications in a cell where inmate safety is threatened or abuse of the medication is documented. Prepackaged

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| P5802 | Continued From page 29<br>over-the-counter medications are those medications provided in single-dose packaging.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review the facility failed to provide prescription medications to the inmate as directed by a physician or designated medical authority.<br><br>Findings:<br><br>1) A review of mediation administration records (MAR) indicated some inmates did not receive their prescriptions as prescribed for October 21, 2020, November 16, 2020, and November 19, 2020. The notation for reason on the inmate's MAR was NOC (not on cart). There was no documentation on the MAR to indicate any follow-up. | P5802 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed. | |
| P6101 | 310:670-5-11(a)(2) Detention Facilities-Double Cell Min 60sq ft<br><br>(a) Existing facilities.<br>... ....<br>(2) All cells and living areas shall have at least forty (40) square feet of floor space for the initial inmate and at least twenty (20) square feet of floor space for each additional inmate occupying | P6101 | | |

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| P6101 | Continued From page 30<br>the same cell. Double-celling of inmates is permitted if there is at least sixty (60) square feet of floor space for two (2) persons.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, the facility failed to have at least forty (40) square feet of floor space for the initial inmate and at least twenty (20) square feet of floor space for each additional inmate occupying the same cell. Findings:<br><br>1) Based on observation the following cells #7 and #23 of 13 Adam, each cell measured 8' 3" x 9' (74.7 sq. ft.). A bunk measured 2' 8" x 6' 6" (17 sq. ft.). A combo toilet/sink measured 18" x 30" (3.75 sq. ft.). A table combo measured 3' x 1'5" (4.5 sq. ft.). The calculated available floor space was (74.7 sq. ft. - 17 sq. ft. - 3.75 sq. ft.- 4.5 sq. ft.) = 49.45 sq. ft. Subtracting 40 sq. ft. for first inmate leaves 9.45 sq.ft. remaining. Based on the usable floor space available, the capacity of the cell is 1 person. The census in the cell at the time of the inspection was 3.<br><br>2) Based on observation the following cells #33, #34 and #44 of 8 David, each measured 8' 3" x 9' (74.7 sq. ft.). A bunk measured 2' 8" x 6' 6" (17 sq. ft.). A combo toilet/sink measured 18" x 30" (3.75 sq. ft.). A table combo measured 3' x 1'5" (4.5 sq. ft.). The calculated available floor space was (74.7 sq. ft. - 17 sq. ft. - 3.75 sq. ft.- 4.5 sq. ft.) = 49.45 sq. ft. Subtracting 40 sq. ft. for first inmate leaves 9.45 sq.ft. remaining. Based on the usable floor space available, the capacity of the cell is 1 person. The census in the cell at the time | P6101 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates.<br>6) Review current practice for transfers to the Department of Corrections for those inmates having been judged and sentenced<br>to DOC custody.<br>6) Review for ability to reduce overcrowding by transferring inmates to another county jail, if possible, use of ankle bracelets,<br>bond reductions and early release | |

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| P6101 | Continued From page 31<br>of the inspection was 3.<br><br>3) Based on observation cell #8 of 6 David, measured 8' 3" x 9' (74.7 sq. ft.). A bunk measured 2' 8" x 6' 6" (17 sq. ft.). A combo toilet/sink measured 18" x 30" (3.75 sq. ft.). A table combo measured 3' x 1'5" (4.5 sq. ft.). The calculated available floor space was (74.7 sq. ft. - 17 sq. ft. - 3.75 sq. ft.- 4.5 sq. ft.) = 49.45 sq. ft. Subtracting 40 sq. ft. for first inmate leaves 9.45 sq.ft. remaining. Based on the usable floor space available, the capacity of the cell is 1 person. The census in the cell at the time of the inspection was 3.<br><br>4) Based on observation of unit 3 Charlie, cells #7, #8, #9, #15, #16 and #18, measured 8' 3" x 9' (74.7 sq. ft.). A bunk measured 2' 8" x 6' 6" (17 sq. ft.). A combo toilet/sink measured 18" x 30" (3.75 sq. ft.). A table combo measured 3' x 1'5" (4.5 sq. ft.). The calculated available floor space was (74.7 sq. ft. - 17 sq. ft. - 3.75 sq. ft.- 4.5 sq. ft.) = 49.45 sq. ft. Subtracting 40 sq. ft. for first inmate leaves 9.45 sq.ft. remaining. Based on the usable floor space available, the capacity of the cell is 1 person. The census in the cell at the time of the inspection was 3. | P6101 | programs. | |
| P6103 | 310:670-5-11(a)(4)(A) Detention Facilities-Light MIN 20 Ft Candles<br><br>(a) Existing facilities.<br>... ....<br>(4) The housing and activity areas shall provide, at least the following:<br><br>(A) Lighting of at least twenty (20) foot candles; | P6103 | | |

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| P6103 | Continued From page 32<br><br>This STANDARD is not met as evidenced by:<br>Based on observation the facility failed to provide the minimum required lighting of at least twenty (20) foot candles in the housing areas. Measurements of light levels were taken using the REED Light Meter, Compact Series model R1930.<br><br>Findings:<br><br>1) The day room in 2 Adam unit had light levels measuring five (5) foot candles.<br><br>2) Cell # 6 of unit 4 Charlie and Cell # 23 of 8 David had light levels measuring zero (0) foot candles.<br><br>3) Cells #7 through #16 of unit 12 Baker had light levels measuring (3) foot candles.<br><br>4) Cells #4 and #9 of unit 13 Foxtrot had light levels measuring zero (0) foot candles. | P6103 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Review the policy and procedures for reporting and responding to maintenance and repair needs.<br>2) Review the process for authorizing repairs.<br>3) Review the process for monitoring for completion of repairs.<br>4) Identify those steps in the process that were not followed and why.<br>5) Revise and train staff on maintenance procedures as needed.<br>6) Confirm the repair is scheduled and completed.<br>7) Conduct periodic monitoring of the correction for compliance. | |
| P6218 | 310:670-5-11(b)(6)(B) Detention Facilities-Bunks/Storage by Sq Foot<br><br>(b) New facilities and substantial remodeling of facilities (after January 1, 1992). Plans for the construction of a new facility or the substantial remodeling of an existing facility shall be submitted to the Department for review and approval. Detention facilities are encouraged to submit plans to the Department for any re-modeling or repair that does not meet the substantial remodeling threshold to ensure standards are met.<br>... ....<br>(6) Each cell and detention room shall have at | P6218 | | |

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| P6218 | Continued From page 33<br>least forty (40) square feet of floor space for the initial inmate, and at least twenty (20) square feet of floor space for each additional inmate occupying the same cell. Double-celling is permitted if there is at least sixty (60) square feet of floor space for two (2) persons. Each room or cell shall have:<br>... ....<br>(B) Bunks and storage as indicated by square feet.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview the facility failed to provide bunks and storage as indicated by square feet.<br><br>Findings:<br><br>1) During the inspection it was observed there are three (3) inmates in a cell with one double bunk and one (1) inmate who is sleeping on a mat on the floor located cells #7 and #23 of 13 Adam, cells #33, #34 and #44 of 8 David, cell #8 of 6 David, cells #7, #8, #9, #15, #16 and #18 of 3 Charlie. | P6218 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates.<br>6) Review current practice for transfers to the Department of Corrections for those inmates having been judged and | |

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|---|---|---|---|
| | DET-090 | A. BUILDING: _____ B. WING _____ | C 02/05/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OKLAHOMA COUNTY DETENTION CENTER | 201 N SHARTEL OKLAHOMA CITY, OK 73102 |

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| P6218 | Continued From page 34 | P6218 | sentenced to DOC custody.<br>6) Review for ability to reduce overcrowding by transferring inmates to another county jail, if possible, use of ankle bracelets, bond reductions and early release programs. | |
| P6224 | 310:670-5-11(b)(12) Detention Facilities-Maintained Floor Drains<br><br>(b) New facilities and substantial remodeling of facilities (after January 1, 1992). Plans for the construction of a new facility or the substantial remodeling of an existing facility shall be submitted to the Department for review and approval. Detention facilities are encouraged to submit plans to the Department for any re-modeling or repair that does not meet the substantial remodeling threshold to ensure standards are met.<br>... ....<br>(12) There shall be floor drains maintained in working order . | P6224 | | |
| | This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure the floor drains were maintained in working order.<br><br>Findings:<br><br>1) Observed clogged floor drains on the 6th and | | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed. | |

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| P6224 | Continued From page 35<br>8th floor units rendering them inoperable, allowing standing water to pool on the floor causing a potential slipping hazard.<br><br>2) Interview of staff and inmates on this floor revealed the floor drains have not worked for an extended period of time. | P6224 | 2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) Conduct staff interviews to assess why the policy was not followed.<br>4) Ensure the policy reflects the current expected practice and revise as needed.<br>5) Review the procedures for reporting and responding to maintenance needs.<br>6) Review the process for monitoring for completion of repairs.<br>7) Revise and train on maintenance procedures as needed.<br>8) Confirm the repair is scheduled and completed. | |
| P7002 | 310:670-7-1(c) Detention Facilities-JUV Hourly Sight Checks<br><br>(c)(c) Sight checks of juvenile inmate living areas shall be performed at least one (1) time each hour. The check shall include all areas of each cell and the inmates shall be visually observed. Checks shall be documented in writing on a form provided by the administrator.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and record review the facility failed to conduct at least one (1) visual sight check every hour in the Juvenile Housing Unit.<br><br>Findings:<br><br>1) A review of Juvenile unit 13 Foxtrot log book dated February 4, 2021, revealed hourly sight checks were not documented every hour as required. | P7002 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. | |

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| P7002 | Continued From page 36<br><br>2) Sight checks are not being performed and documented in accordance with facility policy, Oklahoma County Detention Center policy: "Sight Checks", dated December 30-2020.<br><br>3) Record review of the unit log book revealed the use of several different terms being used to document a "sight check". Terms such as "visual check" and "face to face" were also found in the logs. 310:670-1-2 Definitions: "Sight Check" means when a Detention Officer physically observes an inmate. The term "Sight Check " must be used by all staff. | P7002 | 4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |
| P7005 | 310:670-7-1(f) Detention Facilities-JUV/Staff Communication<br><br>(f) A juvenile inmate shall be able to communicate with staff members at all times. This can be either by voice or electronic means. If electronic systems are used, there shall be a backup plan to insure communication ability is maintained.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and record review the facility failed to provide juvenile inmates with the ability to communicate with staff members at all times.<br><br>Findings:<br><br>1) Observation revealed the juvenile pod control is not manned in order to provide juveniles communication at all times. | P7005 | Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:<br><br>1) Conduct staff interviews to assess why the policy was not followed.<br>2) Ensure the policy reflects the current expected practice and revise as needed.<br>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct | |

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| P7005 | Continued From page 37<br>2) Review of records indicate hourly sight checks were not performed by staff, failing to provide juveniles the ability to communicate with staff at all times.<br><br>3) The Duress/Emergency phone system was tested in the Juvenile 13 Foxtrot unit, using (#211) producing negative results with the phone either continually ringing with no response or not ringing at all. | P7005 | training of staff on the policy.<br>4) Review and adopt further corrective actions as needed based on observations and interviews.<br>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.<br>6) Review and assess facility resources with respect to sufficient staffing to perform all assigned functions relating to safety, security, custody and the supervision of inmates. | |