Office of Professional Responsibility

Diamondback Correctional Facility

Inspection 2026-001-130

September 1-3, 2026

U.S. Immigration and Customs Enforcement

INSPECTION
of the
DIAMONDBACK CORRECTIONAL FACILITY
Watonga, Oklahoma

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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 an inspection of the Diamondback Correctional Facility (DCF) in Watonga, Oklahoma, from September 1 to 3, 2026.[1] The facility opened in 2026 and is owned by US Immigration Custom Enforcement and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCF in 2026 under the oversight of ERO's Field Office Director in Dallas (ERO Dallas). The facility is a non-dedicated ICE detention facility and operates under National Detention Standards (NDS) 2025.

ERO has deportation officers assigned full-time to the facility, and they are on-site daily, Monday through Friday, from [redacted] to [redacted] A warden handles daily facility operations and manages [redacted] support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity.[2]	[redacted]
Average ICE Population.[3]	[redacted]
Adult Male Population (as of September 1, 2026)	[redacted]
Adult Female Population (as of September 1, 2026)	[redacted]

This was ODO's first compliance inspection of DCF.

[1] This facility holds male and female detainees with low, medium-low, medium-high and high security classification levels for periods greater than 72 hours.
[2] Data Source: ERO Custody Management Division Authorized Facility List as of August 27, 2026.
[3] *Ibid.*

INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshal Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[4]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final 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.

[4] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

FINDINGS BY NATIONAL DETENTION STANDARDS 2025 MAJOR CATEGORIES

NDS 2025 Standards Inspected[5]	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	**0**
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	1
Special Management Units	1
Staff-Detainee Communication	2
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	**4**
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	2
Sub-Total	**4**
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	2
Sub-Total	**2**
Part 6 - Justice	
Grievance System	1
Law Libraries and Legal Materials	0
Sub-Total	**1**
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	**0**
Total Deficiencies	**11**

[5] For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed *22* detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the chief of security, reviewed 18 detainee immediate use of force (IUOF) files and accompanying After-Action Review (AAR) reports of incidents that occurred during the inspection period; and found, in 5 out of 18 IUOF incidents, the facility review teams did not complete and submit their AAR reports to the facility administrator within five working days of the IUOF incidents. Specifically, five AAR reports were dated seven to nine working days after the IUOF incidents **(Deficiency UOFR-90[6])**.

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed the chief of security and reviewed seven days of SMU 30-minute observation logs for 25 detainees who were housed in SMU during the inspection period; and found 564 instances in which SMU staff did not observe and log observations at least every 30 minutes on an irregular schedule. Specifically, in the 564 instances, SMU staff documented their observations occurred between 31 minutes and 16 hours after the last staff observation **(Deficiency SMU-84[7])**. **This is a priority component**.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed housing units, intake area, dining area and did not observe any contact information for ICE/ERO personnel. The facility does not provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility **(Deficiency SDC-22[8])**.

[6] "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints." *See* ICE NDS 2025, Standard, Use of Force and Restraints, Section (II)(J)(5).
[7] "SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule." *See* ICE NDS 2025, Standard, Special Management Units, Section (II)(K).
[8] "The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." *See* ICE NDS 2025, Standard, Staff-Detainee Communication, Section (II)(C)(4).

ODO observed housing units, intake area, dining area and did not observe any contact information for ICE/ERO personnel. Contact information is not updated at least quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel **(Deficiency SDC-23[9])**.

CARE

MEDICAL CARE (MC)

ODO interviewed the acting health services administrator (AHSA), reviewed MC policy, 25 detainee medical records, and found, in 3 out of 25 cases, new arrivals did not receive their tuberculosis screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines prior to being placed in general population **(Deficiency MC-18[10])**. **This is a priority component**.

ODO interviewed the AHSA, reviewed policy, health appraisal, dated August 21, 2025, and 25 detainee medical records, and found, in 8 out of 25 cases, the facility did not conduct and document the completion of a comprehensive health assessment, including physical examination and mental health screening, on each detainee within 14 days of their arrival at the facility **(Deficiency MC-27[11])**. **This is a priority component**.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO interviewed the AHSA, reviewed facility policy, and the file of one detainee who attempted suicide during the inspection period, and found a detainee attempted suicide on July 24, 2026; however, staff did not provide ODO with documentation to confirm medical staff completed a preliminary incident report. Additionally, the AHSA informed ODO the facility medical staff did not complete a preliminary incident report following the suicide attempt **(Deficiency SSHSPI-46[12])**.

ODO interviewed AHSA, reviewed facility policy, and the file of one detainee who attempted suicide during the inspection period, and found a preliminary incident report did not include the detainee's name, alien number, relevant medical history/diagnosis reason for suicide placement, and name and title of the people who provided information. Specifically, the detainee attempted

[9] "Contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel." *See* ICE NDS 2025, Standard, Staff-Detainee Communication, Section (II)(C)(4).
[10] "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." *See* ICE NDS 2025, Standard, Medical Care, Section (II)(D)(1).
[11] "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." *See* ICE NDS 2025, Standard, Medical Care, Section (II)(E).
[12] "Medical staff shall complete a preliminary Incident Report within 24 hours of any suicide or suicide attempt, and all staff who came into contact with the detainee immediately before the suicide attempt or death shall submit a statement describing their knowledge of the detainee and the incident." *See* ICE NDS 2025, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(K).

suicide on July 24, 2026, and facility staff did not provide ODO with documentation to confirm medical staff completed a preliminary incident report **(Deficiency SSHSPI-47[13])**.

ACTIVITIES

VOLUNTARY WORK PROGRAM (VWP)

ODO reviewed detainee account records, interviewed the classification coordinator and accounting clerk, and found the facility does not consistently pay detainees for wages owed prior to transfer or release. Specifically, the classification coordinator advised ODO the facility does always pay for wages owed prior to transfer or release **(Deficiency VWP-11[14])**.

ODO interviewed the classification coordinator and accounting clerk and found the facility does not place written justification in the detainee's detention file or in a retrievable electronic record when removing a detainee from a work detail with cause **(Deficiency VWP-12[15])**.

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 25 grievance files from January 2026 through August 2026 and found 8 out of 25 grievances logs had grievance disposition dates between 6 and 14 business days from the date of submission **(Deficiency GS-15[16])**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2025 and found the facility in compliance with 17 of those standards. ODO found 11 deficiencies in 7 standards. This was ODO's first inspection of facility DCF so prior inspection data does not exist for ODO to perform a trend analysis. ODO recommends ERO Dallas continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

[13] "The preliminary Incident Report must include detainee name, alien number, relevant medical history/diagnosis, reason for suicide placement (if applicable), date of death, and name and title of person providing information." *See* ICE NDS 2025, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(K).
[14] "Detainees will be paid owed wages prior to transfer or release." *See* ICE NDS 2025, Standard, Voluntary Work Program, Section (II)(H).
[15] "A detainee may be removed from a work detail for cause. Upon removing a detainee from a work detail, the facility shall place a written justification in the detainee's detention file or in a retrievable electronic record." *See* ICE NDS 2025, Standard, Voluntary Work Program, Section (II)(I).
[16] "Barring extraordinary circumstances, grievances shall be addressed within five business days." *See* ICE NDS 2025, Standard, Grievance System, Section (II)(A)(2)(a).

Inspection Results Compared	No Previous ODO Inspection	FY 2026 NDS 2025
Standards Reviewed	N/A	24
Deficient Standards	N/A	7
Overall Number of Deficiencies	N/A	11
Priority Component Deficiencies	N/A	3
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable/Adequate

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