



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Boone County Jail
Burlington, Kentucky**

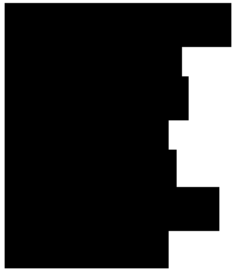
May 3-5, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
BOONE COUNTY JAIL
Burlington, Kentucky

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Boone County Jail (BCJ) in Burlington, Kentucky, from May 3 to 5, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of BJC from October 26 to 28, 2021. The facility opened in 2005 and is owned by Boone County Fiscal Court and operated by Boone County Jail. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCJ in 2005 under the oversight of ERO’s Field Office Director in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2000.

ERO has no assigned staff to the facility. A BCJ facility administrator handles daily facility operations and manages [REDACTED] support personnel. BCJ provides food services and medical care, and Combined Public Communications 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 May 3, 2022)	[REDACTED]
Adult Female Population (as of May 3, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found two deficiencies in the following areas: Admission and Release (1); and Special Management Unit (Administrative Segregation) (1).

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 Facility List as of May 5, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{4,5}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	0
Food Service	1
Funds and Personal Property	0
Issuance and Exchange of Clothing, Bedding and Towels	0
Recreation	0
Staff-Detainee Communication	1
Telephone Access	0
Sub-Total	2
Part 2 - Security and Control	
Emergency Plans	1
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	1
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	3

⁴ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 28 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Funds and Personal Property: Two detainees stated they have been waiting 2 months for their funds to arrive from their previous facility.

- Action Taken: ODO interviewed the facility intake sergeant and ERO Chicago, reviewed the detainees' detention files, personal property, and funds in the facility's dedicated safe, and confirmed the detainees arrived at the facility without their funds. On May 3, 2022, ERO Chicago contacted the detainees' previous facility to locate their funds. On May 4, 2022, the previous facility confirmed the detainees' funds not spent and reissued the balance of their funds on debit cards. On May 4, 2022, ERO Chicago advised both detainees of the status of their funds.

Medical Care: One detainee stated she is not receiving her thyroid medication. Additionally, the detainee stated she suffers from nausea and vomits after meals.

- Action Taken: ODO interviewed the health service administrator, reviewed the detainee's medical file, and found, during her initial medical evaluation on April 28, 2022, the detainee reported her hypothyroidism and diabetes, her arrival at BCJ without medications, and no knowledge of her medication dosages to facility medical staff. On April 28, 2022, facility medical staff obtained and submitted a release of information request to the detainee's pharmacy. On April 29, 2022, facility medical staff prescribed Metformin (1000 mg). On May 2, 2022, a facility medical nurse obtained blood work from the detainee. On May 4, 2022, a facility medical provider evaluated the detainee and prescribed Levothyroxine (25 mcg), Pioglitazone (30 mg), Simvastatin (20 mg), and lowered the Metformin dosage to 500 mg. The detainee acknowledged understanding of all medications and returned to her housing unit.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

FOOD SERVICE (FS)

ODO interviewed the facility food service administrator, observed five garbage/refuse containers in the food service area, and found five out of five containers not covered (**Deficiency FS-320⁶**).

⁶ "Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect and rodent proof." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(j).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 99 detainee requests and found in 26 out of 99 requests, ERO Chicago staff did not respond within 72 hours of receipt of the request (**Deficiency SDC-29**⁷).

SECURITY AND CONTROL

EMERGENCY PLANS (EP)

ODO reviewed facility emergency plans, interviewed the emergency plans supervisor, and found the facility did not develop an individual contingency plan for service-wide lockdown (**Deficiency EP-93**⁸).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found three deficiencies in the remaining three standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Chicago work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of BCJ in October 2021.

Compliance Inspection Results Compared	First FY 2022 (NDS 2000)/ (NDS 2019)	Second FY 2022 (NDS 2000)/ (NDS 2019)
Standards Reviewed	21/1	17/1
Deficient Standards	2	3
Overall Number of Deficiencies	2	3
Repeat Deficiencies	0	0
Areas Of Concern	2	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

⁷ "The detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(1)(b).

⁸ "All facilities will compile INS approved individual contingency plans, as needed, in the following order: ...
13. Service wide Lockdown."

See ICE NDS 2000, Standard, Emergency Plans, Section (III)(D)(13).