



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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Chicago Field Office

Boone County Jail  
Burlington, KY

July 27-30, 2020

**COMPLIANCE INSPECTION  
of the  
BOONE COUNTY JAIL  
Burlington, KY**

**TABLE OF CONTENTS**

|   |          |
|---|----------|
| <b>FACILITY OVERVIEW .....</b>  | <b>4</b> |
| <b>COMPLIANCE INSPECTION PROCESS .....</b>                                      | <b>5</b> |
| <b>FINDINGS BY NATIONAL DETENTION STANDARDS 2000<br/>MAJOR CATEGORIES .....</b> | <b>6</b> |
| <b>DETAINEE RELATIONS .....</b>   | <b>7</b> |
| <b>COMPLIANCE INSPECTION FINDINGS .....</b>                                     | <b>8</b> |
| <b>DETAINEE SERVICES .....</b>  | <b>8</b> |
| Admission and Release .....   | 8        |
| Detainee Classification System.....   | 8        |
| Funds and Personal Property .....   | 8        |
| <b>SECURITY AND CONTROL .....</b>   | <b>9</b> |
| Environmental Health and Safety .....   | 9        |
| Use of Force.....   | 9        |
| <b>HEALTH SERVICES .....</b>  | <b>9</b> |
| Medical Care.....   | 9        |
| <b>CONCLUSION .....</b>   | <b>9</b> |

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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Boone County Jail (BCJ) in Burlington, Kentucky, from July 27-30, 2020.<sup>1</sup> The facility opened in 2005 and is owned by the Boone County Fiscal Court and operated by BCJ. 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 (FOD) in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2000. BCJ is not contractually obligated to comply with the NDS 2019 Sexual Abuse and Assault Prevention and Intervention standard; however, the facility made efforts to comply.

ERO does not have deportation officers or a detention services manager assigned to the facility. The BCJ jailor handles daily facility operations and is supported by █ personnel. BCJ provides food services, Keefe Supply provides commissary services, and Southern Health Partners provides medical care at the facility. The facility does not hold any outside accreditations.

| Capacity and Population Statistics           | Quantity |
|--|----------|
| ICE Detainee Bed Capacity <sup>2</sup>       | 200      |
| Average ICE Detainee Population <sup>3</sup> | 104      |
| Male Detainee Population (as of 7/27/2020)   | 57       |
| Female Detainee Population (as of 7/27/2020) | 0        |

During its last inspection, in Fiscal Year 2018, ODO found four deficiencies in the following areas: Funds and Personal Property (1), Environmental Health and Safety (2), and Medical Care (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of July 13, 2020.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.<sup>4</sup>

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

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

| NDS 2000 Standards Inspected <sup>5</sup>                            | Deficiencies |
|--|--------------|
| <b>Part 1 – Detainee Services</b>                                    |              |
| Access to Legal Material   | 0            |
| Admission and Release  | 3            |
| Detainee Classification System                                       | 1            |
| Detainee Grievance System  | 0            |
| Food Service   | 0            |
| Funds and Personal Property  | 2            |
| Recreation   | 0            |
| Religious Practices  | 0            |
| Staff-Detainee Communication   | 0            |
| Telephone Access   | 0            |
| Visitation   | 0            |
| <b>Sub-Total</b>   | <b>6</b>     |
| <b>Part 2 – Security and Control</b>                                 |              |
| Environmental Health and Safety                                      | 1            |
| Special Management Unit (Administrative Segregation)                 | 0            |
| Special Management Unit (Disciplinary Segregation)                   | 0            |
| Use of Force   | 1            |
| <b>Sub-Total</b>   | <b>2</b>     |
| <b>Part 3 – Health Services</b>                                      |              |
| Medical Care   | 1            |
| Suicide Prevention and Intervention                                  | 0            |
| <b>Sub-Total</b>   | <b>1</b>     |
| <b>National Detention Standard 2019</b>                              |              |
| Sexual Abuse and Assault Prevention and Intervention                 | 0            |
| <b>Sub-Total</b>   | <b>0</b>     |
| <b>Federal Performance Base National Detention Standard (FPBNDS)</b> |              |
| Disability, Identification Assessment and Accommodation              | 0            |
| <b>Sub-Total</b>   | <b>0</b>     |
| <b>Total Deficiencies</b>  | <b>9</b>     |

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 12 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Medical Care:* One detainee stated he had heart disease and received medication twice daily, which made him sleepy and missed meals. The detainee further stated he verbally reported his concerns to the medical staff on July 27, 2020, and requested vitamins to supplement his lack of food consumption.

- Action Taken: ODO reviewed the detainee medical record which showed the detainee was seen by the nurse practitioner (NP) on July 23, 2020, and he did not report any complaints with his medication. The medical record also showed the detainee refused his medication on July 27, 2020. On July 28, 2020, facility staff provided documentation the detainee was placed on sick call to see the NP to address any on-going medical concerns.

*Medical Care:* One detainee stated he had high blood pressure and wanted a heart healthy diet, but he believed the facility did not provide special diet food trays.

- Action Taken: ODO reviewed the detainee's medical record, which showed the detainee was seen by the resident nurse on July 14, 2020, and the NP on July 23, 2020, which he did not request a medical diet. On July 28, 2020, the facility staff provided food service diet reports, which showed special diets for medical and religious purposes. The facility staff also provided documentation the detainee was placed on sick call on July 28, 2020, to see the NP to address his dietary concerns.

*Medical Care:* One detainee stated upon his arrival, he reported having food allergies to red meat. The detainee further stated he continued to receive food trays with red meat but would only eat the vegetables.

- Action Taken: ODO reviewed the detainee's medical record, which did not indicate the detainee reported having food or medicine allergies during his BCJ admission process on July 14, 2020. The facility staff reported to ODO that the facility's food service did not serve pork or red meat. Specifically, poultry (turkey or chicken) was the only meat served at the facility. On July 28, 2020, the detainee was placed on sick call to see the NP to address his allergies and diet.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (A&R)

ODO reviewed 21 detainee detention files and found the Order to Detain (Form I-203) was not signed by an ERO authorizing official in three out of 21 detention files (**Deficiency A&R-1<sup>6</sup>**).

ODO reviewed 21 detainee detention files and found one out of 21 files contained a Mexican identification card stored in the detainee's personal property rather than in the detainee's A-file (**Deficiency AR-2<sup>7</sup>**).

ODO reviewed BCJ's release procedures and found release processing did not include fingerprinting (**Deficiency AR-3<sup>8</sup>**).

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 21 detainee detention files and determined three out of 21 detainee files did not reflect history of violence was considered in the local classification process (**Deficiency DCS-1<sup>9</sup>**).

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO interviewed property staff and found the facility did not have a dedicated safe for securing small valuable property envelopes accessible only by designated supervisory staff (**Deficiency F&PP-1<sup>10</sup>**).

ODO reviewed the facility property inventory forms in 21 detainee files and found a Mexican identification card was stored in one out of 21 detainee's personal property rather than in the detainee's A-file (**Deficiency F&PP-2<sup>11</sup>**).

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<sup>6</sup> "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

<sup>7</sup> "Identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/ICE for placement in the detainee's A-file." See ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

<sup>8</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property, and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>9</sup> "The officer assigned to intake/processing will review the detainee's A-file, work-folder and/or information provided by ICE to identify and classify each new arrival according to the Detention Classification System (DCS)." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(B).

<sup>10</sup> "Each facility, without a commissary, will have the following: 3. A dedicated safe for the cash box and property envelopes." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(A)(3). **This is a Repeat Deficiency.**

<sup>11</sup> "Identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file. Upon request, staff will provide the detainee with a copy of the document, certified by INS officials to be a true and correct copy." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(3).

## SECURITY AND CONTROL

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's safety records and confirmed monthly fire drills were conducted; however, BCJ tested the emergency keys separately from the conducted fire drill. BCJ did not simultaneously draw and test the emergency keys during the fire drills (**Deficiency EHS-1**<sup>12</sup>).

### USE OF FORCE (UOF)

ODO interviewed facility staff and reviewed documentation of the only UOF incident reported during the twelve months preceding the inspection. The facility staff was unable to provide documentation the after-action review report was sent to ERO Chicago within the required two workdays (**Deficiency UOF-1**<sup>13</sup>).

## HEALTH SERVICES

### MEDICAL CARE (MC)

ODO reviewed detainees' access to routine sick call and confirmed detainees submitted written requests to the officer assigned to the detainees' housing unit. The officer was required to enter the requests into the facility's electronic health record for retrieval by medical staff. The involvement of the officers in this process violated patient confidentiality (**Deficiency MC-1**<sup>14</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000, one standard under NDS 2019, and one standard under FPBNDS. ODO found the facility in compliance with 13 of those standards and found nine deficiencies in the remaining six standards. ODO commends the facility staff for their responsiveness during this inspection. However, ODO noted three out of the ten deficiencies were the same repeat deficiencies from its FY 2018 inspection. ODO recommends ERO Chicago work with the facility to remedy any outstanding deficiencies as applicable and in accordance with contractual obligations.

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<sup>12</sup> [REDACTED] will be included in each fire drill, and timed. [REDACTED] will be drawn and used by appropriate staff to [REDACTED]. NFPA recommends a limit of [REDACTED].” See ICE NDS 2000, Standard, Environmental Health and Safety Standard, Section (L)(4)(c). **This is a Repeat Deficiency.**

<sup>13</sup> “Within two workdays of the After-Action Review Team's determination, the OIC shall report the finding of appropriate/inappropriate use of force, via memorandum, to the District Director, the outcome of the After-Action Review and that the use of force (other than firearms) was appropriate/inappropriate.” See ICE NDS 2000, Standard Use of Force, Section (III)(K).

<sup>14</sup> “All medical providers shall protect the privacy of detainee's medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the wellbeing of detainees.” See ICE NDS 2000, Standard, Medical Care, Section (III)(M). **This is a repeat deficiency.**

| <b>Compliance Inspection Results Compared</b> | <b>FY 2018<br/>(NDS 2000)</b> | <b>FY 2020<br/>(NDS 2000)</b> |
|---|-------------------------------|-------------------------------|
| Standards Reviewed                            | 15                            | 19                            |
| Deficient Standards                           | 3                             | 6                             |
| Overall Number of Deficiencies                | 4                             | 9                             |
| Repeat Deficiencies                           | 4                             | 3                             |
| Corrective Actions                            | 0                             | 0                             |