



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office

Boone County Jail
Burlington, Kentucky

December 14-18, 2020

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

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
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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 December 14 to 18, 2020.¹ 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) 2019.

ERO does not have deportation officers nor 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 accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	200
Average ICE Detainee Population ³	█
Male Detainee Population (as of 12/14/2020)	█
Female Detainee Population (as of 12/14/2020)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 9 deficiencies in the following areas: Admission and Release (3); Detainee Classification System (1); Funds and Personal Property (2); Environmental Health and Safety (1); Medical Care (1); and Use of Force (1).

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

² Data Source: ERO Facility List Report as of December 14, 2020.

³ *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.⁴

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5&6}	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	2
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	3
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	5

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

⁶ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed 12 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 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.

Admission and Release: Eight detainees stated they did not receive the facility's nor ICE's detainee handbooks upon their intake to the facility.

- Action Taken: ODO reviewed the detention files for all eight detainees and found signed acknowledgements from each detainee, which indicated they received a copy of the local Inmate Rules and Regulations (facility detainee handbook) and the ICE National Detainee Handbook upon intake. ODO requested the facility to ensure each detainee receive a copy of both handbooks and on December 15, 2020, the facility provided a copy of both handbooks to all eight detainees.

Food Service: One detainee stated he was diabetic, and the facility routinely provided him with food trays that did not meet his medical needs.

- Action Taken: ODO interviewed the food service administrator (FSA), and reviewed the facility's food service menu and documentation of meals served during the inspection. The FSA stated the facility listed the detainee as a diabetic on their medical diet list. The facility's documentation for meals served to detainees indicated the facility's food service department served the detainee diabetic meals, which were different from the regular line menu meals.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 18 detainee files and found the facility did not obtain a forwarding address from the detainees in 15 out of 18 files (**Deficiency F&PP-15**⁷).

ODO reviewed the facility's detainee handbook and found it did not inform detainees they could request and ERO Chicago would provide a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files (**Deficiency F&PP-34**⁸).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policies, procedures, and training curriculum. ODO found the facility's procedure was to monitor for retaliation for 30-days following a report of sexual abuse or sexual assault, and not for at least 90-days, as required by the standard (**Deficiency SAAPI-1026**⁹).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action by revising their policy and training curriculum to reflect the 90-day minimum monitoring period. The facility communicated the change to staff members during their daily entry-on-duty briefings (**C-1**).

CARE

MEDICAL CARE (MC)

ODO reviewed the facility's detainee handbook and found the handbook did not inform detainees they could request and receive a copy of their medical records (**MC-102**¹⁰).

⁷ "Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(1).

⁸ "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2).

⁹ "... For at least 90 days following a report of sexual abuse and assault, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff, and shall act promptly to remedy any such retaliation." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(K).

¹⁰ "... Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)

ODO reviewed the detention files for two detainees the facility had placed on suicide watch since ODO’s last inspection and found the facility’s mental health staff conducted welfare checks every [REDACTED] and not every [REDACTED] as required by the standard (SSH&SPI-22¹¹).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found five deficiencies in the remaining four standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2000)	FY 2021 (NDS 2019)
Standards Reviewed	19	18
Deficient Standards	6	4
Overall Number of Deficiencies	9	5
Repeat Deficiencies	3	0
Areas of Concern	0	0
Corrective Actions	0	1

¹¹ “... A mental health provider will perform welfare checks every [REDACTED].” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section, (II)(F).