



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

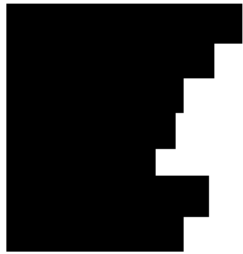
October 26-28, 2021

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

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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 October 26 to 28, 2021.¹ The facility opened in 2005 and is owned and operated by the Boone County Fiscal Court. 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 not assigned deportation officers nor a detention services manager to the facility. A BCJ facility administrator handles daily facility operations and oversees █ personnel. Facility staff 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 Detainee Bed Capacity ²	█
Average ICE Detainee Population ³	█
Male Detainee Population (as of October 26, 2021)	█
Female Detainee Population (as of October 26, 2021)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found four deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (1); Funds and Personal Property (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 September 27, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵⁶	Deficiencies
Part 1 – Detainee Services	
Admission and Release	1
Correspondence and Other Mail	0
Detainee Classification System	0
Food Service	0
Funds and Personal Property	0
Group Presentations on Legal Rights	0
Issuance and Exchange of Clothing, Bedding and Towels	0
Marriage Requests	0
Non-Medical Emergency Escorted Trips	0
Voluntary Work Program	0
Sub-Total	1
Part 2 – Security and Control	
Detention Files	0
Detainee Transfers	0
Emergency Plans	0
Environmental Health and Safety	0
Post Orders	0
Special Management Unit (Administrative Segregation)	1
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 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention (NDS 2019)	0
Sub-Total	0
Total Deficiencies	2

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

⁶ 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 21 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.

Medical Care: One detainee indicated he had not received adequate medical care for an infection under his right armpit. Specifically, the detainee stated the prescribed medication did not work and the infected area was still callous and painful.

- Action Taken: ODO interviewed the facility's health services administrator (HSA) who conducted a medical record review and confirmed that on October 19, 2021, the facility's medical provider examined the detainee for an abscess and infection under his right armpit. The provider cut and drained the abscess and prescribed the antibiotic Clindamycin for 7 days. On October 21, 2021, the medical provider conducted a follow-up evaluation and changed the dressing. On October 25, 2021, the nurse practitioner (NP) noted improvement in the wound during a reevaluation and changed the antibiotic to Bactrim DS for 7 days. The NP scheduled the detainee for a follow-up examination upon expiration of the prescription to occur on October 31, 2021.

Medical Care: One detainee stated medical staff did not examine her for allergies after requesting medical care on two occasions. The detainee stated medical staff examined her only for knee pain after a fall-related injury. Specifically, the detainee stated medical staff denied her request for pain cream and instead prescribed Tylenol.

- Action Taken: ODO interviewed the facility's HSA who conducted a medical record review and confirmed the detainee's first complaint on July 7, 2021, about difficulty breathing due to cigarette smoke from other detainees. Medical staff conducted a routine physical examination, identified no abnormalities, and reported the detainee's allegation of cigarette smoke from other detainees to facility staff. On October 4, 2021, the detainee slipped and fell, injuring her left knee. The medical provider examined the detainee, determined her pain to be a 4 on a scale from 1 to 10, and noted no difficulty in range of motion. Next, the medical provider prescribed Ibuprofen for the pain and also recommended cold compresses. Medical staff advised the detainee to report to sick call if the pain continued. The detainee never reported back to the medical staff for any recurrence of pain, and ODO did not find any requests for pain cream. On October 28, 2021, the NP reevaluated the detainee because of the ODO interview. The NP prescribed the detainee medication for allergies and Ibuprofen for knee pain. Additionally, the NP ordered an x-ray examination of the left knee for a more accurate diagnosis of her pain. The facility did not have a confirmed appointment date during the inspection.

Environmental Health and Safety: One detainee stated his housing unit did not have hot water for food and drinks.

- Action Taken: ODO interviewed the facility's sergeant who confirmed the hot pot in the detainee's housing unit was not working properly and issued a new one to the housing unit on the same day.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee files and found [REDACTED] files did not have an Order to Detain or Release Form (Form I-203) bearing the appropriate official signature (**Deficiency AR-34⁷**).

SECURITY AND CONTROL

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed [REDACTED] administrative segregation files and found in [REDACTED] files, ODO did not find any records indicating facility staff provided a copy of the AS order to the detainee. Additionally, ODO interviewed the facility lieutenant who confirmed the facility staff did not give segregation orders to detainees (**Deficiency SMU AS-8⁸**).

OTHER STANDARD INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI) (NDS 2019⁹)

ODO reviewed the facility's website and found a summary of PREA protocols and past PREA reports posted; however, the facility did not have a method for third parties to report incidents. ODO noted this as an **Area of Concern**.

ODO reviewed the facility's SAAPI written policy and procedures and found the written policy did not include procedures for assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee nor written procedures for determining whether actions or failures to act at the facility contributed to the abuse. ODO noted this as an **Area of Concern**.

⁷ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁸ "A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

⁹ BCJ is not contractually obligated to comply with the NDS 2019 SAAPI standard. ODO cited all findings in SAAPI as Areas of Concern.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 20 of those standards. ODO found two deficiencies in the remaining two standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO 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 May 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2000)	FY 2022 (NDS 2000)
Standards Reviewed	13	22
Deficient Standards	4	2
Overall Number of Deficiencies	4	2
Repeat Deficiencies	0	0
Areas of Concern	1	2
Corrective Actions	1	0
Facility Rating	N/A	Superior