



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2023-002-126**

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

**Boone County Jail  
Burlington, Kentucky**

**May 16-18, 2023**

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....</b>	<b>5</b>
<b>FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS.....</b>	<b>7</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....</b>	<b>7</b>
<b>DETAINEE SERVICES.....</b>	<b>7</b>
<b>VISITATION.....</b>	<b>7</b>
<b>SECURITY AND CONTROL .....</b>	<b>8</b>
<b>KEY AND LOCK CONTROL .....</b>	<b>8</b>
<b>HEALTH SERVICES .....</b>	<b>8</b>
<b>MEDICAL CARE.....</b>	<b>8</b>
<b>SUICIDE PREVENTION AND INTERVENTION .....</b>	<b>9</b>
<b>TERMINAL ILLNESS, ADVANCE DIRECTIVES AND DEATH.....</b>	<b>9</b>
<b>CONCLUSION .....</b>	<b>9</b>

## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Acting 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 16 to 18, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of BCJ from November 29 to December 1, 2022. 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). ICE is an authorized user of BCJ under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of May 8, 2023. BCJ was inspected against NDS 2000.

ERO has no staff assigned to the facility; however, ERO Chicago staff conduct scheduled visits on Wednesdays between 8:00 am and 2:00 pm. A facility administrator handles daily operations and manages █████ support personnel. BCJ provides food and medical care services, 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 <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of May 16, 2023)	█████
Adult Female Population (as of May 16, 2023)	█████

During its last full inspection, in Fiscal Year (FY) 2023, ODO found four deficiencies in the following areas: Admission and Release (1); Correspondence and Other Mail (2); and Key and Lock Control (Security, Accountability, and Maintenance) (1).

<sup>1</sup> This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of May 8, 2023.

<sup>3</sup> *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, 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 uniform corrective action plan (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 <sup>4,5</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Admission and Release	0
Correspondence and Other Mail	0
Detainee Classification System	0
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	0
Recreation	0
Staff-Detainee Communication	0
Visitation	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 2 - Security and Control</b>	
Emergency Plans	0
Environmental Health and Safety	0
Key and Lock Control	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 - Health Services</b>	
Medical Care	3
Suicide Prevention and Intervention	1
Terminal Illness, Advanced Directives and Death	1
<b>Sub-Total</b>	<b>5</b>
<b>Total Deficiencies</b>	<b>9</b>

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

<sup>5</sup> 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:* One detainee stated he was missing between \$350.00 to \$400.00 in cash from his property.

- Action Taken: ODO reviewed the detainee's electronic file, interviewed facility staff and an ERO Chicago deportation officer (DO), and found the detainee's electronic property log did not record any funds at intake. On May 18, 2023, at ODO's request, the DO reviewed the detainee's file and confirmed Warren County Jail (WCJ) as the detainee's assigned location prior to his transfer to BCJ on May 15, 2023. ERO Chicago contacted the WCJ on-duty booking deputy and found the detainee arrived at the WCJ with \$404.00. The WCJ deputy informed the DO that WCJ deposited the funds into the detainee's commissary account and the detainee spent all of his funds prior to his transfer to BCJ. On May 30, 2023, ODO followed up with the DO and requested a copy of the property intake form. On June 1, 2023, ODO followed-up with ERO Chicago's Assistant Field Office Director (AFOD) and found the WCJ miscalculated the detainee's balance and owed \$227.93 to him. The AFOD stated WCJ mailed a check for \$227.93 on June 2, 2023, and BCJ deposited the check into the detainee's account on June 6, 2023.

*Religious Practices:* One detainee stated he did not receive his approved religious prayer mat.

- Action Taken: ODO reviewed the detainee's ICE and facility request file and found no submitted request for a prayer mat but did find reference in the facility's general record of staff issuing him a blanket to serve as a prayer mat on February 23, 2023. On May 18, 2023, ODO confirmed the facility provided the detainee a second blanket to bolster his prayer mat.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### VISITATION

ODO reviewed the facility's written visitation policy, interviewed a facility captain, and found no written procedures to allow legal service providers and legal assistants to telephone the facility in advance of a visit to confirm detainment of a noncitizen (**Deficiency V-72**<sup>6</sup>).

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<sup>6</sup> "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(6).

ODO reviewed the facility’s visitation policy and found the policy did not specify procedures and standards for: visitor’s dress code; legal assistants working under the supervision of an attorney; Notice of Entry of Appearance as Attorney or Accredited Representative (Form G-28) requirements; identification and search of legal representatives; materials provided to detainees by legal representatives; confidential group legal meetings; nor detainee sign-ups (**Deficiency V-117**<sup>7</sup>).

ODO reviewed the facility’s visitation policy, interviewed a facility captain, and found no established policy nor implemented procedures governing human visitors entering the facility with animals (**Deficiency V-194**<sup>8</sup>).

## **SECURITY AND CONTROL**

### **KEY AND LOCK CONTROL (KLC)**

ODO reviewed the facility’s training records and found security officers did not complete an approved locksmith-training program. Specifically, ODO found the training certification program of two maintenance staff included general maintenance training but did not include locksmith training (**Deficiency KLC-12**<sup>9</sup>). **This is a repeat deficiency.**

## **HEALTH SERVICES**

### **MEDICAL CARE (MC)**

ODO reviewed █ detainee medical records and found in █ out of █ records, facility staff did not complete a health appraisal nor physical examination of the detainees within 14 days of their arrival. Specifically, the health care provider conducted the health appraisals and physical examinations at 17, 19, 26 and 32 days after the detainees’ arrival (**Deficiency MC-23**<sup>10</sup>). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility medical staff did not conduct initial dental screenings within 14-days of the detainees’ arrival at the facility. Specifically, the facility medical staff performed the initial dental screenings between 19 and 32

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<sup>7</sup> “The site-specific policy shall specify visitation hours, procedures and standards, including, but not limited to, telephone inquiries; dress code; legal assistants working under the supervision of an attorney; pre-representational meetings; Form G-28 requirements; identification and search of legal representatives; identification of visitors; materials provided to detainees by legal representatives; confidential group legal meetings; and detainee sign-up.” *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

<sup>8</sup> “Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property.” *See* ICE NDS 2000, Standard, Visitation, Section (III)(O)(4).

<sup>9</sup> “All security officers shall successfully complete an approved locksmith-training program.” *See* ICE NDS 2000, Standard, Key and Lock Control (Security, Accountability, and Maintenance), Section (III)(A)(2).

<sup>10</sup> “The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.” *See* ICE NDS 2000, Standard, Medical Care, Section (III)(D).



days after the detainees' arrival (**Deficiency MC-50**<sup>11</sup>).

ODO reviewed 12 initial dental screening exams and found in 7 out of 12 exams, a registered nurse completed the task instead of a physician, physician assistant, or nurse practitioner (**Deficiency MC-51**<sup>12</sup>).

### **SUICIDE PREVENTION AND INTERVENTION (SPI)**

ODO reviewed the medical files of 6 detainees the facility placed on suicide precautions and found in 1 out of 6 files, four occurrences in which clinical staff documented continuous monitoring close observation between 32 and 48 minutes, instead of 15 minutes as required by the standard (**Deficiency SPI-17**<sup>13</sup>).

### **TERMINAL ILLNESS, ADVANCED DIRECTIVES AND DEATH (TIADD)**

ODO reviewed the facility's TIADD and MC policies and found the facility administrator did not include the requirement of chaplain involvement in communicating news of the serious illness or death of a detainee or member of a detainee's family (**Deficiency TIADD-48**<sup>14</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000 and found the facility in compliance with 13 of those standards. ODO found nine deficiencies in the remaining five standards. Since BCJ's last full inspection in December 2022, the facility has trended down. BCJ went from three deficient standards and four deficiencies to five deficient standards and nine deficiencies, which includes a repeat deficiency for security officers not completing an approved locksmith-training program. Of the nine deficiencies ODO identified in this most recent inspection, one is a priority component. ERO provided ODO with the UCAP for ODO's last inspection of BCJ, but the UCAP did not address the completion of the previous deficiency in the KLC standard of not completing an approved locksmith-training program, which likely contributed to a repeat deficiency on this current inspection. ODO recommends ERO Chicago to continue working with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

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<sup>11</sup> "An initial dental screening exam should be performed within 14 days of the detainee's arrival." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

<sup>12</sup> "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

<sup>13</sup> "Observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The CD may recommend constant direct supervision." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

<sup>14</sup> "Written procedures will provide for chaplain involvement in communicating news of the serious illness or death of a detainee or member of a detainee's families." See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(E)(6)(b).

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2000)</b>	<b>FY 2023 Follow-up Inspection (NDS 2000)</b>
Standards Reviewed	24	18
Deficient Standards	3	5
Overall Number of Deficiencies	4	9
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	1
Areas Of Concern	2	0
Corrective Actions	1	0
Facility Rating	Superior	N/A