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**Office of Detention Oversight
Special Review
2023-003-189**

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

**Oldham County Jail
La Grange, Kentucky**

September 26-28, 2023

**SPECIAL REVIEW
of the
OLDHAM COUNTY JAIL
La Grange, 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 special review of the Oldham County Jail (OCJ) in La Grange, Kentucky, from September 26 to 28, 2023.¹ The facility opened in January 2018 and is owned and operated by Oldham County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at OCJ in 1997 under the oversight of ERO's Field Office Director in Chicago (ERO Chicago). ICE is an authorized user of this facility 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 September 26, 2023. OCJ was inspected against the NDS 2019 and ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A jailer handles daily facility operations and manages [REDACTED] support personnel. Kellwell provides food and 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 26, 2023)	[REDACTED]
Adult Female Population (as of September 26, 2023)	[REDACTED]

This is ODO's first compliance inspection of OCJ.

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

² Data Source: ERO Facility List as of September 26, 2023.

³ *Ibid.*

SPECIAL REVIEW INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, 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 *Special Review Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each review, 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 its 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 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	12
Sub-Total	12
Part 2 - Security	
Use of Force and Restraints	0
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	1
Part 3 - Care	
Food Service	1
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	14

⁵ For greater detail on ODO's findings, see the *Special Review 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 did not conduct any detainee interviews since the detainee population remained at zero throughout the special review. Despite a zero-detainee population count, the facility has an active contract to house ICE detainees and an ADP of 1 for FY 2022, meeting ODO's inspection criteria to conduct special reviews of under 72-hour ICE detention facilities with an ADP of 1 to 9 detainees.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility jailer and a lieutenant, reviewed the facility's EHS program and policies, inspected the main chemical storage area in Room 113 and found the following deficiencies:

- No perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in the area in which it is stored (**Deficiency EHS-3⁷**);
- No inventory records maintained for each substance (**Deficiency EHS-4⁸**);
- In accordance with OSHA requirements, not every area using hazardous substances maintain a file of corresponding Safety Data Sheets (SDSs) (**Deficiency EHS-5⁹**);
- No staff nor detainees have ready and continuous access to SDSs for the substances with which they are working while in the work area (**Deficiency EHS-6¹⁰**);
- No staff nor maintenance supervisor review the records as necessary (**Deficiency EHS-7¹¹**);
- No maintenance supervisor nor facility designee compiled a master index of all hazardous substances in the facility to include their locations and a master file of SDSs (**Deficiency EHS-8¹²**);

⁷ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁰ "The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹¹ "Staff must review SDS files and the Maintenance Supervisor will review the records as necessary." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹² "The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of SDSs. Documentation of reviews will be maintained in the SDS master file." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

- No documentation of reviews maintained in the SDS master file (**Deficiency EHS-9¹³**);
- No master index to include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.) (**Deficiency EHS-10¹⁴**);
- Not every individual using a hazardous substance in the facility familiar with and follow all prescribed precautions, wear personal protective equipment (PPE) when necessary, and report hazards or spills to the designated authority (**Deficiency EHS-11¹⁵**);
- No staff supervising detainees familiar with and follow all prescribed precautions, ensuring detainees are provided with and are properly utilizing PPE (**Deficiency EHS-12¹⁶**);
- No hazardous substances issued in the amount needed as deemed necessary by the facility administrator (**Deficiency EHS-15¹⁷**); and
- No inventory records for hazardous substances kept current before, during, and after each use (**Deficiency EHS-16¹⁸**).

SECURITY

SPECIAL MANAGEMENT UNIT

ODO interviewed the facility jailer, reviewed the facility’s SMU program and policies, and found the facility does not record and log all activities concerning SMU detainees, e.g., meals served, recreation, visitors, etc. Since the facility had no detainees in the SMU during the review period, ODO noted this as an **Area of Concern**.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the facility jailer, reviewed the facility’s SAAPI program and policies, and found the facility does not have a SAAPI policy unique to their facility (**Deficiency SAAPI-1¹⁹**).

¹³ “Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁴ “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁵ “Every individual using a hazardous substance in the facility must be familiar with and follow all prescribed precautions, wear personal protective equipment (PPE) when necessary, and report hazards or spills to the designated authority.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(3).

¹⁶ “Staff supervising detainees must be familiar with and follow all prescribed precautions, ensuring detainees are provided with and are properly utilizing PPE.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(3).

¹⁷ “Hazardous substances will be issued in the amount needed as deemed necessary by the facility administrator.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(b).

¹⁸ “Inventory records for a hazardous substance must be kept current before, during, and after each use.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹⁹ “The facility’s policy and procedures shall reflect the unique characteristics of the facility, including factors such as the availability of specialized community-based services, including rape crisis/trauma units in local medical centers, clinics, and hospitals.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

CARE

FOOD SERVICE (FS)

ODO interviewed the facility food service manager, reviewed 540 final rinse temperature log entries from April 2023 to September 2023 for the facility’s dish machine located in the kitchen area, and found staff recorded 422 out of 540 final rinse temperatures below 180 Fahrenheit (F) degrees, ranging from 160 to 179 F degrees (**Deficiency FS-95**²⁰).

CONCLUSION

During this special review, ODO assessed the facility’s compliance with 9 standards under NDS 2019 and found the facility in compliance with 6 of those standards. ODO found 14 deficiencies in the remaining 3 standards. ODO found mainly EHS deficiencies due to hazardous substance storage and logging. This was ODO’s first inspection of OCJ; therefore, ODO performed no trend analysis of this facility. Prior to this special review, the facility’s last known oversight inspection was an ERO Operational Review Self-Assessment (ORSA), which occurred on December 31, 2022.²¹ ERO Chicago’s oversight of OCJ appears to be adequate; however, ODO notes there are an additional 23 NDS 2019 standards that ODO did not review as part of this special review. ODO recommends ERO Chicago work with the facility to resolve deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2023 Special Review (NDS 2019)
Standards Reviewed	N/A	9
Deficient Standards	N/A	3
Overall Number of Deficiencies	N/A	14
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	1
Corrective Actions	N/A	0
Facility Rating	N/A	Good

²⁰ “The facility will adhere to the health and safety standards of the FDA and/or state or local authorities with oversight of food service operations.”

See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6).

²¹ Data Source: ERO Facility List as of September 26, 2023.