

Office of Professional Responsibility

Oldham County Jail

Inspection 2025-006-030

June 25, 2025



U.S. Immigration
and Customs
Enforcement

ODO ASSISTED SELF-INSPECTION
of the
OLDHAM COUNTY JAIL
La Grange, Kentucky

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INSPECTION TEAM MEMBERS



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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 an ODO assisted self-inspection process (OASIP) inspection of the Oldham County Jail (OCJ) in La Grange, Kentucky, from May 28 to June 26, 2025, which included a 1-day on site visit on June 25, 2025..¹ The facility opened in 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). The facility is a United States Marshals Service (USMS) contracted facility where ICE is an authorized user and operates under the USMS Federal Performance Based Detention Standards (FPBDS) (May 2025)..²

[REDACTED] A jailer handles daily facility operations and manages 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. ³	[REDACTED]
Average ICE Population. ⁴	[REDACTED]
Adult Male Population (as of June 25, 2025)	[REDACTED]
Adult Female Population (as of June 25, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 1 deficiency in the following area: Medical Care (1).

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

² In June 2025, all USMS contracted facilities where ICE is an authorized user changed from NDS 2019 to USMS FPBDS (May 2025).

³ Data Source: ERO Custody Management Division Authorized Facility List as of June 23, 2025.

⁴ *Ibid.*

ODO ASSISTED SELF-INSPECTION PROCESS

In FY 2025, ODO implemented an OASIP, which replaces the annual Special Review inspections ODO conducted at most low average daily population (ADP) and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with USMS FPBDS (May 2025) requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on site towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.

ODO identifies any violations of USMS FPBDS (May 2025) as "deficiencies." ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with "C" under the *ODO Assisted Self-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.

FINDINGS BY FEDERAL PERFORMANCE BASED DETENTION STANDARDS (MAY 2025) MAJOR CATEGORIES

USMS FPBDS (May 2025) Standards Inspected. ⁵	Deficiencies
A. Administration and Management	
Quality Control	0
Facility Admission and Orientation Program	0
Detainee Transfers and Releases	0
Staffing	0
Staff Training	0
Emergency Plans	0
Sub-Total	0
B. Health Care	
Health Care Administration	0
Intake Health Screening	0
Medical, Mental Health, and Dental Appraisals	0
Access to Health Care	0
Provision of Health Care	0
Incident Health Care	0
Sub-Total	0
C. Security and Control	
Use of Force/Non-Routine Application of Restraints	0
Sub-Total	0
D. Food Service	
Food Service Administration	0
Food Storage and Preparation	0
Detainee Meals and Special Diets	0
Sub-Total	0
E. Safety and Sanitation	
Fire Safety and Chemical Control	0
Sanitation and Environmental Control	0
Clothing and Bedding	0
Sub-Total	0
F. Services and Programs	
Classification and Housing	0
Grievance Program	0
Sub-Total	0
Total Deficiencies	0

⁵ For greater detail on ODO's findings, see the ODO Assisted Self-Inspection Findings section of this report.

DETAINEE RELATIONS

ODO interviewed seven detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with the facility services.

ODO ASSISTED SELF-INSPECTION FINDINGS

ODO found no deficiencies during the inspection.

CONCLUSION

During this OASIP, ODO assessed the facility's compliance with 21 standards under USMS FPBDS (May 2025) and found the facility in compliance with all 21 standards. This inspection is the facility's first OASIP under USMS FPBDS (May 2025). Although ODO conducted a prior inspection of OCJ, ODO cannot perform a trend analysis due to USMS change of standards from ICE National Detention Standards (NDS) 2019 to USMS FPBDS (May 2025). OCJ completed its UCAP for its last inspection in September 2024; however, ODO could not assess the resolution of the deficiencies from the previous inspection due to the change in standards. ODO recommends ERO Chicago continue to work with the facility in accordance with contractual obligations.

Inspection Results Compared	FY2024 Special Review (NDS 2019)	FY2025 OASIP (FPBDS MAY 2025)
Standards Reviewed	10	21
Deficient Standards	1	0
Overall Number of Deficiencies	1	0
Priority Component Deficiencies	1	N/A
Repeat Deficiencies	0	N/A
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior



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