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ICE Inspections
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**Office of Detention Oversight
Special Review
2023-003-176**

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

**Fayette County Detention Center
Lexington, Kentucky**

July 25-27, 2023

**SPECIAL REVIEW
of the
FAYETTE COUNTY DETENTION CENTER
Lexington, 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 Fayette County Detention Center (FCDC) in Lexington, Kentucky, from July 25 to 27, 2023.¹ The facility opened in 2000 and is owned and operated by The Lexington-Fayette Urban County Government. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FCDC in 2015 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 NDS. FCDC was inspected against the NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] An FCDC chief handles daily facility operations and manages [REDACTED] support personnel. Aramark Food Services provides food services, YesCare Corporation provides medical care, and the Trinity Services Group 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 ² | |
| Average ICE Population ³ | |
| Adult Male Population (as of July 25, 2023) | |
| Adult Female Population (as of July 25, 2023) | |

This was ODO’s first special review of the FCDC.

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 Data Source: ERO Facility List as of July 17, 2023.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, and where detainees are housed for longer than 72 hours, to assess compliance with ICE NDS. 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.

Beginning fiscal year (FY) 2022, ODO will conduct 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 2000 MAJOR CATEGORIES

| NDS 2000 Standards Inspected ^{5,6} | Deficiencies |
|------------------------------------------------------|--------------|
| Part 1 - Detainee Services | |
| Detainee Handbook | 0 |
| Food Service | 0 |
| Recreation | 0 |
| Sub-Total | 0 |
| Part 2 - Security and Control | |
| Environmental Health and Safety | 6 |
| Special Management Unit (Administrative Segregation) | 0 |
| Special Management Unit (Disciplinary Segregation) | 0 |
| Use of Force | 0 |
| Sub-Total | 6 |
| Part 3 - Health Services | |
| Medical Care | 1 |
| Suicide Prevention and Intervention | 0 |
| Terminal Illness, Advance Directives and Death | 0 |
| Sub-Total | 1 |
| Other Standards Reviewed | |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 7 |

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 facility 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 ICE detainee for FY 2022, meeting ODO's inspection criteria to conduct special reviews of over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees.

SPECIAL REVIEW FINDINGS

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's environmental health and safety program, reviewed the fire evacuation plan, interviewed facility staff, and found the facility staff did not:

- Conduct fire drills in any department during the reporting period (**Deficiency EHS-65⁷**);
- Conduct fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours (**Deficiency EHS-66⁸**);
- Evacuate detainees during fire drills (**Deficiency EHS-67⁹**);
- Conduct staff simulated drills in areas where staff did not evacuate detainees (**Deficiency EHS-68¹⁰**);
- Conduct and time emergency-key drills (**Deficiency EHS-69¹¹**); and
- Draw emergency keys to unlock emergency exit doors not in daily use (**Deficiency EHS-70¹²**).

⁷ "Monthly fire drills will be conducted and documented separately in each department." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

⁸ "Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(a).

⁹ "Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

¹⁰ "Staff-simulated drills will take place instead in the areas where detainees are not evacuated." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

¹¹ "Emergency-key drills will be included in each fire drill, and timed." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹² "Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ health care staff credential files and found in █ out of █ files, no valid professional licensure and/or certification (**Deficiency MC-18**¹³). **This is a priority component.**

OTHER STANDARDS REVIEWED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility SAAPI program and noted the following observations as **Areas of Concern**:

- No written policy nor procedures for a SAAPI program that reflects the unique characteristics of the facility;
- No written SAAPI policy that mandates zero tolerance toward all forms of sexual abuse or assault and outlines the facility's approach to preventing, detecting, and responding to such conduct;
- No procedures on preventing sexual abuse and assault including procedures for assessing all detainees for their risk of sexual abusiveness or victimization;
- No notification to detainees of the facility's SAAPI program;
- No procedures for immediately reporting and notifying ERO Chicago of the allegation;
- No procedures to include victim advocate services available to detainees in the SAAPI program;
- No procedures for investigation and discipline of assailants to include disciplinary sanctions for staff, up to termination, when there is a substantiated allegation of sexual abuse and assault, or when staff violated SAAPI policies, including coordination with ICE/ERO/OPR;
- No written SAAPI policy or procedure approved by ERO Chicago;
- No SAAPI protocols posted on the facility website;
- No policies and procedures to ensure detainees have multiple ways to privately report sexual abuse and assault, retaliation for reporting sexual abuse and assault, or staff neglected violations that contributed to the incident;
- No SAAPI program coordinator name posted on the SAAPI poster;
- No information from staff to detainees on their option to report any incident or situation regarding sexual abuse, assault, or intimidation, by any staff member, DHS Office of the Inspector General (OIG), or the DHS Joint Intake Center;
- No instructions for detainees to contact their consular official, OIG, or appropriate designated office to report incidents confidentially and anonymously; and
- No posting of sexual abuse and assault awareness notices by ERO Chicago on all

¹³ "The health care staff will have a valid professional licensure and or certification." See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

housing unit boards, along with the name of the prevention of sexual assault compliance manager and information about local organizations that could assist detainees who had been victims of sexual abuse and assault, including mailing addresses and telephone numbers (i.e., toll-free hotline numbers), nor any distribution by the facility of the ICE/ERO “Sexual Assault Awareness Information” pamphlet.

CONCLUSION

During this special review, ODO assessed the facility’s compliance with 10 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 9 of those standards. ODO found seven deficiencies in the remaining two standards. Most deficiencies ODO identified pertained to the conduct of fire drills within the facility. ODO also noted the lack of professional licensure and certifications in health care credential files as a priority component deficiency. All areas of concern for SA-API are the result of no written policy/procedures on hand according to the NDS 2019 SA-API standard. Since this was ODO’s first inspection of FCDC, ODO did not conduct a trend analysis. ODO recommends ERO Chicago work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

| Compliance Inspection Results Compared | No Previous ODO Inspection | FY 2023 Special Review (NDS 2000/NDS 2019) |
|-----------------------------------------------|-----------------------------------|---------------------------------------------------|
| Standards Reviewed | N/A | 10/1 |
| Deficient Standards | N/A | 2 |
| Overall Number of Deficiencies | N/A | 7 |
| Priority Component Deficiencies | N/A | 1 |
| Repeat Deficiencies | N/A | 0 |
| Areas Of Concern | N/A | 14 |
| Corrective Actions | N/A | 0 |
| Facility Rating | N/A | Good |