



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

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**Office of Detention Oversight**  
**Unannounced Follow-Up Compliance**  
**Inspection**  
**2024-005-319**

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

**Boone County Jail**  
**Burlington, Kentucky**

**May 14-16, 2024**

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

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# UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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Contractor	Creative Corrections
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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 unannounced follow-up compliance inspection of the Boone County Jail (BCJ) in Burlington, Kentucky, from May 14 to 16, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of BCJ from November 14 to 16, 2023. The facility opened in 2005 and is owned by Boone County Fiscal Court and operated by BCJ. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCJ in 1994 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 Custody Management Division Authorized Facility List as of May 13, 2024. BCJ was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.<sup>2</sup>

[REDACTED] A county jailer handles daily facility operations and manages [REDACTED] support personnel. BCJ provides food services and medical care, and Combined Public Communications provides commissary services at the facility. In July 2020, BCJ was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity. <sup>3</sup>	[REDACTED]
Average ICE Population. <sup>4</sup>	[REDACTED]
Adult Male Population (as of May 14, 2024)	[REDACTED]
Adult Female Population (as of May 14, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 9 deficiencies in the following areas: Funds and Personal Property (1); Medical Care (5); Post Orders (1); and Staff-Detainee Communication (2).

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

<sup>2</sup> For ODO inspections in FY 2024, ERO Custody Management Division requested ODO inspect all United States Marshals Service Intergovernmental Agreement facilities, not contractually obligated to an ICE NDS, to NDS 2019.

<sup>3</sup> Data Source: ERO Custody Management Division Authorized Facility List as of May 13, 2024.

<sup>4</sup> *Ibid.*

## UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.<sup>5</sup>

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, 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.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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.

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<sup>5</sup> ODO reviews the facility's compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Post Orders	0
Use of Force and Restraints	0
Special Management Units	1
Staff-Detainee Communication	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	1
Hunger Strikes	0
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 - Activities</b>	
Recreation	1
Telephone Access	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>8</b>

<sup>6</sup> For greater detail on ODO's findings, see the *Unannounced Follow-Up Compliance Inspection Findings* section of this report.

<sup>7</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

## DETAINEE RELATIONS

ODO interviewed 23 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 stated facility medical staff did not respond to a sick call request for back and hip pain.

- Action Taken: ODO interviewed the facility's health services administrator (HSA), reviewed the detainee's medical file, and found the detainee arrived at the facility on April 17, 2024, with no medications and no complaints of back or hip pain during his comprehensive medical exam. On April 25, 2024, the detainee submitted a sick call request for back pain, and the next day, a nurse practitioner (NP) examined the detainee, prescribed Tylenol (1000 mg), and advised the detainee to submit another sick call request if pain persisted. ODO found no record of any other sick call request submitted by the detainee. On May 15, 2024, the NP evaluated the detainee at ODO's request, diagnosed him with chronic back pain, and prescribed Meloxicam (7.5 mg) for inflammation. ODO conducted a follow-up meeting with the detainee to inform him of the facility's medical protocol and ensure proper submission of any future written communications. The detainee acknowledged understanding.

*Medical Care:* One detainee stated dissatisfaction with the facility's treatment of his stomach pains.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical file, and found the detainee arrived at the facility on January 4, 2024, with no complaints of stomach pain. On May 8, 2024, during a routine chronic care visit for other medical issues, the detainee verbally informed the NP of a concern for a small growth and pain in his abdominal area. The NP did not observe any bulge nor abnormality and advised him to submit a sick call request if the pain persisted. On May 15, 2024, the NP evaluated the detainee at ODO's request and found no abnormalities. On May 16, 2024, the HSA submitted a request to ICE Health Service Corps (IHSC) for an ultrasound, but IHSC denied the request on May 22, 2024. Medical staff notified the detainee the next day, and ODO conducted a follow-up meeting with the detainee to inform him of the facility's medical protocol and to submit a new sick call request if needed. The detainee acknowledged understanding.

# UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the HSA, reviewed the EHS program, and found no documentation of daily visual inspections of the medical areas to note the conditions of the floors, walls, windows, horizontal surfaces, equipment, and furnishings (**Deficiency EHS-67<sup>8</sup>**).

## SECURITY

### FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's visitor log and found it did not include columns for a visitor's time of arrival nor departure (**Deficiency FSC-17<sup>9</sup>**).

*Corrective Action:* On May 15, 2024, the facility sergeant updated the visitor log template to include all required information and implemented the new log at the visitor entrance on the same day (**C-1**).

### SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed facility staff, reviewed one segregation file for a detainee with a serious mental illness, and found the facility's multi-disciplinary committee did not meet weekly to discuss the detainee's status from April 27 to May 15, 2024 (**Deficiency SMU-99<sup>10</sup>**). **This is a priority component.**

## CARE

### FOOD SERVICE (FS)

ODO interviewed facility staff, reviewed FS documentation, and found the facility did not develop a ceremonial-meal schedule for FY 2024 (**Deficiency FS-68<sup>11</sup>**).

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<sup>8</sup> "The HSA or equivalent, or designee, will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

<sup>9</sup> "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

<sup>10</sup> "A multi-disciplinary committee of facility staff, including facility leadership, medical and mental health professionals, and security staff, shall meet weekly to review all detainees with SMI who are in restrictive housing." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(M)(1)(b).

<sup>11</sup> "The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).



## MEDICAL CARE (MC)

ODO reviewed █ detainee medical files and found in █ out of █ files, medical staff completed comprehensive health assessments between 17 and 46 days after the detainees' arrival at the facility (**Deficiency MC-27**<sup>12</sup>). **This is a repeat deficiency and a priority component.**

ODO interviewed the HSA, reviewed █ detainee health assessments and █ medical staff training records, and found in █ out of █ assessments, the NPs and registered nurses who conducted the assessments did not have documented annual training by a physician in 2023 or 2024 (**Deficiency MC-28**<sup>13</sup>).

ODO reviewed █ detainee medical files and found in █ out of █ files, medical staff completed initial dental screening exams between 17 and 46 days after the detainees' arrival at the facility (**Deficiency MC-43**<sup>14</sup>). **This is a repeat deficiency.**

## ACTIVITIES

### RECREATION (R)

ODO interviewed facility staff, observed three outdoor recreation areas, and found the facility did not offer fixed equipment (**Deficiency R-8**<sup>15</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found eight deficiencies in the remaining six standards. Since BCJ's last full inspection in November 2023, the facility's overall compliance has remained consistent. BCJ went from 4 deficient standards and 9 deficiencies in November 2023 to 6 deficient standards and 8 deficiencies during the most recent follow-up inspection. ODO did not review the Recreation standard during the November 2023 inspection as it was not an FY 2024 core standard. The Recreation standard accounted for one deficiency during this most recent inspection. ODO received a completed UCAP for ODO's last full inspection in November 2023; however, however, the corrective actions for Def-1 and Def-2 did not prevent the reoccurrence of those two deficiencies. ODO recommends ERO Chicago continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>12</sup> "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>13</sup> "Health assessments shall be performed by a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented initial and annual training provided by a physician), or other health care practitioner, as permitted by law." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>14</sup> "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>15</sup> "Exercise areas shall offer a variety of fixed and movable equipment." *See* ICE NDS 2019, Standard, Recreation, Section (II)(C)(1).

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>	<b>FY 2024 Follow-Up Inspection (NDS 2019)</b>
Standards Reviewed	24	16
Deficient Standards	4	6
Overall Number of Deficiencies	9	8
Priority Component Deficiencies	2	2
Repeat Deficiencies	N/A	2
Areas Of Concern	0	0
Corrective Actions	1	1
Facility Rating	Good <sup>16</sup>	N/A

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<sup>16</sup> ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies, and will have no repeat or priority component deficiencies.