

Office of Professional Responsibility

Grayson County Jail Inspection 2024-003-361

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U.S. Immigration
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Office of Detention Oversight
Special Review
2024-003-361

Enforcement and Removal Operations
ERO Chicago Field Office

Grayson County Jail
Leitchfield, Kentucky

August 20-22, 2024

**SPECIAL REVIEW
of the
GRAYSON COUNTY JAIL
Leitchfield, Kentucky**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
SPECIAL REVIEW PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
SPECIAL REVIEW FINDINGS	7
SAFETY	7
ENVIRONMENTAL HEALTH AND SAFETY	7
SECURITY	8
USE OF FORCE AND RESTRAINTS	8
CARE	8
FOOD SERVICE	8
HUNGER STRIKES	9
MEDICAL CARE	9
CONCLUSION	10

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SPECIAL REVIEW 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 over 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

In 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 began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

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 uniform corrective action plans (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.

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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	5
Sub-Total	5
Part 2 - Security	
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	1
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	1
Part 4 - Care	
Food Service	10
Hunger Strikes	1
Medical Care	3
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	14
Total Deficiencies	20

⁵ For greater detail on ODO's findings, see the *Special Review Findings* section of this report.

⁶ During a special review, ODO will review a facility's compliance with at least 10 individual standards.

⁷ During a special review, ODO will review a facility's compliance with at least 10 individual standards.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2023 ADP of 1, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS program and found the following deficiencies:

- No written hazardous communication program, outlining the proper labeling of chemicals, providing safety data sheets, nor training for employees (**Deficiency EHS-18**). **This is a priority component**;
- No documented hazardous material training, including the classification code and safe handling procedures for each material for 25 out of 25 staff members (**Deficiency EHS-23**⁹);
- No documented written exposure-control plan in the event of a needle stick (**Deficiency EHS-57**¹⁰);
- No cleanup kit for use in cases of spills of blood or other bodily fluids (**Deficiency EHS-69**¹¹); and
- No policies and procedures related to preventing contact with blood and body fluids to comply with Centers for Disease Control and Prevention (CDC) Universal Precautions (**Deficiency EHS-71**¹²).

⁸ "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "b. Staff and detainees who work with hazardous materials will have appropriate training, including the classification code and safe handling procedures for each material." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(b).

¹⁰ "A written exposure-control plan will be followed." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(c).

¹¹ "A suitable cleanup kit will be maintained for use in cases of spills of blood and body fluids." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(3).

¹² "Staff will routinely take precautions to prevent contact with blood and other bodily fluids in accordance with the facility's policies and procedures, which should comply with CDC Universal Precautions. (See Standard 4.3 "Medical Care.")" See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(5).

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility's UOFR program and found no written procedures to govern the mandatory after-action review for UOF incidents (whether calculated or immediate) and for the application of restraints (**Deficiency UOFR-94**¹³).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS program and found the following deficiencies:

- No "common-fare" menu to serve as the foundation to which modifications may be made to accommodate the religious diets of various faiths (**Deficiency FS-57**¹⁴);
- No documented 14-day cycle common-fare menu with special menus for federal holidays (**Deficiency FS-60**¹⁵);
- No available common-fare menu, certified as exceeding minimum daily nutritional requirements and meeting or exceeding U.S. recommended daily allowances (**Deficiency FS-61**¹⁶);
- No hot entrees purchased or available at the facility for religious dietary needs (**Deficiency FS-62**¹⁷);
- The facility did not purchase any precooked entrees and did not offer hot entrees to detainees on religious diets (**Deficiency FS-63**¹⁸);
- The facility did not purchase kosher or halal food products, fully prepared, ready-to-use, and bear the symbol of a recognized kosher or halal certification_agency (**Deficiency FS-64**¹⁹);
- No separate cutting boards, knives, food scoops, food inserts, and other such tools,

¹³ "Written procedures shall govern the mandatory after-action review for use-of-force incidents (whether calculated or immediate), and for the application of restraints." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K).

¹⁴ "Facilities must make available a "common fare" menu, which serves as the foundation to which modifications may be made to accommodate the religious diets of various faiths (e.g., for the inclusion of halal flesh-food options)." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹⁵ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹⁶ "The menus must be certified as exceeding minimum daily nutritional requirements, meeting or exceeding U.S. recommended daily allowances (RDAs)." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹⁷ "To the extent practicable, a hot entree shall be available to accommodate detainees' religious dietary needs, e.g., kosher and/or halal products." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(4).

¹⁸ "Hot entrees shall be offered five times a week and shall be purchased precooked, heated in their sealed containers, and served hot." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(4).

¹⁹ "With the exception of fresh fruits and vegetables, the facility's kosher and/or halal food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher and/or halal certification agency." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(5).

- appliances, and utensils used to prepare common-fare foods (**Deficiency FS-66²⁰**);
- The facility did not store meat and dairy food items, nor service utensils used for religious diet groups in areas separate from non-religious food items and utensils (**Deficiency FS-67²¹**);
- A chaplain did not prepare a ceremonial-meal schedule for the subsequent calendar year (**Deficiency FS-68²²**); and
- No documented ceremonial-meal schedule to include the date, religious group, estimated number of participants, and special foods required (**Deficiency FS-69²³**).

HUNGER STRIKES (HS)

ODO reviewed training records for ■ medical staff and ■ non-medical staff and found in ■ out of ■ staff records, no initial nor annual training to recognize the signs of a hunger strike and to implement the procedures for medical assessment and for management of a detainee on a hunger strike (**Deficiency HS-1²⁴**).

MEDICAL CARE (MC)

ODO reviewed the facility's MC program and found the following deficiencies:

- No written plans addressing the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education (**Deficiency MC-25²⁵**). **This is a priority component;**
- No written plans addressing the collaboration with local or state health departments in accordance with state and local laws and recommendations (**Deficiency MC-26²⁶**); and
- No written plans addressing exposure to bloodborne pathogens and post-exposure intervention to include the following: prophylactic administration of medication, as appropriate and according to facility policies; the management of hepatitis A, B, and C; and the management of human immunodeficiency virus infection, including

²⁰ "Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods and shall be identified accordingly." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

²¹ "Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

²² "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).

²³ "This schedule shall include the date, religious group, estimated number of participants, and special foods required." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

²⁴ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

²⁵ "The facility will have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(2).

²⁶ "This also includes reporting and collaboration with local or state health departments in accordance with state and local laws and recommendations." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(2).

reporting (**Deficiency MC-74²⁷**).

CONCLUSION

During this special review, ODO assessed the facility’s compliance with 10 standards under NDS 2019 and found the facility in compliance with 5 of those standards. ODO found 20 deficiencies in the remaining 5 standards. Since ODO inspected GRAYCJ for the first time, ODO did not conduct a trend analysis. ODO recommends ERO Chicago work with the facility to resolve the deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2024 Special Review (NDS 2019)
Standards Reviewed	N/A	10
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	20
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable/Adequate

²⁷ “The facility shall establish a written plan to address exposure to bloodborne pathogens and post-exposure intervention, including prophylactic administration of medication, as appropriate and according to facility policies; the management of hepatitis A, B, and C; and the management of HIV infection, including reporting.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(N).



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