

Office of Professional Responsibility

Oldham County Jail Inspection 2024-003-423

September 17-19, 2024



U.S. Immigration
and Customs
Enforcement



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**Office of Detention Oversight
Special Review
2024-003-423**

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

**Oldham County Jail
La Grange, Kentucky**

September 17-19, 2024

**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 17 to 19, 2024.¹ 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 Custody Management Division Authorized Facility List as of September 16, 2024. 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 17, 2024)	[REDACTED]
Adult Female Population (as of September 17, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2023, ODO found 13 deficiencies in the following areas: Environmental Health and Safety (12) and Food Service (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 Data Source: ERO Custody Management Division Authorized Facility List as of September 16, 2024.

³ *Ibid.*

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	9
Sub-Total	9
Part 2 - Security	
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	6
Sub-Total	6
Part 4 - Care	
Food Service	0
Hunger Strikes	1
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	4
Part 5 - Activities	
Recreation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	19

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

⁶ 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.

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

DETAINEE RELATIONS

ODO attempted to interview the one detainee the facility housed during the inspection, but he declined ODO's request for an interview.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a facility lieutenant, reviewed the facility's EHS program and written policies, and found the facility had no written hazardous communication program (**Deficiency EHS-1⁸**). **This is a priority component.**

ODO interviewed a facility lieutenant, reviewed the facility's EHS program and written policies, observed the main corridor and food service chemical storage areas, and found the following deficiencies in these two storage areas:

- No documented system for issuing, inventorying, or accounting for hazardous materials in the facility's main corridor chemical storage area (**Deficiency EHS-2⁹**);
- The facility did not maintain a documented perpetual inventory for the following chemicals the facility used such as Excellent all-purpose cleaner, Experimental Enzymatic Floor Cleaner, bleach, General Purpose Hand Cleaner, and First Mark Concentrate Glass Multi-Surface Cleaner (**Deficiency EHS-3¹⁰**). **This is a repeat deficiency;**
- No documented inventory records for each substance (**Deficiency EHS-4¹¹**). **This is a repeat deficiency**
- ODO observed the facility did not maintain personal protective equipment for staff to wear when using hazardous substances (**Deficiency EHS-11¹²**). **This is a repeat deficiency.**
- The facility did not update hazardous substance inventory records after using chemicals such as Excellent all-purpose cleaner, Experimental Enzymatic Floor Cleaner, bleach, General Purpose Hand Cleaner, and First Mark Concentrate Glass Multi-Surface

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 "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ "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).

¹¹ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹² "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).

Cleaner (**Deficiency EHS-16**¹³). **This is a repeat deficiency.**

ODO attempted to review staff training records, interviewed a facility lieutenant, and found the following deficiencies:

- The facility had no training records documenting staff received hazardous materials training (**Deficiency EHS-23**¹⁴);
- The facility had no training records documenting staff received emergency plans training (**Deficiency EHS-26**¹⁵); and
- The facility provided no documentation of emergency plan reviews, and the facility lieutenant verified there was no documentation of emergency plan reviews available for ODO to review (**Deficiency EHS-27**¹⁶).

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO attempted to review the facility's policies, interviewed a facility lieutenant, and found the facility had no SAAPI policy and procedures available to review, and noted the following deficiencies:

- The facility did not maintain a policy/procedure that referenced the unique characteristics of the facility, including factors such as the availability rape crisis/trauma units in local medical centers, clinics, and hospitals (**Deficiency SAAPI-1**¹⁷);
- The facility had no written policy and procedures for a SAAPI program (**Deficiency SAAPI-2**¹⁸);
- The facility had no written procedures for administrative investigations, including provisions requiring:
 - The preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
 - Interviews of alleged victims, suspected perpetrators, and witnesses; nor
 - The review of prior complaints and reports of sexual abuse and assault involving

¹³ “c. 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).

¹⁴ “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).

¹⁵ “All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹⁶ “All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹⁷ “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).

¹⁸ “The facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

- the suspected perpetrator (**Deficiency SAAPI-136**¹⁹);
- No written procedures for administrative investigations, including requirements for:
 - The assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; nor
 - The facility to try to determine whether actions or failures to act at the facility contributed to the abuse (**Deficiency SAAPI-137**²⁰);
- No written procedures for administrative investigations, including requirements for:
 - The documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; nor
 - The retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus 5 years (**Deficiency SAAPI-138**²¹); and
- The facility did not have a policy outlining the coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation (**Deficiency SAAPI-139**²²).

CARE

HUNGER STRIKES (HS)

ODO interviewed the facility medical team administrator (MTA), reviewed Oldham County Jail Policy “J.10.06 - Hunger Strike,” and found the facility had no records indicating staff completed

¹⁹ “The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
 a. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
 b. Interviewing alleged victims, suspected perpetrators, and witnesses;
 c. Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(a-c).

²⁰ “The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
 d. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph;
 e. An effort to determine whether actions or failures to act at the facility contributed to the abuse.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(d-e).

²¹ “The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
 f. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings;
 g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(f-g).

²² “Such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with the first paragraph of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3).

hunger strike training (**Deficiency HS-1**²³).

MEDICAL CARE (MC)

ODO reviewed three detainee medical records, Oldham County Jail Policy “J.6.02 - Receiving and Intake Screening,” and found in all three detainee records, the facility did not conduct new arrival tuberculosis screenings in accordance with the most current Centers for Disease Control and Prevention guidelines prior to being placed in general population (**Deficiency MC-18**²⁴). **This is a priority component.**

ODO interviewed the facility MTA, reviewed facility medical staff training records, and found no documentation of training by a responsible medical authority on how to respond to health-related emergencies within 4 minutes (**Deficiency MC-58**²⁵)

Additionally, the facility’s medical staff training records did not indicate the staff received training on:

- The recognition of signs of potential health emergencies and the required response;
- The admission of first aid and cardiopulmonary resuscitation;
- The recognition of signs and symptoms of mental illness; nor
- The facility’s established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services (**Deficiency MC-59**²⁶).

CONCLUSION

During this special review, ODO assessed the facility’s compliance with 10 standards under NDS 2019 and found the facility in compliance with 4 of those standards. ODO found 19 deficiencies in the remaining 6 standards. Since OCJ’s last special review in September 2023, the facility has trended downward. OCJ went from 2 deficient standards and 13 deficiencies in September 2023 to 4 deficient standards and 19 deficiencies during this most recent special review. OCJ completed

²³ “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).

²⁴ “All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

²⁵ “Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the facility.” See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

²⁶ “This training will be provided by a responsible medical authority in cooperation with the facility and will include the following: ...

- a. The recognition of signs of potential health emergencies and the required response;
- b. The administration of first aid and cardiopulmonary resuscitation (CPR);
- c. The recognition of signs and symptoms of mental illness; and
- d. The facility’s established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services.”

See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(a-d).

its UCAP for its last inspection in September 2023, which likely resolved several of the deficiencies ODO previously cited. ODO recommends ERO Chicago continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Special Review (NDS 2019)	FY 2024 Special Review (NDS 2019)
Standards Reviewed	9	10
Deficient Standards	2	4
Overall Number of Deficiencies	13	19
Priority Component Deficiencies	0	2
Repeat Deficiencies	N/A	4
Areas Of Concern	1	0
Corrective Actions	N/A	0
Facility Rating	Good	Acceptable/Adequate



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