



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

---

**Office of Detention Oversight  
Compliance Inspection**

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

**Chase County Detention Facility  
Cottonwood Falls, Kansas**

**March 22-25, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**CHASE COUNT DETENTION FACILITY**  
Cottonwood Falls, Kansas

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY NATIONAL DETENTION STANDARDS (NDS) 2019 MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
Admission and Release .....	8
Custody Classification System .....	8
Funds and Personal Property .....	8
Special Management Units .....	9
Sexual Abuse and Assault Prevention and Intervention .....	10
<b>CARE .....</b>	<b>11</b>
Medical Care .....	11
Significant Self-Harm and Suicide Prevention and Intervention .....	11
Disability Identification, Assessment, and Accommodation .....	11
<b>JUSTICE .....</b>	<b>12</b>
Law Libraries and Legal Materials .....	12
<b>ADMINISTRATION AND MANAGEMENT .....</b>	<b>12</b>
Detention Files .....	12
<b>CONCLUSION .....</b>	<b>12</b>

---

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead  
Inspections and Compliance Specialist  
Inspections and Compliance Specialist  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Chase County Detention Facility (CCDF) in Cottonwood Falls, Kansas, from March 22 to 25, 2021.<sup>1</sup> The facility opened in 1993 and is owned and operated by Chase County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCDF in 2008 under the oversight of ERO’s Field Office Director (FOD) in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers (DO) nor a detention services manager to the facility. A CCDF facility administrator handles daily facility operations and is supported by █ personnel. EVCO Wholesale Food Corporation and US Food provide food services, and Chase County provides medical care and commissary services at the facility. The facility holds no accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	87
Average ICE Detainee Population <sup>3</sup>	█
Male Detainee Population (as of March 22, 2021)	█
Female Detainee Population (as of March 22, 2021)	█

During its last inspection, in Fiscal Year 2020, ODO found 22 deficiencies in the following areas: Environmental Health and Safety (4); Admission and Release (1); Use of Force and Restraints (1); Sexual Abuse and Assault Prevention and Intervention (5); Medical Care (6); Significant Self-Harm and Suicide Prevention and Intervention (1); Recreation (1); Religious Practices (1); and Visitation (2).

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

<sup>2</sup> Data Source: ERO Facility List Report as of March 15, 2021.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

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 *Compliance 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

---

<sup>4</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>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	3
Use of Force and Restraints	0
Special Management Units	11
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
<b>Sub-Total</b>	<b>17</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	3
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>6</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 7 – Administration and Management</b>	
Detention Files	2
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>26</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 12 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

*Staff-Detainee Communication:* Seven detainees stated ERO Chicago DOs did not visit their unit once weekly, had infrequent interaction, and the DOs last visited the detainees three weeks ago.

- Action Taken: ODO reviewed ERO Chicago's weekly Facility Liaison Visit Checklist logs, which showed DOs conducted weekly visits. ODO also spoke to an ERO Chicago acting supervisory detention and deportation officer, who informed ODO that DOs visit the facility on a weekly basis. However, due to the COVID-19 pandemic and CCDF's policy, the facility did not allow any face-to-face contact with detainees since the second week of March 2021 to present. In the interim, DOs conduct staff-detainee communication by speaking to detainees via telephone to address any issues or concerns and to answer questions related to their immigration case. Additionally, DOs respond to electronically submitted kites through the facility's tablet email system.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (AR)

ODO interviewed facility staff members, reviewed the facility's AR procedures, their detainee handbook, and 12 detainee detention files. ODO found in 3 out of 12 files, the facility's staff did not issue detainees a receipt for confiscated identity documents nor record these items on the inventory form (**Deficiency AR-13<sup>6</sup>**). **This was a repeat deficiency.**

ODO noted hygiene item replacement as an **Area of Concern**. Specifically, the facility administrator told ODO facility staff replenish hygiene items free-of-charge, three times per week. However, the facility's detainee handbook stated hygiene items were available through the commissary after detainees received their first hygiene pack at no cost upon arrival to the facility.

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the facility's administrator, reviewed their CCS policy and 12 detainee detention files. ODO found CCDF did not reclassify 1 out of 12 detainees (**Deficiency CCS-23<sup>7</sup>**).

ODO found CCDF did not differentiate between ERO security classification levels of medium-low and medium-high. Specifically, the facility only recognized [REDACTED], which could result in the facility's staff housing a low-security classification level detainee with a medium-high-security classification level detainee, who has an assaultive history. ODO noted this as an **Area of Concern**

### FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed and found the facility's policy did not address property detainees reported as damaged (**Deficiency FPP-28<sup>8</sup>**), nor did the facility assign supervisory staff to investigate lost or damaged property (**Deficiency FPP-30<sup>9</sup>**).

ODO reviewed the facility's detainee handbook and found it did not contain the following: rules for storing or mailing property detainees are not allowed to keep in their possession; the procedures for detainees to claim their property upon release, transfer, or removal; nor the procedures for

---

<sup>6</sup> "Detainees will receive a receipt for confiscated identity documents." *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

<sup>7</sup> "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

<sup>8</sup> "Each facility shall have a written policy and procedure for detainee property reported missing or damaged." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F).

<sup>9</sup> "Supervisory staff will conduct the investigation." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(2).



detainees to file a claim for lost or damaged property (**Deficiency FPP-34<sup>10</sup>**).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed the facility's SMU policy, seven detainee SMU files, and found in seven out of seven detainee SMU files, the facility did not supply administrative segregation orders to ERO Chicago (**Deficiency SMU-18<sup>11</sup>**).

ODO interviewed a facility's supervisor, reviewed the SMU housing records and seven detainee SMU files. ODO found the facility did not maintain a permanent SMU log and instead placed a copy of each detainee's individual SMU housing record in a binder. Additionally, ODO found one out of seven detainee SMU files did not document all meals served nor the detainee's recreational time (**Deficiency SMU-61<sup>12</sup>**).

ODO found three out of seven detainee SMU files did not document the authorizing official and one out of seven detainee files did not document the release date (**Deficiency SMU-62<sup>13</sup>**).

ODO found facility supervisory staff and other SMU officials neither documented nor recorded their visits to the SMU (**Deficiency SMU-63<sup>14</sup>**).

ODO reviewed the SMU housing records and found for three out of seven detainees housed in the SMU, SMU housing unit officers did record 13 out of 47 meals nor 14 out of 14 recreation periods (**Deficiency SMU-65<sup>15</sup>**).

ODO found the SMU housing records did not include the name of the officer who conducted the activities (**Deficiency SMU-66<sup>16</sup>**).

ODO reviewed 15 detainee SMU records and found the facility's medical staff did not document

---

<sup>10</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

3. The rules for storing or mailing property not allowed in their possession;

4. The procedures for claiming property upon release, transfer, or removal; and

5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(3)-(5).

<sup>11</sup> "A copy of the administrative segregation order shall be immediately provided to ICE/ERO." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(b).

<sup>12</sup> "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(1).

<sup>13</sup> "The SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(1).

<sup>14</sup> "These logs shall also be used by supervisory staff and other officials to record their visits to the unit." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(1).

"The special housing unit officer shall immediately record: ...

1) Whether the detainee ate, showered, recreated and took any medication; and" See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1).

<sup>16</sup> "3) The officer that conducts the activity shall print his or her name and sign the record." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(3).

detainee medical visits in 9 out of 15 detainee SMU records (**Deficiency SMU-67**<sup>17</sup>).

ODO found SMU housing unit officers did not initial the SMU records after medical staff documented their medical rounds (**Deficiency SMU-68**<sup>18</sup>).

ODO determined medical care staff did not document 9 out of 15 required face-to-face daily medical assessments in the SMU housing unit records (**Deficiency SMU-89**<sup>19</sup>).

Additionally, ODO found medical care staff did not document 9 out of 15 medical care visits in the SMU housing record (**Deficiency SMU-91**<sup>20</sup>).

ODO reviewed 21 SMU Observation Report Sheets and found the SMU staff did not consistently log observations of detainees every [REDACTED] nor on an [REDACTED]. Specifically, the confinement logs showed 82 instances of the SMU staff logging observations between 31 and 123 minutes (**Deficiency SMU-84**<sup>21</sup>).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO interviewed the facility's SAAPI coordinator, reviewed the facility's SAAPI policy, and found the facility did not maintain documentation of a detainee's participation in the detainee notification, orientation, nor instruction session (**Deficiency SAAPI-45**<sup>22</sup>).

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed the facility's policy for detoxification and/or withdrawal guidelines and found the guidelines did not specifically address the treatment of pregnant women who were chemically dependent (**Deficiency MC-34**<sup>23</sup>).

ODO reviewed medical staff training records, 12 detainee medical records, and found the registered nurse (RN) who conducted initial detainee dental examinations did not have documented annual training by a dentist, which indicated the RN was trained to complete initial

---

<sup>17</sup> "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

<sup>18</sup> "The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

<sup>19</sup> "Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

<sup>20</sup> "Health care visits shall be recorded on the SMU housing record or comparable form." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

<sup>21</sup> "SMU staff shall observe and log observations at least every [REDACTED] on an [REDACTED] hchedule." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(K).

<sup>22</sup> "The facility shall maintain documentation of detainee participation in the instruction session." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F).

<sup>23</sup> "If females are housed at the facility, guidelines will specifically address the treatment of pregnant women who are chemically dependent." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(F).

detainee dental examinations (**Deficiency MC-45<sup>24</sup>**). **This is a repeat deficiency.**

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed the facility's suicide prevention policy and found it directed the facility staff to immediately place detainees identified as suicidal in the [REDACTED] and to monitor the detainee every [REDACTED], as required by the standard (**Deficiency SSHSPI-13<sup>25</sup>**). **This is a repeat deficiency.**

The facility's medical staff use daily tele-health visits for detainees the mental health provider places in suicide resistant cells with constant monitoring instead of a mental health provider performing welfare checks every 8 hours (**Deficiency SSHSPI-22<sup>26</sup>**).

The facility's medical staff use daily tele-health visits for detainees a mental health provider places under close observation status instead of a mental health provider performing welfare checks every [REDACTED] (**Deficiency SSHSPI-28<sup>27</sup>**).

## **DISABILITY IDENTIFICATION ASSESSMENT AND ACCOMMODATION (DIAA)**

ODO reviewed facility's orientation video and found it did not notify/inform detainees about the facility's DIAA policy, including their right to request reasonable accommodations, nor how to make a request reasonable accommodation (**Deficiency DIAA-50<sup>28</sup>**).

## **JUSTICE**

### **LAW LIBRARIES AND LEGAL MATERIALS (LLLM)**

ODO reviewed the facility's LLLM program, interviewed ERO Chicago staff, and found ERO Chicago did not provide the facility with updated electronic materials. Specifically, ERO Chicago last provided an update to the facility's electronic materials in July 2020 (**Deficiency LLLM-11<sup>29</sup>**).

---

<sup>24</sup> "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>25</sup> "Until this evaluation takes place, security staff shall place the detainee in a secure environment on constant [REDACTED]." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(D).

<sup>26</sup> "A mental health provider will perform welfare checks every [REDACTED]." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>27</sup> "A mental health provider will perform welfare checks every [REDACTED]." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>28</sup> "The facility orientation program shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section (II)(I).

<sup>29</sup> "ICE/ERO will provide updated electronic materials to facilities on a regular basis." See ICE NDS 2019, Standard, Law Libraries and Legal Material, Section (II)(E).

## **Administration and Management**

### **DETENTION FILES (DF)**

ODO reviewed 12 detainee files and found all 12 files did not contain the detainees' risk classification assessment and/or classification worksheets (**Deficiency DF-8**<sup>30</sup>).

ODO found 4 out of 12 files did not contain a Record of Deportable/Inadmissible Non-Citizen (Form I-213). Additionally, ODO reviewed the files of four recently released detainees and found all four files were missing an Order to Release (Form I-203) (**Deficiency DF-16**<sup>31</sup>).

### **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 9 of those standards. ODO found 26 deficiencies in the remaining 9 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2019)</b>	<b>FY 2021 (NDS 2019)</b>
Standards Reviewed	18	18
Deficient Standards	9	10
Overall Number of Deficiencies	22	26
Repeat Deficiencies	N/A	3
Areas of Concern	0	2
Corrective Actions	0	0

---

<sup>30</sup> "2. The detention file will generally include the following information unless the information is maintained in a retrievable electronic format: ...

b. Classification Work Sheet; ..."

See ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(b).

<sup>31</sup> "2. The detention file will generally include the following information unless the information is maintained in a retrievable electronic format: ...

k. Any other documents, as appropriate."

See ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(k).