



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
Follow-Up Compliance Inspection**

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

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

September 20-23, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
CHASE COUNTY DETENTION FACILITY
Cottonwood Falls, Kansas

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

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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 follow-up compliance inspection of the Chase County Detention Facility (CCDF) in Cottonwood Falls, Kansas, from September 20 to 23, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CCDF from March 22 to 25, 2021. 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 in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers nor a detention services manager to the facility. A CCDF facility administrator handles daily facility operations and manages ■ support personnel. CCDF provides food services, medical care, and commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	■
Average ICE Detainee Population ³	■
Male Detainee Population (as of September 20, 2021)	■
Female Detainee Population (as of September 20, 2021)	■

During its last inspection, in March 2021, ODO found 26 deficiencies in the following areas: Admission and Release (1); Custody Classification System (1); Detention Files (2); Disability Identification, Assessment, and Accommodation (1); Funds and Personal Property (3); Law Libraries and Legal Materials (1); Medical Care (2); Sexual Abuse and Assault Prevention and Intervention (1); Significant Self-Harm and Suicide Prevention and Intervention (3); and Special Management Units (11).

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

² Data Source: ERO Facility List Report as of September 20, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which 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 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.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	1
Use of Force and Restraints	0
Special Management Unit	9
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	10
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	4
Disability Identification, Assessment, and Accommodation	0
Sub-Total	6
Part 5 – Justice	
Law Libraries and Legal Materials	1
Sub-Total	1
Part 6 – Administration and Management	
Detention Files	0
Sub-Total	0
Total Deficiencies	18

⁴ For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

⁵ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. ODO conducted the detainee interviews via video teleconference.

Significant Self Harm and Suicide Prevention and Intervention: Four detainees exhibited signs of mental health issues during the ODO interview.

- Action Taken: ODO immediately referred the four detainees to ERO Chicago and facility medical staff for evaluation. On September 20, 2021, all four detainees refused a mental health evaluation, medical staff advised the detainees how to request mental health in the future and returned the detainees to general population.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's sharp instrument inventory logs from April and May 2021 and found in one inventory log, the facility did not reconcile insulin pen needles weekly (**Deficiency EHS-52⁶**).

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's policy and procedures for missing or damaged detainee property and found the facility does not assign supervisory staff to investigate missing or damaged property (**Deficiency FPP-30⁷**). **This is a repeat deficiency.**

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed ■ administrative segregation records, interviewed the jail supervisor, and found in ■ records, a supervisor did not conduct a review within 72 hours of a detainee's placement in administrative segregation (**Deficiency SMU-22⁸**).

ODO reviewed ■ SMU housing records, interviewed the jail supervisor, and found ■

⁶ "A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

⁷ "Each facility shall have a written policy and procedure for detainee property reported missing or damaged.
2. Supervisory staff will conduct the investigation."

See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(2).

⁸ "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted." See ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(3)(a).

records, supervisory staff and other officials did not record their visits to the unit (**Deficiency SMU-63⁹**). **This is a repeat deficiency.**

ODO reviewed ■ SMU housing records and found in ■ records, SMU officers did not record 31 out of 97 meals nor 23 out of 23 recreation periods (**Deficiency SMU-65¹⁰**). **This is a repeat deficiency.**

ODO reviewed ■ SMU housing records and found in ■ records, SMU officers did not print their names nor sign the records (**Deficiency SMU-66¹¹**). **This is a repeat deficiency.**

ODO reviewed ■ SMU housing records and found in ■ records, medical staff did not sign the record when visiting a detainee in the SMU (**Deficiency SMU-67¹²**). **This is a repeat deficiency.**

ODO reviewed ■ SMU observation records and found 183 instances in which SMU staff did not log detainee observations every 30 minutes on an irregular basis. Specifically, SMU staff logged observations between 31 and 112 minutes (**Deficiency SMU-84¹³**). **This is a repeat deficiency.**

ODO reviewed ■ SMU housing records and found in ■ records, medical staff did not evaluate the detainee prior to placement in SMU or as soon as possible, but no later than 24 hours of placement (**Deficiency SMU-87¹⁴**).

ODO reviewed ■ SMU housing records and found in ■ records, medical staff did not conduct face-to-face daily medical assessments in the SMU (**Deficiency SMU-89¹⁵**). **This is a repeat deficiency.**

ODO reviewed ■ SMU housing records and found in ■ records, medical staff did not record the health care visit (**Deficiency SMU-91¹⁶**). **This is a repeat deficiency.**

⁹ “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. 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 Units, Section (II)(D)(1).

¹⁰ “The special housing unit officer shall immediately record:

1. Whether the detainee ate, showered, recreated and took any medication.”

See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(1).

¹¹ “The special housing unit officer shall immediately record: ...

3. The officer that conducts the activity shall print his or her name and sign the record.”

See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(3).

¹² “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 Units, Section (II)(D)(2)(b).

¹³ “SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule.” *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(K).

¹⁴ “Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement).” *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(M).

¹⁵ “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 Units, Section (II)(M).

¹⁶ “Health care visits shall be recorded on the SMU housing record or comparable form.” *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(M).

CARE

MEDICAL CARE (MC)

ODO interviewed the facility's health services administrator (HSA), who stated medical staff do not evaluate detainees with confirmed or suspected tuberculosis (TB) for human immunodeficiency virus (HIV); however, medical staff do evaluate detainees with HIV for TB (**Deficiency MC-22**¹⁷).

ODO interviewed the facility's HSA, who stated medical staff do not evaluate detainees with confirmed or suspected TB for possible HIV; however, medical staff do evaluate detainees with HIV for TB (**Deficiency MC-84**¹⁸).

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

ODO reviewed [REDACTED] suicide watch record and found a mental health provider did not re-evaluate the detainee daily to assess any changes. Specifically, a mental health provider evaluated the detainee during the initial assessment and the next evaluation occurring 7 days later (**Deficiency SSHSPI-15**¹⁹).

ODO reviewed [REDACTED] suicide watch record and found facility medical staff did not time follow-up appointments based on the level of acuity. Specifically, on June 30, 2021, the mental health provider recommended the detainee receive comprehensive mental health and safety monitoring in a state hospital and subsequently did not schedule a follow-up appointment; however, the detainee remained at the facility because the state hospital required a court order for admission. A mental health provider evaluated the detainee on July 7, 2021, 7 days later (**Deficiency SSHSPI-19**²⁰).

ODO reviewed [REDACTED] suicide watch logs for a detainee on suicide watch and found in five out of seven logs the facility did not document monitoring every 15 minutes for a detainee placed in a suicide-resistant cell with constant monitoring. Specifically, the facility logged 203 observations between 16 and 151 minutes (**Deficiency SSHSPI-21**²¹).

ODO reviewed one suicide watch record and found a mental health provider did not perform any welfare checks every 8 hours for a detainee placed in a suicide-resistant cell with constant

¹⁷ "All detainees with suspected or confirmed TB disease shall be evaluated for human immunodeficiency virus (HIV) and all detainees with HIV shall be evaluated for TB disease, which includes a chest x-ray." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹⁸ "Any detainee with confirmed or suspected TB disease shall also be evaluated for possible HIV infection, and any detainee with HIV shall be evaluated for TB disease." See ICE NDS 2019, Standard, Medical Care, Section (II)(N)(3).

¹⁹ "Detainees placed on suicide precautions shall be reevaluated by a mental health provider (or a health care practitioner) on a daily basis to assess any changes that indicate a need for change in the level of supervision (i.e., constant watch, close observation, or removal from suicide precautions)." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(D).

²⁰ "The timing of follow up appointments should be based on the level of acuity." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(E).

²¹ "The monitoring must be documented every 15 minutes or more frequently if necessary." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

monitoring (**Deficiency SSHSPI-22²²**). **This is a repeat deficiency.**

JUSTICE

LAW LIBRARIES AND LEGAL MATERIALS (LLLM)

ODO reviewed the facility’s law library electronic materials, interviewed ERO Chicago staff, and found ERO Chicago does not provide the facility with updated electronic materials on a regular basis. Specifically, the last update ERO Chicago provided the facility was in June 2020 (**Deficiency LLLM-11²³**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 14 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found 18 deficiencies in the remaining 6 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Chicago work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of CCDF in March 2021.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	14
Deficient Standards	10	6
Overall Number of Deficiencies	26	18
Repeat Deficiencies	3	10
Areas of Concern	2	0
Corrective Actions	0	0

²² “The monitoring must be documented every 15 minutes or more frequently if necessary. A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

²³ “ICE/ERO will provide updated electronic materials to facilities on a regular basis.” See ICE NDS 2019, Standard, Law Libraries and Legal Materials, Section, (II)(E).