



U.S. Department of Homeland Security
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**

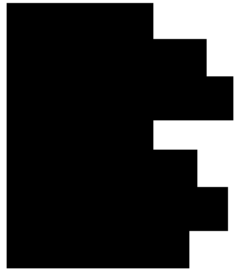
March 21-24, 2022

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

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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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Contractor	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 21 to 24, 2022.¹ 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 assigned a deportation officer to the facility. A CCDF facility administrator handles daily facility operations and manages [REDACTED] support personnel. CCDF provides food services, medical care, and commissary services at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of March 21, 2022)	[REDACTED]
Adult Female Population (as of March 21, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 18 deficiencies in the following areas: Environmental Health and Safety (1); Funds and Personal Property (1); Law Libraries and Legal Material (1); Medical Care (2); Significant Self-Harm and Suicide Prevention and Intervention (4); and Special Management Units (9).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of March 21, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.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.

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 its 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.

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}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	1
Post Orders	1
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	4
Sexual Abuse and Assault Prevention and Intervention	4
Sub-Total	10
Part 4 - Care	
Food Service	2
Hunger Strikes	0
Medical Care	1
Personal Hygiene	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	1
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	15

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. One detainee made allegations of receiving sexual requests and gestures from another detainee. ODO immediately contacted ERO Chicago and CCDF staff for a follow-up interview. Another detainee made a statement of having suicidal thoughts, and ODO immediately referred the detainee to ERO Chicago and CCDF medical staff for follow-up care. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Chicago and CCDF were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Food Service: Two detainees stated the facility provided only two meals on Sundays.

- Action Taken: ODO interviewed the food services manager (FSM) and found on February 13, 2022, the facility began serving only brunch and dinner on Sundays. Additionally, ODO reviewed seven weekly as-served menus from February 13, 2022, to March 21, 2022, and found in 3 out of 7 weeks, the facility did not serve two hot meals on Sundays; they provided one hot and one cold meal. Since the facility did not use religious and civic holidays as a factor in the decision to serve only two meals on Sundays, ODO cited this as a deficiency in the *Food Service* section of the report.

Medical Care: One detainee stated she submitted a medical care request for an inhaler as treatment for her asthma, but medical staff never examined her.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee's medical record, and found the detainee arrived at the facility on February 2, 2022, and facility medical staff examined her for an initial health screening on the same day. The detainee stated she had a history of asthma but never received a prescribed inhaler for her condition. Medical staff noted the detainee's oxygen saturation level as within normal limits, and she denied having respiratory symptoms. On February 22, 2022, a registered nurse (RN) completed a comprehensive health assessment and documented the detainee's history of asthma. The detainee denied any respiratory complications, and the RN noted normal limits for her oxygen saturation levels and clear-sounding lungs. The RN advised the detainee to report to sick call if she experienced shortness of breath. The detainee had not submitted any sick call requests nor reported to sick call since this encounter. On March 21, 2022, an RN evaluated the detainee for an unrelated complaint and noted her respiratory status as normal.

Medical Care: One detainee stated facility medical staff referred him for further examination of his eyes, but he has not received any notification.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical record, and found the detainee arrived at the facility on February 16, 2022, and facility medical staff examined him for an initial health screening on the same day. Medical staff noted

the detainee denied any issues with his eyes. On February 28, 2022, an RN completed a comprehensive health assessment and documented a small area of inflammation on the white area of the detainee's eye that did not extend into the visual portions of the iris or pupil. The detainee denied having any concerns with his vision and the RN advised him to report to sick call if his vision became impaired. Since his comprehensive health assessment, the detainee has not submitted any requests for medical care nor reports of concern about his eyes. Due to the expressed concern of the detainee, the HSA scheduled the detainee for a visual acuity assessment to occur within the next 2 weeks.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated she received sexual advances and requests for favors from another detainee. The detainee declined to provide information and stated she did not want to pursue the incident because she believed the facility would separate her from her friend.

- Action Taken: ODO immediately notified ERO and CCDF leadership of the detainee's allegation. The CCDF PREA coordinator interviewed the detainee on March 21, 2022, and the detainee stated she received a note about 2 weeks ago from another detainee expressing a deeper attraction to her. The detainee also stated the other detainee hugged her one time in an open area of the housing unit. The detainee ignored the overtures of the other detainee and did not report to the CCDF staff any feelings of intimidation. On March 21, 2022, ODO confirmed CCDF staff relocated the detainee, as a precaution, to another housing unit where she felt more comfortable with the other detainees.

Significant Self-Harm and Suicide Prevention and Intervention: One detainee stated she informed medical staff of her thoughts of harming herself on multiple occasions and required antidepressant medication but received no follow-up care.

- Action Taken: ODO confirmed through the HSA's review of the detainee's medical record, the detainee arrived at the facility on February 2, 2022, and received an initial mental health screening on the same day. The staff noted no report from the detainee of a history of suicidal ideations nor medications for mental health. On March 21, 2022, the HSA interviewed the detainee, and during this meeting, the detainee informed the HSA of her history of depression and prior prescription for antidepressants. The HSA transferred the detainee to a separate cell for monitoring and referred her for mental health screening. On March 21, 2022, the mental health staff evaluated the detainee and cleared her to return to general population.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility FPP policy, interviewed CCDF staff, and found the facility policy did not require supervisory staff to conduct investigations of missing or damaged property. Specifically, CCDF policy stated supervisors will inspect damaged property; however, assigned officers investigate lost or damaged property (**Deficiency FPP-30⁷**). **This is a repeat deficiency.**

POST ORDERS (PO)

ODO interviewed the facility jail supervisor, reviewed five POs, and found in all five POs, facility staff did not sign nor date post orders to indicate they read and understood its provisions prior to assuming the post. Specifically, facility staff sign and date POs annually (**Deficiency PO-7⁸**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 SMU housing records and found in 10 out of 12 records, medical staff did not sign individual records when visiting in the SMU. Specifically, ODO observed 26 visits where medical staff did not sign the detainee's record (**Deficiency SMU-67⁹**). **This is a repeat deficiency.**

ODO reviewed 12 SMU observation logs and found in all 12 logs, facility staff did not observe nor log observations on an irregular schedule. Specially, staff logged all 12 observations exactly 30 minutes apart (**Deficiency SMU-84¹⁰**). **This is a repeat deficiency.**

ODO reviewed 12 SMU housing records and found in 10 out of 12 records, staff did not record health care visits. Specifically, facility staff did not record health care visits in 26 instances (**Deficiency SMU-89¹¹**). **This is a repeat deficiency.**

ODO reviewed 12 SMU housing records and found in 10 out of 12 records, staff did not record health care visits. Specifically, facility staff did not record health care visits in 26 instances (**Deficiency SMU-91¹²**). **This is a repeat deficiency.**

⁷ "Supervisory staff will conduct the investigation." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(2).

⁸ "Prior to assuming a post, officers will sign and date the post order to indicate having read and understood its provisions." See ICE NDS 2019, Standard, Post Orders, Section (II)(B).

⁹ "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).

¹⁰ "SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(K).

¹¹ "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).

¹² "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).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility SAAPI program, interviewed the CCDF prevention of sexual assault compliance manager (PSACM), and found the facility did not provide specialized training on sexual abuse and assault nor effective cross-agency coordination to facility investigators who investigate allegations of sexual abuse and assault (**Deficiency SAAPI-35**¹³).

ODO reviewed the facility SAAPI program, interviewed the PSACM, and found the facility did not provide the following specialized training:

- Interviewing sexual abuse and assault victims;
- Sexual abuse and assault evidence collection in confinement settings;
- Criteria and evidence required for administrative action or prosecutorial referral; and
- Information about effective cross-agency coordination in the investigation process (**Deficiency SAAPI-36**¹⁴).

ODO reviewed the facility SAAPI program, interviewed the CCDF PSACM, and found no written documentation verifying specialized training provided to investigators (**Deficiency SAAPI-37**¹⁵).

ODO reviewed the facility SAAPI program and incident reports, interviewed the PSACM, and found specially trained and qualified investigators did not investigate allegations of sexual abuse and assault. Specifically, on December 28, 2021, the PSACM investigated a female detainee's allegation of sexual assault. ODO found the PSACM lacked the special training and qualification needed to investigate the allegation (**Deficiency SAAPI-123**¹⁶).

CARE

FOOD SERVICE (FS)

ODO interviewed the FSM, reviewed seven weekly as-served menus, and found in 7 out of 49 days, the facility did not serve detainees three meals, with at least two meals being hot. Specifically, ODO found 7 days where the facility only served brunch and dinner. Four out of these 7 days included two hot meals, and 3 out of the 7 days included one hot meal and one cold meal (**Deficiency FS-13**¹⁷).

¹³ "In addition to the general training provided to all facility employees, the facility shall provide specialized training on sexual abuse and assault and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse and assault." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

¹⁴ "This training must cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

¹⁵ "The facility must maintain written documentation verifying specialized training provided to investigators pursuant to this paragraph." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

¹⁶ "All investigations of alleged sexual abuse and assault must be prompt, thorough, objective, and fair and conducted by specially trained, qualified investigators." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M).

¹⁷ "Ordinarily detainees shall be served three meals every day, at least two of which shall be hot meals; however, the

ODO reviewed seven weekly as-served menus and found the FSM authorized menu-changing frequently. Specifically, the FSM made menu changes in 60 out of 63 meals (**Deficiency FS-38**¹⁸).

MEDICAL CARE (MC)

ODO reviewed the facility detainee handbook and found no information for detainees and their representatives to request and receive medical records as per facility policy (**Deficiency MC-102**¹⁹).

PERSONAL HYGIENE (PH)

ODO reviewed the facility PH policy, interviewed facility staff, and found the facility issues only one brassiere per female detainee (**Deficiency PH-5**²⁰).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility COM policy and 12 detention files, interviewed facility staff, and found in all 12 files, the facility did not issue receipts to detainees for confiscated or withheld items. Specifically, facility staff placed receipts for confiscated or withheld items in the detainees' detention files instead of giving them to the detainees (**Deficiency COM-27**²¹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 15 deficiencies in the remaining 8 standards. 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 September 2021.

facility administrator may approve variations in the food service schedule during religious and civic holidays, provided that basic nutritional goals are met." *See* ICE NDS 2019, Standard, Food Service, Section (II)(C)(1).

¹⁸ "The FSA or designee shall exercise this menu-changing authority as infrequently as possible." *See* ICE NDS 2019, Standard, Food Service, Section (II)(E)(1).

¹⁹ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(P).

²⁰ "The standard issue of clothing for detainees should be consistent with facility policy, but should include not less than one uniform shirt and one pair of uniform pants or one jumpsuit; one pair of socks; one pair of underwear; two brassieres, as appropriate; and one pair of footwear." *See* ICE NDS 2019, Standard, Personal Hygiene, Section (II)(B).

²¹ "The detainee shall receive a receipt for the confiscated or withheld item(s)." *See* ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(F).

Compliance Inspection Results Compared	FY 2021 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	14	19
Deficient Standards	6	8
Overall Number of Deficiencies	18	15
Repeat Deficiencies	10	5
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Acceptable