



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

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

**September 20-22, 2022**

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

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## **FOLLOW-UP 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 |
| 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 follow-up compliance inspection of the Chase County Detention Facility (CCDF) in Cottonwood Falls, Kansas, from September 19 to 23, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of CCDF from March 21 to 25, 2022. The facility opened in 1992 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 deportation officers to this facility. A facility administrator handles daily operations and manages support personnel. CCDF provides food services, medical care, and commissary services. The facility does not hold any accreditations from any outside entities.

| Capacity and Population Statistics                 | Quantity |
|----------------------------------------------------|----------|
| ICE Bed Capacity <sup>2</sup>                      |          |
| Average ICE Population <sup>3</sup>                |          |
| Adult Male Population (as of September 20, 2022)   |          |
| Adult Female Population (as of September 20, 2022) |          |

During its last inspection, in Fiscal Year (FY) 2022, ODO found 15 deficiencies in the following areas: Correspondence and Other Mail (1); Food Service (2); Funds and Personal Property (1); Medical Care (1); Personal Hygiene (1); Post Orders (1); Sexual Abuse and Assault Prevention and Intervention (4); and Special Management Units (4).

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

<sup>2</sup> Data Source: ERO Facility List as of September 20, 2022.

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

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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 uniform corrective action plan (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.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

| NDS 2019 Standards Inspected <sup>4,5</sup>                   | Deficiencies |
|---------------------------------------------------------------|--------------|
| <b>Part 1 - Safety</b>                                        |              |
| Environmental Health and Safety                               | 1            |
| <b>Sub-Total</b>                                              | <b>1</b>     |
| <b>Part 2 - Security</b>                                      |              |
| Admission and Release                                         | 0            |
| Custody Classification System                                 | 0            |
| Funds and Personal Property                                   | 1            |
| Post Orders                                                   | 0            |
| Use of Force and Restraints                                   | 0            |
| Special Management Units                                      | 1            |
| Sexual Abuse and Assault Prevention and Intervention          | 0            |
| <b>Sub-Total</b>                                              | <b>2</b>     |
| <b>Part 4 - Care</b>                                          |              |
| Food Service                                                  | 0            |
| Hunger Strikes                                                | 0            |
| Medical Care                                                  | 5            |
| Personal Hygiene                                              | 0            |
| Significant Self-Harm and Suicide Prevention and Intervention | 0            |
| <b>Sub-Total</b>                                              | <b>5</b>     |
| <b>Part 5 - Activities</b>                                    |              |
| Correspondence and Other Mail                                 | 0            |
| <b>Sub-Total</b>                                              | <b>0</b>     |
| <b>Total Deficiencies</b>                                     | <b>8</b>     |

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>5</sup> 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 15 detainees, who each voluntarily agreed to participate. Due to connectivity issues with the language line and time constraints, ODO interviewed 15 out of 67 detainees. None of the detainees made allegations of discrimination, mistreatment, or physical abuse. One detainee needed mental health services during the interview and ODO immediately referred the detainee to the facility's medical staff for evaluation. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Correspondence and Other Mail:* One detainee stated CCDF staff opened his legal mail in his absence.

- Action Taken: ODO interviewed the CCDF assistant administrator (AA) regarding the allegation of CCDF staff mishandling the detainee's legal mail. The AA stated the staff noted no legal markings on the detainee's mail, handled it as non-legal, and searched it for contraband. During the contraband search, staff realized the legal content of the mail and promptly delivered the mail to the detainee. The AA informed the detainee of the circumstances leading to the opening of his mail, and he verbally acknowledged understanding. At the request of ODO, CCDF instructed the detainee on the procedures of sending and receiving legal mail and special correspondence.

*Food Service:* One detainee stated CCDF food service provided limited protein variety, namely peanut butter and grilled cheese sandwiches, to meet the requirements of his Muslim religious diet.

- Action Taken: ODO interviewed the CCDF food service administrator (FSA), reviewed the special menus, and observed the preparation and serving lines for the detainees. The FSA informed ODO the detainee in question received specialized protein substitutions to meet his religious dietary requirements. Specifically, the facility provided a wide variety of beef and pork meat substitutions, such as chicken, turkey, beans, soy protein, and additional egg portions at breakfast. CCDF also provided a peanut butter sandwich or grilled cheese sandwich as options for lunch when requested. At the request of ODO, the AA informed the detainee of CCDF menu limitations, but the facility will continue to provide variety as resources allow.

*Medical Care:* One detainee requested mental health assistance due to the onset of a mental health crisis, resulting in ODO immediately terminating the interview and calling for medical assistance.

- Action Taken: ODO reviewed the detainee's medical file, spoke with the CCDF health services administrator (HSA), and confirmed medical staff examined and evaluated the detainee due to his mental health crisis on September 20, 2022. ODO also found no history of prior mental health issues in the detainee's file, but the HSA confirmed the detainee's referral to the community mental health provider for September 27, 2022. During a follow-up call on September 29, 2022, ERO Chicago explained the detainee missed his scheduled mental health appointment due to illness and CCDF rescheduled his appointment for October 6, 2022.

*Medical Care:* One detainee stated he has yet to receive medical care for back and neck pain, a previously injured toe, and an impacted tooth.

- Action Taken: ODO interviewed the HSA, reviewed the detainee’s medical records, and found the detainee’s recorded complaints of neck, back, and toe pain during intake on July 1, 2022. ODO also noted CCDF staff issued the detainee an extra mattress for his neck and back pain. On July 14, 2022, the detainee submitted a sick call request for tooth and toe pain, and medical staff took an X-ray of his toe on the same day. The staff found no evidence of injury after examining the X-ray, prescribed ibuprofen, and advised the detainee to submit sick call requests as needed. During that same sick call, the staff scheduled the detainee for a dental appointment on the following day. On July 15, 2022, the facility dentist resolved the tooth pain by filling a cavity in the detainee’s wisdom tooth.

*Medical Care:* One detainee stated facility staff told her the facility had no mental health program in place to treat her depression.

- Action Taken: ODO interviewed the HSA, reviewed the detainee’s medical record, and found medical staff examined her for depression during sick call on September 1, 2022. ODO also confirmed the detainee’s appointment with the mental health provider for September 20, 2022. ODO followed up with the facility and found the detainee missed her scheduled appointment due to a miscommunication with the provider, but CCDF had rescheduled her for September 26, 2022.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed the CCDF EHS inspector, reviewed quarterly sprinkler system testing logs, and found CCDF did not follow National Fire Protection Association quarterly testing requirements. CCDF last tested its sprinkler system on March 31, 2022 (**Deficiency EHS-33**<sup>6</sup>).

### **SECURITY**

#### **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed the CCDF site-specific handbook and found no notification to detainees on facility policies and procedures concerning personal property. Specifically, the CCDF site-specific handbook did not notify detainees of the rules for storing or mailing property not allowed in their possession (**Deficiency FPP-34**<sup>7</sup>).

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<sup>6</sup> “The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA).” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

<sup>7</sup> “The facility handbook shall notify detainees of facility policies and procedures concerning personal property,



## SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed 14 SMU observation logs and found in 14 out of 14 logs, CCDF staff did not observe nor log observations on an irregular schedule. Specially, CCDF staff logged all 14 observations between 31 and 60 minutes (**Deficiency SMU-84<sup>8</sup>**). **This is a repeat deficiency.**

## CARE

### MEDICAL CARE (MC)

ODO reviewed ERO Chicago's COVID-19 Response Plan Policy and Procedures and detainee medical records, interviewed the facility administrator, and found:

- No written plans addressing the management of infectious and communicable diseases, to include testing, isolation, prevention, and education, in accordance with the ERO Pandemic Response Requirements (PRR). Specifically, CCDF did not follow the required 10-day COVID isolation period for all new intakes, COVID testing at intake, nor implementing indoor mask requirements while in the PRR operational status of "Yellow" (**Deficiency MC-25<sup>9</sup>**);
- No written plans for reporting and collaborating with local or state health departments in accordance with state and local laws and ERO PRR. Specifically, CCDF did not follow the required 10-day COVID isolation period for all new intakes, COVID testing at intake, nor implementing indoor mask requirements while in PRR operational status of "Yellow" (**Deficiency MC-26<sup>10</sup>**);
- In 1 out of 11 records, detainees did not receive a comprehensive health assessment, including a physical examination and mental health screening, within 14 days of their arrival at the facility. Specifically, CCDF completed the detainee's comprehensive health assessment 15 days after the detainee's arrival (**Deficiency MC-27<sup>11</sup>**);
- In 1 out of 11 records, detainees did not receive their initial dental screening exam within 14 days of arrival at the facility. Specifically, CCDF completed the detainee's dental screening examination 15 days after the detainee's arrival (**Deficiency MC-43<sup>12</sup>**); and

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including: ...

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

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

<sup>8</sup> "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). **This is a repeat deficiency.**

<sup>9</sup> "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).

<sup>10</sup> "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).

<sup>11</sup> "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>12</sup> "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

- In one out of three records, no documentation of informed prior consent for the administering of psychotropic medications, to include a description of the medication and a list of potential side effects (**Deficiency MC-93**<sup>13</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 14 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found eight deficiencies in the remaining four standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO did not provide ODO with the UCAP for ODO’s last inspection of CCDF on March 21, 2022.

| <b>Compliance Inspection Results Compared</b> | <b>First FY 2022<br/>(NDS 2019)</b> | <b>Second FY 2022<br/>(NDS 2019)</b> |
|-----------------------------------------------|-------------------------------------|--------------------------------------|
| Standards Reviewed                            | 19                                  | 14                                   |
| Deficient Standards                           | 8                                   | 4                                    |
| Overall Number of Deficiencies                | 15                                  | 8                                    |
| Repeat Deficiencies                           | 5                                   | 1                                    |
| Areas Of Concern                              | 3                                   | 0                                    |
| Corrective Actions                            | 0                                   | 0                                    |
| Facility Rating                               | Acceptable/Adequate                 | N/A                                  |

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<sup>13</sup> “Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained.” See ICE NDS 2019, Standard, Medical Care, Section (II)(O).