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

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**Office of Detention Oversight  
Unannounced Compliance Inspection  
2023-004-108**

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

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

**March 14-16, 2023**

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>UNANNOUNCED 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>UNANNOUNCED COMPLIANCE INSPECTION FINDINGS.....</b>	<b>8</b>
<b>SAFETY.....</b>	<b>8</b>
ENVIRONMENTAL HEALTH AND SAFETY .....	8
<b>SECURITY .....</b>	<b>8</b>
CUSTODY CLASSIFICATION SYSTEM .....	8
FACILITY SECURITY AND CONTROL .....	9
FUNDS AND PERSONAL PROPERTY.....	9
HOLD ROOMS IN DETENTION FACILITIES .....	9
SPECIAL MANAGEMENT UNIT .....	10
<b>ORDER .....</b>	<b>10</b>
DISCIPLINARY SYSTEM .....	10
<b>CARE .....</b>	<b>10</b>
DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION .....	10
<b>ACTIVITIES .....</b>	<b>10</b>
VISITATION .....	10
<b>CONCLUSION .....</b>	<b>11</b>

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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 an unannounced compliance inspection of the Chase County Detention Facility (CCDF) in Cottonwood Falls, Kansas, from March 14 to 16, 2023.<sup>1</sup> 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 not assigned deportation officers to the facility; however, ERO Chicago staff are scheduled to conduct weekly visits on Tuesdays from 9:00 a.m. to 12:00 p.m. and they also conduct periodic unscheduled visits to the facility. A facility administrator handles daily 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 Bed Capacity <sup>2</sup>	■
Average ICE Population <sup>3</sup>	■
Adult Male Population (as of March 14, 2023)	■
Adult Female Population (as of March 14, 2023)	■

During its last full 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 male and female detainees with low, 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 February 27, 2023.

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

## UNANNOUNCED 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 over 72 hours, to assess compliance with ICE NDS. These inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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 *Special Review Findings* section of this report.

In fiscal year (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 Facility List Report for facilities that are not contractually obligated to an ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), 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 Restraints, 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 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.

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<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>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	2
Transportation by Land	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	3
Facility Security and Control <sup>8</sup>	1
Funds and Personal Property	1
Hold Rooms in Detention Facilities	1
Use of Force and Restraints	0
Special Management Unit	1
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>7</b>
<b>Part 3 - Order</b>	
Disciplinary System	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>13</b>

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

<sup>6</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.

<sup>7</sup> Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

<sup>8</sup> ODO observed the Facility and Security Control deficiency during the inspection and did not review this standard in its entirety.

## DETAINEE RELATIONS

ODO interviewed 25 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.

*Medical Care:* One detainee stated his dissatisfaction with medical staff's disapprovals of his request for knee surgery and bottom bunk accommodation.

- Action Taken: ODO interviewed the health services administrator (HSA) and confirmed the detainee arrived at the facility on November 2, 2022, and received an initial exam on the same day with no knee issues noted nor request for disability accommodation. On November 10, 2022, the HSA completed the 14-day examination of the detainee, noting only a bump on the detainee's ocular bone (eye socket). On November 17, 2022, a facility physician assistant examined the detainee's ocular bone and ordered X-rays, noting no knee pain during the examination. On January 11, 2023, the HSA examined the detainee during sick call for right knee swelling and pain and noted no swelling. The HSA approved a knee brace/compression sleeve from the detainee's property and prescribed ibuprofen for pain as needed. On March 15, 2023, the HSA examined the detainee's knee per ODO's request and noted no swelling. The detainee stated his knee only swells for an hour after exercise and then decreases. The HSA requested the detainee report to sick call when the knee is swollen for examination and to continue taking ibuprofen for pain as needed. The detainee also stated to the HSA he did not wish to be moved from his current unit or bunk.

*Medical Care:* One detainee stated medical staff did not provide him with mental health services nor an eye examination for an injury.

- Action Taken: ODO interviewed the HSA and confirmed the detainee arrived at the facility on March 8, 2023, and received an initial exam on the same day with no eye issues nor pain noted. The HSA provided the detainee the mental health consent forms for mental health services which the detainee returned to medical staff without completing. On March 15, 2023, the HSA examined the detainee per ODO's request, and the detainee returned signed and completed consent forms to the HSA. The HSA forwarded a mental health referral to an outside provider and confirmed the detainee's appointment for March 28, 2023. The HSA examined the detainee for eye and ear pain and noted the detainee stated he had no issues. The HSA scheduled the detainee's 14-day examination for March 17, 2023.

*Medical Care:* One detainee stated medical staff did not respond to his request for an eye exam.

- Action Taken: ODO interviewed the HSA and confirmed the detainee arrived at the facility on October 28, 2022, and reported no eye issues during his initial examination. On November 11, 2022, the HSA conducted a 14-day examination and discussed the detainee's glasses, to which the detainee reported no issues. On February 27, 2023, the

HSA examined the detainee during sick call and noted pressure behind the eyes and sinus pain. On the same day, the HSA scheduled the detainee for an eye exam with an outside provider for March 23, 2023. The HSA notified the detainee of the scheduled appointment but did not disclose the appointment date due to security concerns.

## **UNANNOUNCED COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

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

ODO inspected nine housing units and observed the following in all shower areas of the nine housing units: a significant amount of rust on the walls, ceilings, floors, and fixtures; peeling paint on walls and ceilings; and graffiti on the walls. ODO also noted air condition vents and light fixtures covered with paper or sheets (**Deficiency EHS-58<sup>9</sup>**).

ODO inspected nine housing units and found in all shower areas of the nine housing units: a significant amount of rust on the walls, ceilings, floors, and fixtures; peeling paint on walls and ceilings; and graffiti on the walls. ODO also noted air condition vents and light fixtures covered with paper or sheets (**Deficiency EHS-64<sup>10</sup>**).

### **SECURITY**

#### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed detainee classification paperwork, the facility's housing roster, and found the following deficiencies:

- A mix of detainee classification levels in housing assignments. Specifically, ODO found a total of █ medium-high security detainees housed with █ medium-low security detainees in units B, C, D, J, K, and M. ODO also found █ high security detainee and █ medium-high security detainees with █ medium-low security detainee in unit C (**Deficiency CCS-7<sup>11</sup>**);
- The reviewing officer did not ensure each detainee's assignment to the appropriate housing unit. Specifically, ODO found a total of █ medium-high security detainees with █ medium-low detainees in units B, C, D, J, K, and M. ODO also found █

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<sup>9</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

<sup>10</sup> "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

<sup>11</sup> "The classification system shall ensure: ...

5. A detainee's classification level will determine his or her housing assignment, voluntary work assignment, and how his or her recreational activities, meals, and religious services are managed."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(5).



- high-security detainee and [REDACTED] medium-high security detainees with [REDACTED] medium-low security detainee in unit C (**Deficiency CCS-11**<sup>12</sup>); and
- Facility staff did not ensure they housed detainees according to their classification levels. Specifically, the facility housed a total of [REDACTED] medium-high security detainees with [REDACTED] medium-low security detainees in units B, C, D, J, K, and M. ODO also found [REDACTED] high security detainee and [REDACTED] medium-high security detainees with [REDACTED] medium-low detainee in unit C (**Deficiency CCS-14**<sup>13</sup>). **This is a priority component.**

## **FACILITY SECURITY AND CONTROL (FSC)**

ODO observed the facility’s special management unit (SMU) and found the facility did not maintain sufficient supervision of detainees through appropriate staffing levels. Specifically, ODO inspected the SMU and found the facility did not maintain staff presence nor direct supervision in this unit. ODO subsequently learned the facility did not properly relieve the SMU officer on duty for during a lunch break (**Deficiency FSC-2**<sup>14</sup>).

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

ODO toured the facility and found the facility did not provide a secure area, accessible only by designated supervisors or property officers, to hold detainee property, valuables, and foreign currency. Specifically, ODO found the property storage area wide-open with an inmate (non-ICE detainee) working in the adjoining laundry area without any facility security staff present (**Deficiency FPP-1**<sup>15</sup>). **This is a priority component.**

## **HOLD ROOMS IN DETENTION FACILITIES (HRDF)**

ODO reviewed the facility’s hold room observation logs and found the facility did not conduct irregular visual monitoring every 15 minutes. Specifically, facility staff conducted checks every 30 minutes (**Deficiency HRDF-37**<sup>16</sup>). **This is a priority component.**

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<sup>12</sup> “Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit.” See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

<sup>13</sup> “All facilities shall ensure detainees are housed according to their classification level.” See ICE NDS 2019, Standard, Custody Classification System, Section (II)(D).

<sup>14</sup> “Each facility shall ensure it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse and assault and other forms of violence or harassment, and to prevent significant self-harm and suicide.” See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(A).

<sup>15</sup> “The facility shall provide a secure area, accessible only by designated supervisors and/or property officers, to hold detainee property, valuables, and foreign currency.” See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(A).

<sup>16</sup> “Officers shall closely supervise the hold rooms through direct supervision, which involves irregular visual monitoring not to exceed 15 minutes between checks (each time recording the time and officer’s name or identifier in the detention log).” See ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(4).

## **SPECIAL MANAGEMENT UNIT (SMU)**

ODO reviewed 2 days of 30-minute check logs for 6 detainees in the SMU during the inspection period and found 60 instances in which SMU staff did not observe and log observations at least every 30 minutes on an irregular schedule. Specifically, in 60 instances for 2, 10-hour periods, a staff member established a regular pattern/schedule by documenting observations of 2 detainees at the beginning of every hour, 25 minutes after every hour, and 45 minutes after every hour (**Deficiency SMU-84<sup>17</sup>**). **This is a repeat deficiency and a priority component.**

## **ORDER**

### **DISCIPLINARY SYSTEM (DS)**

ODO reviewed the facility's handbook and found no reference to a detainee's right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage, nor harassment (**Deficiency DS-45<sup>18</sup>**).

## **CARE**

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

ODO observed nine housing units and found in five out of nine housing units, the facility did not post other disability accommodation documents explaining disability accommodation availability at the facility (**Deficiency DIAA-51<sup>19</sup>**).

## **ACTIVITIES**

### **VISITATION (V)**

ODO observed the facility's legal visitation room and found no posting of rules nor hours for legal visitation (**Deficiency V-35<sup>20</sup>**).

ODO reviewed the facility's visitation policy and facility detainee handbook and found the facility did not establish written procedures to allow legal service providers and legal assistants to

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<sup>17</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).

<sup>18</sup> "Among other things, the handbook shall advise detainees of the following, and the contents shall be communicated to detainees in a language or manner that they understand: ...

The right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage, and harassment."

*See* ICE NDS 2019, Standard, Disciplinary System, Section (II)(M)(1).

<sup>19</sup> "The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by ICE/ERO." *See* ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section (II)(I).

<sup>20</sup> "The facility shall provide notification of the rules and hours for legal visitation and post the rules prominently in the visiting room." *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(2).

telephone the facility in advance of a visit to confirm the assignment of a particular individual to the facility (**Deficiency V-50**<sup>21</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 20 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 13 deficiencies in the remaining 9 standards. Since CCDF’s last full inspection in March 2022, which ODO conducted virtually due to the COVID-19 pandemic, the facility’s overall compliance with the ICE NDS 2019 has remained consistent. CCDF went from 8 deficient standards and 15 deficiencies in March 2022 to 9 deficient standards and 13 deficiencies during this most recent full inspection. ODO did not review the Detainee Handbook, Disability Identification, Assessment, and Accommodation, Disciplinary System, Hold Rooms, Recreation, Terminal Illness Advanced Directives and Death, Transportation by Land, and Visitation standards during the January 2022 inspection as they were not FY 2022 core standards, and these standards accounted for 5 out of 12 deficiencies found during this most recent inspection. Of the remaining seven deficiencies, one was a repeat deficiency in the SMU and four were priority components. ODO has not received a completed uniform corrective action plan (UCAP) for the full inspection in March 2022 nor the UCAP for the follow-up inspection conducted in September 2022, which likely contributed to the repeat deficiency. 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 2022 Full Inspection (NDS 2019)</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>
Standards Reviewed	19	20
Deficient Standards	8	9
Overall Number of Deficiencies	15	13
Priority Component Deficiencies	N/A	4
Repeat Deficiencies	5	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate

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<sup>21</sup> “Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility.” *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(6).