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**Office of Detention Oversight
Special Review
2024-003-259**

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

**Finney County Jail
Garden City, Kansas**

November 28-30, 2023

**SPECIAL REVIEW
of the
FINNEY COUNTY JAIL
Garden City, Kansas**

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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 special review of the Finney County Jail (FCJ) in Garden City, Kansas, from November 28 to 30, 2023.¹ The facility opened in 1982 and is owned by Finney County and operated by the Finney County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FCJ in 2020 under the oversight of ERO’s Field Office Director in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A facility major handles daily operations and manages [REDACTED] support personnel. Facility staff provides food services, American Correctional Health provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of November 28, 2023)	[REDACTED]
Adult Female Population (as of November 28, 2023)	[REDACTED]

This was ODO’s first compliance inspection of FCJ.

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

² Data Source: ERO Custody Management Division Authorized Facility List as of November 20, 2023.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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.

In 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 Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and 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 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 uniform corrective action plans (UCAPs); 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.

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	4
Sub-Total	4
Part 2 – Security	
Use of Force and Restraints	0
Special Management Units	1
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	2
Part 4 – Care	
Food Service	6
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	7
Part 6 – Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	13

⁵ For greater detail on ODO’s findings, see the *Special Review Findings* section of this report.

⁶ During a special review, ODO will review a facility’s compliance with at least 10 individual standards.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2023 ADP of 1, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a facility major and lieutenant, reviewed facility policy, observed the chemical storage area in the laundry and food service departments, and found the following deficiencies:

- No inventories of hazardous materials used and stored in those areas (**Deficiency EHS-3⁷**);
- No inventory records for each substance (**Deficiency EHS-4⁸**); and
- No inventory records of hazardous materials, before, during, and after each use (**Deficiency EHS-16⁹**).

ODO interviewed a facility nurse, toured the facility, and found no blood spill cleanup kits available for facility staff to clean up and decontaminate surfaces following a blood and/or body fluid spill, which ODO cited as an **Area of Concern**.

ODO interviewed a facility nurse, toured the facility, and found the facility had no suitable cleanup kits for blood and body fluid spills (**Deficiency EHS-69¹⁰**).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed facility policy and found no written procedures to route detainee requests to the appropriate ERO Chicago officials (**Deficiency SDC-11¹¹**). **This is a priority component.**

⁷ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹⁰ "A suitable cleanup kit will be maintained for use in cases of spills of blood and body fluids." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(3).

¹¹ "The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s)." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed a facility lieutenant, reviewed SMU training documents, and found security staff assigned to the SMU did not receive training on the impact of isolation (**Deficiency SMU-86**¹²).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager (FSM), reviewed facility policy and food menus, and found the facility served only one out of three daily meals as hot meals to detainees instead of at least two daily hot meals (**Deficiency FS-13**¹³).

ODO interviewed the FSM, observed FS staff preparing meals, and found staff did not use hair restraints while in the food preparation and service areas (**Deficiency FS-82**¹⁴).

ODO interviewed the FSM, observed the chemical room containing toxic, flammable, and caustic materials and found no inventories for materials used in the FS department (**Deficiency FS-105**¹⁵).

ODO interviewed the FSM, reviewed facility FS policy and records, and found the following deficiencies:

- No record of daily refrigerator and water temperature checks by facility staff (**Deficiency FS-117**¹⁶);
- No record of daily temperature checks by staff for dishwasher, pot and pan washers, and refrigerator and freezer (**Deficiency FS-118**¹⁷); and
- No temperature check documentation on file nor access to the documentation (**Deficiency FS-119**¹⁸).

¹² “Security staff assigned to SMU shall receive training in relevant topics, such as: ...
3. The impact of isolation;”

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(L)(3).

¹³ “Ordinarily detainees shall be served three meals every day, at least two of which shall be hot meals;” *See* ICE NDS 2019, Standard, Food Service, Section (II)(C)(1).

¹⁴ “All staff and detainees working in the food preparation and service area(s) shall use effective hair restraints.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(2)(c).

¹⁵ “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).

¹⁶ “Staff shall check refrigerator and water temperatures daily, recording the results.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

¹⁷ “Daily checks of equipment temperatures shall follow this schedule:

- 1) Dishwashers: every meal;
- 2) Pot and pan washers: daily, if water in the third compartment of a three-compartment sink is used for sanitation the required minimum temperature shall be maintained in accordance with the applicable local food code;
- 3) Refrigeration/freezer equipment (walk-in units): site-specific schedule, established by the FSA.”

See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b)(1-3).

¹⁸ “All temperature-check documentation shall be filed and accessible.” *See* ICE NDS 2019, Standard, Food Service,

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

ODO reviewed [redacted] facility staff training records, interviewed a classification lieutenant, and found in [redacted] out of [redacted] records, no annual, comprehensive suicide prevention training for staff who interact with and are responsible for detainees (**Deficiency SSHSPI-2¹⁹**). **This is a priority component.**

CONCLUSION

During this special review, ODO assessed the facility’s compliance with 10 standards under NDS 2019 and found the facility in compliance with 5 of those standards. ODO found 13 deficiencies in the remaining 5 standards. This was ODO’s first inspection of FCJ; therefore, ODO performed no trend analysis of this facility. Prior to this special review, the facility’s last known oversight inspection was an ERO Operational Review Self-Assessment, which occurred on January 27, 2023.²⁰ ODO recommends ERO Chicago work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2024 Special Review NDS 2019
Standards Reviewed	N/A	10
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	13
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	1
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable/Adequate

Section (II)(I)(11)(b).

¹⁹ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

²⁰ Data Source: ERO Custody Management Division Authorized Facility List as of November 20, 2023.