

Office of Professional Responsibility

Chase County Detention Facility Inspection 2024-002-409

August 20-22, 2024



U.S. Immigration
and Customs
Enforcement



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2024-002-409**

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

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

August 20-22, 2024

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 August 20 to 22, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CCDF from March 12 to 14, 2024. 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.



A facility administrator handles daily operations and manages ■ support personnel. Chase County provides food services and medical care, and Victus 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	■
Average ICE Population ³	■
Adult Male Population (as of August 20, 2024)	■
Adult Female Population (as of August 20, 2024)	■

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 5 deficiencies in the following areas: Admission and Release (2); Facility Security and Control (2); and Food Service (1).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of August 19, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.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.

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 the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

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	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	2

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 19 detainees who each voluntarily agreed to participate. ODO attempted to interview one additional detainee; however, the detainee declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 19 detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured nine housing units and found discolored and stained walls and a mold-like substance in three out of nine showers in Units K, L, and M (**Deficiency EHS-58⁷**).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action. Facility staff cleaned the showers in Units K, L, and M, and ODO observed no discoloration, stains, or mold after the cleaning (**C-1**).

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff completed mental health evaluations between 11 and 20 days after receipt of the referral (**Deficiency MC-127⁸**). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found two deficiencies in the remaining two standards. Since CCDF's last rated inspection in March 2024, the facility's compliance trended upward. CCDF went from 3 deficient standards and 5 deficiencies in March 2024 to 2 deficient standards and 2 deficiencies during this follow-up compliance inspection. ODO has not received a completed UCAP for the last rated inspection in March 2024 and therefore could not assess the effectiveness of the facility's UCAP in resolving previous deficiencies ODO cited. ODO recommends ERO Chicago continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

⁷ "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).

⁸ "Any detainee referred for mental health treatment shall be triaged for any emergency needs and receive an evaluation by a qualified mental health provider no later than seven days after the referral." See ICE NDS 2019, Standard, Medical Care, Section (II)(S)(2).

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	24	14
Deficient Standards	3	2
Overall Number of Deficiencies	5	2
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	1
Facility Rating	Good	N/A



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