Office of Professional Responsibility

Midwest Regional Reception Center

Inspection 2026-001-136

August 4-6, 2026

U.S. Immigration and Customs Enforcement

INSPECTION
of the
MIDWEST REGIONAL RECEPTION CENTER
Leavenworth, 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 an inspection of the Midwest Regional Reception Center (MRRC) in Leavenworth, Kansas, from August 4 to 6, 2026..[1] The facility opened in 1997 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MRRC in 1997 under the oversight of ERO's Field Office Director in Chicago (ERO Chicago). The facility is a dedicated ICE detention facility and operates under National Detention Standards (NDS) 2025.

ERO has deportation officers assigned full-time to the facility. They are on-site Monday through Friday, from 8 a.m. to 4 p.m. A facility administrator handles daily facility operations and manages (b)(7)(e) support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary Network 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]	(b)(7)(e)
Average ICE Population.[3]	(b)(7)(e)
Adult Male Population (as of August 4, 2026)	(b)(7)(e)
Adult Female Population (as of August 4, 2026)	(b)(7)(e)

This was ODO's first inspection of MRRC.

[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 July 30, 2026.
[3] *Ibid.*

INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshals Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[4]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings with ERO management officials. Thereafter, ODO provides ICE leadership with a final report to: (i) assist ERO in developing and initiating a uniform corrective action plan (UCAP); 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.

[4] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

FINDINGS BY NATIONAL DETENTION STANDARDS 2025 MAJOR CATEGORIES

NDS 2025 Standards Inspected[5]	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	5
Sub-Total	**5**
Part 2 - Security	
Admission and Release	1
Custody Classification System	3
Facility Security and Control	0
Funds and Personal Property	2
Post Orders	0
Searches of Detainees	12
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	**20**
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	**0**
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	**0**
Part 6 - Justice	
Grievance System	1
Law Libraries and Legal Materials	0
Sub-Total	**1**
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	**0**
Total Deficiencies	**26**

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

DETAINEE RELATIONS

ODO interviewed 30 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.

Searches of Detainees: ODO interviewed 30 detainees and found 7 out of 30 detainees reported being strip searched when they first arrived at the facility and/or during initial intake process. The remaining 23 detainees reported not being strip searched.

- Action Taken: ODO interviewed the chief of security, reviewed the MRRC policy governing detainee searches, and notified ERO of the allegations. During follow-up, ODO reviewed MRRC's revised policy and strip-search logs. The logs did not document the reason for or required justification for each search, and MRRC provided documentation for only two detainees identified during the follow-up. Although MRRC revised its policy and reinforced staff use of Form (b)(7)(e), these prospective corrective actions did not establish that the facility complied with the applicable requirements at the time of the August 2026 inspection. Therefore, ODO issued findings of noncompliance. The facility is encouraged to work closely with ERO to be more in line with the NDS.

Telephone Access: ODO interviewed 30 detainees regarding access to facility telephones and found 4 out of 30 detainees reported concerns affecting their ability to use telephone services. Specifically, the detainees stated that when their family members deposit funds into their accounts, the system automatically applies the funds to their tablet accounts rather than their telephone accounts. The detainees further stated they have been unable to transfer those funds from the tablet account to the telephone account, which limits their ability to place calls.

- Action Taken: ODO informed the facility staff of the issue detainees were having regarding their Talton tablet and telephone accounts. MRRC contacted Talton and received directions on how to move funds from the tablet account to the telephone account. ODO informed the detainees on how to move the funds and verified they understood the process. ODO also observed unit officers conduct a town hall meeting with the detainees in Dorm [redacted] to provide them with instructions on how to move funds between accounts. The facility also added the instructions to the detainee tablet system and intake instructions, with availability in languages other than English.

INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed inventory records for eight hazardous chemicals stored in two chemical storage locations and found in five out of eight inventory records, the safety manager did not maintain inventory records for each hazardous substance **(Deficiency EHS-4[6])**.

ODO reviewed the facility's Safety Data Sheet (SDS) master file and found no documentation of SDS reviews maintained in the master file **(Deficiency EHS-9[7])**.

ODO reviewed the facility's master index of hazardous substances and found the master index did not include a comprehensive, up-to-date list of emergency phone numbers **(Deficiency EHS-10[8])**.

ODO reviewed inventory records for 16 hazardous chemicals stored in 3 chemical storage locations and found in 5 out of 16 hazardous inventory records, the facility staff did not keep hazardous substance inventories current before, during, and after each use **(Deficiency EHS-16[9])**.

ODO inspected three barbershops and found in two out of three barbershops, the facility staff maintained neck dusters that could not be cleaned and disinfected before each use **(Deficiency EHS-48[10])**.

> *Corrective Action:* Neck dusters were removed from the barbershops and from the facility **(C-1)**.

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed the chief of security and the unit manager, reviewed policies (b)(7)(e) Searches of Detainees and Various Locations and (b)(7)(e) Admissions/Orientation Procedures, reviewed 25 detainee files and found 25 out of 25 detainee detention files did not have documentation of intake strip searches **(Deficiency AR-7[11])**.

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[6] "Inventory records will be maintained for each substance." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A).
[7] "Documentation of reviews will be maintained in the SDS master file." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A)(2).
[8] "The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A)(2).
[9] "Inventory records for a hazardous substance must be kept current before, during, and after each use." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).
[10] "All hair care tools which come in contact with detainees will be cleaned and disinfected prior to each use." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(H)(1)(d).
[11] "Each new arrival will be searched in accordance with Standard 2.7 'Searches of Detainees.'" *See* ICE NDS 2025, Standard, Admission and Release, Section (II)(B).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 25 detainee files and found in 1 out of 25 detainee files, the facility staff did not document identification of a detainee's special vulnerability or provide appropriate accommodations **(Deficiency CCS-9[12])**.

ODO reviewed 25 detainee files and found in 1 out of 25 detainee files, the facility staff did not document special consideration of factors increasing the detainee's vulnerability to victimization nor assault in detention **(Deficiency CCS-16[13])**.

ODO reviewed 25 detainee files and found in 1 out of 25 detainee files, the facility staff did not document consideration of assessment risk factors in 6 C.F.R. § 115.41 when making the detainee's classification and housing decisions **(Deficiency CCS-19[14])**.

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's inventory documentation and found facility staff missed two quarterly inventories and did not document inventories of detainee baggage and other non-valuable property from March 2026 through July 2026 **(Deficiency FPP-19[15])**.

ODO reviewed the facility's inventory logs and found facility staff missed two quarterly inventories and did not maintain inventory logs indicating the date, time, name of the officer or officers conducting detainee baggage nor non-valuable property inventory from March 2026 through July 2026 **(Deficiency FPP-20[16])**.

SEARCHES OF DETAINEES (SD)

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations and found the facility conducts routine strip searches **(Deficiency SD-8[17])**.

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[12] "The classification system shall ensure: …
7. Detainees with special vulnerabilities will be identified and the appropriate accommodations provided." *See* ICE NDS 2025, Standard, Custody Classification System, Section (II)(A)(7).

[13] "Special consideration shall be given to any factor that would raise a detainee's vulnerability, or risk of vulnerability, victimization, or assault in detention. Detainees with special vulnerabilities include those who are elderly, pregnant, or nursing; those with serious physical or mental illness, or other disability; those with risk(s) of victimization or abusiveness identified in 6 C.F.R. § 115.41, and those who have been victims of sexual assault, torture, trafficking, or abuse." *See* ICE NDS 2025, Standard, Custody Classification System, Section (II)(E).

[14] "When making classification and housing decisions, staff shall ensure the assessment risk factors in 6 C.F.R. § 115.41 are considered in the assignment of detainee to housing, recreation and other activities and voluntary work, making individualized determinations to ensure the safety of each detainee." *See* ICE NDS 2025, Standard, Custody Classification System, Section (II)(E).

[15] "An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter." *See* ICE NDS 2025, Standard, Funds and Personal Property, Section (II)(D).

[16] "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." *See* ICE NDS 2025, Standard, Funds and Personal Property, Section (II)(D).

[17] "Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(2)(a).

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations and found the facility policy omits NDS 2025 Standard 2.7 requirement. Specifically, that, if medically necessary, the determination occurs as part of a standard medical examination that all detainees must undergo as part of intake or other processing **(Deficiency SD-13[18])**.

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations and found the facility policy requires strip searches after contact visitation without clearly limiting the detainees to reasonable suspicion or ensuring the compliant non-contact visitation option **(Deficiency SD-17[19])**.

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations, reviewed 25 detainee detention files and found 25 out of 25 detainee detention files did not have documentation of intake strip searches **(Deficiency SD-18[20])**.

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations and found the facility policy does not clearly require that all body cavity searches be performed by a medical professional in an area affording privacy from other detainees and uninvolved facility staff **(Deficiency SD-22[21])**.

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations and found the facility policy does not clearly require that a body cavity search be conducted only by authorized medical personnel, upon approval of the facility administrator or acting facility administrator, and only if reasonable suspicion exists **(Deficiency SD-23[22])**.

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations and found the facility policy does not clearly require documentation of the articulable facts supporting reasonable suspicion for body cavity searches **(Deficiency SD-24[23])**.

[18] "If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(2)(a).

[19] "Facilities may perform a strip search when an articulable and reasonable suspicion exists that contraband is concealed on the detainee's person." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(2)(c).

[20] "All strip searches will be documented." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(2)(c).

[21] "A body cavity search must be performed by a medical professional and take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(3).

[22] "A body cavity search may only be conducted by authorized medical personnel, upon approval of the facility administrator or acting facility administrator, and only if there is reasonable suspicion that contraband may be concealed in or on the detainee's person." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(3)(a).

[23] "The articulable facts supporting the conclusion that reasonable suspicion exists shall be documented." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(3)(b).

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations and found the facility policy does not clearly state that the detainee's health and welfare must be considered before any digital or simple instrument search **(Deficiency SD-25[24])**.

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations and found the facility policy does not clearly state that if contraband or a foreign item is located, it may be removed immediately by medical staff if removal can easily be affected by use of fingers or simple medical instruments **(Deficiency SD-26[25])**.

ODO interviewed the chief of security, reviewed facility policy [redacted] Searches of Detainees and Various Locations and found the facility policy does not state the ICE Health Service Corps (IHSC) staff are not authorized to collect or participate in collection of specimens or other information for forensic purposes, including toxicology studies, rape kits, and DNA testing **(Deficiency SD-27[26])**.

ODO interviewed the chief of security, reviewed the facility policy [redacted] Searches of Detainees and Various Locations and found the facility policy does not state the facility shall document all body cavity, digital, simple instrument searches, authorizations, and the reasons for the searches, in any logs used to record searches and in the detention file or retrievable electronic format **(Deficiency SD-28[27])**.

ODO interviewed the chief of security, reviewed the facility policy [redacted] Searches of Detainees and Various Locations, regarding the length of close observations, and found the facility policy does not state the facility administrator or designee, in consultation with qualified health personnel, shall determine when termination is appropriate **(Deficiency SD-65[28]). This is a priority component.**

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 18 detainee special management unit files and found in 2 out of 18 detainee files, facility staff logged observations every 30 minutes on a regular schedule rather than an irregular schedule **(Deficiency SMU-84[29])**. **This is a priority component**.

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[24] "The detainee's health and welfare shall be considered prior to performance of any digital or simple instrument search." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(3)(c).

[25] "If located, the contraband or foreign item may be removed immediately by medical staff, if such removal can easily be affected by use of fingers or simple medical instruments." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(3)(f).

[26] "IHSC staff is not authorized to collect or participate in the collection of specimens or other information that will be used for forensic purposes, including for toxicology studies, rape kits, and DNA testing." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(3)(g).

[27] "Staff shall document all body cavity, digital, and simple instrument searches, the authorizations, and the reasons for the searches, in any logs used to record searches and in the detainee's detention file or retrievable electronic format." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(C)(3).

[28] "The length of close-observation status must be determined on an individual basis. The facility administrator or designee, in consultation with qualified health personnel, shall determine when termination is appropriate." *See* ICE NDS 2025, Standard, Searches of Detainees, Section (II)(D)(7).

[29] "SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule." *See* ICE NDS 2025, Standard, Special Management Units, Section (II)(K).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed 25 detainee files and found in 1 out of 25 detainee files, the facility staff did not document assessment of the detainee's victimization history during intake classification to identify potential sexual abuse nor assault risk, to mitigate related housing risks **(Deficiency SAAPI-71.[30])**. **This is a priority component**.

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 179 grievances in the facility's grievance log and found in 17 out of 179 facility grievances, the facility staff responded between 6 and 9 business days after receipt **(Deficiency GS-15.[31])**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2025 and found the facility in compliance with 16 of those standards. ODO found 26 deficiencies in 8 standards. This was ODO's first inspection of MRRC so prior inspection data does not exist for ODO to perform a trend analysis. ODO recommends ERO Chicago continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Inspection Results Compared	No Previous ODO Inspection	FY 2026 NDS 2025
Standards Reviewed	N/A	24
Deficient Standards	N/A	8
Overall Number of Deficiencies	N/A	26
Priority Component Deficiencies	N/A	3
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	1
Facility Rating	N/A	Acceptable/Adequate

[30] "In accordance with Standards 2.1 "Admission and Release" and 2.2 "Custody Classification System," the facility shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse and assault victims and shall house detainees to prevent sexual abuse and assault, taking necessary steps to mitigate any such danger." *See* ICE NDS 2025, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(I)(1).

[31] "Barring extraordinary circumstances, grievances shall be addressed within five business days." *See* ICE NDS 2025, Standard, Grievance System, Section (II)(A)(2)(a).

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