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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Denver Field Office

Denver Contract Detention Facility II
Aurora, Colorado

July 27-30, 2020

COMPLIANCE INSPECTION
of the
DENVER CONTRACT DETENTION FACILITY II
Aurora, Colorado

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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 compliance inspection of the Denver Contract Detention Facility II (DCDF II) in Aurora, Colorado, from July 27 to 30, 2020.¹ The facility opened in 2019 and is owned and operated by Geo Group. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCDF II in 2019 under the oversight of ERO's Field Office Director in Denver (ERO Denver). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. The DCDF II warden handles daily facility operations and is supported by █████ personnel. GEO Group provides food services and medical care, and Keefe provides commissary services at the facility. In October 2018, the facility was accredited by the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	376
Average ICE Detainee Population ³	70
Male Detainee Population (as of 7/27/2020)	61
Female Detainee Population (as of 7/27/2020)	9

This is the first ODO inspection of the DCDF II facility.

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

² Data Source: ERO Facility List Report as of July 27, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

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

Upon completion of each 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 their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	3
Sub-Total	8
Part 4 – Care	
Food Service	2
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	11

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination or mistreatment; however, one out of the 12 detainees made an allegation involving abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Admissions and Release: A detainee stated upon arrival, he had to remove all his clothing in front of the officer to exchange clothing.

- Action Taken: ODO reviewed the facility and detainee search policy, which states upon completion of the intake process, a staff member of the same sex will escort the detainee to the change/shower area located in intake. DCDF II staff interviewed the detainee on July 29, 2020, which the detainee reported the officer was in the property room, and he was in the shower room when he removed his clothes during the clothing exchange. ODO found the detainee's statement given to DCDF II staff on July 29, 2020, compliant with the facility's detainee search policy.

Food Service: A detainee stated he is on a low sodium diet; however, he says the food he receives is the same high sodium regular meals served to all detainees.

- Action Taken: ODO reviewed the detainee's medical file that shows the detainee was evaluated by a physician assistant (PA) on May 24, 2020, for chronic care clinic. At the visit, the PA ordered a Diet For Health (DFH), which is a low sodium diet. A therapeutic diet order form was issued from medical to food service on May 24, 2020. The kitchen manager and health services manager met with detainee on August 5, 2020, and addressed the detainees concerns about his receipt of the DFH.

Medical Care: A detainee stated he has right knee pain and the bengay muscle rub provided by the medical department does not alleviate the pain.

- Action Taken: ODO reviewed the detainee's medical file that showed the detainee submitted a detainee request to medical on June 30, 2020, requesting to be seen for knee pain. On July 1, 2020, the detainee's knee was evaluated by the physician assistant (PA) and was provided bengay muscle rub to treat the pain. On July 7, 2020, the detainee submitted another detainee request to be seen by medical for knee pain. On July 8, 2020, the detainee was seen by the PA who reviewed the knee and prescribed Ibuprofen three times a day for 2 days, warm compresses, and to continue using the bengay muscle rub as previously ordered. Based on the detainee's complaint to ODO regarding his continued knee pain, he was immediately seen by medical services on July 27, 2020, and an X-ray was taken showing no abnormalities.

Medical Care: A detainee stated he has a lower abdominal pain and the treatment provided by medical has not alleviated the pain.

- Action Taken: ODO reviewed the detainees medical file that showed on July 11, 2020, the detainee submitted a request to be seen by medical for abdominal pain. The request was triaged on July 12, 2020, and the detainee was seen on July 13, 2020, by the registered nurse. The detainee was referred to the medical doctor on the same day, which he was diagnosed with epigastric pain, prescribed Prilosec, ordered labs and an abdominal ultrasound, which were completed on July 15, 2020. He was also diagnosed as having a mild diffuse fatty infiltration of the liver. The detainee was evaluated by a doctor on July 27, 2020, to review the results of the ultrasound and provided a plan of care. The detainee was instructed the Prilosec be continued two times a day for 30-days; then once a day for 90-days, a urinalysis (UA) was ordered and the detainee would be consulted once the UA results are processed and reviewed.

Medical Care: A detainee stated ICE staff are unable to provide his case status when asked. Being frustrated, the detainee alleged he had not eaten his meals for the last two days due to ICE not providing him with the status of his deportation.

- Action Taken: ODO informed the facility staff about the detainee's complaint on July 28, 2020. On July 28, 2020, a facility lieutenant interviewed the detainee who stated he did not want to eat until he spoke with an ICE officer. On the same day, a deportation officer spoke to the detainee and addressed his detention related questions. Facility medical staff also interviewed the detainee who stated he would resume eating. On July 28, 2020, the compliance coordinator confirmed the detainee had resumed eating his meals. ODO notes there is no evidence to support the detainee stopped eating his meals other than the detainee's own admission.

Medical Care: One detainee stated he has Hepatitis B and requested a medical diet meal based on his condition, but he has not received it.

- Action Taken: ODO reviewed the detainee's medical file that showed the detainee informed the medical staff on July 3, 2020, that he is free of Hepatitis B and has received no treatment since he was 22 years old. In the detainee's medical file, ODO found no detainee requests to be placed on a medical diet. ODO reviewed the facility's grievance log and determined the detainee never submitted a grievance requesting a review of his medical diet claim. The medical staff noted in his current health, the detainee does not require a medical diet.

Sexual Abuse and Assault Preventative and Intervention: A detainee stated three detainees in her unit had recently made sexual comments to her as they touched themselves. The detainee stated she submitted a grievance stating she was being bullied by three detainees in her dormitory and in response, the facility moved the three detainees to another dormitory.

- Action Taken: On July 28, 2020, the DCDF II PREA coordinator interviewed the detainee regarding her allegation. During the interview, the detainee denied the three detainees touched or showed their private parts to her. The detainee also stated to the

PREA coordinator the three detainees talked about sexual things, but she never felt they were trying to coerce or pressure her to engage in a sexual act. The detainee stated there was never any sexual contact between her and the three detainees. Based on this interview, the PREA coordinator determined the detainee's complaint did not meet the criteria for detainee-on-detainee sexual abuse or harassment.

Concerning the bullying incident, the PREA coordinator informed ODO that on July 14, 2020, the facility received a grievance from the detainee stating three detainees housed in her dorm were causing issues. On July 14, 2020, a lieutenant interviewed the three detainees and moved the three detainees to another dorm.

Grievance Systems: The detainee stated, on July 21, 2020, he attended a medical call-out, even though he was not on the call-out and when asked staff if he could return to his dormitory, a staff member rejected his request and used intimidating language

- Action Taken: ODO reviewed the July 2020 grievance log and determined on July 22, 2020, the detainee filled out a grievance form in reference to the detainee's allegation, which was received by the facility on July 27, 2020. The issue is currently being reviewed by the lieutenant. At the conclusion of the review, the review findings were be reported to the detainee.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files and found 11 out of 12 detainee files did not contain a signed Form I-203, Order to Detain or Release (**Deficiency A&R-1⁶**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's detainee handbook and found it did not contain information regarding an explanation of the classification levels with the applicable conditions and restrictions (**Deficiency CCS-1⁷**).

FUNDS & PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found it did not address the rules for mailing property not allowed in their possession (**Deficiency F&PP-1⁸**).

ODO reviewed 12 detainee files and found 8 out of 12 detainee files did not have two officer signatures on the Property Receipt form (G-589) (**Deficiency F&PP-2⁹**).

In reviewing the inventory audit form, ODO found it did not contain the date, time, and names of the officer(s) conducting the audits (**Deficiency F&PP-3¹⁰**).

USE OF FORCE AND RESTRAINTS (UOF&R)

In one calculated use of force incident, the team leader did not conduct an introduction or debrief of the incident (**Deficiency UOF&R-1¹¹**).

⁶ An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee. " See Performance-Based National Detention Standards 2011, Standard, Admission and Release, Section (V)(E).

⁷ The *ICE Detainee Handbook* standard section on classification shall include: An explanation of the classification levels, with the conditions and restrictions applicable to each. " See Performance-Based National Detention Standards 2011, Standard, Custody Classification System, Section (V)(K).

⁸ The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: 3. The rules for storing or mailing property not allowed in their possession. " See Performance-Based National Detention Standards 2011, Standard, Funds and Personal Property, Section (V)(C)(3).

⁹ If cash is returned to the detainee for possession inside the facility, staff shall record the transaction in the "Description" column of the affected G-589 form or equivalent. The two officer and the detainee shall sign all copies... " See Performance-Based National Detention Standards 2011, Standard, Funds and Personal Property, Section (V)(G)(1).

¹⁰ Both [REDACTED] supervisors shall [REDACTED] of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes. The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory. " See Performance-Based National Detention Standards 2011, Standard, Funds and Personal Property, Section (V)(J).

¹¹ Calculated use-of-force incidents shall be audio visually-recorded in the following order: a. Introduction by team

In one calculated use of force incident, a medical examination of the detainee was not audio-visually recorded (**Deficiency UOF&R-2**¹²).

In two calculated use of force incidents, the cell extraction teams did not [REDACTED]. In one of the two incidents, the team consisted of [REDACTED] members instead of [REDACTED] members (**Deficiency UOF&R-3**¹³).

CARE

FOOD SERVICE (FS)

ODO reviewed special diet documents for religious diets and found detainee religious identification cards were not signed by the food service manager (FSM). Additionally, the cards did not include the 90-day expiration date (**Deficiency FS-1**¹⁴).

ODO interviewed the FSM and was informed the main serving line was not equipped with heated or refrigerated bays (**Deficiency FS-2**¹⁵).

JUSTICE

GRIEVANCE SYSTEM (GS)

The facility had not established procedures to cover urgent access to legal counsel and the law library (**Deficiency GS-1**¹⁶).

leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present...f. Debrief the incident with a full discussion/analysis/assessment of the incident. " See Performance-Based National Detention Standards 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(a, f).

¹² Calculated use-of-force incidents shall be audio visually-recorded in the following order: ...e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown. " See Performance-Based National Detention Standards 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(e).

¹³ When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the [REDACTED] [REDACTED] to prevent or diminish injury to staff and detainees and exposure to communicable disease. The technique usually involves [REDACTED] or [REDACTED] trained staff members clothed in protective gear, including [REDACTED] with [REDACTED]..." See Performance-Based National Detention Standards 2011, Standard, Use of Force and Restraints, Section (V)(I)(3).

¹⁴ This diet-identification card shall contain the following information: ...c. expiration date, within 90 days; and d. signature of the FSA. " See Performance-Based National Detention Standards 2011, Standard, Food Service, Section (V)(G)(1)(c, d).

¹⁵ Foods in the potentially hazardous category shall remain under refrigeration until cooking time and, after cooking, maintained at or above 140 F degrees. Hot foods must be placed in a heated serving line during tray assembly. Thermal bags and carts, refrigerated carts, thermal compartment trays, etc., shall be used for satellite meals. " See Performance-Based National Detention Standards 2011, Standard, Food Service, Section (V)(I)(1).

¹⁶ Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to health, safety or welfare. Written procedures shall also cover urgent access to legal counsel and the law library. " See Performance-Based National Detention Standards 2011, Standard, Grievance System, Section (V)(C)(2).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 11 deficiencies in the remaining six standards.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011)
Standards Reviewed	20
Deficient Standards	6
Overall Number of Deficiencies	11
Repeat Deficiencies	N/A
Corrective Actions	0