



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

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Denver Field Office**

**Teller County Jail
Divide, Colorado**

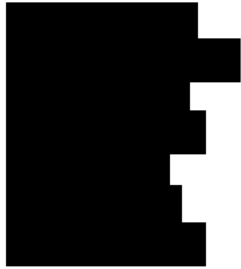
June 18-20, 2019

**COMPLIANCE INSPECTION
of the
TELLER COUNTY JAIL
Divide, 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 Teller County Jail (TCJ), in Divide, Colorado, from June 18 to 20, 2019.¹ TCJ opened in 1984 and is owned and operated by the Teller County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TCJ in 1996 under the oversight of ERO's Field Office Director (FOD) in Denver. The facility operates under the ICE National Detention Standards (NDS) 2000. The facility is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBND) 2011 Sexual Abuse and Assault Prevention and Intervention (SAAPI).

ERO has not assigned Deportation Officers (DOs) nor a Detention Services Manager (DSM) to the facility. A TCJ jail commander is responsible for oversight of daily facility operations and is supported by █ personnel. Summit Food Service, LLC (SFS) provides food services and Southern Health Partners, LLC provides medical care at the facility. The facility holds no national accreditations.

| Capacity and Population Statistics | Quantity |
|---|----------|
| ICE Detainee Bed Capacity ² | 40 |
| Average ICE Detainee Population ³ | 27 |
| Male Detainee Population (as of 06/18/2019) | 16 |
| Female Detainee Population (as of 06/18/2019) | 5 |

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 Facility List Report as of June 17, 2019.

³ *Ibid.*

FY 2019 FINDINGS BY NDS 2000 MAJOR CATEGORIES

| NDS 2000 STANDARDS INSPECTED ⁴ | DEFICIENCIES |
|---|--------------|
| Part 1 – Detainee Services | |
| Access to Legal Material | 5 |
| Admission and Release | 6 |
| Detainee Classification System | 4 |
| Detainee Grievance Procedures | 0 |
| Food Service | 9 |
| Funds and Personal Property | 4 |
| Recreation | 5 |
| Religious Practices | 5 |
| Staff-Detainee Communication | 3 |
| Telephone Access | 4 |
| Visitation | 1 |
| Sub-Total | 46 |
| Part 2 – Security and Control | |
| Environmental Health and Safety | 8 |
| Key and Lock Control (Security, Accountability, and Maintenance) ⁵ | 1 |
| Special Management Unit (Administrative Segregation) | 4 |
| Special Management Unit (Disciplinary Segregation) | 4 |
| Use of Force | 10 |
| Sub-Total | 27 |
| Part 3 – Health Services | |
| Medical Care | 1 |
| Suicide Prevention and Intervention | 0 |
| Sub-Total | 1 |
| PBNS 2011 Standards Inspected | |
| Disability Identification, Assessment, and Accommodation | N/A |
| Sexual Abuse and Assault Prevention and Intervention | N/A |
| Sub-Total | N/A |
| Total Deficiencies | 74 |

⁴ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁵ ODO did not review the Key and Lock Control (Security, Accountability, and Maintenance) standard in its entirety.

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 over 72 hours to assess compliance with the ICE NDS 2000 or the PBNDS 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁶ ODO identifies violations linked to 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; 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 to aid in the decision-making process to better allocate resources across the agency’s entire detention inventory.

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed three detainees to assess the conditions of confinement at TCJ. Interview participation was voluntary and none of the detainees made any allegations of abuse, discrimination, or mistreatment. The detainees reported being satisfied with facility services, apart from the complaints below:

Food Service: One detainee stated the food served is not good and the food service administrator (FSA) does not check food temperatures.

- Action Taken: ODO reviewed food service menus, observed food service operations, and spoke with the FSA. ODO found the food service menu is varied, contains two hot meals per day, and was certified by a nutritionist. Food service workers prepare meals in accordance with their respective recipes and serve the meals with proper portion size and at the appropriate temperature. The facility serves breakfast and lunch as the hot meals. Inmate/Detainee food service workers assist facility staff with meal preparation for breakfast and dinner; however, ODO observed inmate/detainee food service workers prepare the evening meal unsupervised by facility staff and is citing this finding under the Food Service standard.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO observed the TCJ law library and interviewed TCJ supervisory staff. The supervisor informed ODO a county inmate destroyed the single Lexis-Nexis computer the facility maintained in their multi-purpose room (MPR) several months prior to the inspection and detainees only had access to the *FastCase* electronic law library installed on their housing unit kiosks (**Deficiency ALM-1**⁷).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by setting up a stand-alone computer and loading the current version of Lexis-Nexis for detainee use. The facility stores the computer by the housing unit officer desk and will move it into the MPR each time a detainee requests to use it (**C-1**).

ODO reviewed facility policy and staffing assignments and determined the facility has not designated an employee to serve as law librarian with the responsibility for updating legal material and conducting weekly inspections to ensure they are in good condition (**Deficiency ALM-2**⁸).

In addition to the facility not completing weekly inspections, it has not posted instructions or procedures encouraging detainees to report missing or damaged equipment (**Deficiency ALM-3**⁹).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating their Law Materials Research procedure, incorporating a provision instructing detainees to report missing or damaged materials to the housing unit officer, and posting these instructions by the law library computer (**C-2**).

ODO's review of facility policy, procedure, and operations found the facility has not developed an effective procedure to prevent detainees from damaging or destroying equipment in the law library. [REDACTED]

[REDACTED] Facility staffing levels prohibit direct observation of detainees while using law library equipment. The facility's monitoring practice at the time of inspection was insufficient to prevent a county inmate from damaging the Lexis-Nexis computer (**Deficiency ALM-4**¹⁰).

⁷ "Field Office Directors shall verify that the detention facilities in their Areas of Responsibility (AQR) [*sic*] that intend to replace hard-copy material with the Lexis Nexis CD-ROM have operating computers that are capable of printing, with a photocopier and all necessary supplies." See Change Notice, Access to Legal Reference Materials and Lexis Nexis CD-ROMs, dated June 14, 2007.

⁸ "...The facility shall designate an employee with responsibility for updating legal materials, inspecting them weekly, maintaining them in good condition, and replacing them promptly as needed." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(E).

⁹ "Damaged or stolen materials shall be promptly replaced. In addition to its own inspections, the facility shall encourage detainees to report missing or damaged materials." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(F).

¹⁰ "The facility shall develop procedures that effectively prevent detainees from damaging, destroying or removing equipment, materials or supplies from the law library." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(H).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by revising their Access to Legal Material policy, designating the housing unit officer with the responsibility for verifying all equipment is operational prior to each detainee's use and checking the equipment after each use for proper operation or damage. The facility may take disciplinary action against any detainee that purposely damages law library equipment and will report any damage immediately to ERO Denver **(C-3)**.

ODO reviewed the facility's detainee handbook and found the law library section is specific to pre-trial inmates and sentenced/Department of Corrections inmates and lacks any detail for ICE detainees. The handbook informs detainees they may use the kiosks in their housing units to conduct legal research but does not address any of the elements required by the Access to Legal Material standard, nor did the facility post these policies and procedures **(Deficiency ALM-5¹¹)**.

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by incorporating all required elements into a revision to their detainee handbook and posting the instructions in English and Spanish **(C-4)**.

ADMISSION AND RELEASE (A&R)

The facility did not admit any detainees during the inspection; however, ODO reviewed TCJ's admission policies and interviewed booking and supervisory staff. ODO learned the facility strip-searches detainees upon admission as a matter of routine, not based on reasonable suspicion that the detainees are concealing contraband **(Deficiency A&R-1¹²)**.

ODO reviewed TCJ's orientation process and found it does not include a facility-specific video **(Deficiency A&R-2¹³)**.

ODO's review of 28 detainee detention files found that a signed Order to Detain or Release, Form I-203, does not consistently accompany each new arrival. ODO found the I-203 was missing in

¹¹ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

1. that the law library is available for detainee use;
2. the scheduled hours of access to the law library;
3. the procedure for requesting access to the law library;
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q).

¹² "...Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitored showering, and other required exposure of the private parts of a detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession." See Change Notice: Admission and Release – National Strip Search Policy, dated October 15, 2007.

¹³ "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions (see the 'Disciplinary Policy' Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

24 of 28 reviewed files and in the four files that did have the I-203, an ERO authorizing official had not signed it (**Deficiency A&R-3¹⁴**).

ODO reviewed TCJ's admission policy and procedures and found TCJ does not have a procedure to report a detainee's missing property to ICE when a newly arrived detainee claims his/her property has been lost or left behind (**Deficiency A&R-4¹⁵**).

ODO reviewed TCJ's orientation procedures and found the local ERO office has not approved TCJ's orientation procedures (**Deficiency A&R-5¹⁶**).

ODO reviewed TCJ's release policy and found the local ERO office has not approved TCJ's release procedures (**Deficiency A&R-6¹⁷**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed TCJ's classification policy (policy number 1044, dated February 1, 1999) and found the policy pre-dates the ICE NDS and does not include ICE classification procedure requirements (**Deficiency DCS-1¹⁸**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating its classification policy and incorporating all requirements from the NDS 2000 DCS standard, section III.A, into the policy (**C-5**).

ODO reviewed 28 detainee detention files and found that 10 of them were missing a classification worksheet (**Deficiency DCS-2¹⁹**).

¹⁴ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

¹⁵ "The officer shall complete a Form I-387, 'Report of Detainee's Missing Property' when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS." See ICE NDS 2000, Standard, Admission and Release, Section (III)(I).

¹⁶ "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

¹⁷ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved [*sic*] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). *Note:* The NDS section number is incorrect. The cited section should be (III)(L).

¹⁸ "The facility shall abide by INS policy, rules, and guidelines as set forth in this Standard and implement the attached Detainee Classification system for classifying detainees. CDFs and IGSA facilities may continue using the systems established locally, if the classification criteria are objective and all procedures meet INS requirements." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A).

¹⁹ "...The officer will place all original paperwork relating to the detainee's assessment and classification in his/her A-file (right side), with a copy placed in the detention file." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(B).

ODO found that in four of 28 detainee detention files reviewed, the detainees had been at the facility greater than 60 days, which is long enough to require reclassification; however, the facility had not conducted a reclassification on any of the four detainees (**Deficiency DCS-3²⁰**).

The TCJ detainee handbook includes an explanation of classification levels and the procedures for appealing classification levels; however, it does not include the conditions and restrictions applicable to each classification level (**Deficiency DCS-4²¹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating the TCJ detainee handbook with conditions and restrictions associated with classification levels (**C-6**).

The use of color-coded uniforms and/or wristbands in detention facilities permits staff to identify a detainee's classification on sight, thus eliminating confusion and preventing miscommunication with potentially serious consequences. TCJ does not issue detainees color-coded uniforms nor do they issue detainees wristbands or identification cards signifying their security level. ODO notes this as an **Area of Concern**.

FOOD SERVICE (FS)

ODO interviewed the food service administrator (FSA) and learned the Summit Food Services (SFS) staff leave the facility at [REDACTED] daily. As a result, the facility has [REDACTED] detainee workers in the kitchen to wash the [REDACTED] meal dishes and prepare the food and trays for the evening meal, including individual special diet trays. A correctional officer reports to the kitchen when it is time for the evening meal service and supervises the service of the evening meal trays to the housing units. The [REDACTED] detainee workers return to the kitchen to wash the evening meal trays and clean up the kitchen area, unsupervised (**Deficiency FS-1²²**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating its food service policy and procedures. TCJ now requires the FSA to supervise the planning, preparation, controlling, and evaluation of all food prepared and served by inmate/detainee workers. TCJ adjusted the SFS staff work hours to ensure coverage for the preparation and serving of all meals (**C-7**).

ODO interviewed the FSA and learned the facility does not provide a safety orientation to detainee workers prior to the detainee workers starting work in food service (**Deficiency FS-2²³**).

²⁰ "All facility classification systems shall ensure that a detainee may be reclassified any time and the classification level redetermined." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(G).

²¹ "The detainee handbook's section on classification will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(I)(1).

²² "The food service program shall be under the direct supervision of a professional food service administrator." See ICE NDS 2000, Standard, Food Service, Section (III)(A)(1).

²³ "To ensure a quality food service program and instill good work habits, each CS shall instruct newly assigned detainee workers in the rules and procedures of the food service department. During the orientation and training session(s), the CS will explain and demonstrate safe work practices and methods, and will identify the safety features of individual products/pieces of equipment. Training will also include workplace-hazard recognition and deterrence,

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating its food service policy and procedures. TCJ now requires the FSA to provide job descriptions for each job assigned to inmate/detainee workers and ensure each worker reads and signs the job description. The FSA will maintain the signed job descriptions for all workers in the food service area. Additionally, the FSA will provide an orientation to all equipment and explain safe practices to be used (C-8).

ODO found the facility does not have a Chaplain to approve religious diet requests or to develop a ceremonial meal schedule (Deficiency FS-3²⁴).

ODO observed detainee workers wearing hairnets and food-grade plastic gloves while preparing food; however, ODO observed two detainees with facial hair preparing food while not wearing beard-guards (Deficiency FS-4²⁵).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating its food service policy and procedures. TCJ now requires all workers to wear hairnets and workers with facial hair to wear facial hair guards when working in food service areas (C-9).

ODO observed detainee workers not wearing white uniforms while working in the food service areas (Deficiency FS-5²⁶).

Corrective Action: Prior to the completion of the inspection, the facility initiated partial corrective action by updating its food service policy and procedures. TCJ now exchanges inmate/detainee food service workers' uniforms daily and requires all inmate/detainee food service workers to begin work in a clean uniform. Additionally, the facility will provide temperature appropriate outerwear for work in and around the cooler areas (C-10).

including the safe handling of hazardous materials. Detainees will learn to use and understand protective devices and clothing, and to report any malfunctions or other safety-related problems to their supervisors. The CS must document all training in each detainee's detention file." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(12).

²⁴ "RELIGIOUS/SPECIAL DIETS

1. General Policy

The INS requires all facilities to provide detainees requesting a religious diet reasonable and equitable opportunity to observe their religious dietary practice within the constraints of budget limitations and the security and orderly running of the facility through a common fare menu. The detainee will provide a written statement articulating the religious motivation for participation in the common fare program. Detainees whose religious beliefs require adherence to particular dietary laws will be referred to the Chaplain. After verifying the religious dietary requirement by reviewing files and/or consulting with local religious representatives, the Chaplain will issue specific written instructions. ...

10. Annual Ceremonial Meals

The Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-Meal schedule for the next calendar year, providing it to the OIC."

See ICE NDS 2000, Standard, Food Service, Section (III)(E)(1) and (10).

²⁵ "All staff and detainees working in the food preparation and service area(s) shall use effective hair restraints. Personnel with hair that cannot be adequately restrained shall be prohibited from food service operations." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(c).

²⁶ "Detainee food service workers shall be provided with and use clean white uniforms while working in a food preparation area or on the serving line." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(d).

ODO reviewed food service department records and found no documentation verifying medical staff examined and cleared food service staff to work in food service (**Deficiency FS-6²⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating its food service policy and procedures. TCJ now requires all food service staff to receive a pre-employment medical examination and any worker who has been absent from work for any length of time due to illness to be medically cleared by health services prior to returning to work (**C-11**).

ODO's inspection found the facility maintained the kitchen to an overall high level of sanitation; however, neither the FSA nor the kitchen supervisor conducted weekly food service inspections (**Deficiency FS-7²⁸**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating its food service policy and procedures. TCJ now requires the FSA to inspect all food service areas weekly and to document those inspections (**C-12**).

ODO observed the automatic dishwasher and found the temperatures were within prescribed limits; however, the facility did not maintain a daily log of temperature checks (**Deficiency FS-8²⁹**).

ODO observed that the walk-in freezer emergency release was broken and non-functional. The exterior of the freezer door contains a [REDACTED], which prevents emergency egress from the freezer if someone locks the door with the [REDACTED] (**Deficiency FS-9³⁰**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed TCJ policy 1043, Control of Inmate Property and Funds, dated March 1, 2013. ODO found the policy was missing several required elements, including the following: procedures to account for and safeguard detainee property at time of admission, written procedures for the inventory and receipt of detainee funds and valuables, and procedures for the inventory and receipt

²⁷ "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a).

²⁸ "The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas....The FSA or CS of food service shall inspect food service areas weekly." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

²⁹ "Daily checks of equipment temperatures shall follow this schedule:

- Dishwashers: every meal; ...

All temperature-check documentation shall be filed and accessible." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(c).

³⁰ [REDACTED]

of detainee baggage and personal property, other than funds and valuables (**Deficiency F&PP-1³¹**).

Corrective Action: Prior to completion of the inspection, the facility initiated partial corrective action by developing written policy and procedures to inventory and receipt detainee funds and valuables (**C-13**).

TCJ policy requires the corporal and deputy to perform quarterly audits of property, funds, and valuables; however, ODO requested to review the facility's documentation of quarterly audits for the year preceding the inspection and found no documented audits (**Deficiency F&PP-2³²**).

ODO reviewed the detainee detention files for five released detainees and found documentation verifying that detainees sign for the return of their property and funds upon release. However, TCJ policy does not include written procedures for returning funds, valuables, and personal property to detainees the facility transfers or releases; nor does the facility have a written policy and procedure for detainees to report missing or damaged property (**Deficiency F&PP-3³³**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by developing written policy and procedures to return funds, valuables, and personal property. Detainees are to report any discrepancies to the shift commander immediately. The booking officer will complete Report of Detainee's Missing Property, Form I-387, when a newly arrived detainee claims his/her property was lost or left behind and then will forward the completed I-387 to ERO Denver (**C-14**).

ODO reviewed the facility's detainee handbook and found it was missing all required elements for notifying detainees of facility policies and procedures concerning personal property, with the exception of notifying detainees which property items they may retain in their possession (**Deficiency F&PP-4³⁴**).

³¹ "STANDARDS AND PROCEDURES...

C. Admission

All detention facilities shall have policies and procedures to account for and safeguard detainee property at time of admission. ...

D. Officer Processing of Funds and Valuables

Each facility shall have a written standard procedure for inventory and receipt of detainee funds and valuables. ...

E. Officer Processing of Baggage and Personal Property Other Than Funds and Valuables

Each facility shall have a written procedure for inventory and receipt of detainee baggage and personal property (other than funds and valuables)."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(C) through (E).

³² "Each facility shall have written procedure for inventory and audit of detainee funds, valuables, and personal property." *See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F).*

³³ "Each facility shall have a written procedure for returning funds, valuables, and personal property to a detainee being transferred or released." *See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(G).*

³⁴ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:...

2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
3. The rules for storing or mailing property not allowed in their possession;
4. The procedure for claiming property upon release, transfer or removal;

Corrective Action: Prior to completion of the inspection, the facility initiated partial corrective action by updating their detainee handbook to incorporate all required elements of the F&PP standard except that detainees may request the field office provide certified copies of identity documents from their A-file **(C-15)**.

RECREATION (R)

The facility has not designated an individual to develop and oversee the recreation program; therefore, as ODO observed, the control room and the housing unit officers monitor recreation **(Deficiency R-1³⁵)**.

ODO observed that although the second housing unit had a television, playing cards, and an exercise bar, it was missing functional board games **(Deficiency R-2³⁶)**.

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by providing a complete set of chess pieces for use with the chessboard in the second housing unit **(C-16)**.

The facility provides detainees with access to an approximately 30-foot by 40-foot outdoor recreation area that provides sunlight, fresh air, and space for detainees to walk, jog, and play basketball and handball seven days per week. However, ODO found the outdoor recreation area does not have drinking water or toilet facilities for detainees to use **(Deficiency R-3³⁷)**.

ODO interviewed facility staff and learned correctional staff do not normally conduct searches of the outdoor recreation area for contraband before and after detainees use it; nor are detainees searched for contraband when moving to and from the outdoor recreation area **(Deficiency R-4³⁸)**.

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating its recreation policy and procedures. The housing unit officer will inspect the recreation area for contraband and misused equipment before and after each use and perform a pat search of all detainees moving between the housing unit and the recreation area **(C-17)**.

5. The procedures for filing a claim for lost or damaged property.”

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2) through (5).

³⁵ “All facilities shall have an individual responsible for the development and oversight of the recreation program.”

See ICE NDS 2000, Standard, Recreation, Section (III)(F).

³⁶ “...Dayrooms in general-population housing units will offer board games, television, and other sedentary activities.”

See ICE NDS 2000, Standard, Recreation, Section (III)(G)(3).

³⁷ “All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.” See ICE NDS 2000, Standard, Recreation, Section (III)(G)(4).

³⁸ “Program Content...

5. Detention or recreation staff shall issue all portable equipment items, and shall check each item for damage and general condition upon its return. Staff shall also conduct searches of recreation areas before and after their use to detect altered or damaged equipment, hidden contraband, and security breaches....

8. Contraband-searches of detainees moving from locked cells or housing units to recreation shall be conducted in accordance with the ‘Detainee Search’ standard.”

See ICE NDS 2000, Standard, Recreation, Section (III)(G)(5) and (8).

ODO's review of the central control center log and interview with the control center officer found the facility allows special management unit (SMU) detainees out of their cells in the late evening hours, just before or just after midnight for recreation. Additionally, the facility requires detainees to shower and use the telephone during their one hour of recreation time. The facility does not provide SMU detainees with ample time to shower, use the telephone, and participate in at least one hour of recreation per day, scheduled at a reasonable hour (**Deficiency R-5**³⁹).

Corrective Action: Prior to the completion of the inspection, the facility initiated partial corrective action by updating its recreation policy and procedures. The facility will offer detainees housed in the SMU use of the gym for at least one hour per day, not to interfere with the time allotted for proper hygiene (**C-18**).

RELIGIOUS PRACTICES (RP)

ODO interviewed a Bible study volunteer and learned religious programming attendance is low due to the varying languages the detainees speak, with most detainees being non-English speakers and the facility providing religious programming in English only (**Deficiency RP-1**⁴⁰).

The facility does not have a Chaplain on staff. A volunteer serves as the coordinator of religious programming and a facility lieutenant assists with the day-to-day activities; however, the facility has not designated a specific individual to oversee the religious program (**Deficiency RP-2**⁴¹).

ODO reviewed TCJ's religious programming policy and found the facility requires all religious programming to be non-denominational and prohibits detainees from participating in specific religious holy days (**Deficiency RP-3**⁴²).

ODO interviewed a facility lieutenant and learned the facility does not allow detainees in the SMU (disciplinary segregation) to participate in religious programming (**Deficiency RP-4**⁴³).

The facility's detainee handbook provides information regarding religious diets and inter-denominational church services. However, ODO reviewed religious diets with facility staff and found that, while none of the detainees detained at the facility at the time of inspection had

³⁹ "...Detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week." See ICE NDS 2000, Standard, Recreation, Section (III)(H).

⁴⁰ "Detainees shall have the opportunity to engage in practices of their religious faith that are deemed essential by the faith's judicatory, consistent with the safety, security, and the orderly operation of the facility." See ICE NDS 2000, Standard, Religious Practices, Section (III)(A).

⁴¹ "The Chaplain or designated individual is responsible for managing religious activities in the facility." See ICE NDS 2000, Standard, Religious Practices, Section (III)(D).

⁴² "A policy consistent with maintaining safety, security, and the orderly operation of the facility shall be in place to facilitate the observance of important 'holy days.'" See ICE NDS 2000, Standard, Religious Practices, Section (III)(I).

⁴³ "Detainees in the Special Management Unit (administrative, disciplinary, or protective custody) shall be permitted to participate in religious practices, consistent with the safety, security, and orderly operation of the facility." See ICE NDS 2000, Standard, Religious Practices, Section (III)(K).

requested a religious diet, a Chaplain is not involved in the approval of a request for a religious diet (**Deficiency RP-5⁴⁴**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO was unable to verify whether ERO Denver supervisory staff conduct regular, unannounced visits to the facility's living and activity areas; the facility does not use a logbook, sign-in sheet, or any other method to document ERO staff visits to the facility (**Deficiency SDC-1⁴⁵**).

ODO's review of the facility's detainee handbook found the handbook does not inform detainees of the availability of assistance when preparing an ICE request (**Deficiency SDC-2⁴⁶**).

ODO observed that, although the Department of Homeland Security (DHS) Office of Inspector General (OIG) Hotline and Detainee Reporting Information Line posters are posted in each general housing unit and common areas, neither was posted in the SMU (**Deficiency SDC-3⁴⁷**). Additionally, ODO observed that the posted DHS OIG Hotline posters were outdated. ODO advised ERO staff that the current poster is available at <https://www.oig.dhs.gov/hotline>.

TELEPHONE ACCESS (TA)

ODO verified operability of telephones in the two ICE detainee housing units. One housing unit had three phones for up to 32 detainees and the other had two phones for up to 20 detainees. The facility had posted directions informing detainees how to pay for phone calls; however, it had not posted telephone access rules in the housing units (**Deficiency TA-1⁴⁸**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by posting telephone access rules in each housing unit (**C-19**).

ODO reviewed the ICE-provided free-call list of consulate numbers and found the facility has posted a TCJ list from July 2012 and Florence Service Processing Center list from April 2012. In

⁴⁴ "Upon receiving a request for a religious diet accommodation, the chaplain and food service administrator should jointly verify the religious diet requirement and issue written instruction to implement the diet as soon as practicable, but within 10 business days of verification that the detainee's religious beliefs are sincerely held." See ICE Bulletin 14-ERO-001, "Accommodation of Kosher Meals," dated April 1, 2014.

⁴⁵ "1. Unannounced Contacts With Detainees...Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSAs." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

⁴⁶ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(3).

⁴⁷ "Each Field Office Director shall ensure that the attached document regarding the OIG Hotline is conspicuously posted in all units housing ICE detainees." See Change Notice: Staff-Detainee Communication, dated June 15, 2007.

⁴⁸ "As described in the 'General Provisions' standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them." See NDS 2000 Standard, Telephone Access, Section (III)(B).

addition, ODO tested three free numbers in each housing unit and could not establish a connection using the free numbers (**Deficiency TA-2**⁴⁹).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by posting the current free-call list in both housing units; ERO verified the previously tested consulate numbers worked from the new list (**C-20**).

The facility allows detainees to make unlimited legal calls on a separate [REDACTED] telephone line. [REDACTED]

(**Deficiency TA-3**⁵⁰).

ODO's review of ERO-provided telephone serviceability documentation from January 2019 to June 2019 found ERO Denver does not consistently document weekly telephone serviceability tests using the telephone serviceability worksheet (**Deficiency TA-4**⁵¹).

VISITATION (V)

ODO observed the legal visitors' reception area and spoke with the facility staff member who is responsible for checking in legal visitors. ODO found the facility does not maintain a supply of Notice of Entry of Appearance as Attorney or Accredited Representative forms, Form G-28, in the reception area, nor does it maintain a separate log to record all legal visitors (**Deficiency V-1**⁵²).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating its visitation policy and procedures. The facility placed copies of Form G-28 in the booking area for attorney/accredited representative use and created an attorney visit logbook, which is kept in the booking area (**C-21**).

⁴⁹ "...The facility shall not require indigent detainees to pay for the types of calls listed above if they are local calls, nor for non-local calls if there is a compelling need. The facility shall enable all detainees to make calls to the INS-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party." See NDS 2000, Standard, Telephone Access, Section (III)(E).

⁵⁰ [REDACTED]

⁵¹ "Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list....Each serviceability test shall be documented using the attached form. The field office shall maintain forms in a retrievable format, organized by month, for a three year period." See Change Notice: Detainee Telephone Services, dated April 4, 2007.

⁵² "Visits by Legal Representatives and Legal Assistants..."

8. Form G-28 Required for Attorney/Client Meetings

Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitors' reception area....

15. Legal Visitation Log

A separate log shall record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access."

See ICE NDS 2000, Standard, Visitation, Section (III)(I)(8) and (15).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the facility chemical storage areas and found the facility does not have a system for storing, issuing, and maintaining accountability of hazardous materials. In addition, ODO observed that the facility stored corrosive materials in the cleaning closet and laundry chemical storage room without running inventories to account for the chemicals (**Deficiency EH&S-1**⁵³).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by creating binders for the cleaning closet and laundry chemical storage room. Both binders maintain a running chemical inventory that tracks the type of chemical, the chemical class, the quantity of the chemical on hand, the quantity of the chemical used, and the date the chemical was used (**C-22**).

The facility dilutes cleaning chemicals according to the manufacturers' recommendations prior to distributing to detainees, and ODO found the facility properly labeled secondary containers. However, the facility does not maintain a master index of hazardous substances, and the Material Safety Data Sheets (MSDSs) for the chemicals the facility used at the time of ODO's inspection were in neither the MSDS master file nor the MSDS binder in the cleaning closet and laundry chemical storage room (**Deficiency EH&S-2**⁵⁴).

ODO reviewed the facility's fire and safety documentation and found the facility does not conduct [REDACTED] fire and safety inspections (**Deficiency EH&S-3**⁵⁵).

⁵³ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)" See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

⁵⁴ "STANDARDS AND PROCEDURES..."

B. Material Safety Data Sheets (MSDSs); Files

Every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to the MSDSs for the substances with which they are working while in the work area....

C. Master Index

The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B) and (C).

⁵⁵ "A qualified departmental staff member will conduct weekly fire and safety Inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

TCJ Policy 1028, Fire Emergency Plan, which the facility last revised in March 2013, serves as the facility's fire prevention control and evacuation plan. ODO's review of the policy found it does not include inspection of equipment, monthly fire inspections, or revisions of the plan, and the facility did not file a copy of each revision with the local fire department (**Deficiency EH&S-4⁵⁶**).

ODO requested to review the facility's [REDACTED] fire drill documentation and found the facility does not conduct fire drills in any area of the facility (**Deficiency EH&S-5⁵⁷**).

ODO observed fire evacuation diagrams were strategically placed throughout the facility; however, none of the instructions were in Spanish and none included "You are here" markers or emergency equipment locations (**Deficiency EH&S-6⁵⁸**).

ODO requested to review the facility's emergency generator testing and servicing documentation and found the facility has no documentation, logs, or preventive work requests to demonstrate that the facility tests the emergency generator every [REDACTED] and an external servicing company conducts a [REDACTED] load test and servicing of the emergency generator (**Deficiency EH&S-7⁵⁹**).

The facility does not have a dedicated barbershop and conducts barbering operations in the common programs room. ODO inspected the area and found the common programs room has no running water or posted sanitation regulations for barbering operations (**Deficiency EH&S-8⁶⁰**).

⁵⁶ "Every institution will develop a fire prevention, control, and evacuation plan to include, among other thing [sic], the following:...

- c. Provisions for occupant protection from fire and smoke;
- d. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.;...
- g. Accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans; exit signs and directional arrows for traffic flow; with a copy of each revision filed with the local fire department."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(c)(d) and (g).

⁵⁷ "Monthly fire drills will be conducted and documented in each department." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

⁵⁸ "In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. 'You are Here' markers;
- c. Emergency equipment locations.

New signs and sign replacements will also identify and explain 'Areas of Safe Refuge.'" See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5).

⁵⁹ "Power generators will be tested at least every [REDACTED]... The [REDACTED] test of the emergency electrical generator will last [REDACTED]... The emergency generator will also receive [REDACTED] testing and servicing from an external generator-service company." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

⁶⁰ "Guidelines for Specific Areas of the Facility; Barber Operations...

1. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees. ...
4. Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainee."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY, AND MAINTENANCE) (K&LC)

ODO observed a [REDACTED] used on [REDACTED] of the door for the male/female restroom in the booking area near the staff offices, which detainees could access (**Deficiency K&LC-1⁶¹**).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

The facility does not have a policy for managing detainees who are administratively segregated in a special management or “lockdown” status. Specifically, the facility has not developed written procedures consistent with the NDS to address the following basic living standards: clothing and bedding; personal hygiene, shaving and showering; recreation; barbering services; day room activities; personal property and legal materials; medical visitation requirements; social and legal visitation; correspondence procedures; telephone access; and law library (**Deficiency SMU AS-1⁶²**).

ODO reviewed 25 detainee detention files, including three files in which the facility placed a detainee on administrative segregation; however, SMU documentation includes no records that TCJ supervisors conduct 72-hour reviews (**Deficiency SMU AS-2⁶³**).

The facility patterns their inmate behavior log after the ICE Special Management Unit Housing Record form, Form I-888, to document activities of detainees on AS, including showers. ODO’s

⁶¹ [REDACTED]

⁶² “Administrative segregation is a non-punitive form of separation from the general population used when the continued presence of the detainee in the general population would pose a threat to self, staff, other detainees, property, or the security or orderly operation of the facility. Others in this housing status includes detainees who require protective custody, those who cannot be placed in the local population because they are en route to another facility (holdovers), those who are awaiting a hearing before a disciplinary panel, and those requiring separation for medical reasons. Administrative segregation status is a non-punitive status in which restricted conditions of confinement are required only to ensure the safety of detainees or others, the protection of property, or the security or orderly running of the facility. The facility shall develop and follow written procedures consistent with this standard.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(A).

⁶³ “All facilities shall implement written procedures for the regular review of all administrative- detention cases, consistent with the procedures specified below. In SPCs/CDFs, a supervisory officer shall conduct a review within 72 hours of the detainee’s placement in administrative segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. The Administrative Segregation Review Form (I-885) will be used for the review. If the detainee has been segregated for the detainee’s protection, but not at the detainee’s request, the signature of the OIC or Assistant OIC is required on the I-885 to authorize continued detention. A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

review of three detainee files found there were no inmate behavior logs or other documentation to record showers were offered at least three times a week (**Deficiency SMU AS-3⁶⁴**).

The facility informed ODO they document visitors to the SMU in the [REDACTED] log. ODO reviewed SMU documentation for all three detainees placed in AS during the year preceding the inspection and the [REDACTED] log for the period those detainees were in AS. ODO found no documentation the detainees received recreation daily, no documentation of medical staff visits to the SMU, and inconsistent documentation of daily visits by supervisors (**Deficiency SMU AS-4⁶⁵**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

The facility does not have a policy for managing detainees segregated from the general population in a special management or “lockdown” status for disciplinary reasons. The facility has not developed written procedures consistent with the NDS on disciplinary segregation (**Deficiency SMU DS-1⁶⁶**).

The facility placed one detainee on DS during the year preceding the inspection. ODO reviewed the detainee’s detention file, confirmed the facility completed a notice of disciplinary board hearing form, and provided a copy to the detainee, serving as an order for placement on DS; however, ODO found no documentation the facility conducted a seven-day review (**Deficiency SMU DS-2⁶⁷**).

⁶⁴ “Segregated detainees shall have the opportunity to maintain a normal level of personal hygiene. Staff shall provide toilet tissue, a wash basin, tooth brush, shaving utensils, etc., as needed, and may issue retrievable kits of toilet articles. Each segregated detainee shall have the opportunity to shower and shave at least three times a week, unless these procedures would present an undue security hazard.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)(6).

⁶⁵ “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(E)(1).

⁶⁶ “All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the procedures specified below.

In SPCs/CDFs:

1. The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary segregation every seven days to determine whether the detainee:
 - a. abides by all rules and regulations; and
 - b. is provided showers, meals, recreation, and other basic living standards, in accordance with section III.D., below.

The weekly review(s) will include an interview with the detainee. The SDEO shall document his/her findings after every review, by completing a Disciplinary Segregation Review Form (I-887).

2. The SDEO may recommend the detainee’s early release from the SMU upon finding that time in disciplinary segregation is no longer necessary to regulate the detainee’s behavior.
3. An early-release recommendation must have OIC approval before the detainee can be returned to the general population.
4. The SDEO may shorten, but not extend, the original sanction.
5. All review documents shall be placed in the detainee’s detention file.
6. Provided institutional security is not compromised, the detainee shall receive at each formal review, a written copy of the reviewing officer’s decision and the basis for this finding.”

See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C).

⁶⁷ “The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary

The facility models their inmate behavior log after the ICE Form I-888 to document activities of detainees on DS, including showers. ODO reviewed the file of one detainee placed on DS during the year preceding the inspection and found there was no inmate behavior log or other documentation to record showers were offered at least three times a week (**Deficiency SMU DS-3⁶⁸**).

The facility informed ODO they document visitors to the SMU in the [REDACTED] log. ODO reviewed SMU documentation for the one detainee placed on DS during the year preceding the inspection and the central control center log for the period that detainee was on DS. ODO found no documentation the detainee received recreation daily, no documentation of medical staff visits to the SMU, and inconsistent documentation of daily visits by supervisors (**Deficiency SMU DS-4⁶⁹**).

ODO requested to review key data elements in order to verify the facility promptly transitions detainees from lockdown to less restrictive housing (i.e., name, A-number, date of admission, type of infraction, tentative release date, actual release date, and special medical and/or mental health issues of detainees housed on lockdown status). ODO notes as an **Area of Concern** that the facility does not maintain this information in any format to make readily available for review.

USE OF FORCE (UOF)

ODO reviewed the following policies related to use of force: 1011, General Management of Inmates; 1019, Use of Force; [REDACTED]

[REDACTED] ODO notes as an **Area of Concern** that the facility's policies are outdated, with the latest revisions dated March 2013, and Policy 1019, Use of Force, does not reference the majority of NDS's UOF procedures, which resulted in several findings of deficiency, below.

ODO reviewed TCJ's UOF policy and found the policy states that immediate UOF does not require a supervisor's pre-authorization or consultation with medical staff. However, the policy does not specify that an immediate UOF situation exists when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility (**Deficiency UOF-1⁷⁰**).

segregation every seven days....The weekly review(s) will include an interview with the detainee. The SDEO shall document his/her findings after every review, by completing a Disciplinary Segregation Review Form (I-887)." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C)(1).

⁶⁸ "Segregated detainees shall have the opportunity to maintain a normal level of personal hygiene. Staff shall provide toilet tissue, a wash basin, tooth brush, shaving utensils, etc., as needed, and may issue retrievable kits of toilet articles. Each segregated detainee shall have the opportunity to shower and shave at least three times a week, unless these procedures would present an undue security hazard." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(11).

⁶⁹ "A permanent log will be maintained in the SMU. The log will not [*sic*] all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(E)(1).

⁷⁰ "An 'immediate-use-of-force' situation is created when a detainee's behavior constitutes a serious and immediate

ODO's review of TCJ's UOF policy found that a calculated UOF incident requires a supervisor's pre-authorization and consultation with medical staff to determine if the detainee has medical issues requiring specific precautions. However, the policy does not outline that staff should take the time to assess the possibility of resolving the situation without resorting to force in situations in which a detainee is in an isolated location and there is no immediate threat to the detainee or others (**Deficiency UOF-2**⁷¹).

TCJ's UOF policy does not address using confrontation avoidance prior to a supervisor authorizing calculated UOF. ODO interviewed a facility lieutenant and learned the facility does not use confrontation avoidance procedures (**Deficiency UOF-3**⁷²).

TCJ's UOF policy does not address using the [REDACTED] when facility staff must forcibly move and/or restrain a detainee during a calculated UOF incident (**Deficiency UOF-4**⁷³).

ODO inspected UOF team member protective gear and found the facility maintains only [REDACTED] of protective gear instead of at least [REDACTED]; [REDACTED] (**Deficiency UOF-5**⁷⁴).

threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor's direction or presence." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(1).

⁷¹ "If a detainee is in an isolated location (e.g., a locked cell, a range) where there is no immediate threat to the detainee or others, the officer(s) shall take the time to assess the possibility of resolving the situation without resorting to force." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(2).

⁷² [REDACTED]

⁷³ [REDACTED]

⁷⁴ [REDACTED]

TCJ's UOF policy lists [REDACTED] as authorized restraint devices. ODO spoke with a facility lieutenant and found the facility had not requested approval from the local ERO field office to use the [REDACTED] on detainees. As the facility had not used the [REDACTED] on a detainee in the year preceding the inspection, ODO notes as an **Area of Concern** TCJ's policy including the [REDACTED] as an authorized device without having approval from the local ERO field office. TCJ has since requested approval from ERO Denver.

[REDACTED]

(Deficiency UOF-6⁷⁵).

ODO reviewed the UOF forms TCJ uses to document UOF incidents and found the local ERO field office has not approved the forms **(Deficiency UOF-7⁷⁶).**

ODO requested to inspect TCJ's hand-held video cameras and learned the facility does not have a hand-held video camera, which prevents the facility from recording any UOF incident **(Deficiency UOF-8⁷⁷).**

ODO's review of UOF policy and procedures found TCJ does not have written procedures for after-action reviews of UOF and application of restraints incidents; as such, the local ERO field office has not approved TCJ's after-action review procedures **(Deficiency UOF-9⁷⁸).**

[REDACTED]

⁷⁵ "Occasionally, after the failure or impracticability of confrontation-avoidance, staff must make a judgement call as to whether to use force. In such cases, involving a pregnant detainee, for example, or an aggressive detainee with open cuts, sores, or lesions, staff shall consult with the Clinical Director before deciding the situation is grave enough to warrant the use of physical force...."

[REDACTED]

⁷⁶ "All facilities shall have a form to document all uses of force. INS shall approve all use of force forms." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(1).

⁷⁷ "Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage. Calculated use of force shall be videotaped in accordance with section III.A.4., above." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(3).

⁷⁸ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

ODO reviewed [REDACTED] staff training files and found no documentation indicating the facility trained staff annually in the following areas: communication techniques; cultural diversity; how to deal with the mentally ill; application of restraints; UOF in special situations; and [REDACTED] (Deficiency UOF-10⁷⁹).

HEALTH SERVICE

MEDICAL CARE (MC)

TCJ does not have an on-site dentist. ODO reviewed 28 medical records and found the registered nurse (RN) conducts initial dental screenings at the time of the detainee's physical examination (Deficiency MC-1⁸⁰). ODO verified training and competency evaluations for oral screening were in the RN's training records. The facility has requested a waiver to allow the trained RN to conduct initial dental screenings, consistent with National Commission on Correctional Health Care (NCCHC) standards.

CONCLUSION

ODO reviewed the facility's compliance with 17 NDS 2000 standards in their entirety and parts of the K&LC standard. ODO found the facility compliant with two standards. ODO identified 74 deficiencies in the remaining 16 standards. This was ODO's first inspection of TCJ; prior to this inspection, TCJ's most recent ICE inspection was an Organizational Review Self-Assessment completed in September 2018, based on the size of the detained population at this facility. TCJ not going through a more formal ICE inspection process prior to ODO's visit undoubtedly contributed to the high number of deficiencies ODO identified. ODO found facility staff to be knowledgeable and professional in their interactions with both detainees and the ODO team.

ODO commends the facility for their responsiveness during the inspection and for taking corrective action on 22 deficiencies during the inspection. Additionally, the facility reported through the local ERO field office to ODO several additional corrective actions the facility will be implementing as a result of the findings from the ODO inspection. The facility should also be

⁷⁹ "To control a situation involving an aggressive detainee, all staff must be made aware of their responsibilities through ongoing training. All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees. Staff will be made aware of prohibited use-of-force acts and techniques. Specialized training shall be required for certain non-lethal equipment e.g. [REDACTED]. Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques. Each staff member participating in a calculated use of force cell move must have documentation of annual training in these areas. Training should also cover use of force in special situations. Each officer must have be [Sic] specifically certified to use a given device. Among other things, training shall include:

1. Communication techniques;
2. Cultural diversity;
3. Dealing with the mentally ill;
4. Confrontation-avoidance procedures;
5. Application of restraints (progressive and hard); and
6. Reporting procedures."

See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

⁸⁰ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

commended for their exceptional performance in detainee medical care. ODO cited only one deficiency in medical care, and ODO notes the area cited as deficient under the ICE NDS, would not be deficient under the PBNDS 2011 or NCCHC standards. ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

| Compliance Inspection Results | FY 2019 (NDS 2000) |
|--------------------------------------|-------------------------------|
| Standards Reviewed | 18 |
| Deficient Standards | 16 |
| Overall Number of Deficiencies | 74 |
| Corrective Actions | 22 |