

**U.S. Department of Homeland Security**  
U.S. 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**  
**ERO Denver Field Office**

**Denver Contract Detention Facility II**  
**Aurora, Colorado**

**April 12-16, 2021**

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

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# COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

## 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 April 12 to 16, 2021.<sup>1</sup> The facility opened in 2019 and is owned and operated by Geo Group, Inc. 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 and a detention services manager to the facility. A DCDF II administrator handles daily facility operations and manages █████ support personnel. Geo Group, Inc. provides food services and medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2021 and by the National Commission on Correctional Health Care in October 2019. In December 2018, DCDF II was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	432
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of April 12, 2021)	████
Female Detainee Population (as of April 12, 2021)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO found 11 deficiencies in the following areas: Admission and Release (1); Custody Classification System (1); Funds and Personal Property (3); Use of Force and Restraints (3); Food Service (2); and Grievance Systems (1).

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<sup>1</sup> This facility holds male detainees with low and medium-low security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of April 12, 2021.

<sup>3</sup> *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.<sup>4</sup>

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>5</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	5
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Population Counts	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	2
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>12</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>14</b>

<sup>5</sup> 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, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Admission and Release:* One detainee stated she did not understand the language in the ICE National Detainee Handbook nor the facility-specific detainee handbook she received upon arrival.

- Action Taken: ODO interviewed the compliance administrator (CA) concerning the detainee's complaint and confirmed the detainee was not issued the ICE National Detainee Handbook in her respective language. On April 14, 2021, the CA advised ODO the detainee was provided a Chinese version of the ICE National Handbook. The CA advised ODO the detainee was provided an opportunity to use the language line for translation of the facility detainee handbook but declined.

*Religious Practices:* One detainee stated she has been unable to practice her religion, was denied her requests to speak with a spiritual leader, and has never had the opportunity to meet with the facility's chaplain.

- Action Taken: ODO interviewed the religious programs coordinator (RPC) and found the facility does not have a chaplain on staff. However, outside clergy visits are by request only due to the facility's COVID-19 protocol. The RPC advised ODO the detainee has not submitted any requests regarding visits from outside clergy. On April 15, 2021, the RPC showed the detainee how to submit a request for an outside clergy visit.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed 17 detainee files and found 2 out of 17 detainee files did not contain an Order to Detain or Release Form (Form I-203) (AR-54<sup>6</sup>). **This is a repeat deficiency.**

ODO reviewed 17 detainee files and found 1 out of 17 detainee files did not contain a Noncitizen Booking Record (Form I-385) and 2 out of 17 detainee files did not contain a Form I-385 (AR-57<sup>7</sup>).

ODO reviewed 17 detainee files and found 1 out of 17 detainee files did not contain a Form I-385

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<sup>6</sup> "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 ICE PBND 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E).

<sup>7</sup> "Forms requiring completion include, but are not limited to, the Alien Booking Record (Form I-385 or equivalent); the housing assignment card and any others used by the booking entity." See ICE PBND 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E).

or equivalent form (AR-59<sup>8</sup>).

ODO reviewed the facility's AR program and found the facility's orientation process did not contain information for a detainee to file formal complaints with the DHS Office of Inspector General (AR-66<sup>9</sup>).

ODO interviewed 12 detainees and found 1 out of 12 detainees was not issued the ICE National Detainee Handbook in their respective language (AR-73<sup>10</sup>).

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<sup>8</sup> "If the arresting/delivering officer has not initiated a Form I - 385 or equivalent, the admissions processing officer is responsible for its completion, excluding the release information.

The admissions processing officer shall:

- a. circle or write the name of the facility receiving the detainee;
- b. complete biographical information in blocks 1, 2, 3, 4, 5, and 6 with information provided in the detainee's A-file or I-385;
- c. attach detainee's photograph to the right of the biographical data;
- d. record detainee responses (checking "YES" or "NO") to Section I interview questions covering recent doctor visits, hospital stays, drug and alcohol abuse and other physical and mental health conditions and concerns (on the forms for male detainees, strike the pregnancy question and enter "N/A");
- e. mark the diagrams of the human anatomy, printed to the right of Section I, to indicate the approximate locations of any bruises, scars, cuts and other marks and distinguishing characteristics observed on the detainee (if the officer who searches the detainee is not the officer completing the questionnaire, he/she shall likewise mark the diagram);
- f. respond "yes" or "no" to the questions in Section II, based on general observations of the detainee during the admissions process so far (e.g., compliance with orders, responsiveness, demeanor, etc.);
- g. circle the appropriate action of the above questioning in Section III, below:
  - 1) "General Population" — applicable when 100 percent of responses to questions in sections I and II are negative ("NO" circled); this authorizes the detainee's release into the facility's general population after health screening has been completed, once the classification level is established;
  - 2) "General Population with Referral to Medical Care" — applicable when one or more responses to questions in sections I and II are positive ("YES" circled) and, though this could indicate any of several conditions, none causes immediate concern; the detainee's release into the facility's general population is authorized, with follow-up by the medical department;
  - 3) "Referral for Immediate Medical Attention" — applicable when one or more positive responses in sections I and II cause immediate concern for the detainee's physical or mental health; the officer informs the shift supervisor of the need for immediate medical attention; the shift supervisor then contacts the medical department, describes the situation and does as instructed; and
  - 4) "Isolation until Medically Evaluated" — applicable when a positive response in sections I or II suggests a contagious disease, or when the detainee's behavior during questioning seems threatening to self or others; the officer prepares an administrative segregation order and, in accordance with facility procedures, the detainee is placed in the Special Management Unit (SMU) pending medical review. The medical review shall take place as soon as practical, but no later than 24 hours after isolation, even if this means involving on-call medical staff.
- h. after completing the form, provide signature and ID number in the signature block and, if the signature is illegible, neatly print name above it;
- i. print onto a color-coded wristband, if applicable, the detainee's information, including but not limited to the following: name and A-number; housing and bunk assignment; and the Form I-77 number; and
- j. strap the color-coded wristband, if applicable, around the detainee's wrist in a way that shall not cause circulation problems. Advise the detainee that the wristband must remain on his/her wrist until removed by an officer, and that disregarding this requirement may lead to disciplinary action." See ICE PBNDs 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E)(a-j).

<sup>9</sup> "The orientation shall include the following information: ...

12. how the detainee can file formal complaints with the DHS Office of the Inspector General (OIG)." See ICE PBNDs 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F)(12).

<sup>10</sup> "The handbook and supplement shall be in English and Spanish or English and provisions for written translation



## **FACILITY SECURITY AND CONTROL (FSC)**

ODO reviewed the facility's visitor logbook and found the facility does not consistently document the visitor's time of departure (**FSC-24**<sup>11</sup>).

## **POPULATION COUNTS (PC)**

ODO reviewed the facility's PC procedures and 222 count slips and found 4 out of 222 count slips delivered to the facility's control center were not signed by one of the two officers conducting the count, contrary to the count procedure in the PC standard (**PC-5**<sup>12</sup>).

ODO reviewed the facility's PC procedures and 222 count slips and found 4 out of 222 count slips accepted by the facility's control center were not signed by one of the two officers conducting the count (**PC-32**<sup>13</sup>).

ODO reviewed the facility's PC procedures and 222 count slips and found 4 out of 222 count slips were not signed by one of the two officers conducting the count (**PC-33**<sup>14</sup>).

## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed 12 administrative segregation (AS) orders and found 6 out of 12 AS orders did not contain the date nor time the detainee was released from the SMU (**SMU-42**<sup>15</sup>).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed the facility's SDC policies and found there were no written procedures to promptly deliver requests to the appropriate ERO Denver officials by authorized personnel (not detainees) without reading, altering, or delaying such requests (**SDC-10**<sup>16</sup>).

ODO reviewed the facility's SDC logbook and found it did not contain information regarding staff

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shall be made for other significant segments of the population with limited English proficiency." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(G)(2).

<sup>11</sup> "Every entry in the logbook shall identify the person or department visited, date and time of the visitor's arrival, purpose of visit, unusual requests and time of departure." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(2).

<sup>12</sup> "Count procedures must be strictly followed." See ICE PBNDS 2011 (Revised 2016), Standard, Population Counts, Section (V)(A)(2).

<sup>13</sup> "Count slips must be prepared and signed in indelible ink. The control center shall not accept an improperly prepared count slip or one that contains erasures or alterations of any kind." See ICE PBNDS 2011 (Revised 2016), Standard, Population Counts, Section (V)(A)(5)(b).

<sup>14</sup> "Both officers conducting the count must sign the count slip." See ICE PBNDS 2011 (Revised 2016), Standard, Population Counts, Section (V)(A)(5)(c).

<sup>15</sup> "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(h).

<sup>16</sup> "Each facility administrator shall:

Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B).

response and action (SDC-20<sup>17</sup>).

## **CARE**

### **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)**

ODO reviewed the facility's DIAA program, interviewed the health service administrator, and found the facility does not complete subsequent periodic reassessments of approved accommodations at a minimum of every 90 days (**Deficiency DIAA-1**<sup>18</sup>).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility's GS procedures and found the facility does not maintain medical grievances in the detainee's medical file. Instead, the facility maintains copies of medical grievances in a medical department binder (**GS-78**<sup>19</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 21 standards under PBND 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 14 deficiencies in the remaining 7 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (PBND 2011) (Revised 2016)</b>	<b>FY 2021 (PBND 2011) (Revised 2016)</b>
Standards Reviewed	20	21
Deficient Standards	6	7
Overall Number of Deficiencies	11	14
Repeat Deficiencies	0	1
Areas of Concern	0	0
Corrective Actions	0	0

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<sup>17</sup> "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: ...

f. date that the request, with staff response and action, was returned to the detainee." See ICE PBND 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2)(f).

<sup>18</sup> "Initial and Periodic Reassessments:

Subsequent periodic reassessments of approved accommodations shall take place at a minimum every 90 days thereafter, unless requested sooner by the detainee." See ICE PBND 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(F)(4)(f).

<sup>19</sup> "Medical grievances shall be maintained in the detainee's medical file." See ICE PBND 2011 (Revised 2016), Standard, Grievance System, Section (V)(D).