



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
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO Denver Field Office

Teller County Jail
Divide, Colorado

September 14-16, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
TELLER COUNTY JAIL
Divide, Colorado

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Section Chief	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
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 follow-up compliance inspection of the Teller County Jail (TCJ) in Divide, Colorado, from September 14 to 16, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of TCJ from April 5 to 8, 2021. The facility opened in 1996 and is owned and operated by Teller County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TCJ in 2000 under the oversight of ERO’s Field Office Director in Denver (ERO Denver). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers to the facility. A TCJ commander handles daily facility operations and manages [REDACTED] support personnel. Summit Food Service, LLC provides food and commissary services, and Southern Health Partners provides medical care at the facility. The facility does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of September 13, 2021)	[REDACTED]
Female Detainee Population (as of September 13, 2021)	[REDACTED]

During its last inspection, in April 2021, ODO found 37 deficiencies in the following areas: Environmental Health and Safety (3); Admission and Release (3); Custody Classification System (7); Funds and Personal Property (1); Use of Force and Restraints (1); Special Management Units (7); Staff-Detainee Communication (1); Food Service (2); Medical Care (4); Hunger Strikes (1); Significant Self-Harm and Suicide Prevention and Intervention (1); Disability Identification, Assessment, and Accommodation (1); Religious Practices (2); and Grievance System (3).

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 September 13, 2021.

³ *Ibid.*

⁴ Per the ERO Facility List Report as of September 13, 2021, TCJ has a Fiscal Year (FY) 2020 Average Daily Population (ADP) of 14, which exceeds ODO’s minimum ADP requirement of 10. Additionally, TCJ has an active contract to house ICE detainees, which is why ODO inspected the facility.

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5&6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	4
Sub-Total	4
Part 2 – Security	
Admission and Release	1
Custody Classification System	3
Funds and Personal Property	3
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sub-Total	7
Part 4 – Care	
Food Service	2
Hunger Strikes	0
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	5
Part 5 – Activities	
Religious Practices	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Sub-Total	0
Total Deficiencies	16

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

DETAINEE RELATIONS

ODO interviewed two out of four detainees, who each voluntarily agreed to participate. Two detainees refused to participate and did not provide a reason for the interview refusal. Neither of the interviewed detainees made allegations of discrimination, mistreatment, or abuse. Both detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated he had scalp issues and reported it to the medical staff. The detainee claimed the medical staff informed him he would need to pay for the medicated shampoo.

- Action Taken: ODO reviewed the detainee's medical record, spoke with the facility's medical staff, and found the detainee requested medicated shampoo from medical staff on September 9, 2021. On September 10, 2021, the medical staff evaluated the detainee, determined that he had no issues with his scalp, and issued him medicated shampoo at no cost.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's environmental health and safety documentation and found the policy did not include a written hazard communication program, outlining proper chemical labeling, maintaining Safety Data Sheets, nor training for staff (**Deficiency EHS-1**⁷).

ODO attempted to review the facility's power generator testing documentation, interviewed facility staff, and found the facility did not test the power generator at all in accordance with manufacturer's instructions (**Deficiency EHS-41**⁸).

ODO attempted to review the facility's power generator testing documentation, interviewed facility staff, and found the facility did not retain the power generator testing documentation (**Deficiency EHS-43**⁹).

ODO interviewed facility staff and found the facility did not have documentation regarding appropriate temperatures, air and water quality, ventilation, lighting, nor noise levels for detainee

⁵ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

⁷ "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "Power generators will be tested according to the manufacturer's instructions." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(G).

⁹ "Testing documentation will be retained for review." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(G).

living space (**Deficiency EHS-60¹⁰**). **This is a repeat deficiency.**

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee release files and found all [REDACTED] detainees were not fingerprinted during the facility's release process (**Deficiency AR-28¹¹**). **This is a repeat deficiency.**

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's training documentation, interviewed facility staff, and found the facility had not trained staff assigned to detainee classification in the facility's classification process (**Deficiency CCS-3¹²**).

ODO reviewed the facility's custody classification system documentation and found the facility did not use a system which readily identified detainee classification levels (**Deficiency CCS-8¹³**).

ODO reviewed [REDACTED] detainee files and found the supervisor did not review detainees' classification records for accuracy in all [REDACTED] files (**Deficiency CCS-10¹⁴**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO attempted to review the facility's written procedures, interviewed facility staff, and found the facility does not have written procedures for the inventory and audit of detainee funds, valuables, nor personal property (**Deficiency FPP-18¹⁵**). **This is a repeat deficiency.**

ODO attempted to review the facility's inventory documentation, interviewed facility staff, and found the facility did not complete an inventory of detainee baggage and other non-valuable property at least once each quarter (**Deficiency FPP-19¹⁶**).

¹⁰ "The facility shall ensure appropriate temperatures, air and water quality, ventilation, lighting, and noise levels for detainee living space, in accordance with any applicable state and local jail/prison standards." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(1).

¹¹ "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." *See* ICE NDS 2019, Standard, Admission & Release, Section (II)(J).

¹² "The classification system shall ensure: ...

2. All officers assigned to classification duties shall be trained in the facility's classification process." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

¹³ "The classification system shall ensure: ...

6. All officers assigned to classification duties shall be trained in the facility's classification process." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

¹⁴ "A supervisor will review the intake/processing officer's classification file for each detainee for accuracy and completeness." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

¹⁵ "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

¹⁶ "An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

ODO attempted to review the facility's inventory logs, interviewed facility staff, and found the facility failed to maintain inventory logs during the review period (**Deficiency FPP-20¹⁷**).

ODO interviewed facility staff and found the facility did not have a process to identify and report inventory and audit discrepancies to the facility administrator. ODO cites the facility's inability to identify and report inventory and audit discrepancies to the facility administrator as an **Area of Concern**

CARE

FOOD SERVICE (FS)

ODO observed the storage of cutting boards and utensils in the food service department and found separate cutting boards, knives, food scoops, and other such tools used to prepare common-fare foods were not identified accordingly (**Deficiency FS-66¹⁸**).

ODO observed the storage of utensils used for common-fare foods and found service utensils were not stored separately from other utensils (**Deficiency FS-67¹⁹**).

ODO observed the freezer door operation and found the door did not have an emergency release mechanism. ODO notes the lack of an emergency release mechanism on the freezer door to ensure the safety of staff and detainees while they are inside the freezer as an **Area of Concern**.

MEDICAL CARE (MC)

ODO reviewed the facility's treatment guidelines for pregnant women and found the guidelines did not specifically address the treatment of pregnant women who are chemically dependent (**Deficiency MC-34²⁰**).

ODO reviewed the training records of ■■■ nurses assigned to conduct initial dental screenings for detainees and found all ■■■ training records did not contain documentation, which indicated a dentist provided annual training on how to conduct the dental screenings to the nurses (**Deficiency MC-45²¹**). **This is a repeat deficiency.**

ODO interviewed facility staff and found the clinical medical authority (CMA) did not determine the availability and placement of first aid kits. Specifically, the TCJ leadership determined the

¹⁷ "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

¹⁸ "Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods and shall be identified accordingly." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

¹⁹ "Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

²⁰ "If females are housed at the facility, guidelines will specifically address the treatment of pregnant women who are chemically dependent." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(F).

²¹ "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(H).

availability and placement of such kits without the input of the CMA (**Deficiency MC-56²²**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found 16 deficiencies in the remaining 6 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of TCJ in April 2021.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	14
Deficient Standards	14	6
Overall Number of Deficiencies	37	16
Repeat Deficiencies	0	5
Areas of Concern	0	2
Corrective Actions	0	0

²² "The CMA will determine the availability and placement of first aid kits." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).