



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Denver Field Office**

**Denver Contract Detention Facility
Aurora, Colorado**


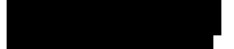
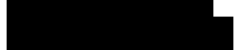
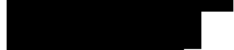
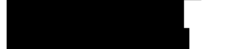


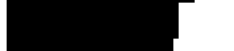




September 20-22, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
DENVER CONTRACT DETENTION FACILITY
Aurora, Colorado

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Assistant Team Lead	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
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	Contractor	Creative Corrections
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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 follow-up compliance inspection of the Denver Contract Detention Facility (DCDF) in Aurora, Colorado, from September 20 to 22, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of DCDF from March 22 to 24, 2022. The facility opened in 1987 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCDF in 1987 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 (DOs) to the facility. A facility administrator (FA) handles daily operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in October 2019 and the American Correctional Association (ACA) in January 2021. In August 2021, DCDF 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 20, 2022)	[REDACTED]
Adult Female Population (as of September 20, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found eight deficiencies in the following areas: Admission and Release (1); Detention Files (1); Environmental Health and Safety (3); Personal Hygiene (1); and Special Management Units (2).

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 as of September 19, 2022.

³ *Ibid.*

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 uniform corrective action plan (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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	2
Sub-Total	2
Part 2 - Security	
Admission and Release	1
Custody Classification System	2
Facility Security and Control	1
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	5
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	4
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	7
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Sub-Total	0
Total Deficiencies	14

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 35 detainees, who each voluntarily agreed to participate. Four detainees made allegations of mistreatment detailed below. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated she had not received an appointment for a colonoscopy nor her prescribed medication in nearly a month.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical record, and found no reference by the detainee to a history of colitis during intake on July 29, 2022. During the 14-day physical exam on August 23, 2022, the detainee disclosed her colon issues and previous prescription medications, and a DCDF physician submitted a colonoscopy referral appointment and prescribed the appropriate medication. On September 9, 2022, the detainee complained of abdominal pain during a follow-up visit, and the physician prescribed Metamucil and antibiotics. During her colonoscopy referral appointment on September 27, 2022, a physician examined her and ordered a colonoscopy, and the ICE Health Service Corps approval is pending.

Staff-Detainee Communication: One detainee stated an officer made racist comments and did not conduct himself appropriately in March 2022.

- Action Taken: ODO advised a DCDF major and ERO Denver of the staff misconduct allegation, reviewed the DCDF grievance logs, and found the detainee had not filed a grievance for staff misconduct. On September 22, 2022, a DCDF major interviewed the DCDF sergeant (SGT) involved in the incident. The DCDF SGT stated the detainees in the housing unit hung drawings of flags from their home countries in the housing unit and asked them to remove the flags to prevent any conflict. The DCDF SGT stated he did not act inappropriately toward the detainee, and a DCDF lieutenant who witnessed the encounter confirmed the SGT's professionalism to the DCDF major. On October 7, 2022, ODO reported the incident to the Joint Intake Center (JIC).

Staff-Detainee Communication: One detainee stated he submitted a grievance for verbal abuse by a DCDF officer to ERO Denver.

- Action Taken: ODO interviewed the DCDF major, informed him of the detainee's concerns, and reviewed the chain of events. On September 6, 2022, the detainee submitted a grievance for an officer yelling and threatening him and other detainees. On September 8, 2022, ERO Denver responded to the grievance and advised the detainee to obey the rules of the housing unit and to notify an ICE officer for any unprofessional actions by the staff. On September 21, 2022, ODO spoke with a DCDF major about the incident and found the incident did not involve officer misconduct. The major found the officer advised the detainees to clean the unit. On the same day, the major ordered a facility captain to speak with the detainee, and the detainee stated the other officer spoke loudly and hurried him. On October 7, 2022, ODO reported the incident to JIC.

Staff-Detainee Communication: One male transgender detainee, identifying as female, stated the DCDF medical staff and officers verbally abused her. The detainee also stated the DCDF staff used incorrect pronouns and called her “that thing.”

- Action Taken: ODO informed a DCDF major of the detainee’s reported verbal abuse, and on September 9, 2022, the major appointed a captain to investigate the incident and interview the detainee. The detainee stated a DCDF officer called him “that thing” and a captain and two nurses used the incorrect pronoun. The DCDF captain interviewed the DCDF chaplain and another officer, and both stated they did not hear the officer call the detainee “that thing.” At the time of the inspection, the investigation remained open due the accused officer being on leave. DCDF supervisors reminded all officers during pre-shift meetings to use the proper pronoun to address the detainee. On October 7, 2022, ODO reported the incident to JIC.

Staff-Detainee Communication: One detainee stated her DO did not provide the Record of Deportable/Inadmissible Non-citizen form (Form I-213) as requested and she found the DO’s rude behavior difficult.

- Action Taken: DCDF staff informed ODO that Form I-213 may be obtained only by request through the Freedom of Information Act (FOIA). On September 22, 2022, ERO Denver explained the FOIA process to the detainee. ODO reviewed the DCDF grievance and detainee request logs and found no grievance nor detainee request regarding the DO’s rudeness. ERO Denver interviewed the DO, and the DO stated she speaks to all detainees in the same manner. ERO Denver did not consider this a staff misconduct issue, but ODO reported the incident to JIC on October 7, 2022.

Telephone Access: Two detainees stated the telephones remain disconnected until approximately 2:30 p.m. every Tuesday.

- Action Taken: ODO interviewed the DCDF program manager and a DCDF lieutenant and found the facility shuts down telephone and commissary service without warning the detainees on days the facility deports detainees for security reasons. The facility resumes these services upon confirmation from ERO Denver of the departure of deported detainees.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed 34 DCDF fire drill logs for the South Annex and found no timed emergency-key drills included in each fire drill. Specifically, ODO found in 2 out of 34 logs, no documented arrival time of the emergency keys to the fire drill location (**Deficiency EHS-111**⁶).

⁶ “Emergency-key drills shall be included in each fire drill, and timed.” See ICE PBNDS 2011 (Revised 2016), Office of Detention Oversight September 2022

ODO reviewed 34 DCDF fire drill logs for the South Annex and found facility staff did not draw and use emergency keys to unlock one set of emergency exit doors not in daily use. Specifically, ODO found in 3 out of 34 DCDF logs, no documented unlocking of emergency doors during the DCDF fire drills (**Deficiency EHS-112**⁷).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files, the DCDF admission and release policy, and DCDF intake post orders, and found the admission process for newly admitted detainees did not include fingerprinting. Specifically, ODO found in [REDACTED] out of [REDACTED] files, no fingerprint cards. The intake lieutenant confirmed facility staff did not take fingerprints during the intake process (**Deficiency AR-11**⁸).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed DCDF's classification policy, reviewed [REDACTED] detainee detention files, interviewed a DCDF custody classification officer, a facility lieutenant, and a facility program manager, and found DCDF did not give special considerations to factors possibly raising the risk of vulnerability, victimization, or assault. Specifically, ODO found in [REDACTED] out of [REDACTED] files, DCDF staff did not document the detainee's history of sexual victimization on the ICE Custody Classification Worksheet as previously documented on the detainee's PREA Risk Assessment Form (**Deficiency CCS-14**⁹).

ODO reviewed [REDACTED] detainee detention files of detainees released from the special management unit (SMU) and found in [REDACTED] of [REDACTED] files, facility staff did not reclassify the detainees within 24 hours prior to their release from SMU. ODO found facility staff released one detainee from SMU on August 4, 2022; however, they reclassified the detainee on July 25, 2022, approximately 10 days before the detainee's release from SMU. Facility staff released the second detainee from SMU on August 5, 2022, and did not complete the reclassification until August 8, 2022 (**Deficiency CCS-53**¹⁰).

Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁷ "Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

⁸ "Admission processes for a newly admitted detainee shall include fingerprinting." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(1)(c).

⁹ "Special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(C).

¹⁰ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(3).

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed a DCDF major, reviewed the DCDF off-duty contact list, and found the list did not prominently feature nor contain the following notice: “This information must be safeguarded. Use is restricted to those who need the information in the performance of their official duties. Misuse shall subject the user to criminal liability. This agency shall view any misuse of this information as a serious violation of the Employee Code of Conduct, which may result in disciplinary action, including removal” (**Deficiency FSC-14**¹¹).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ERO Denver’s detainee request logs and found in 224 out of 6675 requests, ERO Denver did not respond in person nor in writing within 3 business days of receipt. Specifically, the 224 late responses ranged between 1-to-10 days past the due date (**Deficiency SDC-16**¹²).

CARE

FOOD SERVICE (FS)

ODO interviewed the DCDF food service administrator, reviewed a DCDF FS inspection conducted by the Tri-County Health Department on June 11, 2021, and found DCDF missed its annual inspection date. Specifically, Tri-County Health Department last conducted an external inspection of the facility on June 11, 2021, (**Deficiency FS-416**¹³). During a follow-up call, ODO confirmed DCDF completed an external inspection of FS operations by the Tri-County Health Department on September 27, 2022.

¹² “The facility administrator shall establish procedures to implement the following control center requirements: ...

5. Maintenance of a list of the current home and cell phone numbers of every staff member assigned to the facility, including administrative/support services staff members, all situation response team members (SRTs), hostage negotiation team member (HNTs) and applicable law enforcement agencies. If any staff member is inaccessible by phone, other means of off-duty contact approved by the facility administrator, such as a pager number or e-mail address, may be listed; the list shall: ...

e. prominently feature the following notice: “This information must be safeguarded. Use is restricted to those who need the information in the performance of their official duties. Misuse shall subject the user to criminal liability. This agency shall view any misuse of this information as a serious violation of the Employee Code of Conduct, which may result in disciplinary action, including removal.”

See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(B)(5)(e).

¹² “The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹³ “An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(13).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found the following deficiencies:

- In [REDACTED] out of [REDACTED] records, no initial Tuberculosis (TB) screening within 12 hours of the intake process and in accordance with Centers for Disease Control and Prevention guidelines. Specifically, the facility completed the initial TB screening 18 hours after the detainee arrived at DCDF (**Deficiency MC-29**¹⁴);
- In [REDACTED] out of [REDACTED] records, no initial medical, dental, and mental health screening, and no inquiry for information regarding any known acute or emergent medical conditions within 12 hours of admission by a health care provider. Specifically, the facility completed the initial intake screening 18 hours after the detainee arrived at DCDF (**Deficiency MC-103**¹⁵);
- In [REDACTED] out of [REDACTED] records, no comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of arrival. Specifically, DCDF completed the 14-day health assessments between 17 and 43 days after the detainees arrived at DCDF (**Deficiency MC-137**¹⁶); and
- In [REDACTED] out of [REDACTED] records, no evaluation by a qualified health care provider completed 72 hours after a submission of referral during intake screenings. Specifically, a health care provider completed two evaluations 14 days after submission of the referrals (**Deficiency MC-150**¹⁷).

PERSONAL HYGIENE (PH)

ODO reviewed the facility's PH policy and observed staff supervision of the housing units. Specifically, ODO found one housing unit with hygiene items in a bin on the counter with direct detainee access and with no facility staff supervision (**Deficiency PH-14**¹⁸).

Corrective Action: DCDF removed the personal hygiene products from the counter and placed them in the secured housing officer's podium to maintain stock and refill as needed.

¹⁴ "All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb).” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

¹⁵ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹⁶ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

¹⁷ "Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(3).

¹⁸ "Staff shall directly supervise the issuance of personal hygiene items to male and female detainees appropriate for their gender and shall replenish supplies as needed.” See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(D).

On September 22, 2022, the FA issued a memorandum to notify staff of the change (C-1).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed █ detainee medical records and found in █ out of █ records, no initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer. Specifically, DCDF completed the initial mental health screening 18 hours after the detainee arrived at the facility (**Deficiency SSHSPI-13**¹⁹).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 14 deficiencies in the remaining 9 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO’s last inspection of DCDF in March 2022.

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	19
Deficient Standards	5	9
Overall Number of Deficiencies	8	14
Repeat Deficiencies	0	0
Areas Of Concern	1	0
Corrective Actions	1	1
Facility Rating	Superior	N/A

¹⁹ “All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by “J. Medical and Mental Health Screening of New Arrivals” in Standard 4.3 “Medical Care.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(B)(1).