



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Denver Field Office

Denver Contract Detention Facility
Denver, Colorado

March 22-24, 2022

COMPLIANCE INSPECTION
of the
DENVER CONTRACT DETENTION FACILITY
Denver, Colorado

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Denver Contract Detention Facility (DCDF) I and II in Aurora, Colorado, from March 22 to 24, 2022.¹ The facility opened in May 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 May 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 and a detention services manager to the facility. A DCDF facility administrator handles daily facility operations and manages [REDACTED] support personnel. GEO provides medical care and food services, and Keefe Commissary Group provides commissary services at the facility. DCDF was accredited by the American Correctional Association in January 2021 and the National Commission on Correctional Health Care in October 2019. In September 2018, 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 March 22, 2022)	[REDACTED]
Adult Female Population (as of March 22, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 29 deficiencies in the following areas: Admission and Release (1); Disability Identification, Assessment, and Accommodation (1); Facility Security and Control (2); Funds and Personal Property (5); Medical Care (4); Medical Care (Women) (2); Special Management Units (1); and Use of Force and Restraints (13).

¹ This facility holds both 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 March 21, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

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

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

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Use of Force and Restraints	0
Sub-Total	3
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	0
Part 6 – Justice	
Legal Rights Group Presentations	0
Sub-Total	0

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

⁶ 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 inspections.

Part 7 - Administration and Management	
Detention Files	1
Interviews and Tours	0
Detainee Transfers	0
Sub-Total	1
Total Deficiencies	8

DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. ODO requested interviews from six additional detainees; however, all six detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated it took 20 days for him to see a nurse after submitting a sick call request during his time in the Special Management Unit (SMU).

- Action Taken: ODO reviewed the detainee's medical file, interviewed the health services administrator (HSA), and found the detainee submitted a sick call request for lower back pain on December 5, 2021, which the facility triaged within 24 hours to determine priority for an appointment. On December 14, 2021, the physician examined the detainee, confirmed lower back pain by diagnosis, and prescribed Ibuprofen and a Lidocaine patch. Additionally, the facility issued the detainee a double mattress and moved him to a lower bunk. On January 28, 2022, the detainee refused the Lidocaine patch prescription. The detainee submitted his next sick call request on February 4, 2022, but later refused to be seen on that same day. ODO confirmed from the detainee's medical record, a facility nurse examined him 9 days after submitting a sick call request and found no record of the detainee waiting 20 days for medical care. ODO also found in 12 out of 39 SMU records, the SMU housing officer did not note completion of medical visits by initialing the records. ODO cited this as a deficiency in the *Special Management Units* section of the report.

Medical Care: One detainee stated his concern over receiving no treatment, given his disabled veteran status and entitlement to physical therapy for service-related injuries. He further stated that his treatment required physical therapy twice per day and had not received any notification to begin therapy.

- Action Taken: ODO interviewed the HSA and confirmed from a records review, on May 13, 2021, the detainee refused to sign a release form to allow transfer of his medical records from the Department of Veterans Affairs to DCDF. On November 21, 2022, the physician assistant (PA) ordered magnetic resonance imaging (MRI) to check for any bone degeneration and then sent the MRI report to an outside neurosurgeon. The neurosurgeon reviewed the report and recommended physical therapy but no surgery. The detainee received his first physical therapy session on March 21, 2022, and the PA informed him he will receive physical therapy for 8 weeks.

Medical Care: One detainee stated her concern over poor eyesight and that she needed eyeglasses.

- Action Taken: ODO interviewed the HSA, reviewed the detainee’s medical file, and confirmed the detainee arrived at the facility on January 12, 2022, and expressed no complaint of vision problems during the intake screening process. ODO also noted the intake at DCDF included no eye exam and requested one for her. On March 22, 2022, the PA referred the detainee to an optometrist and informed the detainee of the referral.

Admission and Release: Four detainees stated they did not receive the ICE National Detainee Handbook nor the facility site-specific handbook.

- Action Taken: ODO interviewed an intake lieutenant, reviewed the detainees’ files, and found, all four detainees signed for both the ICE National Detainee Handbook and the facility site-specific handbook. At ODO’s request, the facility issued each detainee additional copies of the ICE Nation Detainee Handbook and the facility site-specific handbook on March 23, 2022.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the DCDF II South Annex detainee housing area map and found the facility did not maintain environmental conditions to recognized hygiene standards as per ACA. Specifically, the facility toilets do not meet the standard of the ACA Expected Practice 4-A: DF-4B-08. The standard requires one toilet per eight female detainees (1:8). Each of the 6 housing units has a rated capacity of 24 detainees, but 2 out of 6 units have only 2 toilets per 24 detainees (1:12) (**Deficiency EHS-1**⁷).

ODO interviewed maintenance staff and found the facility tested the generators for 30 minutes each week. ODO reviewed the generator log and found no documented verification of testing until March 21, 2022 (**Deficiency EHS-26**⁸).

ODO toured the facility barber shop, inspected two boxes of barber equipment, and found neck dusters, a prohibited item as per the standard. Specifically, each of the boxes contained a neck duster (**Deficiency EHS-215**⁹).

⁷ “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

a. American Correctional Association.

See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(1)(a).

⁸ “At least every two weeks, emergency power generators shall be tested for one hour, and the oil, water, hoses and belts of these generators shall be inspected for mechanical readiness to perform in an emergency situation.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(6).

⁹ “The common use of brushes, neck dusters, shaving mugs and shaving brushes is prohibited.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(4).

Corrective Action: Prior to the conclusion of the inspection, the acting safety manager initiated corrective action by disposing of the neck dusters and then informed ODO the facility will no longer order neck dusters (C-1).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed █ training records for staff assigned to the admission process and found in █ out of █ records, the facility had no documentation they had trained the staff member on the admission process (Deficiency AR-10¹⁰).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed █ disciplinary segregation orders and found in █ out of █ orders, the releasing officer did not indicate the date nor time of release from SMU (Deficiency SMU-71¹¹).

ODO reviewed █ SMU records and found in █ out of █ records, the SMU housing officer did not initial the record after medical staff completed their visits (Deficiency SMU-101¹²).

CARE

PERSONAL HYGIENE (PH)

ODO toured the facility barber shop and found no sanitation and safety measures for barbershop services in accordance with EHS standards. Specifically, ODO found boxes that contained neck dusters for common use (Deficiency PH-50¹³).

ADMINISTRATION & MANAGEMENT

DETENTION FILES (DF)

ODO reviewed 12 detainee detention files of released detainees and found in 2 out of 12 files, facility staff did not complete the I-385 (Alien Booking Record) upon the detainees' release

¹⁰ "Staff members shall be provided with adequate training on the admissions process at the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(B)(1).

¹¹ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2)(c).

¹² "The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(b).

¹³ "Detainees shall be provided hair care services in a manner and environment that promotes sanitation and safety, in accordance with the requirements for 'Barber Operations' in standard '1.2 Environmental Health and Safety' and requirements in standard '5.5 Religious Practices.'" See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(F).

(Deficiency DF-18¹⁴).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 19 of those standards. ODO found eight deficiencies in the remaining five 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 DCDF in September 2021.

Compliance Inspection Results Compared	FY 2021 PBNDS 2011 (Revised 2016)	FY 2022 PBNDS 2011 (Revised 2016)
Standards Reviewed	17	24
Deficient Standards	8	5
Overall Number of Deficiencies	29	8
Repeat Deficiencies	6	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	N/A	Superior

¹⁴ "Upon the detainee's release from the facility, staff shall add final documents to the file before closing and archiving the file and after inserting the following: ...

c. the original I-385 and other documentation."

See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(E)(1)(c).