



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
Aurora, Colorado

October 26-30, 2020

COMPLIANCE INSPECTION
of the
DENVER CONTRACT DETENTION FACILITY
Aurora, Colorado

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	(Acting) 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 (DCDF) in Aurora, CO, from October 26 to 30.¹ The facility opened in February 1997 and is owned and operated by GEO Group Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCDF in 2010 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 to the facility. A DCDF facility administrator handles daily facility operations and is supported by █████ personnel. The GEO Group provides food services, ICE Health Service Corps provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2017 and the National Commission on Correctional Health Care in October 2019. DCDF also received the Department of Homeland Security, Prison Rape Elimination Act certification in December 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1400
Average ICE Detainee Population ³	████
Male Detainee Population (as of 4/2/2019)	██████
Female Detainee Population (as of 4/2/2019)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO found 16 deficiencies in the following areas: Admission and Release (2); Environment Health and Safety (2); Funds and Personal Property (2); Grievance System (1); Special Management Units (1); Medical Care (4); Visitation (2); Law Libraries and Legal Materials (1); and Personal Hygiene (1).

¹ This facility holds male and female detainees with low, low-medium, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of October 26, 2020.

³ *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.⁴

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.

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

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

PBNS 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	1
Facility Security and Control	2
Funds and Personal Property	3
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Staff-Detainee Communication	0
Use of Force and Restraints	5
Sub-Total	15
Part 4 – Care	
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	2
Sub-Total	2
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	17

⁵ 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, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Personal Hygiene: Nine detainees complained deodorant was not provided to them during their initial admission to the facility.

- Action Taken: ODO interviewed the facility compliance manager about the detainee's complaints, who confirmed deodorant is not included in the hygiene kits and is not required to be provided as noted in the PBNDS 2011 (Revised 2016). However, the facility has made deodorant available for detainees to purchase in the commissary.

Staff-Detainee Communication: One detainee complained he was physically struck by another detainee then blamed for starting the fight. The inmate further indicated he was threatened by the other detainee and told if he informed the staff who really initiated the fight, he would get hit again. The detainee disclosed the issue was gang related and felt obligated to comply.

- Action Taken: On October 26, 2020, ODO interviewed the facility's captain, who said the facility does house detainees with gang affiliations; however, the facility has not had any gang related incidents to occur. On October 27, 2020, ODO reviewed the detainee's file and found no documentation of a grievance filed nor a request for protective custody. However, the detainee's file showed he was placed in administrative segregation on August 28, 2020, for fighting, received 30-days disciplinary segregation, and then released back into general population without further incident. The incident report showed the detainee (complainant) made physical contact with another detainee, which led to the incident. The incident report did not have any information regarding allegations nor statements to substantiate the detainee's concerns made to ODO.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's A&R program and found the orientation video does not instruct detainees how to file a formal complaint with the U.S. Department of Homeland Security (DHS), Office of the Inspector General (OIG) (**Deficiency A&R-1⁶**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's CCS program and found the detainee handbook does not provide an explanation of the classification levels with conditions and restrictions of each (**Deficiency CCS-1⁷**).

FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the facility's FS&C program and found the legal visitors log does not require the legal representative to sign his/her name in the logbook (**Deficiency FS&C-1⁸**).

ODO reviewed the facility's FS&C program and found ERO employees who are not permanently stationed at the facility, nor official visitors from other DHS agencies, are being issued "blue" visitors passes as required (**Deficiency FS&C-2⁹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's F&PP policy and procedures and found the facility does not have written procedures, nor rules for detainees, explaining the mailing procedures for their personal property that is not allowed at the facility (**Deficiency F&PP-1¹⁰**).

⁶ "The orientation shall include the following information: 12. How the detainee can file formal complaints with the DHS OIG." See ICE PBNDS 2011, Standard, Admission & Release, Section (V)(F). **This is a repeat deficiency.**

⁷ "The ICE Detainee Handbook standard section on classification shall include: An explanation of the classification levels, with the conditions and restrictions applicable to each. The procedures by which a detainee may appeal his or her classification." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(K).

⁸ "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, and the address and relationship to the detainee. The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

⁹ "Blue Visitor Passes (or color-coded equivalent) ICE/ERO employees not permanently stationed at the facility, and official visitors from other Department of Homeland Security agencies, shall receive "blue" passes. Visitors with blue passes do not need, but may request, escorts." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(d).

¹⁰ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: 3. the rules for storing or mailing property not allowed in their possession." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(3).

ODO reviewed the facility's F&PP program and found receipt of funds issued at the time of admission were not signed by two intake officers (**Deficiency F&PP-2¹¹**).

ODO reviewed the facility's F&PP program and found seven out of seven personal property inventory forms were missing the time of admission (**Deficiency F&PP-3¹²**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee files for administrative detention (AD) and found one out of 12 AD detainee files did not contain the required 72-hour review (**Deficiency SMU-1¹³**).

ODO reviewed 12 detainee files for disciplinary segregation (DS) and found one out of 12 DS detainee files did not contain the signed order Form I-883 (**Deficiency SMU-2¹⁴**).

ODO reviewed 12 detainee files for AD/DS and found four out of 12 AD/DS detainee files did not contain SMU daily housing records (**Deficiency SMU-3¹⁵**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's UOF&R program and found the facility does not train forced medication procedures (**Deficiency UOF&R-1¹⁶**).

ODO reviewed 14 UOF&R packets and found two out of 14 UOF&R packets did not contain medical assessments for staff injured during the UOF incidents (**Deficiency UOF&R-2¹⁷**).

ODO reviewed 14 UOF&R packets and found three out of 14 UOF&R packets did not contain

¹¹ "The two officers and the detainee shall sign all copies. The admissions processing officer shall record each Form G-589, or equivalent, issued and enter the initials and any corresponding identifiers of receipting officers in the facility's G-589 Property Receipt Logbook, or equivalent." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(1) (a-c). **This is a repeat deficiency**

¹² "The personal property inventory form must contain the following information at a minimum: 1. date and time of admission." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I)(1). **This is a repeat deficiency**

¹³ "All facilities shall implement written procedures for the regular review of all detainees held in administrative segregation, consistent with the procedures specified below. a. A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(a)(2).

¹⁴ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation. a. Prior to a detainee's actual placement in disciplinary segregation, the IDP chairman shall complete the disciplinary segregation order (Form I-883 or equivalent), detailing the reasons for placing a detainee in disciplinary segregation." See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(B)(2)(a).

¹⁵ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU." See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(D)(3).

¹⁶ "All new officers shall be sufficiently trained during their first year of employment. Through ongoing training (to occur annually at a minimum), all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees. 1. forced medication procedures." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(D)(1)(1).

¹⁷ "Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately: 3. Examine any involved staff member who reports an injury and, if necessary, provide initial emergency care. The examination shall be documented." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(3).

supporting documentation from all staff involved with the UOF incidents (**Deficiency UOF&R-3¹⁸**).

ODO reviewed the UOF&R program, interviewed security staff, and found there is no log maintained to document audiovisual equipment usage (**Deficiency UOF&R-4¹⁹**).

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the facility's DIA&A program and found the facility does not provide DIA&A training to employees, volunteers, and contract personnel as required (**Deficiency DIA&A-1²⁰**).

ODO reviewed the facility's DIA&A program and found the facility does not inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request (**Deficiency DIA&A-2²¹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (revised 2016) and found the facility in compliance with 14 of those standards. ODO found 17 deficiencies in the remaining seven standards, which included three repeat deficiencies. ODO commends facility staff 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.

¹⁸ "Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately: 4. A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer's shift." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(4).

¹⁹ "Staff shall store and maintain audiovisual recording equipment under the same conditions as "restricted" tools. The equipment must be kept in a secure location elsewhere in the facility. Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for: 1. maintaining cameras and other audiovisual equipment." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K).

²⁰ "Training on the facility's Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter. New facility staff, including contractors and volunteers, shall receive this training as part of the Initial Orientation training required by Standard 7.3 7.3 Each new employee, contractor, and volunteer shall be provided training prior to assuming duties." See ICE PBNDS 2011, Standard, DIAA, Section (V)(I).

²¹ "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request." See ICE PBNDS 2011, Standard, DIAA, Section (V)(J).

Compliance Inspection Results Compared	FY 2020 (PBNS 2011 Revised 2016)	FY 2021 (PBNS 2011 (Revised 2016))
Standards Reviewed	18	21
Deficient Standards	9	7
Overall Number of Deficiencies	16	17
Repeat Deficiencies	2	3
Corrective Actions	0	0