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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**

**Denver Contract Detention Facility
Aurora, Colorado**

September 13-17, 2021

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

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[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 follow-up compliance inspection of the Denver Contract Detention Facility (DCDF) in Aurora, Colorado, from September 13 to 17, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspections of DCDF from October 26 to 30, 2020, (DCDF I) and April 12 to 16, 2021, (DCDF II).² DCDF 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 (DOs) and a detention services manager to the facility. A DCDF facility administrator handles daily facility operations and manages █████ support personnel. GEO provides medical care and food services, and Keefe Commissary Group provides commissary services at DCDF. 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 Detainee Bed Capacity ^{3,4}	█████
Average ICE Detainee Population ⁵	█████
Male Detainee Population (as of September 13, 2021)	█████
Female Detainee Population (as of September 13, 2021)	█████

During its last two inspections, in October 2020 and April 2021, ODO found a combined 31 deficiencies in the following areas: Admission and Release (6); Custody Classification System (1); Disability Identification, Assessment, and Accommodation (3); Facility Security and Control (3); Funds and Personal Property (3); Grievance System (1); Population Counts (3); Special Management Units (4); Staff-Detainee Communication (2); and Use of Force and Restraints (5).

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

² This facility consists of two annexes and ODO previously inspected during Fiscal Year 2021 as two separate entities, DCDF I and DCDF II. However, since the facility leadership for both annexes is the same, and at the request of ERO, ODO combined the two annexes into a single inspection and will continue to do so for future inspections.

³ Data Source: ERO Facility List Report as of September 13, 2021.

⁴ The ERO Facility List Report identifies DCDF as two separate entities, DCDF I and DCDF II, and ODO has combined the capacity and population statistics within this table.

⁵ Data Source: ERO Facility List Report as of September 13, 2021.

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, 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 noncompliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

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

PBNS 2011 (Revised 2016) Standards Inspected ⁶	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	0
Facility Security and Control	2
Funds and Personal Property	5
Population Counts	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	13
Sub-Total	22
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	4
Medical Care (Women)	2
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	7
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	29

⁶ For greater detail on ODO's findings, see the *Follow-Up 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 attempted to conduct detainee interviews via video teleconference; however, ERO Denver and DCDF were not able to accommodate this request due to technology and staffing issues. As such, ODO conducted the detainee interviews via telephone.

Admission and Release: One detainee stated he received the ICE National Detainee Handbook and the DCDF detainee handbook in Punjabi; however, he did not fully understand them because he speaks Pakistani Urdu. The detainee also stated he did not know how to submit a request to the DCDF staff.

- Action Taken: ODO reviewed the detainee's Emergency Notification and Property Disposition Form and interviewed the DCDF compliance administrator. On August 30, 2021, the detainee arrived at DCDF and received the ICE National Detainee Handbook and DCDF detainee handbook in Punjabi because DCDF had no stock of detainee handbooks in Pakistani Urdu and Punjabi was the best alternative. On the same day, the DCDF programs manager confirmed the DCDF intake officer provided the detainee with language line assistance and handbook translation in his native language of Pakistani Urdu. On September 16, 2021, following the ODO interview, the DCDF programs manager spoke with the detainee using the language line, ensured he understood how to submit a request for future translation needs, and assisted him in submitting a request to an ERO Denver DO for a case update.

Medical Care: One detainee stated the DCDF staff denied her verbal request to obtain a copy of her DCDF medical records.

- Action Taken: ODO discussed the detainee's medical file with the DCDF health services administrator (HSA) and the DCDF compliance administrator. On August 31, 2021, the detainee's legal representative submitted a Release of Information Request Form (Form G-28) for a copy of all the detainee's detention records, which the DCDF clerical staff received on September 1, 2021. On September 9, 2021, the DCDF medical staff included the detainee's medical records in the information request to her attorney via an encrypted email. On September 16, 2021, following the ODO interview, a DCDF officer notified the detainee the facility forwarded her medical records in accordance with her attorney's legal request and informed the detainee she could submit a request for her own copy of her medical records that would be stored in her property until her release.

Medical Care: One detainee stated she did not receive a response from the DCDF medical staff after submitting sick call requests for dental care in July 2021 and a gynecology exam in September 2021.

- Action Taken: ODO reviewed the detainee's sick call requests and discussed the detainee's medical record with the DCDF HSA. On August 7, 2021, the detainee submitted a sick call request for general dental care, and on the same day, the DCDF medical staff triaged the detainee's request with a face-to-face consult and determined the detainee was not in pain; however, she wanted a general dental examination. The DCDF medical staff scheduled the detainee for a dental appointment on September 14, 2021, and following the ODO interview, the DCDF dental assistant examined the detainee during her scheduled appointment time. The examination revealed no bleeding nor swelling; however, the DCDF dental assistant determined the detainee may potentially require dental fillings and scheduled a follow-up appointment for the detainee on October 9, 2021. Additionally, the detainee complained of mild pain symptoms during the examination and the DCDF medical staff prescribed 200 milligrams of Motrin to be taken three times daily for 5 days and advised the detainee to submit another sick call request if she experienced increased pain symptoms.

Regarding the detainee's gynecology request, ODO discussed the detainee's medical record with the HSA and determined the detainee did not submit a sick call request for a gynecology appointment nor mention her request to the DCDF medical staff after her ODO interview and follow-up. On September 16, 2021, at ODO's request, the DCDF medical staff again met with the detainee and offered to provide her a medical exam and pap smear; however, the detainee denied having any gynecology problems and signed a Refusal of Health Services Form.

Medical Care: One detainee stated she did not receive a response from the DCDF medical staff after submitting a sick call request for her arms "falling asleep."

- Action Taken: ODO discussed the detainee's medical record with the DCDF HSA and determined the detainee did not submit a sick call request for her indicated symptoms. On September 15, 2021, following the ODO interview, the DCDF medical staff examined the detainee and conducted an electrocardiogram test, which revealed no abnormal results, and the detainee did not complain of pain or active symptoms. The DCDF medical staff ensured the detainee knew how to submit a sick call request and advised the detainee to submit a request should her symptoms resume.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION & RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] files did not contain the ICE Order to Detain or Release Form (Form I-203 or I-203a). Furthermore, in [REDACTED] files the Form I-203 did not bear the ICE/ERO authorizing official's signature (**Deficiency AR-54⁷**). **This is a repeat deficiency.**

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the DCDF legal visitor logbook and found [REDACTED] visitor entries did not consistently identify the visitor's arrival date or time, the purpose of visit, departure time, or visitor's signature (**Deficiency FSC-24**). **This is a repeat deficiency.**

ODO reviewed the DCDF visitor logbook and found in [REDACTED] visitor entries, the post officer did not require visitors to annotate their arrival or departure times (**Deficiency FSC-26⁸**). **This is a repeat deficiency.**

FUNDS & PERSONAL PROPERTY (FPP)

ODO reviewed the DCDF detainee handbook and interviewed the DCDF programs manager and found the handbook did not notify detainees of the rules for mailing property not allowed in the detainee's possession (**Deficiency FPP-17⁹**). **This is a repeat deficiency.**

ODO reviewed the DCDF quarterly and monthly inventories of detainees' personal property and found the DCDF staff did not consistently secure the property containers in a tamper-resistant manner. Specifically, the inventory reports noted six broken container seals and an unknown number of seals missing (**Deficiency FPP-84¹⁰**).

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] personal property inventory forms did not identify the time of admission (**Deficiency FPP-85¹¹**). **This is a repeat deficiency.**

⁷ “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 PBNDS 2011, Standard, Admission and Release, Section (V)(E).

⁸ “... 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 “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).

¹⁰ “... All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee ...” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I).

¹¹ “... The personal property inventory form must contain the following information at a minimum:

1. date and time of admission;”

ODO reviewed the DCDF quarterly and monthly inventories of detainees' personal property and found the DCDF staff did not consistently secure the property containers in a tamper-resistant manner. Specifically, the inventory reports noted [REDACTED] broken container seals and an unknown number of seals missing (**Deficiency FPP-97**¹²).

ODO reviewed [REDACTED] DCDF shift inventories of the detainee property and valuables logbook and found in [REDACTED] inventories, the DCDF staff did not record the time they conducted the inventory (**Deficiency FPP-101**¹³).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] SMU Observation Report Sheets and found in [REDACTED] instances, the DCDF staff did not log observations of detainees every 30 minutes on an irregular schedule. Specifically, the DCDF staff logged the observations in the confinement logs at the top and bottom of every hour (:00 and :30) and not irregularly. Additionally, the DCDF staff logged the observation 45 minutes between rounds in 1 out of 97 instances (**Deficiency SMU-126**¹⁴).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed [REDACTED] UOF files and found in [REDACTED] UOF incidents, the DCDF medical staff did not complete follow-up medical documentation after UOF incidents (**Deficiency UOFR-2**¹⁵).

ODO reviewed [REDACTED] UOF files and found in [REDACTED] UOF incidents, the DCDF staff did not refer the detainees to the DCDF medical staff (**Deficiency UOFR-9**¹⁶).

ODO reviewed [REDACTED] immediate UOF files and found in [REDACTED] immediate UOF incidents, the DCDF staff did not seek the assistance of qualified health personnel to examine the detainees (**Deficiency UOFR-59**¹⁷).

See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I)(1).

¹² "... All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner (e.g., by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee ..." *See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I).*

¹³ "... The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory ..." *See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).*

¹⁴ "Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule ..." *See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(M).*

¹⁵ "Follow-up (e.g., medical attention), documentation (e.g., audiovisual recording for calculated use of force), reporting and an after-action review are required for each incident involving use of force." *See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(A)(5).*

¹⁶ "Detainees subjected to use of force shall be seen by medical staff as soon as possible ..." *See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(B)(7).*

¹⁷ "Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately:
2. Examine the detainee and immediately treat any injuries ..."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(2).

ODO reviewed [REDACTED] immediate UOF files and found in [REDACTED] immediate UOF incidents, the DCDF medical staff did not provide medical services to the detainees to determine nor document injuries (**Deficiency UOFR-60**¹⁸).

ODO reviewed the audio-visual recording for [REDACTED] calculated UOF incident and found the recording did not include the location, time and date, name of the audiovisual camera operator, and one additional DCDF staff member present, nor close-ups of the detainee's body during a medical exam (**Deficiency UOFR-73**¹⁹).

ODO reviewed the audio-visual recording for [REDACTED] calculated UOF incident and found the DCDF staff did not use the UOF team technique to prevent or diminish injury to staff and detainees and exposure to communicable disease. Specifically, the DCDF staff wore rubber gloves and used a protective shield; however, they did not wear protective gear, including helmets with face shields, jumpsuits, stab-resistant vests, nor forearm protectors (**Deficiency UOFR-74**²⁰).

ODO reviewed the audio-visual recording for [REDACTED] calculated UOF incident and found the DCDF staff did not wear all required protective gear; specifically, helmets with face shields, jumpsuits, stab-resistant vests, and forearm protectors (**Deficiency UOFR-79**²¹).

ODO reviewed [REDACTED] UOF files and found in [REDACTED] UOF incidents, the DCDF medical staff did not conduct medical examinations on the detainees following the incidents and therefore did not submit a medical report to the DCDF administrator by the end of the shift in which the incident occurred (**Deficiency UOFR-139**²²).

ODO reviewed [REDACTED] UOF files and found in five out of nine UOF incidents, the facility staff did not refer the detainees to the DCDF medical staff for a medical examination (**Deficiency UOFR-152**²³).

¹⁸ “Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately:
2. Examine the detainee and immediately treat any injuries. The medical services provided and diagnosed injuries shall be documented.”

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(2).

¹⁹ “Calculated use-of-force incidents shall be audio visually-recorded in the following order:

- a. Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
- e. Take close-ups of the detainee’s body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.”

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(a)(e).

²⁰ “When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force team technique to prevent or diminish injury to staff and detainees and exposure to communicable disease ...” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3).

²¹ “Use-of-force team members and others participating in a calculated use of force shall wear protective gear, taking particular precautions when entering a cell or area where blood or other body fluids could be present.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3)(c)(1).

²² “... The report, accompanied by the corresponding medical report(s), must be submitted to the facility administrator by the end of the shift during which the incident occurred.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O)(2).

²³ “... The detainee will be referred immediately to medical staff for an examination ...” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(2).

ODO reviewed [REDACTED] UOF files and found in [REDACTED] UOF incidents, the DCDF medical staff did not conduct medical assessments on the detainees following the incidents and therefore did not forward [REDACTED] incident reports to the DCDF medical staff nor ERO Denver (**Deficiency UOFR-153**²⁴).

ODO reviewed [REDACTED] UOF files and found in [REDACTED] UOF incidents, the four-member after-action review (AAR) team did not convene on the workday following the incident. Specifically, the AAR team convened between 2 and 4 days following four of the nine incidents (**Deficiency UOFR-155**²⁵).

ODO reviewed [REDACTED] UOF AAR reports and found the DCDF AAR team did not complete [REDACTED] AAR reports within 2 workdays of the detainee's release from restraints. Specifically, the AAR team completed the reports between 3 and 4 days after the detainee's release from restraints (**Deficiency UOFR-157**²⁶).

ODO reviewed [REDACTED] UOF AAR reports and found in [REDACTED] UOF incidents, the DCDF AAR team did not submit the AAR reports to the DCDF administrator within 2 workdays of the detainee's release from restraints. Specifically, the AAR team submitted the reports between 3 and 4 days after the detainee's release from restraints (**Deficiency UOFR-174**²⁷).

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] DCDF medical staff credential files and found in [REDACTED] files, the professional license was expired and did not contain documentation of the primary source verification (**Deficiency MC-101**²⁸).

ODO reviewed [REDACTED] detainee medical records and found the DCDF medical staff did not conduct comprehensive health assessments, including physical examinations and mental health screenings within 14 days of arrival to DCDF for [REDACTED] detainees. Specifically, the DCDF medical staff completed the 14-day health assessments between 17 and 30 days after the detainees arrived at DCDF (**Deficiency MC-137**²⁹).

²⁴ "... A copy of the staff member's incident report will be forwarded to medical and to ICE/ERO." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(2).

²⁵ "... This four-member after-action review team shall convene on the workday after the incident ..." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

²⁶ "... The after-action report is due within two workdays of the detainee's release from restraints." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

²⁷ "... The after-action review team shall complete and submit its after-action review report to the facility administrator within two workdays of the detainee's release from restraints." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(4).

²⁸ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements ..." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(I).

²⁹ "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 ..." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

ODO reviewed [REDACTED] files of independently licensed medical professionals and found [REDACTED] medical professionals did not have an annual peer review completed nor was a functional and intraorganizational, external peer review program implemented by the DCDF HSA (**Deficiency MC-291**³⁰).

ODO reviewed [REDACTED] files of independently licensed medical professionals and found [REDACTED] medical professionals did not have an annual peer review completed (**Deficiency MC-292**³¹).

MEDICAL CARE (WOMEN) (MCW)

ODO reviewed [REDACTED] female detainee medical records and found [REDACTED] female detainees did not receive a pregnancy test and have the results documented during their comprehensive health assessment (**Deficiency MCW-9**³²).

ODO reviewed [REDACTED] female detainee medical records and found the DCDF medical staff did not provide, offer, nor document a pap test for [REDACTED] female detainees. [REDACTED] medical records contained pap test documentation or refusal forms (**Deficiency MCW-10**³³).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO reviewed [REDACTED] staff training records, interviewed the DCDF training administrator, and found [REDACTED] DCDF employees did not receive initial nor refresher training on DCDF's disability and reasonable accommodation procedures (**Deficiency DIAA-68**³⁴). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed DCDF's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found DCDF in compliance with 9 of those standards. ODO found 29 deficiencies in the remaining 8 standards, which included 6 repeat deficiencies.

Of particular concern, ODO found a substantial number of UOFR deficiencies pertaining to: detainees not referred to DCDF medical staff for medical examinations following UOFR incidents nor the DCDF staff completing all medical documentation; DCDF staff not completing all incident reports following UOFR incidents nor forwarding all incident reports to ERO Denver; audio-visual recordings of UOFR incidents not capturing all required information; DCDF UOFR staff not

³⁰ "The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals ..." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(EE)(3).

³¹ "... Reviews shall be conducted at least annually." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(EE)(3).

³² "... In addition to the criteria listed on the health assessment form, the evaluation shall inquire about the following:
a. pregnancy testing for detainees aged 18-56 and documented results; ..."

See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(B)(2)(a).

³³ "... A pelvic and breast examination, pap test, baseline mammography and sexually transmitted disease (STD) testing shall be offered and provided as deemed appropriate or necessary by the medical provider." See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(B)(2).

³⁴ "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 ..." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(I).

wearing all required protective gear; the DCDF AAR team not convening on the workday following the incident; and the DCDF AAR team not completing all AAR reports within 2 workdays of the detainee being removed from restraints nor submitting all reports to the DCDF administrator within 2 workdays of the incident.

ODO recommends ERO Denver work with DCDF to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has received the uniform corrective action plans for ODO’s last inspection of DCDF I in October 2020 and DCDF II in April 2021.

Compliance Inspection Results Compared	First FY 2021 DCDF I (PBNS 2011) (Revised 2016)	First FY 2021 DCDF II (PBNS 2011) (Revised 2016)	Second FY 2021 DCDF I & II (PBNS 2011) (Revised 2016)
Standards Reviewed	21	21	17
Deficient Standards	7	7	8
Overall Number of Deficiencies	17	14	29
Repeat Deficiencies	3	1	6
Areas of Concern	0	0	0
Corrective Actions	0	0	0