



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

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**Office of Detention Oversight  
Unannounced Compliance Inspection  
2024-004-250**

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

**Denver Contract Detention Facility  
Aurora, Colorado**

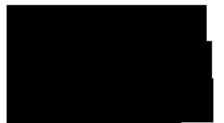
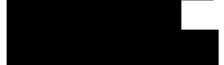
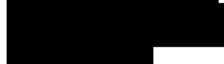
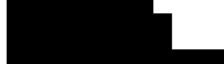
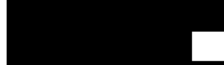






**February 13-15, 2024**

**UNANNOUNCED COMPLIANCE INSPECTION**  
**of the**  
**DENVER CONTRACT DETENTION FACILITY**  
Aurora, Colorado

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
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	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 an unannounced compliance inspection of the Denver Contract Detention Facility (DCDF) in Aurora, Colorado, from February 13 to 15, 2024.<sup>1</sup> 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).

[REDACTED] A facility administrator handles daily facility 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 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of February 13, 2024)	[REDACTED]
Adult Female Population (as of February 13, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 30 deficiencies in the following areas: Admission and Release (4); Correspondence and Other Mail (1); Custody Classification System (5); Environmental Health and Safety (1); Funds and Personal Property (2); Key and Lock Control (2); Medical Care (9); Medical Care (Women) (2); Significant Self-harm and Suicide Prevention and Intervention (2); and Transportation (by Land) (2).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of February 12, 2024.

<sup>3</sup> *Ibid.*

## UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	8
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>9</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	1

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<sup>7</sup> During an unannounced full inspection, ODO will review a facility’s compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Grievance System	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>13</b>

## DETAINEE RELATIONS

ODO interviewed 29 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

## UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed 12 janitorial closets in the main facility, inspected 40 containers containing toxic or caustic substances, and found in 8 out of 40 containers, staff did not return chemicals to the original container or a suitable, clearly labeled container within the storage areas (**Deficiency EHS-71**<sup>8</sup>).

### CARE

#### MEDICAL CARE (MC)

ODO interviewed the health services administrator (HSA), reviewed medical records of █ detainees housed at the DCDF main facility and found in █ out of █ records, no initial medical, dental, nor mental health screening within 12 hours of arrival (**Deficiency MC-103**<sup>9</sup>). **This is a priority component.**

<sup>8</sup> “Staff shall either return unused amounts to the original container(s) or, under certain circumstances, to another suitable, clearly labeled container within the storage area.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(8)(c).

<sup>9</sup> “As soon as possible, but no later than 12 hours of arrival, do all detainees receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening, and is the detainee asked for information regarding any known acute or emergent medical conditions?” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, no comprehensive health assessment within 14 days of the detainee’s arrival (**Deficiency MC-137**<sup>10</sup>). **This is a priority component.**

ODO interviewed the HSA, reviewed [REDACTED] medical records of detainees placed on suicide watch, and found in [REDACTED] out of [REDACTED] records, medical staff did not place detainees on medical hold to prevent transfer or removal without prior clearance of the medical staff (**Deficiency MC-143**<sup>11</sup>).

ODO interviewed the HSA, reviewed [REDACTED] medical files of detainees placed on suicide watch, and found in [REDACTED] out of [REDACTED] files, the facility administrator did not receive notice of all medical/psychiatric alerts or holds and did not notify ERO Denver of any medical alerts or holds placed on detainees that were transferred (**Deficiency MC-144**<sup>12</sup>).

ODO interviewed the facility psychologist, reviewed medical records of [REDACTED] detainees on medical hold, and found in [REDACTED] out of [REDACTED] records, no evaluation nor clearance of the detainee by a licensed independent practitioner (LIP) prior to transfer or removal (**Deficiency MC-270**<sup>13</sup>).

ODO reviewed the medical records of seven released detainees, and found in [REDACTED] out of [REDACTED] records, the following deficiencies:

- No referral to community-based providers or a detailed medical care summary prior to release (**Deficiency MC-277**<sup>14</sup>);
- No current mental, dental, and physical health status, including any potential unstable issues or conditions requiring urgent follow-up in the medical summary (**Deficiency MC-279**<sup>15</sup>); and
- No list of community resources in the medical care summary (**Deficiency MC-280**<sup>16</sup>).

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<sup>10</sup> “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).

<sup>11</sup> “Where medical staff furthermore determine the condition to be serious enough to require medical clearance of the detainee prior to transfer or removal, medical staff shall also place a medical hold on the detainee using the Medical/Psychiatric Alert form (IHSC-834) or equivalent, which serves to prevent ICE from transferring or removing the detainee without the prior clearance of medical staff at the facility.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(N).

<sup>12</sup> “The facility administrator shall receive notice of all medical/psychiatric alerts or holds and shall be responsible for notifying ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred.” See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(N).

<sup>13</sup> “Are those detainees who are currently placed in a medical hold status evaluated and cleared by a licensed independent practitioner (LIP) prior to transfer or removal?” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(BB)(4).

<sup>14</sup> “Upon removal or release from ICE custody, is the detainee provided medication, referrals to community-based providers as medically appropriate, and a detailed medical care summary?” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(BB)(4)(c)(2).

<sup>15</sup> “Does the medical care summary include, at a minimum, the following items: ...

c) current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up. See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(BB)(4)(c)(2)(c).

<sup>16</sup> “Does the medical care summary include, at a minimum, the following items: ...



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

ODO toured the facility's suicide watch shower room and found the suicide watch shower contained three metal wall hooks and two metal handles affixed to the plumbing chase access door (**Deficiency SSHSPI-36**<sup>17</sup>).

## **ACTIVITIES**

### **RELIGIOUS PRACTICES (RP)**

ODO observed █ housing units and found in █ out of █ units, no posted current religious program schedules (**Deficiency RP-32**<sup>18</sup>).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed █ grievances and found in █ out of █ grievances, the facility responded to the grievance in 6 days (**Deficiency GS-57**<sup>19</sup>).

## **ADMINISTRATION AND MANAGEMENT**

### **DETAINEE TRANSFERS (DT)**

ODO reviewed █ detainee medical hold records and found in █ out of █ records, no LIP clearance before the detainee's transfer or removal (**Deficiency DT-41**<sup>20</sup>).

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h) any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility. In the case of patients with communicable disease and/or other serious medical needs, detainees being released from ICE custody are given a list of community resources, at a minimum."

*See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(BB)(4)(c)(2)(h).

<sup>17</sup> "Is the isolation room free of objects or structural elements that could facilitate a suicide attempt" *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<sup>18</sup> "The chaplain or religious services coordinator shall schedule and direct the facility's religious activities, and current program schedules shall be posted on all unit and detainee bulletin boards in languages understood by a majority of detainees." *See* ICE PBNDS 2011 (Revised 2016), Standard, Religious Practices, Section (V)(D).

<sup>19</sup> "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

<sup>20</sup> "If a detainee has been placed in a medical hold status, the detainee must be evaluated and cleared by a licensed independent practitioner (LIP) prior to transfer." *See* ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(C)(4).

## CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility’s compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found 13 deficiencies in the remaining 6 standards. Since DCDF’s last full inspection in March 2023, the facility has trended upward. DCDF went from 10 deficient standards and 30 deficiencies to 6 deficient standards and 13 deficiencies during the most recent inspection, which includes 2 priority component deficiencies in MC for not completing detainee comprehensive health assessments within 14 days of a detainee’s arrival nor completing the initial medical, dental, and mental health screening within 12 hours of a detainee’s arrival. The facility did not have any repeat deficiencies from the last full inspection. ERO Denver provided ODO with the UCAP for ODO’s last full inspection of DCDF in March 2023, which likely resolved those deficiencies. ODO recommends ERO Denver continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with the contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	25	29
Deficient Standards	10	6
Overall Number of Deficiencies	30	13
Priority Component Deficiencies	3	2
Repeat Deficiencies	4	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate