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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
Aurora, CO

June 15-18, 2020

COMPLIANCE INSPECTION
of the
DENVER CONTRACT DETENTION FACILITY
Aurora, CO

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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 June 15-18, 2020¹. The facility opened in February 1997 and is owned and operated by the 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 Aurora, CO (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, IHSC provides medical care, and Keefe 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	551
Male Detainee Population (as of 6/11/2020)	389
Female Detainee Population (as of 6/11/2020)	16

During the last inspection, in FY 2019, ODO found 21 deficiencies in the following areas: Admission and Release (3); Custody Classification System (1); Environmental Health and Safety (1); Facility Security and Control (1); Significant Self-harm and Suicide Prevention and Intervention (1); Use of Force and Restraints (1); Special Management Units (3); Food Service (3); Medical Care (3); Medical Care Women (2); Disability, Identification, Assessment and Accommodation (1); and Telephone Access (1).

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 Data Source: ERO Pre-Inspection Questionnaire dated June 11, 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.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Funds and Personal Property	2
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	5
Part 4 – Care	
Food Service	0
Medical Care	4
Personal Hygiene ⁶	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	5
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	2
Sub-Total	2
Part 6 – Justice	
Grievance Systems	1
Law Libraries and Legal Material	1
Sub-Total	2
Total Deficiencies	16

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

⁶ ICE PBNDS 2011, Standard, Personal Hygiene, was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 5 out of 12 detainees, who each voluntarily agreed to participate. The remaining 4 detainees declined to interview, and the other 3 detainees were unavailable in cohort. None of the detainees interviewed 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, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Admission and Release: Two detainees stated they did not receive the ICE and facility handbooks in Spanish.

- Action Taken: ODO spoke with an intake supervisor and was advised both detainees signed admission documents acknowledging receipt of both handbooks. On June 16, 2020 at 2:00 pm, the detainees were provided additional ICE and facility handbooks in Spanish by an intake lieutenant.

Funds and Personal Property: One detainee complained he used funds from his personal account to watch a movie on a housing unit tablet, but due to connectivity problems with the electronic device the movie did not play in its entirety.

- Action Taken: ODO spoke with an intake supervisor and was informed the detainee was discharged on June 17, 2020, and did not want to file a grievance for any lost funds related to any problems he experienced with the tablets. An intake lieutenant reported connectivity issues with the tablets to a Talton technician and a work order was issued on June 18, 2020 at 1:15 pm.

Food Service: One detainee stated the facility only served sandwiches, the meals lacked seasoning, and the overall portions were small.

- Action Taken: ODO reviewed the facility menu and found the frequency of sandwiches acceptable and the portion size of meals appropriate as printed on the menu. The food service manager confirmed detainees were also provided seasoning packets if they choose to add more flavor to their food.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO found the facility maintains a master index of chemicals; however, no documentation was provided indicating this information is forwarded to the local fire department (**Deficiency EH&S-1⁷**).

ODO reviewed the fire evacuation procedures and found exit diagrams in the facility did not identify and explain "Areas of Safe Refuge" (**Deficiency EH&S-2⁸**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found one Order to Detain or Release form (Form I-203) was not signed by an ERO authorizing official, one Form I-203 was missing from a file, and six files contained Form I-203 with inaccurate information or was missing information on the documents (**Deficiency A&R-1⁹**).

The facility orientation video did not contain procedures for detainees on how to file formal complaints with the Department of Homeland Security Office of the Inspector General (**Deficiency A&R-2¹⁰**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed twelve detainee files and found five out of the twelve files with receipt of funds issued at the time of admission were not signed by [REDACTED] intake officers (**Deficiency F&PP-1¹¹**).

Additionally, ODO's review of twelve detainee files identified five files containing personal property inventory forms that were missing the time of admission (**Deficiency F&PP-2¹²**).

⁷ "The maintenance supervisor shall maintain this information in the safety office (or equivalent) and ensure that a copy is sent to the local fire department." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(5.).

⁸ "Areas of Safe Refuge" shall be identified and explained on diagrams. Diagram posting shall be in accordance with applicable fire safety regulations of the jurisdiction." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

⁹ "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 & Release, Section (V)(E). **This is a Repeat Deficiency and a Priority Component.**

¹⁰ "The orientation shall include the following information: 12. how the detainee can file formal complaints with the DHS Office of the Inspector General (OIG)." See ICE PBNDS 2011, Standard, Admission & Release, Section (V)(F)(12).

¹¹ "The two officers and the detainee shall sign all copies [of the G-589 Property Receipt Form]." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(1).

¹² "The personal property inventory form must contain the following information at a minimum: 1. date and time of

SPECIAL MANAGEMENT UNITS (SMU)

During the review of six protective custody detainees, ODO determined two out of six detainees placed in protective custody for extended periods of time had no documentation indicating the reason for their continued placement or if an alternative placement was considered (**Deficiency SMU-1¹³**).

CARE

MEDICAL CARE (MC)

A facility licensed practical nurse (LPN) administered an over-the-counter medication to a detainee that was not covered in the nursing protocols nor was the LPN authorized to administer the medication (**Deficiency MC-1¹⁴**).

ODO reviewed the medical credential files and found professional licenses and certifications were available on site at DCDF; however, ODO found ■ out of the ■ licenses or certificates were not primary source verified at the time of renewal (**Deficiency MC-2¹⁵**).

During the review of medical records, ODO found two detainees submitted sick call request forms for mental health treatment; however, both detainees were not evaluated within the required 72-hour time period (**Deficiency MC-3¹⁶**).

ODO reviewed four initial physical examinations for female detainees and found gynecological examinations were offered to all four detainees; however, all four detainees declined. However, signed declination forms for this procedure were not obtained or present in the medical files (**Deficiency MC-4¹⁷**).

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

¹³ “Use of administrative segregation to protect detainees with special vulnerabilities , including detainees vulnerable to sexual abuse or assault, shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort.” See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(A)(1) (c). **This is a Repeat Deficiency.**

¹⁴ “Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(B). **This is a Priority Component.**

¹⁵ “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). **This is a Priority Component.**

¹⁶ “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, Standard, Medical Care, Section (V)(O)(4). **This is a Priority Component.**

¹⁷ “Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee’s medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(9). **This is a Priority Component.**

PERSONAL HYGIENE (PH)

At the time of the inspection, ODO ascertained the ratio of toilets to female detainees was 1:12 in two housing units and is not in compliance with the standard (**Deficiency PH-1¹⁸**).

ACTIVITIES

VISITATION (V)

ODO reviewed the 98 legal visits in an electronic visitation log and found the log did not reflect whether an attorney currently had a Form G-28, Notice to Entry of Appearance as Attorney or Accredited Representative, on file for any of the entries. The legal visitation log did not contain a category field where Form G-28s could be documented (**Deficiency V-1¹⁹**).

ODO found the facility's dress code for visitors was not available to the public on the facility's website (**Deficiency V-2²⁰**).

JUSTICE

GRIEVANCE SYSTEM (GS)

The facility grievance and law library policies nor the detainee handbook contain written emergency grievance procedures addressing urgent access to legal counsel and the law library (**Deficiency GS-1²¹**).

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

The detainee handbook did not provide information whether Lexis Nexis is used at the facility nor did the detainee handbook include instructions on how to use Lexis Nexis (**Deficiency LL&LM-1²²**).

¹⁸ "ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees." *See* ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1).

¹⁹ "Staff shall maintain a separate log to record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access. Log entries shall include the following information: g. whether the detainee currently has a G-28 on file..." *See* ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(14).

²⁰ "If the facility establishes and maintains a dress code for visitors, it shall be made available to the public, e.g., posted on the facility's website, telephone message and included in the detainee handbook." *See* ICE PBNDS 2011, Standard, Visitation, Section (V)(G).

²¹ "Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to health, safety or welfare. Written procedures shall also cover urgent access to legal counsel and the law library." *See* ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(2).

²² "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: 8. if applicable, that LexisNexis is used at the facility and that instructions for its use are available." *See* ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(N)(8).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBND 2011 (Revised 2016) and found the facility in compliance with nine of those standards. ODO found 16 deficiencies in the remaining 9 standards.

ODO recommends the ERO Denver Office work with the facility to remedy any outstanding deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBND 2011)	FY 2020 (PBND 2011)
Standards Reviewed	20	18
Deficient Standards	11	9
Overall Number of Deficiencies	21	16
Deficient Priority Components	6	5
Repeat Deficiencies	2	2
Corrective Actions	1	0