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Office of Detention Oversight
Compliance Inspection
2023-004-068

Enforcement and Removal Operations
ERO Denver Field Office

Denver Contract Detention Facility
Denver, Colorado

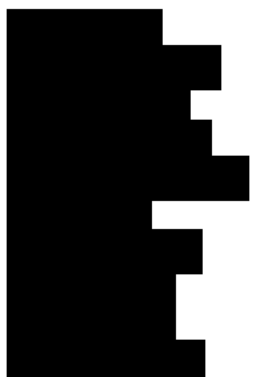
March 14-16, 2023

COMPLIANCE INSPECTION
of the
DENVER CONTRACT DETENTION FACILITY
Denver, Colorado

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COMPLIANCE INSPECTION TEAM MEMBERS

| | | |
|---|--|----------------------|
|  | Team Lead | 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 |
| | 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 a compliance inspection of the Denver County Contract Detention Facility (DCDF) in Aurora, Colorado, from March 14 to 16, 2023.¹ 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 deportation officers scheduled to visit the facility on Tuesdays, Wednesdays, and Thursdays, from 7:30 am to 3:30 p.m. Additionally, ERO has assigned a detention services manager full-time to the facility.² A DCDF facility administrator handles daily 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 ³ | [REDACTED] |
| Average ICE Population ⁴ | [REDACTED] |
| Adult Male Population (as of March 14, 2023) | [REDACTED] |
| Adult Female Population (as of March 14, 2023) | [REDACTED] |

During its last full inspection, in Fiscal Year (FY) 2022, ODO found eight deficiencies in the following areas: Environmental Health and Safety (3); Admission and Release (1); Special Management Units (2); Personal Hygiene (1); and Detention Files (1).

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 February 27, 2023.

³ *Ibid.*

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, 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.⁵

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.

⁵ 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 ^{6,7} | Deficiencies |
|---|--------------|
| Part 1 - Safety | |
| Emergency Plans | 0 |
| Environmental Health and Safety | 1 |
| Transportation (By Land) | 2 |
| Sub-Total | 3 |
| Part 2 – Security | |
| Admission and Release | 4 |
| Custody Classification System | 5 |
| Contraband | 0 |
| Funds and Personal Property | 2 |
| Hold Rooms in Detention Facilities | 0 |
| Key and Lock Control | 2 |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| Special Management Units | 0 |
| Tool Control | 0 |
| Use of Force and Restraints | 0 |
| Sub-Total | 13 |
| Part 3 – Order | |
| Disciplinary System | 0 |
| Sub-Total | 0 |
| Part 4 – Care | |
| Food Service | 0 |
| Medical Care | 9 |
| Medical Care (Women) | 2 |
| Significant Self-harm and Suicide Prevention and Intervention | 2 |
| Terminal Illness, Advance Directives and Death | 0 |
| Disability Identification, Assessment, and Accommodation | 0 |
| Sub-Total | 13 |
| Part 5 – Activities | |
| Correspondence and Other Mail | 1 |
| Recreation | 0 |

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ 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.

| | |
|---|-----------|
| Visitation | 0 |
| Sub-Total | 1 |
| Part 5 – Justice | |
| Detainee Handbook | 0 |
| Sub-Total | 0 |
| Part 6 – Administration and Management | |
| Staff-Training | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 30 |

DETAINEE RELATIONS

ODO interviewed 26 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Medical Care: One detainee stated he has unexpectedly lost 45 pounds since arriving at the facility, and is concerned about the weight loss.

- Action Taken: ODO spoke with the facility's health services administrator and medical staff, reviewed the detainee's medical records, and found the detainee is 68 inches tall and weighed 185 pounds when he arrived at the facility on December 1, 2022. His body mass index (BMI) was 28.1 and per the National Institutes of Health BMI calculator, was considered overweight. ODO also noted the detainee had not submitted any sick call requests or visited medical staff while at DCDF. At ODO's request, medical staff examined the detainee on March 16, 2023, recorded his weight at 163 pounds, which is a BMI of 24.8 and considered to be normal weight for his height. Facility medical staff noted his vital signs as stable and overall health as good and informed the detainee of the same.

Grievance System: One detainee stated he submitted a grievance about his mail being lost, which included pictures of his daughter's wedding. He further indicated that in January 2023, another detainee with the same last name gave him the envelope postmarked November 16, 2022, which included the pictures.

- Action Taken: ODO reviewed grievances made by the detainee and confirmed staff answered all grievances and provided responses to the detainee within the appropriate time frame, and facility staff investigated the lost mail. ODO reviewed the roster of all detainees housed in the detainee's housing unit and found no other detainee with the same last name. At the time of the interview, the detainee was in possession of the wedding pictures.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the fire safety officer and the maintenance supervisor, reviewed generator test logs, and found the facility did not test the emergency power generators for 1 hour at least every 2 weeks (**Deficiency EHS-26⁸**). **This is a repeat deficiency.**

TRANSPORTATION (BY LAND) (TBL)

ODO reviewed the facility's TBL policy, interviewed the transport manager and assistant manager, and found the vehicle crew did not ask detainees to state their complete name to confirm their identity for transport (**Deficiency TBL-113⁹**).

ODO reviewed transport records and found the facility did not record mealtimes, number of meals, nor types of meals during transports (**Deficiency TBL-138¹⁰**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO observed the intake process for ■ detainees, interviewed the intake officer, and found facility staff did not search all ■ detainees during their intake process (**Deficiency AR-2¹¹**).

ODO observed the intake process for ■ detainees, interviewed the intake officer, and found the intake area showers did not work (**Deficiency AR-4¹²**).

ODO interviewed the training officer, reviewed ■ staff training records, and found in ■ out of ■ records, no documented training on the admission process (**Deficiency AR-10¹³**). **This is a repeat deficiency.**

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 "To confirm the identities of the detainees they are transporting, the vehicle crew shall: ...

b. Ask detainee to state his/her complete name;"

See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (By Land), Section (V)(J)(3)(b).

¹⁰ "Mealtimes, the number of meals, and the types of meals provided shall be recorded." See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (By Land), Section (V)(L).

¹¹ "At intake, detainees shall be searched, and their personal property and valuables checked for contraband, inventoried, receipted and stored." See ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(A).

¹² "The detainee shall be given an opportunity to shower." See ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(A).

¹³ "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).

ODO observed the intake process for █ detainees and observed facility staff did not screen any of the █ detainees with a metal detector nor a thorough pat search (**Deficiency AR-12**¹⁴).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee files, interviewed the intake officer, and found █ out of █ files did not contain ERO Denver provided, which facility staff needed to complete the classification process for the 2 detainees (**Deficiency CCS-4**¹⁵).

ODO interviewed the training officer, reviewed █ training records, and found in █ out of █ records, no documented training on the facility's classification process (**Deficiency CCS-5**¹⁶).

ODO interviewed the training officer, reviewed █ training records, and found in █ out of █ records, no documented training on detainee in-processing (**Deficiency CCS-6**¹⁷).

ODO reviewed █ detainee files, interviewed the intake officer, and found █ out of █ files did not contain relevant information as required by "2.2 Custody Classification System" to classify ICE/ERO detainees (**Deficiency CCS-22**¹⁸).

ODO reviewed █ detainee files, interviewed the intake officer, and found the classification officer completed █ out of █ classification worksheets without reviewing all ERO Denver provided information needed to complete the classification because the files did not contain ERO Denver provided information (**Deficiency CCS-29**¹⁹).

¹⁴ "All detainees shall be screened upon admission; screening shall ordinarily include:

- a. Screening with a metal detector;
- b. Thorough pat search."

See ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(B)(2)(a-b).

¹⁵ "Each facility administrator shall require that the facility's classification system ensures the following:

1. All detainees shall be classified upon arrival and before being admitted into the general population of the facility. ICE/ERO staff shall provide facilities the data needed from each detainee's file to complete the classification process."

See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(1).

¹⁶ "Each facility administrator shall require that the facility's classification system ensures the following: ...

2. All facility staff assigned to classification duties shall be adequately trained in the facility's classification process."

See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(2).

¹⁷ "Each facility administrator shall require that the facility's classification system ensures the following: ...

3. All facility staff assigned to classification duties shall be adequately trained in the facility's classification process. Each staff member with detainee in-processing responsibilities shall receive on-site training."

See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(2).

¹⁸ "As appropriate, ICE/ERO offices shall provide non-ICE/ERO facilities with the relevant information for the facility to classify ICE/ ERO detainees." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(C).

¹⁹ "After completion of the in-processing health screening form (IHSC-795A or equivalent), the classification officer assigned to intake processing shall review information provided by ICE/ERO and complete a custody classification worksheet or equivalent." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO observed the detainee property room and found facility staff did not secure detainee luggage in a tamper-resistant manner (**Deficiency FPP-84**²⁰).

ODO observed the detainee property room and found in [REDACTED] out of [REDACTED] property containers (luggage, backpacks, duffel bags), facility staff did not secure any of the [REDACTED] containers in a tamper-resistant manner (**Deficiency FPP-97**²¹).

KEY AND LOCK CONTROL (KLC)

ODO observed the facility's large security keys and found the facility did not use key covers for any of their large security keys (**Deficiency KLC-11**²²).

ODO observed the emergency keys in the facility's control center and found the emergency keys located on a board in constant view of detainees and visitors who walk by the control center (**Deficiency KLC-66**²³).

CARE

MEDICAL CARE (MC)

ODO reviewed medical records of [REDACTED] detainees assigned to the facility for more than 1-year and found in [REDACTED] out of [REDACTED] records, the facility documented annual or periodic tuberculosis (TB) testing between 15 and 100 days after the 1-year date of the previous test (**Deficiency MC-31**²⁴).

ODO reviewed [REDACTED] medical staff credential files and found in [REDACTED] out of [REDACTED] files, no documentation for verifiable licensing, certifying, credentialing, and/or registering of staff in compliance with applicable state and federal requirements (**Deficiency MC-101**²⁵).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, no initial medical, dental, and mental health screening by a health care provider or a specially trained detention officer

²⁰ "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 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

²¹ "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 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

²² "Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(A)(9).

²³ "The key cabinet shall be constructed so that keys are visible only when being issued. Keys may never be seen by detainees or visitors." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(D)(2).

²⁴ "Annual or periodic TB testing shall be implemented in accordance with CDC guidelines; annual TB screening method should be appropriately selected with consideration given to the initial screening method conducted or documented during intake." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

²⁵ "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 (Revised 2016), Standard, Medical Care, Section (V)(I).

within 12 hours of a detainee's arrival (**Deficiency MC-103**²⁶). **This is a repeat deficiency and a priority component.**

ODO reviewed [REDACTED] detainee medical records in which possible emergency care was indicated and found in [REDACTED] out of [REDACTED] records, no evaluation of the detainee in need of emergency care by a qualified, licensed health care no later than 2-working days (**Deficiency MC-104**²⁷). **This is a priority component.**

ODO reviewed [REDACTED] detainee medical files and found initial screening determined a clinically significant finding in [REDACTED] out of [REDACTED] cases; however, facility medical staff did not initiate an immediate referral after the initial screening (**Deficiency MC-116**²⁸).

ODO reviewed [REDACTED] comprehensive health assessments and found the clinical medical authority (CMA) did not review [REDACTED] out of [REDACTED] health assessments and determine the priority of treatment (**Deficiency MC-140**²⁹).

ODO reviewed medical records of [REDACTED] detainees assigned to the facility for more than 1-year and found in [REDACTED] out of [REDACTED] records, the facility documented annual or periodic TB testing between 15 and 100 days after the 1-year date of the previous test(**Deficiency MC-175**³⁰).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, a nurse practitioner with no documented dental screening training, completed the detainees' dental screenings (**Deficiency MC-177**³¹).

ODO reviewed [REDACTED] medical records of detainees with prescribed psychotropic medications and found in [REDACTED] out of [REDACTED] records, no documented and signed informed consent forms to include descriptions of the medications' side effects (**Deficiency MC-241**³²).

²⁶ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

²⁷ "Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care provider as quickly as possible, but in no later than two working days." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

²⁸ "Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated, and the detainee shall receive a health assessment no later than two working days from the initial screening." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

²⁹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

³⁰ "Detainees shall have access to age- and gender-appropriate exams annually, including re-screening for TB." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(Q).

³¹ "The initial dental screening may be performed by a dentist or a properly trained qualified health provider." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

³² "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

MEDICAL CARE (WOMEN) (MCW)

ODO reviewed [REDACTED] female detainee medical records with a referral for medical follow-up and found in [REDACTED] out of [REDACTED] records, no health evaluation completed no later than 2 working days from the date of assessment (**Deficiency MCW-5³³**).

ODO reviewed medical records of [REDACTED] pregnant detainees and found in [REDACTED] out of [REDACTED] records, no completed health assessment within 2 working days when the initial intake screening indicated the possibility of pregnancy (**Deficiency MCW-6³⁴**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, no initial mental health screening within 12 hours of the detainees' admission to the facility (**Deficiency SSHPI-13³⁵**). **This is a repeat deficiency.**

ODO reviewed medical files of [REDACTED] detainees the facility placed on suicide watch during the inspection period and found in [REDACTED] out of [REDACTED] suicide watch records, no documented continuous monitoring every 15 minutes or more frequently if necessary (**Deficiency SSHPI-34³⁶**). **This is a priority component.**

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility's COM notification to detainees and found the notification did not specify no posting nor receiving of packages without prior arrangements approved by the facility administrator, as well as the procedure to obtain such approval (**Deficiency COM-20³⁷**).

³³ "Consistent with Standard "4.3 Medical Care," when a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment, and when a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care (Women), Section (V)(B)(2).

³⁴ "If the initial medical intake screening indicates the possibility of pregnancy, referral shall be initiated, and the detainee shall receive a health assessment as soon as appropriate or within two working days." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care (Women), Section (V)(B)(2).

³⁵ "All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by 'J. Medical and Mental Health Screening of New Arrivals' in Standard 4.3 'Medical Care'." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(B)(1).

³⁶ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

³⁷ "At a minimum, the notification shall specify: ...

6. That packages may neither be sent nor received without advance arrangements approved by the facility

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found 30 deficiencies in the remaining 10 standards. Since ODO's last full inspection in March 2022, the facility's compliance with the PBNDS 2011 has trended down. DCDF went from 5 deficient standards and 8 deficiencies in March 2022, to 10 deficient standards and 30 overall deficiencies during this most recent full inspection, which included 4 repeat deficiencies and 3 priority component deficiencies. Twenty-six out of 30 deficiencies were in standards ODO inspected during the March 2022 full inspection. The Transportation (By Land) and the Key and Lock Control standards were not inspected in March 2022, but account for 4 out of 30 deficiencies. ODO has not received the uniform corrective actions plan for ODO's last full inspection of DCDF in March 2022, which likely contributed to the repeat deficiencies ODO identified during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

| Compliance Inspection Results Compared | FY 2022 Full Inspection PBNDS 2011 (Revised 2016) | FY 2023 Full Inspection PBNDS 2011 (Revised 2016) |
|---|--|--|
| Standards Reviewed | 24 | 25 |
| Deficient Standards | 5 | 10 |
| Overall Number of Deficiencies | 8 | 30 |
| Priority Component Deficiencies | N/A | 3 |
| Repeat Deficiencies | 0 | 4 |
| Areas Of Concern | 0 | 0 |
| Corrective Actions | 1 | 0 |
| Facility Rating | Superior | Acceptable/Adequate |

administrator, as well as information regarding how to obtain such approval.”
 See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(6).