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Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Special Review
2023-003-130**

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

**Teller County Jail
Divide, Colorado**

April 11-13, 2023

**SPECIAL REVIEW
of the
TELLER COUNTY JAIL
Divide, Colorado**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
COMPLIANCE INSPECTION FINDINGS	7
CARE	7
HUNGER STRIKES.....	7
MEDICAL CARE.....	7
SIGNIFICANT SELF-HARM & SUICIDE PREVENTION AND INTERVENTION	8
CONCLUSION	9

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a special review of the Teller County Jail (TCJ) in Divide, Colorado, from April 11 to 13, 2023.¹ The facility opened in January 1996 and is owned by Teller County and operated by the Teller County Sheriff. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TCJ in October 2000 under the oversight of ERO’s Field Office Director in Denver (ERO Denver). The facility operates under the National Detention Standards (NDS) 2019.

ERO has no assigned staff to the facility; however, ERO Denver staff conducts weekly scheduled and unscheduled visits to the facility. A facility lieutenant oversees daily facility operations and manages █ support personnel. Summit Food Service provides food and commissary services, and Southern Health Partners provide medical care. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█
Average ICE Population ³	
Adult Male Population (as of April 11, 2023)	
Adult Female Population (as of April 11, 2023)	

During its last full inspection, in Fiscal Year (FY) 2021, ODO found 37 deficiencies in the following areas: Environmental Health and Safety (3); Admission and Release (3); Custody Classification System (7); Funds and Personal Property (1); Use of Force and Restraints (1); Special Management Units (7); Staff-Detainee Communication (1); Food Service (2); Medical Care (4); Hunger Strikes (1); Significant Self-Harm and Suicide Prevention and Intervention (1); Disability Identification, Assessment, and Accommodation (1); Religious Practices (2); and Grievance Systems (3).

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

² Data Source: ERO Facility List as of April 10, 2023.

³ *Ibid.*

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 longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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 *Special Review Findings* section of this report.

In fiscal year (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 Facility List Report for facilities that are not contractually obligated to an ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), 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 Restraints, and Sexual Abuse and Assault Prevention and Intervention.

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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5 6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	1
Medical Care	4
Significant Self-Harm and Suicide Prevention and Intervention	2
Sub-Total	7
Part 5 – Activities	
Recreation	0
Sub-Total	0
Part 6 – Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	7

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

⁶ 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 standards.

DETAINEE RELATIONS

ODO attempted to interview both detainees the facility housed during the inspection; however, both detainees declined ODO's request for an interview. The facility maintains an active contract to house ICE detainees and had an FY 2022 ADP of 1, meeting ODO's requirement for a special review.

COMPLIANCE INSPECTION FINDINGS

CARE

HUNGER STRIKES (HS)

ODO reviewed the training records of [REDACTED] correctional staff and [REDACTED] medical staff and found [REDACTED] out of [REDACTED] medical staff did not receive initial and annual training on how to recognize the signs of a hunger strike, on how to follow procedures for a medical assessment referral, nor on how to manage a detainee on a hunger strike. Specifically, one medical staff member last completed hunger strike training on February 28, 2021, and another medical staff member had no documented hunger strike training at all (**Deficiency HS-1⁷**).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, no initial medical, dental, nor mental health screening within 12 hours after the detainees' arrival to the facility. Specifically, a health care practitioner conducted 12 intake screenings between 13 and 23 hours after the detainees' arrival (**Deficiency MC-12⁸**). **This is a priority component.**

ODO reviewed [REDACTED] non-dental clinician training records and found in [REDACTED] out of [REDACTED] records, no annual training by a dentist on how to conduct a dental exam. Specifically, one non-dental clinician had no documented annual training by a dentist since starting work at the facility in October 2020 (**Deficiency MC-45⁹**). **This is a repeat deficiency.**

⁷ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

⁸ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities." See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

⁹ "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

ODO reviewed the facility MC policy (Availability and Use of Health Records), the facility detainee handbook, and found the facility detainee handbook did not state a detainee or their representatives may request and receive the detainee’s medical records in accordance with facility policy (**Deficiency MC-102¹⁰**).

ODO reviewed the medical file of a detainee referred for mental health treatment and found a qualified mental health provider did not conduct an evaluation on the detainee within 7 days of the referral. Specifically, medical staff submitted the referral on February 16, 2023, but facility staff out-processed the detainee without an evaluation on February 24, 2023 (**Deficiency MC-127¹¹**). **This is a priority component.**

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

ODO reviewed █ correctional staff and █ medical staff training records and found in █ out of █ records, no comprehensive suicide prevention training during orientation and refresher training at least annually thereafter. Specifically, one medical staff member last completed comprehensive suicide prevention training on February 17, 2022, and the other on July 10, 2020 (**Deficiency SSHSPI-2¹²**). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, no initial mental health screenings completed within 12 hours after the detainees’ arrival. Specifically, a health care practitioner completed 12 intake screenings between 13 and 23 hours after the detainees’ arrival (**Deficiency SSHSPI-5¹³**). **This is a priority component.**

¹⁰ “Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(P).

¹¹ “Any detainee referred for mental health treatment shall be triaged for any emergency needs and receive an evaluation by a qualified mental health provider no later than 7 days after the referral.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(S)(2).

¹² “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

¹³ “All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer.” *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

CONCLUSION

During this special review, ODO assessed the facility’s compliance with 11 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found 7 deficiencies in the remaining 3 standards. Since TCJ’s last full compliance inspection in April 2021, the facility has demonstrated improved overall compliance with NDS 2019; however, ODO notes the inspection in April 2021 was a full compliance inspection and this was a special review.¹⁴ TCJ went from 14 deficient standards and 37 deficiencies in April 2021 to 3 deficient standards and 7 deficiencies during this most recent inspection. Of the standards ODO reviewed during this special review, ODO reviewed 9 out of 11 (all but Recreation and Detainee Handbook) during the last full inspection in FY 2021. TCJ reduced their total deficiencies in those 9 standards from 19 to 7. The facility’s improved performance was likely a result of completing a uniform corrective action plan for ODO’s last follow-up inspection of TCJ in September 2021. ODO recommends ERO Denver continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY2021 Full Inspection NDS 2019	FY 2023 Special Review NDS 2019
Standards Reviewed	18	11
Deficient Standards	14	3
Overall Number of Deficiencies	37	7
Priority Component Deficiencies	N/A	4
Repeat Deficiencies	18	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Acceptable

¹⁴ TCJ’s ADP has been less than 10 since FY 2021, which is why ODO did not conduct a full inspection of TCJ in FY 2022. Additionally, ODO began conducting a limited number of special reviews of over 72-hour facilities with an ADP of 1-9 in FY 2022; however, ODO did not conduct a special review of TCJ in FY 2022.