



OIDO INSPECTION

Denver Contract Detention Facility

OIDO-23-005
January 13, 2023



OIDO is an independent
office within the Department
of Homeland Security.



January 13, 2023

MEMORANDUM FOR: Tae D. Johnson
Acting Director
U.S. Immigration and Customs Enforcement

FROM: David D. Gersten DAVID D GERSTEN
Acting Ombudsman Digitally signed by DAVID D GERSTEN
Office of the Immigration Detention Ombudsman Date: 2023.01.13 11:02:55 -05'00'

SUBJECT: OIDO-23-005
Denver Contract Detention Facility
July 26-28, 2022

Attached is OIDO's final report based on our inspection of the Denver Contract Detention Facility (DCDF) in Denver, Colorado on July 26-28, 2022. We reviewed the facility's performance as well as its compliance with the U.S. Immigration and Customs Enforcement's (ICE) 2011 Performance-Based National Detention Standards (hereinafter referred to as the 2011 PBNDS).

OIDO will post the report on our website for public dissemination.

Attachment

**OIDO INSPECTION
OF
DENVER CONTRACT DETENTION FACILITY
Aurora, Colorado**

In July 2022, the Office of the Immigration Detention Ombudsman (OIDO) conducted an announced inspection of the Denver Contract Detention Facility (DCDF) in Aurora, Colorado to assess its performance and compliance with the U.S. Immigration and Customs Enforcement (ICE) detention standards and contract terms. OIDO performed a general inspection, reviewing issues related to sexual abuse and assault prevention and intervention, special management units, staff-detainee communication, food service, medical care, women’s medical care, recreation, use of force, environmental health and safety, law libraries and legal materials, and training. OIDO’s inspection led to several findings. DCDF complied with standards in seven areas, had violations in three areas, and had one area of concern. The non-compliance areas included: use of force techniques, kitchen safety, and law library access. The area of concern was in the facility’s medical staff training. In the three areas of non-compliance, the facility acknowledged and took corrective action during or soon after OIDO’s inspection to address the deficiencies. To address the area of concern, ICE indicated that it would develop a training schedule for health services staff by January 30, 2023, to ensure they complete the required training by the end of Fiscal Year (FY) 2023.

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Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight (DO) Division conducts independent, objective, and credible inspections of Immigration and Customs Enforcement (ICE) facilities throughout the United States. During its inspections, OIDO often completes follow-up assessments to determine whether a facility has taken corrective action to resolve violations or concerns identified during a prior inspection. OIDO also reviews, examines, and makes recommendations to address concerns with or violations of contract terms regarding immigration detention facilities and services.

In July 2022, OIDO conducted an announced inspection of the Denver Contract Detention Facility (DCDF)¹ to review the facility's performance and determine whether it followed the applicable standards, the 2011 Performance-Based National Detention Standards (hereinafter referred to as the 2011 PBNDS) and contract terms. OIDO found that DCDF was generally compliant with detention standards and contract terms. Moreover, in all three areas where OIDO found non-compliance issues, the facility took timely corrective action to address concerns.

Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency's detention system.²

DCDF is a contract detention facility located in Aurora, Colorado. The facility consists of a main building and an annex that are connected by an outdoor fenced corridor and share a common leadership. OIDO reviewed both entities during its July inspection. The GEO Group, Inc. (hereinafter referred to as GEO) operates the facility, including the provision of both medical and transportation services. GEO's contract to house ICE detainees at DCDF requires adherence to the 2011 PBNDS.

The facility has capacity for 1,532 detainees. At the time of OIDO's inspection, the facility held 682 male and female adult detainees.

Objective, Scope, and Methodology

The OIDO inspection team conducted an announced, focused inspection of DCDF. Specifically, inspectors reviewed the following areas: sexual abuse and assault prevention and intervention, special management unit, staff-detainee communication, use of force and restraints, food service,

¹ OIDO notes that the facility is also known as the Aurora Detention Facility.

² ICE currently has four detention standards in use at adult detention facilities throughout the United States. These include: 2000 National Detention Standards, 2008 Performance-Based National Detention Standards, and 2019 National Detention Standards.

medical care, women’s medical care, recreation, and law libraries and legal material, and training. OIDO’s objective was to assess the facility’s performance and its compliance with the 2011 PBNDS and its contract terms.

The inspection was executed by 10 personnel, including seven inspectors, one medical specialist, and one manager. The inspection team conducted interviews with ICE ERO employees, facility staff, and detainees, made direct observations of facility conditions and operations, and reviewed documentary evidence, including but not limited to, facility policies and procedures, reports and records, logbooks, and video surveillance.

Results of Inspection

OIDO’s inspection led to several findings. DCDF complied with standards in seven areas, had violations in three areas, and an issue of concern in one area. The areas of compliance included: sexual abuse and assault prevention and intervention, special management unit, staff-detainee communication, food service, medical care, women’s medical care, and recreation. The non-compliance areas included: use of force techniques, kitchen safety, and law library access. First, facility staff failed to deploy a calculated use of force technique during an incident. Second, freezer condensation build-up created a safety hazard in the facility kitchen. Third, the facility delayed or denied law library access to female detainees. The area of concern was in the facility’s medical staff training. Specifically, some medical staff did not complete mandatory annual training in Fiscal Year (FY) 2021.

Inspection results are divided into three sections: areas of compliance, resolved areas of initial non-compliance, and area of concern.

A. Areas of Compliance

The Facility Complied with Standards for Sexual Abuse and Assault Prevention and Intervention

The 2011 PBNDS Section 2.11 requires that the facility articulate and adhere to a written zero tolerance policy for sexual abuse or assault.³ The facility must train staff on their responsibilities under the facility’s Sexual Abuse and Assault Prevention and Intervention (SAAPI) program, inform detainees about the SAAPI program, and maintain all records associated with incidents of sexual abuse or assault in a secure location. Further, the facility must screen detainees upon intake for risk of sexual victimization or abusiveness.

OIDO interviewed the GEO Group, Inc (GEO) Prison Rape Elimination Act (PREA) Coordinator and the PREA investigator regarding the staff training requirements to complete PREA-related tasks at the facility. OIDO also reviewed GEO staff training records. Interview responses and training documentation showed that GEO staff had completed both initial and in-service training, as required by the 2011 PBNDS. In addition, OIDO reviewed the facility’s annual sexual abuse and assault report for 2021, two incident reports, and the ICE At-Risk PREA Tracking Log. OIDO found that these records were organized and complete. Further, the facility had PREA notices

³ The 2011 PBNDS encompasses all the DHS Prison Rape Elimination Act (PREA) Regulation, “Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities”, and builds in additional requirements.

posted on all housing unit bulletin boards, serving to inform detainees about the SAAPI program. Finally, OIDO reviewed the facility's Risk Tracking Log for July 28, 2022, and found that the facility screened detainees for vulnerabilities and sexually aggressive behavior. Overall, OIDO found that DCDF's actions to affirmatively prevent sexual abuse and assault on detainees and effectively intervene and treat victims complied with the 2011 PBNDS and helped to ensure the safety and well-being of detainees.

The Facility Complied with Standards for Special Management Units

The 2011 PBNDS section 2.12 provides for the segregation of certain detainees from the general population in Special Management Units (SMUs) for either disciplinary or administrative reasons. The standards specify guidance for placing detainees in segregation and maintaining conditions while detainees are held in SMUs. OIDO notes that, at the time of its inspection, only one ICE detainee was being housed in the SMU. OIDO reviewed documentation related to this case as well as the facility's records for detainees previously held in segregation.

OIDO reviewed post orders for staff assigned to the SMUs. Facility records showed that the assigned staff and GEO and ICE ERO personnel reviewed the post orders and acknowledged their position roles and responsibilities included therein. In addition, OIDO reviewed DCDF's local policies for SMUs and found that the facility's policies aligned with the 2011 PBNDS.⁴ OIDO also reviewed DCDF's application of the Use of Force and Restraints procedures outlined in the 2011 PBNDS section 2.15 within the SMUs. Interviews with the GEO Chief of Security and Lieutenant demonstrated that the facility followed procedures for restraints by only using them with valid cause or justification.

Finally, the 2011 PBNDS requires that the status of detainees in SMUs must be reviewed by supervisory staff within required time schedules, and the results of those reviews must be documented. For detainees in disciplinary segregation, statuses shall be reviewed every 30 days to determine whether continued disciplinary segregation is warranted. OIDO reviewed several of the facility's records for detainees in disciplinary segregation, including the unit's logbooks and segregation reviews.⁵ OIDO found that the facility completed and documented segregation reviews within the required timeframes. Maintaining standards for segregation practices ensures that detainee rights are protected while ensuring the safety of staff and detainees at the facility.

The Facility Complied with Standards for Staff-Detainee Communication

The 2011 PBNDS section 2.13 requires the facility to encourage and provide opportunities for detainees to engage in informal direct and written contact with facility staff and ICE ERO officers. In addition to regular, informal contact, detainees must be able to submit written questions, requests, grievances, and concerns to ICE ERO and receive timely responses. This includes making adequate supplies available for detainees to write requests, maintaining written procedures to timely route requests and responses between ICE ERO officers and detainees, and providing communication assistance to detainees with disabilities and detainees who are limited in their English proficiency. When facilities have ICE ERO onsite presence, a staff member should

⁴ OIDO notes that the facility updated its SMU policies on January 19, 2021 following a finding of inappropriate use of restraints in SMUs at DCDF by the Office of Inspector General as indicated in its report 19-47 dated June 3, 2019 (See [OIG-19-47](#)). The updated policy states that detainees would not be handcuffed when outside the segregation cell unless they are identified as a threat to themselves, other detainees, staff, or the security of the facility.

⁵ OIDO reviewed facility records for 30, 60, and 360-day segregation reviews.

respond in person or in writing as soon as possible but no later than three business days of receipt. All requests must be maintained within a paper or electronic logbook. In addition, facility managerial and supervisory staff and ICE ERO Field Office staff must directly observe conditions of confinement.

During its inspection, OIDO reviewed staff-detainee request forms and found that ICE ERO and GEO staff received the forms and responded to the requests in a timely manner and in a language the detainee could understand. OIDO also reviewed housing unit logbooks and determined that ICE ERO and GEO staff visited and documented their visits to housing units to observe conditions and interact with detainees. Finally, OIDO reviewed the facility's local policies for staff-detainee communication and found that the facility's procedures in this area aligned with the 2011 PBNDS. Overall, OIDO found that detainees were able to communicate with ICE ERO and GEO staff frequently and in accordance with the standard.

Because detainees at DCDF often submitted their requests and grievances electronically using the Talton Tablets, OIDO also reviewed the translation capabilities of the tablets to ensure that they supported communication with detainees who are limited in their English proficiency. During the inspection, the ICE ERO Acting Officer in Charge (OIC) and GEO Chief of Security provided a demonstration of a tablet's translation capabilities. OIDO also tested several tablets and found that the translation function was operable.

The facility's efforts to encourage and require informal direct and written contact among staff and detainees as well as informal supervisory observation enhances security, safety, and orderly facility operations.

The Facility Complied with Standards for Food Service

The 2011 PBNDS section 4.1 requires that food and ice shall be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection shall be continuous, whether the food is in storage, in preparation, on display, or in transit. Potentially hazardous food should be thawed according to safe procedures outlined in the 2011 PBNDS.

OIDO directly observed the kitchen area and found that the facility staff stored food appropriately and served it prior to the labeled expiration dates. All food items were properly labeled and kept at appropriate temperatures to maintain safe serving. OIDO also interviewed food service staff and found that they were knowledgeable about required food handling and procedures. Maintaining sanitary and hygienic food service operations is instrumental to promoting detainee health and well-being.

The Facility Complied with Standards for Medical Care

The 2011 PBNDS section 4.3 states that health care services shall be provided by appropriately trained and qualified personnel, who are licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. OIDO reviewed the medical staff personnel files of six licensed independent providers and determined that all six providers had current primary source verifications. OIDO also reviewed the personnel files of 10 licensed staff, including medical records technicians, registered nurses, licensed vocational nurses, and a

radiology technician. OIDO found that all 10 files contained up-to-date licenses.

The 2011 PBNDS section 4.3 states that medical personnel are required to provide a comprehensive health assessment (CHA) within 14 days of a detainee's arrival to the facility. OIDO reviewed ten detainee medical records and found that all detainees had the CHA completed within 14 days of their arrival at DCDF.

Further, the 2011 PBNDS section 4.3 states that each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to request health care services. These procedures must include clearly written policies, sick call processes communicated in writing and verbally to detainees during orientation, regularly scheduled sick call times, and established procedures to ensure that sick call requests are received and triaged within 24 hours after submission. OIDO reviewed DCDF's process for submission, triage, and resolution of sick call requests and found that the facility had written procedures, communicated them verbally and in writing to detainees during orientation, maintained regularly scheduled sick call times, and established processes to receive and triage sick call requests within 24 hours of receipt. OIDO also reviewed three sick call requests and found that they were complete and included, where appropriate, referral for follow up with a qualified medical provider.

Standards ensure that detainees have access to appropriate and necessary medical services. The facility's adherence to the standards for having qualified and trained providers, maintaining sufficient staffing, completing timely detainee evaluations, and upholding sick call procedures that ensure detainees have unrestricted access to healthcare promote detainee health and well-being.

The Facility Complied with Standards for Women's Medical Care

The 2011 PBNDS section 4.4 requires that female detainees receive routine, age-appropriate gynecological and obstetrical health care. As part of the intake health assessment, female detainees shall receive age-appropriate assessments and preventive women's health services, including pap smears, as medically appropriate. OIDO reviewed nine medical records for females, including intake screenings, to determine if medical personnel completed and documented pregnancy testing. OIDO found that all records demonstrated that the facility completed and documented these tests. OIDO also reviewed six electronic health medical records for compliance with the requirement to provide preventative services as medically appropriate. OIDO found that medical personnel offered pap smears to all six detainees. The records included detainee signatures showing that five detainees had refused the service and one had accepted. Ensuring that female detainees have access to appropriate and necessary medical and mental health care helps promote well-being among this group of detainees.

The Facility Complied with Standards for Recreation

The 2011 PBNDS section 5.4 requires that detainees have access to recreational and exercise programs and activities within the constraints of safety, security, and good order. Detainees should have daily opportunities for recreation at a reasonable time of day outside of their living areas. This should include opportunities to exercise outside when practicable.

Between May and November 2018, the Office of Inspector General (OIG) conducted an unannounced inspection of DCDF and found that the facility did not offer detainees outdoor

recreation time; the facility only had recreational spaces within the housing units.⁶ At the time of OIDO's inspection, the facility had an outdoor recreation space and was in the process of constructing a new outdoor recreation area with an artificial turf and shaded pavilion to address this previous deficiency. The plan included a designated recreation officer to oversee a rotating schedule that would ensure all detainees would be able to access the space. The outdoor recreation area was scheduled to open in 2023.

OIDO reviewed detainee requests, facility logbooks, and posted recreation schedules. OIDO also conducted interviews with the ICE ERO Acting OIC and Acting Supervisory Detention and Deportation Officer as well as the GEO Chief of Security, Program Manager, and staff. OIDO found that the facility offered all detainees recreation every day and that the recreation schedule rotated seven days a week. The GEO Chief of Security reported that the only time detainees were not offered outdoor recreation was during inclement weather.

Access to outdoor recreation provides detainees with both health and social benefits. DCDF's efforts to open an outdoor recreation space will promote quality of life among detainees held at the facility.

B. Resolved Areas of Initial Non-Compliance

The Facility's Internal Review Processes Addressed Concerns About an Inappropriate Technique Selected During a Use of Force Incident

The 2011 PBNDS section 2.15 states that staff should minimize their use of force in detention facilities by attempting to gain detainee cooperation and involve only the degree of force necessary and reasonable to gain control of the detainee, provide for self-defense, or defense of a third person. Such determination of level of force depends on an assessment of the totality of the circumstances; however, use of force can be either immediate or calculated, and calculated force is preferable to minimize harm to detainees or staff. 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. In all use of force incidents, follow-up documentation must be completed, to include medical assessment, audiovisual recording, reporting, and an after-action review.

OIDO reviewed five use of force incident reports at DCDF from December 2021 through July 2022. OIDO also reviewed videos for two of the five incidents. OIDO found that four out of the five reports, including one related video, showed that the facility had followed the standards related to the appropriate technique and level of force to gain detainee cooperation. However, OIDO reviewed one incident report and video dated July 20, 2022, during which the facility should have used the calculated use of force/team technique but did not. The video footage showed that the staff used de-escalation techniques for more than 20 minutes, including attempting to build rapport with the detainee to gain detainee cooperation and maintain both detainee and staff safety. During that time, the supervisor did not assemble the Correctional Emergency Response Team (CERT) team for the use of a calculated control technique.

OIDO reviewed the After-Action Review of the incident, which showed that the GEO Acting Chief

⁶ See [OIG 19-47: Concerns about ICE Detainee Treatment and Care at Four Detention Facilities, June 3 2019](#).

of Security had appropriately addressed the deficiency through verbal discussion and had made written recommendations for corrective action to better handle similar situations in the future. OIDO’s review of this and other incidents of this nature suggested the failure to deploy the calculated use of force technique in this incident was the result of human error. However, OIDO notes that the thorough After-Action Review served as a training tool to improve staff responses to such incidents in the future. Minimizing the potential for harm during a use of force incident is essential to promoting the safety of staff and detainees. Employing a planned, or calculated, use of force, when possible, helps mitigate harm to detainees and staff members.

Slippery Floors in the Facility’s Freezer Created a Potential Safety Hazard

The 2011 PBNDS section 1.2 states that facilities must maintain environmental health conditions at a level that meets recognized standards, including but not limited to those of the Occupational Safety and Health Administration (OSHA). The OSHA Standard states: “The floor of each workroom is maintained in a clean and, to the extent feasible, in a dry condition. When wet processes are used, drainage must be maintained and, to the extent feasible, dry standing places, such as false floors, platforms, and mats must be provided.”⁷

During its inspection, OIDO observed condensation in the kitchen freezer. The condensation caused ice particles to build up throughout the ceiling, floor, light fixture, and boxes of frozen food in the freezer. The floor was extremely slick with frozen condensation throughout. (See Exhibit 1).

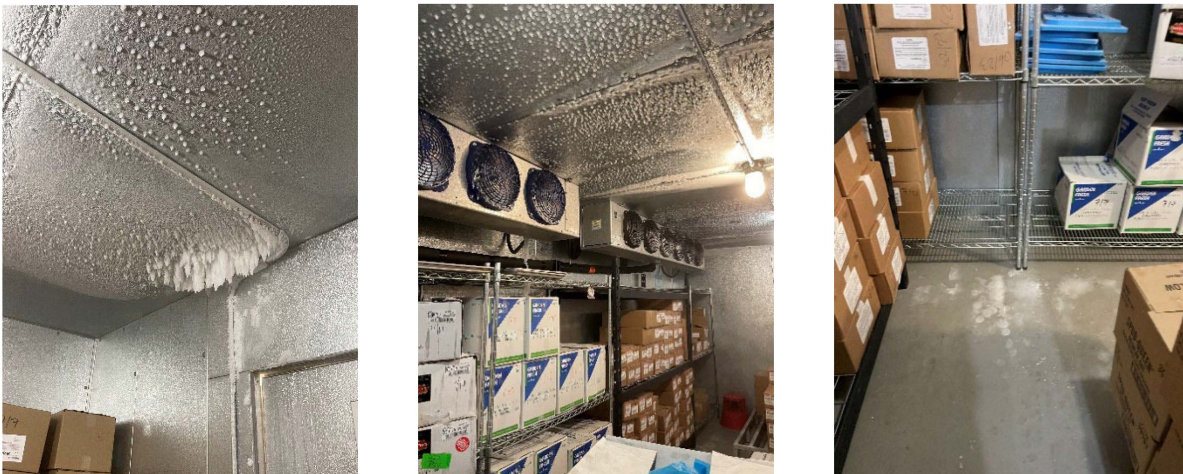


Exhibit 1. Condensation in kitchen freezer ceiling (left and middle) and floors (right) as observed by OIDO on July 26, 2022.

Source: OIDO

The condensation build-up in the freezer was caused by a broken part in the fan unit. This frozen condensation on the floor, ceiling, and boxes of food created unsafe conditions by increasing the risks of slipping and resulting injuries. OIDO notes that the Food Service Administrator (FSA) was aware of the issue at the time of the inspection and had submitted works orders to the maintenance department for repair. Further, the Warden reported that the part necessary for the repair was scheduled to arrive at the facility on January 20, 2023, and the facility would complete

⁷ See OSHA Standard 1910.22 Subpart D, available here: [1910.22 - General requirements. | Occupational Safety and Health Administration \(osha.gov\)](https://www.osha-slc.gov/1910.22-2019-OSHA-Standard-1910.22-Subpart-D-Occupational-Safety-and-Health-Administration).

the repair at that time. OIDO will complete appropriate follow-up after the scheduled repair work has been completed.

Insufficient Female Staffing Reduced Female Detainee Access to Law Libraries at the Facility

The 2011 PBNDS section 6.3 requires that each facility administrator shall devise a flexible schedule that enables maximum possible use of the law libraries without interfering with the orderly operation of the facility. Law library hours of operation shall generally be scheduled between official counts, meals, and other official detention functions. OIDO reviewed documentation, local policies, the detainee handbook, and logbooks related to compliance with the standard. OIDO also conducted interviews with the GEO Chief of Security, Programs Manager, and staff as well as ICE detainees. Interviewees reported that the facility was sometimes unable to give females the opportunity to access the Law Library. GEO reported that the facility did not always have sufficient female officers on duty and available to supervise female detainees while they were in the Law Library. As a result, the facility either delayed or cancelled scheduled access until a female officer was available to supervise the detainees.

OIDO found that the issue started around June 26, 2022, when the female officer who normally worked in the Law Library moved to part-time status. Through follow-up telephone conversations with GEO staff, OIDO determined that the issue was corrected after OIDO's inspection. The Chief of Security for the facility reported that in August 2022, approximately two weeks after OIDO's inspection, the facility began training additional female staff to work in the Law Library to accommodate the female detainee requests for use. OIDO reviewed sign-up sheets from October 9-21, 2022, and corresponding logbooks from October 10-25, 2022, and verified that the facility had resolved the issue and no female detainees had been denied or delayed access to the law library.

C. Area of Concern

Low Staffing Levels Prevented Medical Staff from Completing Required Training

The 2011 PBNDS section 7.3 states that each new employee, contractor, and volunteer shall be provided initial and annual training appropriate to their assignments. During its inspection of the DCDF medical unit, OIDO reviewed medical staff in-service training sheets and facility training records for FY 2021 and found that nine of the 34 medical staff, or roughly 26 percent, had not completed the annual training.

According to the GEO trainer, mandatory annual training was placed online for FY 2021 to facilitate completion because of low staffing issues in the facility. Even so, medical staff had not been able to complete the online training in 2021. The GEO trainer reported that the facility had been unable to pull medical personnel away from their patient care duties at the clinic to attend the annual training sessions.

OIDO reviewed the facility's medical staffing plan contained in its contract with ICE. In the health services area, the facility is required to have a total of 51.2 full time equivalent (FTE) positions.⁸ Out of the 51.2 positions required, the facility had a total of 12.9 FTE vacancies. Of these, 1.5 FTE were in the hiring process, and 5.0 FTE were pending security clearance approval. In other words,

⁸ Full time equivalent measures total full-time and part-time employees.

approximately 75 percent of medical staff positions were filled, 13 percent were in the process of being filled, and 12 percent were unfilled at the time of OIDO's inspection. The health services administrator (HSA) reported that the facility had difficulty hiring because of stiff competition in recruitment from the six area hospitals within a 20-mile radius.

Despite the challenges of completing training with low medical staffing levels, OIDO notes that the clinic had an active continuous quality improvement (CQI) program that continuously evaluated statuses of metrics as outlined in the standards. During OIDO's inspection, the HSA was able to verbalize the plan to get medical staff to complete mandatory annual training for FY 2022, which led to its completion by all medical personnel prior to the end of the fiscal year. OIDO reviewed FY 2022 training logs, which corroborated the HSA's claim that all medical staff had completed annual training for the year. Nonetheless, although the facility was able to complete annual training with low staff numbers, as evidenced by the 100 percent completion rate for FY 2022, the challenge of balancing patient care and training requirements will continue to exist so long as staffing numbers remain low. Training is essential to ensure that staff are equipped with the knowledge, skills, and attitude to provide quality care and respect the rights and dignity of detainees. Training is an important part of developing and maintaining a skilled, motivated, and committed workforce.

Conclusion

OIDO's inspection led to several findings. DCDF complied with standards in seven areas, had violations in three areas, and an issue of concern in one area. The areas of compliance included: sexual abuse and assault prevention and intervention, special management units, staff-detainee communication, food service, medical care, women's medical care, and recreation. The non-compliance areas included: use of force techniques, kitchen safety, and law library access.

As noted above, the facility acknowledged and took corrective action to address violations in the following three areas: deploying a calculated use of force or team technique, when possible; repairing the condensation build-up issue in the kitchen freezer; and providing sufficient female officers to ensure that female detainees have access to the law library. OIDO acknowledges these corrective actions as sufficient and does not make further recommendation.

OIDO also noted one area of concern in the facility's medical staff training. Specifically, some medical staff did not complete mandatory annual training in Fiscal Year (FY) 2021. Though the facility implemented a plan to ensure completion of annual training in FY 2022 and achieved 100 percent completion, low medical staffing rates may create on-going challenges to meeting training requirements. In ICE's response to OIDO's finding, ICE indicated that it would develop a training schedule for health services staff by January 30, 2023, to ensure they complete the required training by the end of FY 2023 (see Appendix A).

Appendix A: Component Response


Office of the Director

U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536



**U.S. Immigration
and Customs
Enforcement**

MEMORANDUM FOR: Christopher Brundage
Acting Deputy Ombudsman
Office of the Immigration Detention Ombudsman

FROM: 
Tae D. Johnson
Acting Director
U.S. Immigration and Customs Enforcement

SUBJECT: Response to the Office of the Immigration Detention Ombudsman
Draft Report, Inspection of the Denver Contract Detention
Facility (Case No. 22-001053)

Purpose

This memorandum is in response to the Department of Homeland Security's Office of the Immigration Detention Ombudsman (OIDO) draft report, *OIDO Inspection of Denver Contract Facility*. The inspection of the Denver Contract Detention Facility (DCDF) in Denver, Colorado, took place July 26-28, 2022. The inspection performed by OIDO included a review of the facility's performance and its compliance with U.S. Immigration and Customs Enforcement's (ICE) 2011 Performance-Based National Detention Standards.

Background

ICE is a federal agency charged with enforcing the nation's immigration laws in a fair and effective manner. ICE identifies, apprehends, detains, and removes noncitizens who are amenable to removal from the United States. ICE Enforcement and Removal Operations uses its immigration detention authority to effectuate this mission by detaining noncitizens in custody while they await the outcome of their immigration proceedings and/or removal from the United States.

ICE has important obligations under the U.S. Constitution and other federal and state laws when it determines that a noncitizen is subject to detention. ICE national detention standards ensure that detained noncitizens are treated humanely, protected from harm, provided appropriate medical and mental health care, and receive the rights and protections to which they are entitled.

www.ice.gov

Response to the Office of the Immigration Detention Ombudsman Draft Report, Inspection of
the Denver Contract Detention Facility (Case No. 22-001053)
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ICE ensures detention facilities used to house ICE detained noncitizens do so in accordance with ICE national detention standards. These standards were developed in cooperation with ICE stakeholders, the American Correctional Association, and nongovernmental organizations, and were created to ensure that all noncitizens in ICE custody are treated with dignity and respect and provided appropriate care. Each detention center must meet specified standards.

ICE's Response to OIDO's Recommendation

Recommendation: OIDO also noted one area of concern in the facility's medical staff training. Specifically, some medical staff did not complete mandatory annual training in Fiscal Year (FY) 2021. Though the facility implemented a plan to ensure completion of annual training in FY 2022 and achieved 100 percent completion, low medical staffing rates may create on-going challenges to meeting training requirements.

Response: ICE agrees with the recommendation. By January 30, 2023, the health services administrator (HSA) will develop a training schedule for health services staff to ensure they complete the required training by the end of FY 2023. To ensure patient health is not compromised during training, agency and part-time staff will be used to fill any gaps in staff coverage. Since the OIDO inspection, health services staffing increased to 42.95 full time equivalent (FTE), meaning approximately 84 percent of medical positions are filled. The HSA and human resources manager will continue to recruit medical staff to fill the remaining 8.25 FTE vacancies.

Additional Information and Copies

To view any of our other reports,
please visit:
www.dhs.gov/OIDO.

For further information or questions, please contact the Office
of the Immigration Detention Ombudsman at:
detentionombudsman@hq.dhs.gov.

