

Office of Professional Responsibility

Denver Contract Detention Facility

Compliance Inspection 2025-001-059

February 11-13, 2025



U.S. Immigration
and Customs
Enforcement

COMPLIANCE INSPECTION
of the
DENVER CONTRACT DETENTION FACILITY
Aurora, Colorado

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
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[REDACTED]	Contractor	Creative Corrections
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[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

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. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

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.

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

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (By Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	1
Medical Care (Women)	1
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0

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

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

Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Interviews and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	3

DETAINEE RELATIONS

ODO interviewed 44 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO interviewed facility medical staff, reviewed ■ medical staff credential files, and found in ■ out of ■ files, the facility did not conduct a primary source verification from the Colorado Division of Professions and Occupations nor a query with the National Practitioner Data Bank, which NCCHC requires for accreditation of a facility (**Deficiency MC-101**⁷).

MEDICAL CARE (WOMEN) (MCW)

ODO interviewed facility medical staff, reviewed the facility’s Performance Improvement and Risk Management quarterly meeting records, reviewed the medical records of one pregnant detainee, and found no record of pregnancy management and outcomes monitoring for the pregnant detainee (**Deficiency MCW-22**⁸).

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

ODO interviewed facility medical staff, reviewed the medical records of ■ detainees placed on suicide watch, and found in ■ out of ■ records, a welfare check by clinical staff did not occur for

⁷ “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).

⁸ “Pregnancy management and outcomes shall be monitored, quarterly, through a continuous quality improvement process.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care (Women), Section (V)(E).

12 hours and 32 minutes, from 4:53 p.m. on December 23, 2024, to 5:25 a.m. on December 24, 2024 (Deficiency SSHSPI-35⁹). This is a repeat deficiency.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found three deficiencies in the remaining three standards. Since DCDF’s last rated inspection in February 2024, the facility’s overall compliance with PBNDS 2011 (Revised 2016) trended upward. DCDF went from 6 deficient standards and 13 deficiencies in February 2024 to 3 deficient standards and 3 deficiencies during this most recent inspection, with one repeat deficiency in the SSHSPI standard for 8-hour welfare checks of suicidal detainees placed in isolation. DCDF has not completed its uniform corrective action plan for its last inspection in August 2024, which may have contributed to the repeat deficiency. ODO recommends ERO Denver work with the facility to resolve any remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	28
Deficient Standards	6	3
Overall Number of Deficiencies	13	3
Priority Component Deficiencies	2	0
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Good

⁹ “All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).



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