



U.S. DEPARTMENT OF HOMELAND SECURITY **OFFICE OF INSPECTOR GENERAL**

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June 12, 2024

FINAL REPORT

Results of an Unannounced Inspection of ICE's Denver Contract Detention Facility in Aurora, Colorado





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U.S. Department of Homeland Security

Washington, DC 20528 | www.oig.dhs.gov

June 12, 2024

MEMORANDUM FOR: Patrick J. Lechleitner
Senior Official Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

FROM: Joseph V. Cuffari, Ph.D.
Inspector General

**JOSEPH
CUFFARI** Digitally signed by
JOSEPH V CUFFARI
Date: 2024.06.12
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SUBJECT: *Results of an Unannounced Inspection of ICE's
Denver Contract Detention Facility in Aurora, Colorado*

Attached for your action is our final report, *Results of an Unannounced Inspection of ICE's Denver Contract Detention Facility in Aurora, Colorado*. We incorporated the formal comments provided by your office.

The report contains fourteen recommendations aimed at improving care of detainees at Denver. Your office concurred with all fourteen recommendations. Based on information provided in your response to the draft report, we consider recommendations 1, 2, 4, 5, 6, 7, 8, and 13 resolved and open. We consider recommendations 3, 9, 10, 11, 12, and 14 resolved and closed. Once your office has fully implemented the recommendations, please submit a formal closeout letter to us within 30 days so that we may close the recommendations. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions. Please send your response or closure request to OIGISPFollowup@oig.dhs.gov.

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please contact me with any questions, or your staff may contact Thomas Kait, Deputy Inspector General at (202) 981-6000.

Attachment



DHS OIG HIGHLIGHTS

Results of an Unannounced Inspection of ICE's Denver Contract Detention Facility in Aurora, Colorado

June 12, 2024

Why We Did This Inspection

In accordance with the *Department of Homeland Security Appropriations Act, 2023*, H.R. Rep. No. 117-396 (2022), we conduct unannounced inspections of ICE detention facilities to ensure compliance with detention standards. From October 17–19, 2023, we conducted an in-person, unannounced inspection of ICE's Denver Contract Detention Facility in Aurora, Colorado, to evaluate its compliance with ICE detention standards.

What We Recommend

We made 14 recommendations to improve ICE's oversight of detention facility management and operations at Denver.

For Further Information:

Contact our Office of Public Affairs at (202) 981-6000, or email us at:

DHS-OIG.OfficePublicAffairs@oig.dhs.gov.

What We Found

During our unannounced inspection of U.S Immigration and Customs Enforcement's (ICE) Denver Contract Detention Facility (Denver) in Aurora, Colorado, we found that Denver's staff complied with *Performance-Based National Detention Standards 2011*, revised in December 2016, for recreation, use of force, library, and the voluntary work program. However, facility and ICE staff did not comply with standards related to staff-detainee communication and grievance practices. In addition, ICE did not maintain proper documentation of detainee grievances and a current log of paper requests and grievances, nor did they provide timely and appropriate responses to all requests.

Facility staff did not provide detainees consistent information regarding ingredients of food items, such as menu items labeled beef that did not contain beef. They also did not distribute pillows to all incoming detainees, provide equal access to barber services, clarify proper procedures for securely saving legal information on communal computers, and conduct medical screenings prior to assigning classification ratings. Moreover, some detainees experienced delays in receiving specialty medical care from outside providers. Finally, one detainee in prolonged segregation was not provided the required orders documenting her transition from disciplinary segregation into administrative segregation.

ICE Response

ICE concurred with all 14 report recommendations. We consider six recommendations resolved and closed, and eight recommendations resolved and open.



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Abbreviations

Denver	Denver Contract Detention Facility
ERO	Enforcement and Removal Operations
ICE	U.S. Immigration and Customs Enforcement
GEO Group	The GEO Group, Inc.
PBNDS 2011	Performance-Based National Detention Standards 2011
USB	universal serial bus



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Background

U.S. Immigration and Customs Enforcement (ICE) houses detainees at roughly 110 facilities nationwide, and the conditions and practices at those facilities can vary greatly. ICE must comply with detention standards and establish an environment that protects the health, safety, and rights of detainees. Contracts and agreements with facilities that hold ICE detainees must adhere to applicable detention standards, including the *Performance-Based National Detention Standards 2011*, as revised in December 2016 (PBNDS 2011). As mandated by Congress,¹ we continue to conduct unannounced inspections of ICE detention facilities to ensure compliance with detention standards.

ICE houses detainees at the Denver Contract Detention Facility² (Denver) in Aurora, Colorado. Denver is comprised of one large building, referred to as ‘North’ and one smaller building, referred to as the ‘Annex’ (see Figure 1).

Figure 1. Aerial View of the Denver Contract Detention Facility



Source: The GEO Group, Inc. website image, February 7, 2024

The two buildings are connected via an outdoor covered walkway. The Annex building is further divided into the East Annex and West Annex. Denver houses male detainees in both the North and Annex buildings, while housing female and transgender detainees in separate housing units

¹ *Department of Homeland Security Appropriations Bill, 2023*, H.R. Rep. No. 117-396 (2022).

² ICE refers to this facility as the Denver Contract Detention Facility, while facility staff, including medical, refer to the facility as the Aurora ICE Processing Center.



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within the Annex building.³ At the start of our on-site inspection, October 17, 2023, Denver housed 873 detainees.

ICE contracts with The GEO Group, Inc. (GEO Group) to provide immigration detention, transportation, security, and medical services at Denver.⁴ In addition to GEO Group (facility staff), ICE also assigns deportation officers and other employees (ICE staff) to provide an on-site presence at Denver.

The Office of Inspector General inspection team included inspectors and contracted medical professionals. We toured and inspected areas of the facility including general housing units, kitchen, law library, special management unit,⁵ recreation facilities, barber shops, and the medical unit. During our inspection, we also collected and analyzed documentation related to detainee requests and grievances, detention files, and special management unit records. The contracted medical professionals' inspection included a visual inspection of all areas where medical staff provide health services, document and health record reviews, and interviews with key health services team members.

Results of Inspection

During our unannounced inspection of Denver, we found that facility staff complied with PBNDS 2011 for recreation, library, use of force, and the voluntary work program. However, we inspected multiple areas of detention management that did not fully comply with standards, including staff-detainee communication, grievance system, food standards, personal hygiene, law library and legal materials, medical care, and special management unit (see Table 1).

³ The only exception is that Denver houses all special management unit detainees (regardless of gender) in the North building.

⁴ GEO Group also provides services at Cheyenne Mountain Center, also in the Denver area of responsibility for ICE Enforcement and Removal Operations.








⁵ Segregation is the process of separating certain detainees from the general population for disciplinary or administrative reasons.



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Table 1. Summary of Findings from Unannounced Inspection of ICE’s Denver Facility in Aurora, Colorado

Standard	Non-Compliance
 <i>Staff-Detainee Communication</i>	ICE Staff Did Not Comply with All Staff-Detainee Communication Practices <ul style="list-style-type: none">ICE staff did not respond to some requests within the applicable timeframe and did not consistently maintain a detainee request log for paper requests.
 <i>Grievance System</i>	Facility and ICE Staff Did Not Adhere to All Grievance Standards <ul style="list-style-type: none">Facility staff did not maintain consistent records on alleged harassment or address alleged retaliation, nor did they always respond timely or properly document detainee grievances.ICE staff did not log paper grievances.
 <i>Food Service</i>	Facility Staff Did Not Consistently Describe Food Menu Ingredients <ul style="list-style-type: none">Menus contained unclear ingredient descriptions.
 <i>Personal Hygiene</i>	Intake Staff Did Not Distribute Pillows with Other Standard Issue Items <ul style="list-style-type: none">Staff were not distributing pillows to detainees during intake. Facility Staff Did Not Offer Barber Services to All Detainees <ul style="list-style-type: none">The facility did not offer barber services to female and transgender detainees in the Annex section.
 <i>Law Libraries and Legal Material</i>	Facility Staff Did Not Ensure Detainees Used Secure Means to Save Legal Information <ul style="list-style-type: none">Some detainees saved their personal information to a computer’s desktop and were unaware they could save their legal work to a secure, individual universal serial bus (USB) drive.
 <i>Medical Care</i>	Facility Staff Were Not Always Conducting Required Intake Medical Screening Prior to Classification Facility’s Medical Scheduling and Documentation Needs Improvement <ul style="list-style-type: none">Detainees did not receive timely specialty care.
 <i>Special Management Unit</i>	Facility Staff Did Not Always Adequately Document Prolonged Segregation <ul style="list-style-type: none">The facility did not document the transition of one detainee from disciplinary segregation to administrative segregation.

Source: DHS OIG analysis of key findings



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Facility Staff Complied with Inspection Standards for Recreation, Use of Force, Library, and the Voluntary Work Program

PBND 2011 requires that detainees have access to both indoor and outdoor recreation.⁶ The inspection team observed the facility's adherence to this standard and confirmed it through detainee interviews. Indoor facilities had recreational equipment for detainees' use. The facility also had an outdoor space with a variety of ways for detainees to exercise, including recreation equipment and a sports field. For use of force incidents, PBND 2011 requires appropriate levels of force and restraint to protect the people involved in these incidents and that staff involved submit reports documenting these incidents within 2 business days of the incident.⁷ The facility reported nine use of force incidents between April 17, 2023, and October 17, 2023. Through reviewing video footage and documented reports of the incidents, we found the facility staff complied with these standards. In addition, PBND 2011 requires the facility to make available to detainees reading materials in English and Spanish and we observed reading materials in these languages in the facility's library.⁸

Detention standards also require facilities to provide detainees with the opportunity to participate in voluntary work assignments to earn money while confined.⁹ Based on our review of policies, procedures, records, and observations, we found Denver complied with this standard. Denver provided program information and position-specific training for detainees who chose to participate in the program. In addition, they paid detainees for their hours worked and work schedules did not exceed 8 hours per day or 40 hours per week as required.

The Facility Provided Inconsistent Communication to Detainees Regarding Requests and Grievances

PBND 2011 requires facilities to provide information to detainees on the facility's request and grievance processes.¹⁰ Detainees may submit requests and grievances electronically through a tablet or via paper forms available in the housing units. We reviewed PBND 2011, the ICE National Detainee Handbook, the facility's supplemental handbook, and observed pertinent forms and drop boxes while touring the facility. We determined the handbooks, forms, and drop boxes all used different terminology when referencing the grievance and request processes. For example, the terminology used to refer to a detainee's right to submit a request to the facility is referred to as "request" in all communication except on the paper forms available in the housing units, where the facility labeled requests as a "kite." In addition, we observed forms in the

⁶ PBND 2011 (Revised 2016), Section 5.4, *Recreation*, Section (II).

⁷ PBND 2011 (Revised 2016), Section 2.15, *Use of Force and Restraints*, Section (II).

⁸ PBND 2011 (Revised 2016), Section 5.4, *Recreation*, Section (V) (F).

⁹ PBND 2011 (Revised 2016), Standard 5.8, *Voluntary Work Program*, Section (I).

¹⁰ PBND 2011 (Revised 2016), Standard 6.1, *Detainee Handbook*, Section (V)(B).



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housing units titled “ICE Grievance Request,” which combines terminology for two different processes. Further, the housing units only had paper grievance forms for submission to ICE, but not to the facility. This inconsistent terminology and unavailable forms could make it difficult for detainees to understand how and where to submit forms to the facility and ICE.

ICE Staff Did Not Comply with All Staff-Detainee Communication Practices

PBND 2011 establishes procedures for contact among staff and detainees, including written communication, and observation of living conditions.¹¹ These procedures require ICE and facility staff to respond to detainee requests in a timely and appropriate manner, as well as maintain a historical log of all requests. We reviewed all detainee requests to facility staff between May and September 2023. These requests included topic areas related to mail, religious requests, legal requests, and case management. We found that while facility staff generally responded to detainee requests in a timely manner with appropriate responses, ICE staff did not always provide timely and appropriate responses to all written requests, and they had not logged paper requests since May 2023.

ICE Staff Did Not Respond to Some Requests within the Applicable Timeframe and Did Not Consistently Maintain a Detainee Request Log for Paper Requests

PBND 2011 establishes procedures for detainees to submit requests to ICE and requires ICE staff to respond within 3 business days of receipt.¹² According to ICE’s log of electronic requests, detainees electronically submitted 7,110 requests to ICE from April 1, 2023, through October 11, 2023. Of the 7,110 electronic requests, ICE did not respond to 1,819 requests (approximately 25 percent) within the required 3 business days. ICE’s responses ranged from 1 to 12 days late with an average response time of 6 days. Without timely responses from ICE, detainees may face undue delays in resolving important questions or concerns, such as those related to their immigration cases or detention conditions. Additionally, during our on-site inspection, ICE provided two stacks of paper requests submitted by detainees. We manually reviewed several hundred of these requests and found ICE staff did not respond to many of these within the required 3 business days. Further, while PBND 2011 requires ICE to log all detainee requests for record keeping and file maintenance,¹³ at the time of our onsite inspection in October 2023, ICE had not logged paper detainee requests since May 2023. Onsite ICE personnel acknowledged the deficiency and suggested staff vacancies caused the noncompliance.

¹¹ PBND 2011 (Revised 2016), Standard 2.13, *Staff-Detainee Communication*, Section (I).

¹² PBND 2011 (Revised 2016), Standard 2.13, *Staff-Detainee Communication*, Section (V)(B)(1).

¹³ PBND 2011 (Revised 2016), Standard 2.13, *Staff-Detainee Communication*, Section (V)(B)(2).



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ICE Generally Complied with Providing Appropriate Responses to Detainee Requests

PBND 2011 requires that detainees have frequent informal interaction with ICE and facility staff.¹⁴ Written interactions should include an appropriate response to detainee requests in a language the detainees can understand. As previously noted, we reviewed 7,110 electronic detainee requests to ICE, and of those 7,110, we found ICE staff generally provided appropriate responses and responded to detainees in a language the detainee could understand. However, we found some ICE staff responded to paper requests in a language different from the original request. This may result in the detainee not being able to understand the response. In addition, we noted responses from one deportation officer were disrespectful and unprofessional. Table 2 provides examples of these responses. ICE identified and addressed the issue with this officer prior to our inspection and the officer was no longer employed at the facility by the time of our inspection.

Table 2. ICE Officer’s Responses to Detainees’ Requests at Denver

Detainees’ Submissions	ICE Officer Response
[OIG Note–translated from Spanish to English] “Good morning, I want to know when I will be deported since I have children to support and my mother is sick. I am going to be detained for 3 months, it is not fair and I have all my legal documents, please.”	[Response provided in English] “Not fair? You enter the United States illegally and claim being mistreated because you are held in custody? People that commit crimes go to jail. If you continue to commit crimes, you will continue to go to jail. Any other questions about your situation? You are wasting our time that we could be spending on doing our jobs.”
[OIG Note–translated from Spanish to English] “I’m afraid of airplanes. Only once have I gotten on a plane and I feel pressure in my head and my ears seem to block. I’m afraid that I’m in very bad pain since the trip to Venezuela is long or something will happen to me if I can. be expelled or go to waste I want to know.”	[Response provided in English] “Oh...We didn't know you were scared of airplanes. In that case you will still be deported from the United States.”
[OIG Note–translated from Spanish to English] “Good afternoon, I don't have a passport, just enter with your identity card. How much longer does the process of finding the document to travel take? Help me? thank you.”	[Response provided in English] “It takes as long as it takes. We are not a travel service. You are on our schedule. Not the other way around.”

Source: ICE Detainee Requests

¹⁴ PBND 2011 (Revised 2016), Standard 2.13, *Staff-Detainee Communication*, Section (II)(1).



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Facility and ICE Staff Did Not Adhere to All Grievance Standards

PBND 2011 requires facilities housing detainees to have a grievance submission system that protects detainees' rights and ensures staff treat all detainees fairly.¹⁵ Facility staff did not adhere to all required standards of the grievance program, specifically regarding their response to an alleged retaliation, and their absence of timely and properly documented responses to grievances. Further, ICE staff was not logging detainees' paper grievances, as required.

Facility Staff Did Not Maintain Consistent Records on Alleged Harassment or Address Alleged Retaliation

PBND 2011 requires staff to offer immediate protection to any detainee who alleges sexual abuse, such as separation from the assailant, and to immediately report alleged incidents to appropriate personnel.¹⁶ While reviewing the facility's grievance logs, we found two reported grievances of sexual abuse among detainees between April 1 and September 30, 2023.¹⁷ Facility documents for one of these grievances, filed on August 4, 2023, show one detainee was charged with "making sexual proposals or threats" to another detainee and given 23 days of disciplinary segregation. While the facility separated the two detainees, staff's documentation did not clearly show the date of separation. For example, a Segregation Order from August 30, 2023, gives two different dates (August 8, 2023, and August 16, 2023) for the start of disciplinary segregation, while an Administrative Segregation Order stated the assailant was placed in segregation pending a disciplinary hearing on August 16, 2023. Due to the conflicting dates on the segregation orders, we could not determine whether facility staff immediately separated the victim and assailant.

The standards also require all staff to report to the appropriate officials any retaliation against detainees who reported or participated in an investigation about sexual abuse and to employ protection measures against continued retaliation.¹⁸ Following the initial allegation of sexual abuse, the individual who filed the grievance referenced above subsequently alleged another detainee verbally harassed them because of their original grievance of sexual abuse. However, through our review of the allegation we found staff prematurely rejected the detainee's harassment allegation without further investigation; did not offer immediate protection and/or separation to the detainee from the alleged retaliator; and advised the detainee to file a medical grievance instead, though the grievance did not involve the facility's medical department. These

¹⁵ PBND 2011 (Revised 2016), Standard 6.2, *Grievance System*, Section (I).

¹⁶ PBND 2011 (Revised 2016), Standard 2.11, *Sexual Abuse and Assault Prevention and Intervention*, Section (II).

¹⁷ The first grievance we reviewed was handled appropriately by facility staff and we found no violations of PBND 2011.

¹⁸ PBND 2011 (Revised 2016), Standard 2.11, *Sexual Abuse and Assault Prevention and Intervention*, Section (V) (K).



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actions confirm staff did not follow standards related to appropriate responses to alleged harassment.

Facility Staff Did Not Always Respond Timely or Properly Document Detainee Grievances

PBND 2011 requires staff to respond to detainee grievances within 5 days of receipt.¹⁹ We reviewed 201 grievance forms or associated log entries for both medical and non-medical grievances filed between April 1, 2023, and September 30, 2023. We found issues with 18 grievance responses (8 percent), such as late replies, inconsistent dates, or missing information. The average time for facility staff to respond to detainees for these 18 grievances was 13 days. In one example, staff did not provide the detainee with any written outcomes or updates until they completed their investigation into the grievance 26 days later, leaving the detainee without a documented response during the investigation. Half of the late responses we identified had documented reasons for being delayed, such as ongoing investigations, which staff acknowledged can take beyond 5 days to complete. In addition to grievances with late responses, we found log entries for five medical grievances had staff responses dated earlier than the detainees' filing dates.

ICE Did Not Log Detainee Grievances Submitted on Paper Forms

PBND 2011 requires each facility to have a procedure to log all ICE detainee grievances separately.²⁰ These standards also state that ICE may review grievances at a facility to evaluate compliance with grievance standards and procedures. Detainees can submit grievances to ICE through paper forms available in the detainee housing units. However, we found ICE staff did not track or log the paper grievances they received from detainees. We reviewed 14 grievance forms detainees submitted to ICE between April 1 and September 30, 2023 and found none of the grievance forms had an associated log number. ICE provided 13 of the grievances we reviewed, while the inspection team found a 14th grievance in a random file during our inspection. ICE confirmed they do not have a grievance log to document detainee grievances; instead, they store scanned copies of grievances to ICE on an internal shared drive. Because ICE does not maintain a log of detainee grievances for tracking paper forms or conducting compliance reviews, we could not confirm the completeness of ICE grievances or responses at the facility.

Facility Staff Did Not Consistently Describe Food Menu Ingredients

During our detainee interviews, detainees voiced concerns about the facility's food menu. Many submitted complaints or grievances, and even declined meals due to unclear information about the contents of specific menu items.²¹ For instance, facility staff consistently informed detainees

¹⁹ PBND 2011 (Revised 2016), Standard 6.2, *Grievance System*, Section (V)(C)(3).

²⁰ PBND 2011 (Revised 2016), Standard 6.2, *Grievance System*, Section (V)(A).

²¹ PBND 2011 (Revised 2016), Standard 4.1, *Food Service*, Section (V)(G).



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that the kitchen does not serve beef. However, items such as “Beef and Bean Burrito” and “Hamburger Patty,” which generally contain beef, were listed on the menu (see Figure 2).

Figure 2. Menu items that may generally contain beef, observed on October 17, 2023

Beef and Bean Burrito	Meat and Vegetable Stew
Alternate - Cheese Quesadilla	Rice
Spanish Rice	Cabbage
Beans	Onion
Salsa	Cornbread
Lettuce	Salad
Dressing	Dressing
Cheese	Margarine
Peanut Butter Cake	Fortified Sugar Free Beverage
Fortified Sugar Free Tea	
Hamburger Patty	Taco Meat

Source: DHS OIG Photos (Highlights in photo were made by DHS OIG)

Other examples of confusing menu items that supposedly did not contain beef include “Salisbury Steak” and “Beef Meatloaf.” The facility’s kitchen manager said the meat and beef listed on the menu were “a mesh of chicken and turkey.” Because these menu items do not have additional descriptions, detainees could assume the items highlighted in Figure 2, as well as “Salisbury Steak” and “Beef Meatloaf” actually contain beef. Staff said they have communicated this information to the detainees, but detainee interviews indicated they remained concerned about menu ingredients.

Kitchen staff told the inspection team the facility avoids serving beef due to cost; the exception being the “Meat and Vegetable Stew,” which does contain beef. However, while observing the contents of items in the facility’s freezer, our team identified another menu item that explicitly listed beef as an ingredient. Further, facility staff also indicated the kitchen does not serve pork. Yet menu items such as “T-Ham” (explained as Turkey Ham) or “Turkey Salami” could confuse detainees who may think these items contain pork.

Intake Staff Did Not Distribute Pillows with Other Standard Issue Items

PBND 2011 states that a pillow is part of the standard issue bedding items given to detainees upon arrival.²² When touring the facility, we noticed the West Annex had mattresses with built-in

²² PBND 2011 (Revised 2016), Standard 4.5, *Personal Hygiene*, Section V(G)(1).



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pillows (see Figure 3), while the East Annex had standard mattresses with no built-in pillows. Some detainees with standard mattresses in the East Annex did not have pillows (see Figure 4) and created their own pillows with extra blankets and sheets. Staff showed us the items detainees receive at intake and a pillow was not included. When asked why a pillow was not issued, intake staff stated they did not know where they would house each detainee or whether the detainee's mattress would have a built-in pillow or not. Therefore, intake staff chose not to issue pillows to anyone housed in the Annex building. Staff further explained that if a detainee did not receive a pillow during intake, it was the detainee's responsibility to request a pillow from the officers in their housing unit. However, PBNDs 2011 states it is the facility's responsibility to provide a pillow to the detainee during the intake process.

Figure 3. Mattress with built-in pillow



Source: DHS OIG photo

Figure 4. Mattress with pillows made from blankets



Source: DHS OIG photo

Facility Staff Were Not Offering Barber Services to All Detainees

PBNDs 2011 states that detainees are allowed freedom in personal grooming, and they shall be provided hair care services in a manner and environment that promotes sanitation and safety.²³ The standards further specify equal access to benefits and programs for all detainees housed at a detention facility, regardless of religion, disability, etc. Through interviews with detainees, we

²³ PBNDs 2011 (Revised 2016), Standard 4.5 *Personal Hygiene*, Section (V)(F).



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found the facility offered male detainees in the North and Annex sections barber services, but they did not offer barber services to female and transgender detainees in the Annex section. For example, one female detainee we interviewed said she had been at the facility for 1 year and facility staff had never offered her barber services, so she resorted to using fingernail clippers to cut her hair. Further, we asked a group of approximately 16 female detainees in one housing unit who had been at the facility between 3 and 12 months whether they had ever been offered barber services; they collectively responded, “No.” When we followed up to ask if they would sign up for barber services if they were offered, they all responded, “Yes.” We also found facility leadership did not know the process for detainees to sign up for barber services, nor did they know how many barber areas were operational. The facility staff’s failure to offer barber services to all detainees, regardless of gender, does not comply with the requirement for equal access to these services.

Facility Staff Did Not Ensure Detainees Used Secure Means to Save Legal Information

PBND 2011 states that detainees “shall be provided with a means of saving any legal work in a secure and private electronic format that is password protected, so they may return at a later date to access previously saved legal work products.”²⁴ The facility has two law libraries – a main one equipped with eight working computers serving the North building of the facility and a second smaller library equipped with two computers serving the Annex building. The North building’s law library complied with standards for saving legal work. However, the smaller library in the Annex did not. We found some detainees in the Annex saved their personal legal documents to an individual USB device while others saved their legal documents to the desktop of the communal computers, which facility staff and other detainees can access. In the documents saved to the desktop of the communal computers, we found personally identifiable information and sensitive legal documentation. The facility maintains a supply of USBs for detainees to save their personal information. However, staff had not communicated this to detainees. Three of seven detainees we interviewed indicated they did not have a USB to save legal work.

Facility Staff Were Not Always Conducting Required Intake Medical Screening Prior to Classification

PBND 2011 requires that after completing the in-processing health screening form, the classification officer assigned to intake processing shall complete a custody classification worksheet or equivalent.²⁵ We found the intake staff complied with completing the classification worksheet, but they could not guarantee that medical staff were always conducting the required

²⁴ PBND 2011 (Revised 2016), Standard 6.3, *Law Libraries and Legal Material*, Section (I).

²⁵ PBND 2011 (revised 2016), Standard 2.2 *Custody Classification System*, Section (V)(D).



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health screening prior to a detainee's classification assignment. Intake and classification staff stated the facility receives an abnormally large influx of detainees at one time. During these large intakes, detainees undergo intake processing, including classification assignments and medical health screenings, in different orders, depending on which intake station is available. If facility staff classify a detainee prior to the health screening, they cannot ensure all health conditions are considered before making the classification and housing assignments.

Facility's Medical Scheduling and Documentation Needs Improvement

PBND 2011 requires that detainees have access to appropriate and necessary medical care, including specialty health care.²⁶ GEO Group manages all aspects of the health care process at Denver and partners with community providers for some specialty care needs. Facility staff complied with most reviewed PBND 2011 standards and National Commission on Correctional Health Care's 2018 *Standards for Health Services in Jails* related to medical care, including program administration, emergency care, health care records, sick call, chronic care, pharmacy management, medical diets, and privacy. However, facility staff said the lack of specialty care providers in Aurora delayed detainees' access to timely specialty care.

Detainees Did Not Receive Timely Specialty Care

PBND 2011 requires that detainees shall be able to request health services daily and shall receive timely follow-up.²⁷ Our medical contractors noted delays in detainees' receipt of specialty care, such as optometry and podiatry. Specifically, the facility staff said a general absence of specialty care providers in Aurora delayed detainees' timely receipt of care. For example, facility medical staff stated there are two local hospitals that could provide detainee care. Yet one of the two facilities prefers not to provide services to the detainee population, which forces the facility to depend on the services of the other hospital. Facility medical staff confirmed for the 2 months preceding our site visit — August and September 2023 — staff scheduled 47 specialty appointments for detainees and as of our site visit, 31 of those appointments had not yet occurred. Delayed access to specialty care could lead to negative health effects.

²⁶ PBND 2011 (revised 2016), Standard 4.3 *Medical Care*, Section (I).

²⁷ PBND 2011 (revised 2016), Standard 4.3 *Medical Care*, Section (II)(4).



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Facility Staff Did Not Always Adequately Document Prolonged Segregation

PBND 2011 allows facilities to segregate detainees from the general population in special management units for administrative or disciplinary reasons.²⁸ Table 3 describes the differences between administrative and disciplinary segregation.

Table 3. Types of Segregation in Special Management Units

Administrative Segregation	Disciplinary Segregation
Non-punitive – at the detainee’s request or as needed to protect the detainee from harm	Disciplinary – after the detainee is found guilty of a prohibited act or rule violation
Detainees are held until their safety, and the safety of others, is no longer a concern. ²⁹	Detainees are held for no more than 30 days per incident, except in extraordinary circumstances.
Detainees typically receive the same privileges available to the general population.	Detainees are subject to more stringent personal property control, including limitations on reading material, television viewing, and restricted commissary or vending machine purchases.
Detainees are allowed at least 2 hours of recreation time outside of their cells, 7 days a week.	Detainees are allowed at least 1 hour of recreation time outside of their cells, 5 days a week.
Detainees can receive time out of their cells for showers, phone calls, use of the law library, visitation, and religious services.	Detainees can receive time out of their cells for showers, phone calls, use of the law library, visitation, and religious services.

Source: PBND 2011, Section 2.12, *Special Management Units*

At the time of our onsite inspection, Denver had four males and one female in administrative segregation, and one female in disciplinary segregation. We reviewed the segregation files related to these six detainees and determined the facility appropriately documented detainee privileges, visitation from facility leadership, and completed segregation file reviews on appropriate intervals.

²⁸ PBND 2011 (Revised 2016), Standard 2.12, *Special Management Unit*, Section (I). This facility uses the term Restricted Housing Unit interchangeably with Special Management Unit. This report will use the PBND language of Special Management Unit.

²⁹ If a detainee has been segregated for his/her own protection, but not at the detainee’s request, approval by a facility administrator is required to authorize continued detention.



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However, the facility did not document the transition of one detainee from disciplinary segregation to administrative segregation. PBND 2011 states that the facility must complete an administrative segregation order prior to a detainee's placement in administrative segregation and immediately provide the order to the detainee. We found that facility staff transferred one female detainee from disciplinary segregation to administrative segregation but did not provide her with the required administrative segregation orders. This detainee was aware of the privileges she should receive in administrative segregation and confirmed during her interview with inspectors that she was receiving those privileges. However, the only documentation showing she should receive the same privileges in administrative segregation as detainees in general population was an informal facility memorandum.



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Recommendations

We recommend the Executive Associate Director of Enforcement and Removal Operations, responsible for Denver, direct the Denver Field Office to:

Recommendation 1: Ensure consistent language in various publications when communicating to detainees about the grievance and request processes.

Recommendation 2: Ensure responses to detainee requests are timely, and in a language understood by the detainee.

Recommendation 3: Ensure ICE staff maintains an updated log of detainee requests.

Recommendation 4: Maintain complete and consistent records on sexual harassment allegations and continue training staff on Sexual Abuse and Assault Prevention and Intervention complaint processes.

Recommendation 5: Provide responses to grievances within 5 working days, even if it's to update the detainees that a grievance response will likely be late due to an investigation.

Recommendation 6: Ensure facility grievance logs are accurate.

Recommendation 7: Ensure ICE staff maintain an updated log of detainee grievances to ICE.

Recommendation 8: Ensure facility staff is communicating clear and accurate information to detainees regarding menu ingredients.

Recommendation 9: Provide all detainees with the required supplies at intake, including pillows.

Recommendation 10: Ensure facility staff offer all detainees barber services.

Recommendation 11: Ensure the facility consistently communicates and provides detainees with a secure way to save legal work.

Recommendation 12: Ensure intake staff is completing the medical health screening form prior to classifying a detainee and assigning a housing unit.

Recommendation 13: Establish and implement a plan to reduce wait times for specialty care appointments.



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Recommendation 14: Ensure consistent documentation and communication to detainees about the reason for transitions from disciplinary to administrative segregation, and the duration of such subsequent segregation.

Management Comments and OIG Analysis

ICE provided written comments in response to the draft report and concurred with all 14 recommendations. Appendix B contains ICE's management comments in their entirety (ICE under separate cover provided and we processed its technical comments) on the draft report. We consider recommendations 1, 2, 4, 5, 6, 7, 8, and 13 resolved and open. We consider recommendations 3, 9, 10, 11, 12, and 14 resolved and closed. A summary of ICE's response and our analysis follows.

ICE Response to Recommendation 1: Concur. In February 2024, Denver revised the language in the local detainee handbook, forms, and drop boxes to ensure consistency in the grievance and request process terminology. Furthermore, Denver posted the updated language in all housing units and the updated language was also added to all local detainee handbooks and provided in the languages covered.

OIG Analysis: ICE provided documentation of the updated language used to reference the detainee request and grievance process. We consider this responsive to this recommendation which is resolved and open. We will close this recommendation when ICE provides evidence of the revised language in the local detainee handbook.

ICE Response to Recommendation 2: Concur. In January 2024, ICE Enforcement and Removal Operations (ERO) increased the number of ERO personnel at the facility to increase accountability, oversight, and to address increases in detainee requests. Specifically, ICE ERO added Supervisory Detention and Deportations Officers and senior Deportation Officers to increase oversight in detained case management and reduce the response time on detainee requests. Further, ICE will use translation services when necessary to provide effective communication to the detainee.

OIG Analysis: ICE provided request response data from January 2023 through March 2024. However, the data shows an average response time greater than the required 3 business days. We consider this responsive to the recommendation which is resolved and open. We will close this recommendation when ICE provides updated data to show an average request response time of 3 business days or less and evidence that they are using the translation services when appropriate.



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ICE Response to Recommendation 3: Concur. ICE ERO implemented staff training and increased the number of on-site officers, enforcement removal assistants, and supervisors to ensure accurate maintenance of an updated log of detainee requests. Specifically, the Denver request log is fully updated, and enforcement removal assistants will update the log daily.

OIG Analysis: ICE provided request response data from January 2023 through March 2024. The data appears updated and complete. We consider this responsive to the recommendation which is resolved and closed.

ICE Response to Recommendation 4: Concur. Denver reviewed its processes and procedures and took corrective actions to address complaint, grievance adjudication, and response requirements for sexual abuse and assault prevention and intervention by providing training to staff on the importance of maintaining complete and consistent Sexual Abuse and Assault Prevention and Intervention records and an overview of related procedures.

OIG Analysis: We consider these efforts responsive to this recommendation which is resolved and open. We will close this recommendation when ICE provides evidence of the Sexual Assault Prevention and Intervention training and overview of the process.

ICE Response to Recommendation 5: Concur. Historically, detainee grievances were maintained by ICE ERO as a paper copy or electronic scan of the grievance. In November 2023, ICE ERO created an electronic log to ensure accurate tracking and accountability for grievance receipt and response timeliness. The electronic log tracks the date the appeal was filed, and the date of the decision is made.

OIG Analysis: ICE provided documentation of four grievances submitted in March 2024 and tracked on the electronic log. We consider these actions responsive to the recommendation which is resolved and open. We will close this recommendation when ICE provides two additional months of electronically tracked grievances.

ICE Response to Recommendation 6: Concur. In March 2024, Denver took corrective actions to ensure facility grievance logs are accurate and address grievance standards by instructing staff to complete responses to detainee grievances within 5 days of receipt.

OIG Analysis: ICE provided documentation of four grievances submitted in March 2024 and tracked on the electronic log. We consider these actions responsive to the recommendation which is resolved and open. We will close this recommendation when ICE provides two additional months of electronically tracked grievances.

ICE Response to Recommendation 7: Concur. Historically, detainee grievances were maintained by ICE ERO as a paper copy or electronic scan of the grievance. In November 2023, ICE ERO created an electronic log to ensure accurate tracking and accountability for grievance receipt



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and response timeliness. The electronic log tracks the date the appeal was filed, and the date of the decision is made.

OIG Analysis: ICE provided documentation of four grievances submitted in March 2024 and tracked on the electronic log. We consider these actions responsive to the recommendation which is resolved and open. We will close this recommendation when ICE provides two additional months of electronically tracked grievances.

ICE Response to Recommendation 8: Concur. In March 2024, Denver initiated corrective actions with its corporate food service department to make changes to its posted menu to clarify the menu items. Some examples include:

- “Turkey Bacon” will now be labeled as “Turkey Breakfast Strip.”
- “Turkey Ham” or “T-Ham” will now be labeled as “Turkey Deli Meat.”
- “Breakfast Sausage” will now be labeled as “Chicken Breakfast Meat.”
- “Chicken Dinner Sausage,” “Dinner Sausage,” or “Chicken Hot Dogs” will now be labeled as “Chicken Lunch or Dinner Meat,” depending on the meal being served.

Denver also posted a notice, in multiple languages, to all detainees detailing these upcoming description changes and reiterates that Denver is a pork free facility. The estimated completion date for action needed to close this recommendation is June 28, 2024.

OIG Analysis: ICE provided an example of the notice explaining the food description changes that was presented in multiple languages. We consider this responsive to the recommendation which is resolved and open. We will close this recommendation when ICE provides notification that they have fully implemented the food description changes, which they estimate to be June 2024.

ICE Response to Recommendation 9: Concur. In March 2024, Denver issued a memorandum directing intake staff and housing officers to ensure that all detainees assigned to the north annex are provided with the required supplies at intake, including a pillow.

OIG Analysis: ICE provided a copy of the memorandum directing a pillow to be included in the supplies provided to detainees in the north annex and a picture of where the pillows are located for distribution. We consider this responsive to the recommendation which is resolved and closed.

ICE Response to Recommendation 10: Concur. In October 2023, Denver constructed a salon for female and transgender detainees in the south annex, and in March 2024, the new salon opened and was operational. Currently, all housing units have posted schedules for barbers and salon services.



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OIG Analysis: ICE provided documentation showing the barber and salon service schedule for all housing units, including the annex buildings. This is responsive to the recommendation which is resolved and closed.

ICE Response to Recommendation 11: Concur. In March 2024, Denver ensured that library staff maintain a log of all thumb drives issued to detainees, which is secured in a locked cabinet, checked out by security staff, and returned after each use. In addition, updated signs in multiple languages were created and posted for residents instructing them to save their documents to their issued thumb drives and not on the computer. Denver is also collaborating with the local IT manager to develop an automatic nightly clearing method for the computers.

OIG Analysis: ICE provided an example log of thumb drives assigned to detainees, the updated sign informing detainees of their information saving options, and examples of coordination with the director of information systems regarding the law library thumb drives. We consider this responsive to the recommendation which is resolved and closed.

ICE Response to Recommendation 12: Concur. In February 2024, the Denver Health Services Administrator provided formal refresher training to all medical staff. The training focused on coordinating and sequencing intake medical screenings with security. In March 2024, ICE provided documentation of these actions and requests this recommendation be resolved and closed.

OIG Analysis: ICE provided a copy of the sign in sheet and agenda from the formal refresher training to all medical staff. They also provided an example of four classification worksheets documenting Denver staff conducted the initial health screening prior to assigning the classification and housing assignment. This is responsive to the recommendation which is resolved and closed.

ICE Response to Recommendation 13: Concur. Denver continues to work with local medical providers to obtain and schedule specialty care appointments, and the medical scheduler will document the efforts in obtaining appointments for all required specialty services. Denver is also working closely with ICE's Health Service Corps to augment access to specialty care.

Any pending specialty service appointments that reach 40-days without the patient being seen will be brought to the attention of field medical staff for their assistance and the Denver contractor will consider the use of telemedicine to increase the availability of specialty care appointments. ICE will document the reduction in wait time to ensure any appointments that reach 40 days without the patient being seen will be brought to the attention of field medical staff. The estimated completion date for action needed to close this recommendation is September 30, 2024.



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OIG Analysis: Denver provided provider recruitment information and a log of detainee specialty appointment requests, approvals, schedules, and notes. The average days between request and appointment was 50 days. Of concern is four of the specialty appointments had to be rescheduled because of “no transportation.” The facility should ensure that detainees are able to keep these difficult-to-schedule appointments by planning ahead for transportation. We consider this responsive to the recommendation which is resolved and open. We will close this recommendation when we receive documentation showing any appointments that reach 40-days without the patient being seen will be brought to the attention of field medical staff.

ICE Response to Recommendation 14: Concur. ICE reiterated that they documented the reasons for the transition between the types of segregation, to include a signed copy of a noncitizens’ administrative order transitioning them from disciplinary to administrative segregation.

OIG Analysis: ICE provided documentation that shows the detainee signed several orders assigning her to disciplinary and then administrative segregation. We consider this responsive to the recommendation which is resolved and closed.



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Appendix A: Objective, Scope, and Methodology

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Pub. L. No. 107–296) by amendment to the *Inspector General Act of 1978*.

As mandated by Congress,³⁰ we continue to conduct unannounced inspections of ICE detention facilities to ensure compliance with detention standards. We analyze various factors to determine which facilities to inspect. We review OIG Hotline complaints and prior inspection reports, and past and future inspection schedules of other ICE and DHS inspection organizations. We also consider requests, input, and information from Congress, the DHS Office of Civil Rights and Civil Liberties, nongovernmental organizations, and media outlets to determine which facilities may pose the greatest risks to the health and safety of detainees. Finally, to ensure we review facilities with both large and small detainee populations in geographically diverse locations, we consider facility type (e.g., service processing centers, contract detention facilities, and intergovernmental service agreement facilities) and applicable PBNDS.

We generally limit our scope to the PBNDS 2011 for health, safety, medical care, mental health care, grievances, classification, use of segregation, use of force, and staff training. However, as noted in this report, our medical contractors also used the National Commission on Correctional Health Care's 2018 *Standards for Health Services in Jails* when reviewing medical-related policies and procedures at the facility.

Prior to our inspection, we reviewed relevant background information, including:

- OIG Hotline complaints;
- ICE PBNDS 2011;
- ICE Office of Detention Oversight reports and other inspection reports; and
- information from nongovernmental organizations.

We conducted our unannounced in-person inspection of Denver from October 17 through October 19, 2023. During the inspection, we:

- Conducted an in-person walk-through of the facility. We inspected areas used by detainees, including intake processing areas; medical facilities; residential areas, including sleeping, showering, and toilet facilities; legal services areas, including law libraries; and recreational facilities.

³⁰ *Department of Homeland Security Appropriations Act, 2023*, H.R. Rep. No. 117-396 (2022).



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- Reviewed the facility's compliance with key health, safety, and welfare requirements of the PBNDS 2011 for classification, segregation, voluntary work program, access to legal services, access to medical care and mental health care, and medical and nonmedical grievances.
- Interviewed ICE and detention facility staff members, including key ICE operational and detention facility oversight staff and detention facility medical, classification, grievance, and compliance officers.
- Interviewed detainees held at the detention facility to evaluate compliance with PBNDS 2011 grievance procedures and grievance resolution.
- Reviewed documentary evidence, including medical files, detainee files, and grievance and communication logs and files.

We contracted with a team of qualified medical professionals to conduct a comprehensive evaluation of detainee medical care at the Golden State facility. We incorporated information provided by the medical contractors in our findings.

We conducted this inspection under the authority of the *Inspector General Act of 1978*, 5 United States Code §§ 401–424, and according to the *Quality Standards for Inspections and Evaluations*, issued by the Council of the Inspectors General on Integrity and Efficiency.

DHS OIG's Access to DHS Information

During this inspection, ICE provided timely responses to our requests for information and did not delay or deny access to information we requested.



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Appendix B: ICE’s Comments on the Draft Report

Office of the Chief Financial Officer

U.S. Department of Homeland Security
500 12th Street, S.W.
Washington, D.C. 20536



U.S. Immigration
and Customs
Enforcement

May 20, 2024

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.
Inspector General

FROM: Jennifer Cleary
Chief Financial Officer and
Senior Component Accountable Official
U.S. Immigration and Customs Enforcement

SUBJECT: Management Response to Draft Report: “Results of an
Unannounced Inspection of ICE’s Denver Contract Detention
Facility in Aurora, Colorado”
(Project No. 24-002-ISP-ICE(a))

JENNIFER S. Cleary
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JENNIFER S. CLeary
STANNARD
Date: 2024.05.20
11:17:29 -0400

Thank you for the opportunity to comment on this draft report. U.S. Immigration and Customs Enforcement (ICE) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

ICE leadership is pleased to note OIG’s positive recognition that the Denver Contract Detention Facility (DCDF) in Aurora, Colorado complied with “Performance-Based National Detention Standards 2011,”¹ (PBND 2011) for recreation, use of force, library, and the voluntary work program. ICE remains committed to achieving industry-leading detention standards in providing safety, security, and a humane environment for noncitizens entrusted to its care.

The draft report contained 14 recommendations with which ICE concurs. Enclosed find our detailed response to each recommendation. ICE previously submitted technical comments addressing several accuracy, contextual, and other issues under a separate cover for OIG’s consideration.

¹ Revised 2016; <https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf>

www.ice.gov



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Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Enclosure



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Enclosure: Management Response to Recommendations Contained in 24-002-ISP-ICE(a)

OIG recommended the Executive Associate Director of Enforcement and Removal Operations (ERO), responsible for Denver to direct the Denver Field Office to:

Recommendation 1: Ensure consistent language in various publications when communicating to detainees about the grievance and request processes.

Response: Concur. The DCDF reviewed its processes and procedures and took corrective actions. Specifically, on February 27, 2024, DCDF revised the language in the local detainee handbook, forms, and drop boxes to ensure consistency in the grievance and request process terminology. Furthermore, on February 28, 2024, DCDF posted the updated language in all housing units and the updated language was also added to all local detainee handbooks and provided in the languages covered.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 2: Ensure responses to detainee requests are timely, and in a language understood by the detainee.

Response: Concur. On January 15, 2024, ERO Denver increased the number of ERO personnel at DCDF to increase accountability, oversight, and to address increases in detainee requests. Specifically, DCDF added five Supervisory Detention and Deportations Officers (SDDOs), and three senior Deportation Officers for a current total of 19 personnel. This staffing significantly increases oversight in detained case management and reduce the response time on detainee requests.

Further, during the OIG's inspection, ICE officers discussed with OIG inspectors ICE's use of various translation services to provide accurate responses in the languages understood by detainees. ICE will utilize translation services when necessary to provide effective communication to the detainee.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 3: Ensure ICE staff maintains an updated log of detainee requests.

Response: Concur. ERO DEN implemented staff training and increased the number of on-site officers, enforcement removal assistants (ERA), and supervisors to ensure accurate maintenance of an updated log of detainee requests. Specifically, as of



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February 16, 2024, the DCDF log is fully updated and will remain updated by ERAs as a daily job function.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 4: Maintain complete and consistent records on sexual harassment allegations and continue training staff on Sexual Abuse and Assault Prevention and Intervention complaint processes.

Response: Concur. DCDF reviewed its processes and procedures and took corrective actions to address complaint, grievance adjudication, and response requirements for sexual abuse and assault prevention and intervention. Specifically, DCDF provided training to its staff on the importance of maintaining complete and consistent Sexual Abuse and Assault Prevention and Intervention (SAAPI) records and an overview of SAAPI procedures.

ERO Denver staff will continue to closely monitor implementation of these measures. Additionally, it is important to note that ICE detention standards, policy, and DCDF directives support and mandate a zero-tolerance approach toward all forms of sexual abuse and sexual assault. DCDF fully complies with Subpart A of the “DHS Standards to Prevent, Detect and Respond to Sexual Abuse and Assault in Confinement Facilities.”² On March 6, 2024, DCDF department heads completed all general training related to SAAPI.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 5: Provide responses to grievances within 5 working days, even if it’s to update the detainees that a grievance response will likely be late due to an investigation.

Response: Concur. Historically, detainee grievances were maintained by ERO Denver in the form of a paper copy or electronic scan of the grievance. On November 21, 2023, however, ERO Denver created an electronic log to ensure accurate tracking and accountability for grievance receipt and response timeliness. The electronic log tracks the date the appeal was filed, and the date of the decision is made. In addition to assignment of appeal for proper tracking.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.

² 6 C.F.R. Part 115; <https://www.ecfr.gov/current/title-6/chapter-I/part-115>



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Recommendation 6: Ensure facility grievance logs are accurate.

Response: Concur. On March 6, 2024, DCDF reviewed its processes and procedures and took corrective actions to ensure facility grievance logs are accurate and address grievance standards. Specifically, staff were instructed detainee grievances are to be completed within 5 days of receipt. At the facility level, the goal is to have grievances complete within 4 days. This will be tracked and monitored to ensure grievances are not late, dates are correct, and a proper response to include speaking with the detainee and/or staff member involved with the grievance to ensure the grievance is fully addressed. DCDF will closely monitor the implementation of these measures.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 7: Ensure ICE staff maintain an updated log of detainee grievances to ICE.

Response: Concur. As previously noted, detainee grievances were historically maintained by ERO Denver in the form of a paper copy or electronic scan of the grievance. However, on November 21, 2023, ERO Denver created an electronic log to ensure proper tracking and accountability of the grievance receipt and response timeline. The electronic log captures the date the grievance was filed, who the grievance has been assigned to, the date of the decision, if an appeal was filed and date of the appeal, the date of the decision of the appeal. The log is routinely checked and updated accordingly to ensure timeliness and accuracy of the log.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 8: Ensure facility staff is communicating clear and accurate information to detainees regarding menu ingredients.

Response: Concur. On March 6, 2024, DCDF reviewed its processes and procedures and initiated corrective actions with its corporate food service department. Specifically, DCDF will make changes to its posted “ERO Adult Cycle” to clarify the menu items contained in the finding. Some examples include:

- “Turkey Bacon” will now be labeled as “Turkey Breakfast Strip.”
- “Turkey Ham” or “T-Ham” will now be labeled as “Turkey Deli Meat.”
- “Turkey Salami” will now be labeled as “Turkey Deli Meat.”
- “Breakfast Sausage” will now be labeled as “Chicken Breakfast Meat.”



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- “Chicken Dinner Sausage,” “Dinner Sausage,” or “Chicken Hot Dogs” will now be labeled as “Chicken Lunch or Dinner Meat,” depending on the meal being served.

Furthermore, on March 15, 2024, DCDF posted a notice to all detainees detailing these upcoming description changes. The notice reiterated that all DCDF contractor facilities are pork free, and this message was provided to the current detainee population in multiple languages March 21, 2024.

Estimated Completion Date (ECD): June 28, 2024.

Recommendation 9: Provide all detainees with the required supplies at intake, including pillows.

Response: Concur. On March 6, 2024, DCDF reviewed its processes and procedures and took corrective actions to address this issue. Specifically, DCDF issued memorandum: “Emergency notification form rev 03.13.2024,” directing intake staff and housing officers to ensure that all detainees assigned to the north annex, are provided with the required supplies at intake. This includes pillows. It’s important to note, however, that—while the OIG draft report refers to an “east annex” and a “west annex”—the DCDF only includes a north building and a south annex. The mattresses with built-in pillows are only utilized in the south annex, while the housing areas in the north building only use mattresses that do not have built in pillows—for which pillows will be issued at intake.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 10: Ensure facility staff offer all detainees barber services.

Response: Concur. In October 2023, DCDF constructed a haircare area (salon) for female and transgender detainees in the south annex, and before this haircare facility was complete, female and transgender detainees were offered haircare services in one of the other barbershops. On March 29, 2024, the new salon opened and became operational. Currently, all housing units have posted schedules for barbers and salon services, ensuring that detainees can access these services. In all cases, haircare services are monitored by security staff to verify the detainees are following proper hygiene and sanitation protocols, and DCDF maintains timely and inclusive haircare services to all detainees.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.



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Recommendation 11: Ensure the facility consistently communicates and provides detainees with a secure way to save legal work.

Response: Concur. Pursuant to PBNDS 2011 § 6.3 “Law Library and Legal Materials,” DCDF is dedicated to ensuring that the detainees are provided with the means of saving any legal work in a secure and private electronic format, with password protection, so they may return later to access previously saved legal work products. On March 6, 2024, DCDF reviewed its processes and procedures, and took corrective actions. Specifically, as of March 6, 2024, DCDF Library staff maintains a log of all thumb drives issued to detainees, which is secured in a locked cabinet and checked out by security staff, returning them after each use. Accordingly, updated signs in multiple languages were created and posted for residents on March 13, 2024, instructing them to save their documents to their issued thumb drives and not on the computer. DCDF is also collaborating with the local IT manager to develop an automatic nightly clearing method for the computers.

ECD: September 30, 2024.

Recommendation 12: Ensure intake staff is completing the medical health screening form prior to classifying a detainee and assigning a housing unit.

Response: Concur. On February 29, 2024, DCDF reviewed its processes and procedures, and took the following corrective actions. Specifically, the Health Services Administrator provided formal refresher training to all medical staff on February 20, 2024, and February 22, 2024. This training focused on training medical staff on coordinating and sequencing intake medical screenings with their security counterparts. The DCDF contractor staff will continue to ensure that the intake process is completed in the proper order through ICE and ICE’s Health Service Corps (IHSC) oversight, so that all relevant issues are considered for each detainee during the classification period.

On March 27, 2024, ICE ERO provided OIG documentation of these actions. ICE requests the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 13: Establish and implement a plan to reduce wait times for specialty care appointments.

Response: Concur. The DCDF continues to work with local medical providers to obtain and schedule specialty care appointments, and the medical scheduler will continue to document the efforts in obtaining appointments for all required specialty services. DCDF is also working closely with ICE’s Health Service Corps (IHSC) to augment the DCDF access to specialty care.



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DCDF follows IHSC guidance that requires the specialty care to be provided timely. Accordingly, any pending specialty service appointments that reach 40-days without the patient being seen will be brought to the attention of IHSC field medical staff for their assistance. DCDF contractor's Corporate Health Care Department will consider the use of telemedicine to increase the availability of specialty care appointments at DCDF. ICE ERO will document the reduction in wait time to ensure any appointments that reach 40-days without the patient being seen will be brought to the attention of IHSC field medical staff.

ECD: September 30, 2024.

Recommendation 14: Ensure consistent documentation and communication to detainees about the reason for transitions from disciplinary to administrative segregation, and the duration of such subsequent segregation.

Response: Concur. In accordance with PBNDS 2011, ICE ensures consistent documentation and communication is provided to noncitizens about the reason for transitions from disciplinary to administrative segregation. On October 19, 2023, ICE provided OIG documentation that demonstrated the reasons for the transition between the types of segregation, to include a signed copy of a noncitizens' administrative order transitioning them from disciplinary to administrative segregation. Additionally, all changes in privileges were documented and provided to OIG to demonstrate compliance with PBNDS 2011. ICE will continue to document and communicate, as appropriate. The DCDF will adhere to the PBNDS standards to ensure compliance with all aspect of segregation/restrictive housing.

ICE requests the OIG consider this recommendation resolved and closed, as implemented.



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Appendix C: Report Distribution

Department of Homeland Security

Secretary
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