



The Nakamoto Group, Inc.

January 29, 2021

TO: [REDACTED]  
Assistant Director for Detention Management

FROM: [REDACTED]  
Lead Compliance Inspector  
The Nakamoto Group, Inc.

SUBJECT: **Annual Inspection of the Aurora II Annex**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Aurora II Annex in Aurora, Colorado, during the period of January 27-29, 2021. This inspection was scheduled for 2020, but was postponed to 2021 due to COVID. This is a CDF.

The annual inspection was performed under the guidance of [REDACTED], Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

### **Type of Inspection**

This is a scheduled annual inspection which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a rating of Meets Standards during the November 2019 annual inspection.

### **Inspection Summary**

The Aurora II Annex is currently accredited by:

- The American Correctional Association (ACA) - Yes
- The National Commission on Correctional Health Care (NCCCHC) - Yes
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - Yes

### **Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2019 and 2021 PBNDS annual inspections:



<b>2019 Annual Inspection</b>	
Meets Standards	41
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	1

<b>2021 Annual Inspection</b>	
Meets Standards	37
Does Not Meet Standards	1
Repeat Finding	0
Not Applicable	5

The inspection team identified eight (8) deficient components in the following two (2) standards:

Visitation - 4, two of which are priority components.

Grievance System - 4; of which three are priority components and three are repeat deficiencies. Two priority components were repeat deficiencies.

### Facility Snapshot/Description

The Aurora II Annex (South Unit) is located in Aurora, Colorado, which is approximately ten miles east of Denver. The facility opened in 1987 and is owned and operated by The GEO Group, Inc., a private corrections company. The facility is combined with the Aurora ICE Processing Center (North Unit); together they comprise the entire compound.

[REDACTED]

All female ICE detainees are housed in the Annex. [REDACTED]

[REDACTED] The facility houses ICE detainees of all custody levels. ICE detainees are housed and kept separate from non-ICE detainees. [REDACTED]

[REDACTED] ICE/ERO maintains an on-site presence Monday through Friday.

The entire compound consists of two one-story buildings which are separated into two distinct sections: the Aurora ICE Processing Center (North Unit) and the Annex (South Unit). Many of the support services are shared. Travel between the two buildings is frequent. The space between the buildings is linked by a fenced corridor. The compound's exterior perimeter combines the outside walls of the buildings, intermittent runs of twelve-foot chain link fence sections which are supplemented with razor ribbon and a motion detection (shaker fence) system, and twelve-foot block walls. There is a perimeter road around the compound that is foot patrolled by an unarmed officer twice each shift. Surveillance cameras offer visibility around the entire perimeter, into the recreation areas, and down the interior movement corridors. All exterior building doors and interior security gates and doors are under constant camera surveillance and controlled by central control staff. The facility is equipped with a 350+ surveillance camera network that is monitored 24 hours a day. All movement is escorted.

There are thirteen individual housing units in the Annex which are all dormitory settings that vary in bed-space. There is no special management unit (SMU) in the Annex; detainees worthy of such intervention are escorted into the North Unit for confinement. There were three ICE detainees in the SMU during the inspection. The facility has dedicated sections of its housing units (North Unit and the Annex) to serve as COVID-19 wings. Throughout the inspection they were occupied with a daily changing population of active/potential COVID-19 cases.

Annex housing units are supervised by assigned roving officers. Each general population housing unit has a common dayroom which is equipped with: a television; fixed table/chair units for detainees to eat their meals, play games, and gather for conversation; a bank of wall-mounted telephones; tablets on which detainees can receive/send emails, conduct video visits, send requests directly to facility and ICE/ERO staff, order commissary, file grievances, check their account balance, view the LexisNexis collection, the facili-





ty handbook and all announcements/schedules; and access fee-based entertainment programs. Each detainee is assigned a lockable personal property storage bin. Detainees are provided indoor and outdoor recreation. Outdoor recreation is provided at the optimal level of at least four hours a day, seven days a week. Detainees have access to water and toilet access when using the yard. The law library schedule allows for no less than fifteen hours per week access, the optimal benchmark specified in the standard.

Inspectors interviewed sixteen general population detainees; three of the interviews required an interpreter. All three of the SMU detainees refused to be interviewed. Overall detainees were satisfied with the food, their medical treatment, recreational opportunities, the cleanliness of the facility, law library access, mail deliveries, commissary privileges, law library services and access to and response from ICE/ERO personnel. All of the detainees stated they did receive a facility handbook during in-processing.

There were two general themes that were consistent through many of the interviews: poor telephone service and staff treatment (These same concerns were expressed in the North Unit). The telephone service was reported to be intermittent with poor connections and muted audio capability on many of the calls. These concerns have been on-going for a two-to-three-week period, but detainees reported that they seem to have been fixed earlier in the week and are no longer a problem. The detainee rights SME discussed this with the Warden who stated that COVID-19 conditions are having a major impact on outside contractor services coming inside the facility. The staff treatment concerns mirrored those heard in the North Unit; they are reflected in the SIS reported grievance numbers. Of the combined 807 grievances filed during this inspection period in the North Unit and the Annex, 255 were lodged for staff misconduct and 26 were substantiated. The majority of the detainees bringing this concern stated staff disrespected and harassed them frequently, many times due to filing a grievance. All detainees interviewed were informed of the OIG services and how to contact the resource; however, none of them had made contact. The LCI discussed this concern with the Warden. He was aware of the allegations and stated several of the concerns were generated by a few detainees but each incident is reviewed and corrective action is implemented when warranted.

Medical, food service, and maintenance services are provided by The GEO Group, Inc. Detainee telephone and tablet services are managed by Talton Communications. An assessment of the general cleanliness of the facility could not be determined due to the remote nature of the inspection. ICE detainees are not charged medical co-pays.

### **Areas of Concern/Significant Observations**

The inspection was conducted remotely, and inspectors were unable to personally observe practices and procedures within the facility. The inspection team relied upon photographs and/or videos to validate the observation of many standards. There were five priority components rated as Does Not Meet Standard.

### **6.2 Grievance System**

**Component #1 – PRIORITY:** Each facility shall have written policy and procedures for a detainee grievance system that:

- Establishes a procedure for any detainee to file a formal grievance;
- Establishes a procedure to track or log all ICE detainee grievances separately from other facility populations;
- Establishes reasonable time limits for:
  - Processing, investigating, and responding to grievances;
  - Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and



- Providing written responses to detainees who filed formal grievances, including the basis for the decision.
- Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable;
- Establishes a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel;
- Ensures each grievance receives appropriate review;
- Provides at least one independent appeal that excludes individuals previously involved in the decision-making process for the same grievance;
- Includes guarantees against reprisal; and
- Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized.

**Finding:** A review of documentation indicates that policy and procedures address the elements of this component with the exceptions of: maintaining separate grievance logs for the CDF and the Annex; medical grievances are not consistently logged; and the medical grievance system does not provide at least one independent appeal that excludes the individual making the initial adjudication. **(Repeat Finding)**

**Recommendation:** The facility should establish a procedure to: track or log all ICE detainee grievances separately between the CDF (North Unit) and the Annex; consistently log all medical grievances filed; and develop a system that provides at least one independent appeal that excludes the individual making the initial adjudication. Provide training to medical personnel specific to the maintenance of the grievance log and the importance of maintaining pertinent grievance information.

**Component #11 – PRIORITY:** Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed; the name of the detainee that filed the grievance; the nature of the grievance; the date the decision was provided to the detainee; and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file.

**Finding:** The facility has written policy and procedures regarding maintenance of a grievance logs. A review of the medical grievance log provided indicates the required elements of this component are not consistently maintained. The log provided revealed the log has not been updated since August 2020. **(Repeat Finding)**

**Recommendation:** The facility should ensure that the medical grievance log is completed consistently and include the date the grievance was filed, the name of the grievant, the nature of the grievance, the date the decision was provided, and adjudication information.

**Component #12 – PRIORITY:** Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner.

**Finding:** Policy requires that upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, the facility must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner, with a



copy going to ICE’s Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action. A review of the grievances and interviews with the grievance officers and the accreditation/compliance manager, revealed that grievances alleging staff misconduct were not being sent to ICE/ERO. A total of 807 grievances were reported during this inspection period of which 255 were allegations of staff misconduct; 26 of them were substantiated.

**Recommendation:** The facility should follow policy and monitor procedures to ensure that allegations of staff misconduct are forwarded to ICE/ERO as the standard and the facility’s own policy requires.

Due to these concerns the Grievance System standard, which is applicable to the North Unit and the Annex, is rated Does Not Meet Standard.

**Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011 for Over 72-hour facilities. One (1) standard was rated as Does Not Meet Standard and five (5) standards were Not Applicable (N/A). All remaining thirty-seven (37) standards were found to Meets Standards.

**LCI Assurance Statement**

The findings of compliance and noncompliance are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. A call-in out brief was conducted telephonically and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following participated:

- ICE Officials – [Redacted]
- Facility Staff – [Redacted]

[Redacted]

[Redacted], Lead Compliance Inspector

January 29, 2021

Printed Name of LCI

Date

