

November 27, 2018

TO: [REDACTED]
Assistant Director for Detention Management

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

SUBJECT: **Annual Inspection of the Aurora ICE Processing Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Aurora ICE Processing Center (formerly Denver CDF) in Aurora, Colorado during the period of November 25-27, 2019. 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 |
|----------------------|-------------|
| Security | [REDACTED] |
| Detainee Rights | [REDACTED] |
| Medical Care | [REDACTED] |
| Safety | [REDACTED] |
| Medical Care | [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 previous rating of Meets Standards during the October 2018 inspection.

Inspection Summary

The Aurora ICE Processing Center is currently accredited by:

- The American Correctional Association (ACA) – Yes
- The National Commission on Correctional Health Care (NCCHC) – 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 2018 and 2019 PBNDS 2011 annual compliance inspections:



The Nakamoto Group, Inc.

| 2018 Annual Inspection | |
|-------------------------------|----|
| Meets Standard | 41 |
| Does Not Meet Standard | 0 |
| Repeat Finding | 0 |
| Not Applicable | 1 |

| 2019 Annual Inspection | |
|-------------------------------|----|
| Meets Standard | 41 |
| Does Not Meet Standard | 0 |
| Repeat Finding | 0 |
| Not Applicable | 1 |

The inspection team identified five (5) deficient components in the following three (3) standards:

Hold Rooms – 1

Significant Self-Harm and Suicide Prevention and Intervention – 1, which is a priority component

Grievance System – 3, two of which are priority components

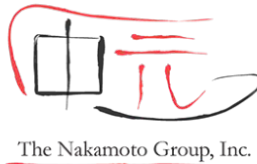
Facility Snapshot/Description

The Aurora ICE Processing Center is located in Aurora, CO, which is approximately ten mile east of Denver, CO. The facility is owned and operated by The GEO Group, Inc., a private corrections company. It is a CDF which currently houses adult male and female ICE detainees of all custody levels and adult male U.S. Marshals detainees. ICE/ERO maintains an on-site presence Monday through Friday. The facility is composed of two units; the main unit, in which most of the support services are delivered; and the annex which provides additional housing and some duplicate support services from the main unit.

The facility opened in 1987 and expanded to its current size in 2019. The compound consists of two distinct sections inside the fence; the main facility (North) and the annex (South). Many of the support services are shared. Travel between the two buildings is frequent. The space between these buildings is linked by a fenced corridor. The perimeter of the entire compound is encircled by a paved road and two parallel twelve-foot chain link fences supplemented with razor ribbon. The perimeter fence is checked each shift by an unarmed officer and is under constant surveillance camera vigil, which is monitored by master control center officers. The camera network affords watch into all housing units and main movement corridors. All exterior building doors are alarmed and controlled by central control officers. All movement is escorted.

All general population detainees are housed in five separate housing units, each with various sections ranging in configuration of eight to sixty bed dormitories and four to eight bed cells. There is one ICE/ERO special management unit (referred to as restricted housing unit at this facility) consisting of 48 one-bed cells. All main housing units are managed under direct supervision. Annex housing units are supervised by assigned roving officers.

Each housing unit has a dayroom equipped with three televisions, fixed dining/seating tables where detainees can play board games, cards, engage in social interactions with one another and watch television, and electronic tablets on which detainees can order commissary, participate in video-visits, watch movies, send e-mails and play games. Each housing unit has a kiosk on which detainees can place their weekly commissary orders.



Each detainee has a lockable personal property storage bin. All detainees have access to indoor and outdoor recreation. There are nine outdoor recreational yards. Outdoor recreation is provided at least one hour a day, seven days a week for all detainees. Detainees have access to water and toilet access when using the yard.

Several detainees were interviewed throughout the inspection using the language line and a bi-lingual inspector. Interviews were with detainees of various custody levels from different housing units. The interviews took place in a private setting. Detainees had no reservations about speaking with their interviewers. Overall, the detainees voiced no substantive complaints or concerns when questioned about their personal safety, treatment by staff, conditions of confinement, medical care, asylum requests, consulate/court access, ICE/ERO services, visiting privileges, law library access, food services or recreational opportunities. One Nigerian detainee was unhappy with the food selections as it did not reflect the dietary customs of his home land. The food service SME discussed the concern with the food service manager. The cycle menu is adequate and reflects many different ethnic cuisines, just not his. There were two minor medical concerns raised by two different detainees. Both concerns were discussed with health care staff by the medical SME. The first issue concerned a vision problem. It was determined the detainee has extremely poor vision. The detainee has requested his family to send in his special eyeglasses, they have not yet been received. Upon receipt and a subsequent security clearance, they will be issued. The second issue was a detainee receiving the results of his September 23, 2019 MRI. Health care staff have made frequent requests to the provider but the results have not yet been forwarded. In both instances, the concerns were previously addressed; proper protocols are being followed. Both detainee concerns will be satisfied upon receipt of the requested article/test results.

Cleanliness inside the facility is considered to be above average.

All security and support services are provided by The GEO Group, Inc. employees. Detainees are not charged a co-payment for medical services.

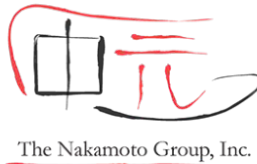
Areas of Concern/Significant Observations

There were three priority components rated Does Not Meet Standard:

4.6 Significant Self-Harm and Suicide Prevention and Intervention:

Component #6: PRIORITY: Suicidal detainees should be closely supervised in a setting that minimizes opportunities for self-harm. The isolation room designed for evaluation and treatment must be free of objects or structural elements that could facilitate a suicide attempt, and security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee's safety. A suicidal detainee may be placed in the Special Management Unit only if space has been approved for this purpose by medical staff and such space allows for unobstructed observation.

Finding: The suicide precautions/watch rooms are free of objects which may facilitate a suicide attempt. However, one of the two rooms (#535) has a floor to ceiling wall which completely obscures the view of the officer while the detainee is in that area.



Recommendation: The floor to ceiling wall should be renovated to permit a better view of the observed detainee by the observing officer.

6.2 Grievance System:

Component #6: 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 interpretation/translation services are utilized.

Finding: The facility has written policy and procedures for a detainee grievance system. A review of documentation revealed: medical grievances are not being logged or tracked consistently; a high number of medical grievances were not accounted for on a grievance log; responses to medical grievances are not consistently made within five working days; there is no mechanism in place in which emergency medical grievances are screened as soon as practicable; and the medical grievance system does not provide at least one independent appeal that excludes the individual involved in the decision making process for the same grievance.

Recommendation: The facility should develop a medical grievance log which would collect the required information on medical grievances and follow their established policy regarding the logging of grievances and the pertinent information. Training should be provided to medical personnel specific to the maintenance of the grievance log and the importance of maintaining pertinent grievance information. The training should also address proper response times, the acceptable appeal process, screening of medical grievances and the importance of accounting for the resolution of every grievance.



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.

Findings: The facility has written policy and procedures regarding maintaining detainee grievance logs. The facility uses a computerized system (GEOTrack) for entering all grievances. A review of the non-medical grievance log reveals that the entries did not consistently include the date the grievance was filed, the name of the grievant, along with the nature of the grievance, the date the decision was provided to the detainee nor the outcome of the adjudication.

Recommendations: The facility should ensure that the medical grievance logs are completed consistently and in their entirety to 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.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011. No (0) standards were found Does Not Meet Standards and one (1) standard was Not Applicable (N/A). All remaining forty-one (41) standards were found to be in compliance.

LCI Assurance Statement

The findings of Meets Standards and Does Not Meet Standards are accurately and completely documented on the G324A Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

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

[REDACTED]

[REDACTED], Lead Compliance Inspector

November 27, 2019

Printed Name of LCI

Date

