

November 27, 2019

TO: [REDACTED]  
Assistant Director for Detention Management

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

SUBJECT: **Annual Detention Inspection of the Aurora Processing Center Annex**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) of the Aurora Processing Center Annex in Aurora, Colorado, during the period of November 25-27, 2019. This is a CDF.

The 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 was not inspected in 2018.

### **Inspection Summary**

The Aurora Processing Center Annex is currently accredited by:

- The American Correctional Association (ACA) - No
- 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 2019 PBNDS 2011 compliance annual inspection:

| <i>2018 Annual Inspection</i> |     |
|-------------------------------|-----|
| Meets Standards               | N/A |
| Does Not Meet Standards       | N/A |
| Repeat Finding                | N/A |
| Not Applicable                | N/A |

| <i>2019 Annual Inspection</i> |    |
|-------------------------------|----|
| Meets Standards               | 38 |
| Does Not Meet Standards       | 0  |
| Repeat Finding                | 0  |
| Not Applicable                | 4  |

The inspection team identified six (6) deficient components in the following four (4) standards:

- Food Service - 1
- Medical Care -1
- Personal Hygiene - 1
- Grievance System - 3, two of which are Priority components

### **Facility Snapshot/Description**

The Aurora ICE Processing Center Annex is a [REDACTED] facility connected to the Aurora ICE Processing Center by a covered walkway enclosed by chain link fencing. The facility is operated by GEO Group, Inc. (GEO). The facility is located in Aurora, Colorado, approximately fifteen miles west of Denver, Colorado. Originally opened in 1987, the facility was de-activated for a time and then re-opened in January of 2019 to house ICE detainees. Detainees are processed at the adjacent facility and transferred to the Annex. [REDACTED]

ICE maintains an on-site presence in the facility. Detainees interviewed during the inspection reported that ICE personnel visit the housing units daily and respond to their concerns in a timely manner. One concern was that the ICE officers often use another detainee as a translator when speaking to a detainee who does not speak English.

The housing units provide a dayroom equipped with a television and tables and seating for meals and for playing board games or other activities. The facility provides activities such as drawing contests, domino tournaments, and bingo night as well as basketball and handball tournaments every month. The contests are supervised by the programs manager and candy bars are awarded as prizes. Each detainee is issued an AM/FM radio which allows them to hear the television as well as listen to music. The recreation area is equipped with a multi-station exercise system, pull-up bars, and a basketball hoop. The assistant warden advised that the electrical system is being updated and microwaves and an additional television will be installed in each housing unit. Detainees are currently given access to microwaves in a common area near the central officer's station to heat food purchased from the commissary.

The inspection team visited the housing units multiple times during the inspection. Detainees were relaxed and approached the inspectors without hesitation. Detainees were interviewed in groups and in a private, confidential setting. LEP detainees speaking Spanish, Mandarin, Punjabi, Russian, Creole and Bengali were interviewed using a telephonic translation line. All of the detainees with the exception of one stated that they felt safe at the facility and were able to access services. A transgender detainee who spoke Spanish told the inspectors that he was in a housing unit with four other transgender detainees including two from Cuba. He stated that the Cuban detainees were controlling the housing unit television and were forcing the other detainees to do all of the cleaning and continually making remarks and threatening the others and he did not feel safe. One of the five detainees had been moved to the adjacent facility

and placed on suicide watch the previous day so he was not interviewed. The other detainee who was allegedly being mistreated was interviewed and he verified that the Cuban detainees were controlling the housing unit. He stated that it made him uncomfortable but he was not concerned about his safety. The Cuban detainees refused to speak with the inspectors. This information was shared with the assistant warden and she stated that they were aware of the situation and that staff had been instructed to interact with the detainees in the unit more frequently and to ensure that all detainees participated in the cleaning.

Detainees were asked about the quality of the food and the responses ranged from “awesome” to “terrible” depending on the country that the detainee was from. Several detainees stated that they had been able to find the materials that they needed in the law library. The detainees stated that the staff treated them with respect with the exception of one officer. The assistant warden was advised and she was aware of the complaints and stated that the officer had been counseled and was being monitored by command staff.

An inspection of the facility including housing units and the medical unit revealed average sanitation. Staff interaction with detainees was noted to be respectful and cordial and no issues were noted regarding the conditions of confinement. The facility is toured by a congressional representative every Monday.

Detainees are not charged co-pay fees for medical, dental, or mental health services. All services are provided by GEO Group.

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

### Priority Components Rated Does Not Meet Standard

#### **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 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.



The Nakamoto Group, Inc.

**Finding:** Written policy and procedures address all aspects of this component. Detainees are provided information regarding the grievance system via the local handbook, the ICE National Detainee Handbook, and the orientation process. However, a review of medical grievance documentation revealed that medical grievances are not consistently logged or tracked; nor are responses to medical grievances consistently made within five working days. In addition, there is no mechanism in place for screening of medical grievances as soon as practicable. Furthermore, the medical grievance process does not provide at least one independent level of appeal that does not include the individual who offered the first proposed resolution. Also, a high number of medical grievances were not accounted for on a grievance log.

**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. Provide training 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.

**Finding:** The facility has written policy and procedures regarding maintenance of a grievance log. A review of the non-medical grievance log confirms that it includes the elements of this component. A review of the medical grievance binder maintained in the medical department indicates the required elements of this component are not consistently maintained.

**Recommendation:** 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, and 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 four (4) standards were Not Applicable (N/A). All remaining thirty-eight (38) standards were found to be in compliance.

### **LCI Assurance Statement**

The findings of compliance and non-compliance are accurately and completely documented on the G-324 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]



The Nakamoto Group, Inc.

[REDACTED]

[REDACTED]

[REDACTED], Lead Compliance Inspector

November 27, 2019

Printed Name of LCI

Date

[REDACTED]