

A. Type of Facility Reviewed

- ☐ ICE Service Processing Center
☒ ICE Contract Detention Facility
☐ ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection <input type="checkbox"/> Field Office <input checked="" type="checkbox"/> HQ Inspection
Date[s] of Facility Review 10/2/2018 - 10/4/2018

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review 9/26/2017-9/28/2017
Previous Rating <input checked="" type="checkbox"/> Meets Standards <input type="checkbox"/> Does Not Meet Standards

D. Name and Location of Facility

Name Aurora ICE Processing Center
Address (Street and Name) 3130 N. Oakland Street
City, State and Zip Code Aurora, CO 80010
County Adams
Name and Title of Facility Administrator (Warden/OIC/Superintendent) [REDACTED]
Telephone # (Include Area Code) [REDACTED]
Field Office / Sub-Office (List Office with oversight responsibilities) Centennial, CO
Distance from Field Office 16 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) [REDACTED] / LCI/Detainee Rights / Nakamoto Group
Name of Team Member / Title / Duty Location [REDACTED] / Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location [REDACTED] / Safety SME / Nakamoto Group
Name of Team Member / Title / Duty Location [REDACTED] / Security SME / Nakamoto Group
Name of Team Member / Title / Duty Location [REDACTED] / Medical SME / Nakamoto Group

F. CDF/IGSA Information Only

Contract Number [REDACTED]	Date of Contract or IGSA [REDACTED]
Basic Rates per Man-Day [REDACTED]	
Other Charges: (If None, Indicate N/A) [REDACTED]; ; ;	

Estimated Man-days Per Year
[REDACTED]

G. Accreditation Certificates

List all State or National Accreditation[s] received: Most recent ACA 1/22/2017 and NCCHC 8/15/2015
<input type="checkbox"/> Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding <input type="checkbox"/> Court Order <input type="checkbox"/> Class Action Order	
The Facility has Significant Litigation Pending <input checked="" type="checkbox"/> Major Litigation <input type="checkbox"/> Life/Safety Issues	
<input type="checkbox"/> Check if None.	

I. Facility History

Date Built [REDACTED]	
Date Last Remodeled or Upgraded [REDACTED]	
Date New Construction / Bedspace Added [REDACTED]	
Future Construction Planned <input type="checkbox"/> [REDACTED] <input checked="" type="checkbox"/> [REDACTED] Date:	
Current Bedspace [REDACTED]	Future Bedspace (# New Beds only) Number: [REDACTED] Date:

J. Total Facility Population

Total Facility Intake for previous 12 months [REDACTED]
Total ICE Mandays for Previous 12 months [REDACTED]

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

L. Facility Capacity

	Rated	Operational	Emergency
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> [REDACTED]			

M. Average Daily Population

	ICE	USMS	Other
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

N. Facility Staffing Level

Security: [REDACTED]	Support: [REDACTED]
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Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	10P	14P	16P	15P
	With Weapon	N/A	N/A	N/A	N/A
	Without Weapon	N/A	N/A	N/A	N/A
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	3P	0	1P	1P
	With Weapon	N/A	N/A	N/A	N/A
	Without Weapon	3	N/A	1	1
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	1
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		1	0	0	1
Number of Times Special Reaction Team Deployed/Used		1	0	0	1
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	1V	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	C	0
Number of Times Canines Used in Facility		N/A	N/A	N/A	N/A
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	1	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	187	309	213	149
	# Resolved in favor of Offender/Detainee	35	71	56	52
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	1
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	14	42	72
	# Psychiatric Cases referred for Outside Care	0	0	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders


² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large-scale incidents.

DHS/ICE Detention Standards Review Summary Report							
1. Meets Standards		2. Does Not Meet Standards		3. Repeat Finding		4. Not Applicable	
		1	2	3	4		
PART 1 SAFETY							
1	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Transportation (By Land)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PART 2 SECURITY							
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Sexual Abuse and Assault Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 3 ORDER							
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 4 CARE							
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Terminal Illness, Advance Directives, and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 5 ACTIVITIES							
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Escorted Trips for Non-Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
32	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PART 6 JUSTICE							
34	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PART 7 ADMINISTRATION & MANAGEMENT							
38	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name)	
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	10/4/2018

Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
██████████, Safety SME, The Nakamoto Group, Inc.	██████████, Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
██████████, Security SME, The Nakamoto Group, Inc.	██████████, Medical SME, The Nakamoto Group, Inc.

☒ **Meets Standards**
☐ **Does Not Meet Standards**

Medical Care (Women), a new standard, was rated as Meets Standard;
Classification System is now titled Custody Classification System;
Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
News Media Interviews and Tours is now titled Interviews and Tours and;
Transfer of Detainees is now titled Detainee Transfers.

During this inspection period, there have been ten allegations of detainee-on-detainee sexual assault or abuse. All ten incidents were investigated and none were referred for criminal charges. Of the ten incidents, two were substantiated, five were unsubstantiated, two were unfounded and one case is "under investigation". The two substantiated cases involved one victim and two separate aggressors. In the first incident, the aggressor was disciplined. In the second incident, the victim was released from the facility prior to the conclusion of the investigation. The aggressor was released from pre-disciplinary administrative segregation.

A review of the completed case records confirmed that all procedures, notifications, and documentations were followed in accordance with standard guidelines.

There was one death reported during the inspection period. A 64-year-old Iranian male was admitted to the facility on 11/17/2017. At the time of admission, the detainee reported adult depression, heroine and methadone addiction and complaint of abdominal pain. As a result, the detainee was placed in medical observation directly from intake. The detainee began rather quickly complaining of nausea and vomiting and was observed to vomit blood. On 11/28/2018, the detainee was observed to have a bed sheet tied tightly around his neck. As a result, he was placed on a Level 1, one-to-one constant suicide watch. On 12/2/2018 at 11:00 a.m., the detainee was scheduled to be evaluated by the psychologist. The detainee attempted to get into a wheelchair but vomited blood and collapsed. The detainee was noted to stop breathing, and EMS was contacted while medical personnel continued emergency treatment. The detainee was transported to the local community medical center where he was pronounced dead. The most likely cause of death was noted as "the result of asphyxia secondary to aspiration of bloody vomitus".

There were two detainee hunger strikers during this inspection period. A review of the medical records confirmed that medical procedures, notifications, and documentations were followed according to the requirements of this standard.

There were eleven use of force incidents. Nine of the incidents involved immediate uses of force and two were calculated uses of force. Two incidents involved the use of Oleoresin Capsicum. Four incidents involved detainees refusing staff orders and/or refusing to submit to being handcuffed; three incidents involved detainees assaulting staff; one incident involved a detainee on detainee fight where the detainees refused to follow staff instructions to stop fighting; two incidents involved detainees destroying the interior of their cells and refusing staff orders and one incident involved a detainee in possession of a stabbing instrument. The majority of these incidents involved staff using minimal amounts of force or physical holds to control the detainees and apply restraints. In each incident, medical attention was prompt and, in most incidents, there was no staff or detainee injuries. Review of the two videotaped calculated use of force incidents confirmed the incidents were videotaped in accordance with policy and the standard requirements. Each incident was reviewed within the required time frames and all incident packages were completed per policy. In each incident, ICE officers were notified immediately. After-action reviews were conducted on all of these use of force incidents concluding the amount of force used by staff in all incidents was justified and appropriate.

There were no escapes or attempted escapes during the inspection period. The facility does not have a canine unit. The only chemical agent authorized for use is OC (oleoresin capsicum)/pepper spray. Choke holds, carotid control holds and neck restraints are prohibited by policy. Tasers are not used.