



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Salt Lake City Field Office**

**Nye County Detention Center  
Pahrump, Nevada**

**July 6-9, 2020**

**COMPLIANCE INSPECTION**  
**of the**  
**NYE COUNTY DETENTION CENTER**  
Pahrump, Nevada

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Nye County Detention Center (NCDC), Pahrump, Nevada, from July 6 to 9, 2020.<sup>1</sup> The facility opened in 2012 and is owned and operated by Nye County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NCDC in 2019 under the oversight of ERO's Field Office Director (FOD) in Salt Lake City (ERO Salt Lake City). The facility operates under the National Detention Standards (NDS) 2019.

ERO does not have assigned deportation officers assigned to the facility. However, a detention services manager is assigned on a part-time basis. An NCDC captain handles daily facility operations and is supported by █ personnel. Summit Food Service provides food and commissary services and Serenity Health provides medical care at the facility. The facility holds no accreditation by any outside entity. This is ODO's first inspection of the facility.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	100
Average ICE Detainee Population <sup>3</sup>	79
Male Detainee Population (as of 7/6/2020)	69
Female Detainee Population (as of 7/6/2020)	N/A

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<sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of July 6, 2020.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	5
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	8
Use of Force and Restraints	0
Special Management Units	18
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>26</b>
<b>Part 4 – Care</b>	
Food Service	7
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>7</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	1
Telephone Access	0
Visitation	3
<b>Sub-Total</b>	<b>4</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>42</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Staff-Detainee Communication:* Four detainees complained they had been in the facility for approximately two months, and their case workers/deportation officers have not communicated with them about their removal/deportation from the United States to their respective home countries.

- Action Taken: ERO and facility staff responded to the detainees' complaints with the following: "Four detainees are in a state of pending removal, while waiting on flights. The current situation of the COVID-19 pandemic has made it difficult to obtain flight schedules for removal of detainees. The Assistant Field Office Director stated, staff will be sent to the housing units to talk with the detainees about their concerns."

*Medical Care:* One male detainee complained of severe pain in his chest that was caused by a lodged bullet. He stated during his intake processing, he notified medical staff of his condition in which no action was taken. After he was assigned to his housing unit, he submitted several sick call requests in which no action was still taken. He stated he has not received any medical treatment for his condition.

- Action Taken: Medical staff responded to the detainee's complaint with the following: "During his initial assessment the detainee was seen by medical when he stated he has had pain from a gunshot wound since he was 15 years old. There was no prescription noted in his file for taking medication at his previous facility, which was San Luis Regional Detention and Support Center. He was seen by the facility's provider on May 27, 2020, who reviewed his chest X-ray of May 13, 2020. However, the detainee did not complain about any pain during the May 27, 2020, assessment. He denied having chest pains during his three previous assessments. He is scheduled to have an outside surgery consultation for the pain in his chest; however, during this COVID-19 Pandemic care has been delayed."

*Food Service:* The detainee stated he is a vegetarian and complained he has not received his prescribed vegetarian diet meal. He said the doctor ordered him to receive a substitute meat with his meals; instead, he was served beans every day, which caused him to have diarrhea daily. He said he is not receiving a proper vegetarian diet, as prescribed.

- Action Taken: ERO and facility staff responded to the detainee's complaint with the following: "Since his arrival the detainee was placed on a regular diet. He requested a vegetarian diet because he thought the meats served at the facility consisted of beef and pork. The facility accommodated him by changing from a regular tray to a vegetarian diet. The facility does not serve beef or pork products, only turkey-based products. A

sergeant and the captain discussed the menu with the detainee, and he agreed to be switched back to a regular diet.”

*Environmental Health and Safety:* Two detainees complained facility staff sprayed the housing unit, [REDACTED] with chemicals to kill the COVID-19 virus several times each day; locked them in their cells; and they have great difficulty breathing.

- Action Taken: The facility staff responded to the detainee’s complaint with the following: “The cleaning is routine, and the cleaning chemicals used are OSHA approved and diluted to safety standards.”



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed NCDC's policy Environmental Health and Safety-0074 dated November 30, 2019, and conducted a video tour of the maintenance and kitchen areas where hazardous chemicals are used and stored; and found records did not include a perpetual inventory and were not maintained separately for each chemical (EH&S-1&2<sup>6,7</sup>).

The facility did not compile a master index of hazardous substances to include their locations and emergency numbers (EH&S-3<sup>8</sup>).

ODO reviewed NCDC's policy Emergency Plan Fire-0029M dated November 30, 2019, and found a requirement for monthly fire and emergency key drills as part of their fire prevention, control, and evacuation plan; however, ODO's review of the Generator Checks and Fire Drills form found fire drills were not documented for October 2019, January 2020, and June 2020 (EH&S-4<sup>9</sup>).

ODO interviewed the maintenance staff and the Nye County facility manager and found the generators were automatically run tested every [REDACTED] for [REDACTED] and manually run tested for [REDACTED]. The manual test is completed by facility maintenance and included checking the battery and fluid levels; however, the facility did not complete [REDACTED] load testing of the generator or [REDACTED] testing of emergency equipment (Deficiency EH&S-5<sup>10</sup>).

## SECURITY

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO interviewed the supervisory lieutenant regarding NCDC's funds and personal property program and found they do not have a written procedure for inventory and audit of detainee funds, valuables, and personal property (F&PP-1<sup>11</sup>). During the same interview, ODO found NCDC

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<sup>6</sup> "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>7</sup> "Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

<sup>8</sup> "The Maintenance Supervisor or facility designee will compile a [REDACTED] of all hazardous substances in the facility, [REDACTED] along with a master file of SDSs. Documentation of reviews will be maintained in the SDS master file. The [REDACTED] will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

<sup>9</sup> "Such topics will include, but are not limited to, fire safety codes; regular fire and safety inspections; a fire prevention, control and evacuation plan and fire drills." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

<sup>10</sup> "Power generators will be tested according to the manufacturer's instructions. Other emergency equipment and systems will undergo [REDACTED] testing, with follow-up repairs or replacement as necessary. Testing documentation will be retained for review." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(G).

<sup>11</sup> "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal

does not inventory detainee baggage and other non-valuable property, at least once each quarter (**F&PP-2**<sup>12</sup>). Further, NCDC does not maintain documentation indicating the date, time, and name of the officer(s) who conducted the inventory (**F&PP-3**<sup>13</sup>).

ODO interviewed the supervisory lieutenant regarding NCDC's funds and personal property program and found they do not have a written procedure for detainee property reported as missing or damaged (**F&PP-4**<sup>14</sup>). As a result of not having established procedures, ODO found supervisory staff do not conduct the missing or damaged property investigation (**F&PP-5**<sup>15</sup>).

ODO found NCDC does not have established procedures for detainee property reported as missing or damaged, resulting in detainees not being promptly reimbursed for all validated property losses caused by facility negligence (**F&PP-6**<sup>16</sup>). Furthermore, because established procedures do not exist, ICE/ERO is not immediately notified of all claims and outcomes (**F&PP-7**<sup>17</sup>).

ODO made numerous attempts to obtain pictures and/or scanned copies of the detainee property log(s); however, the facility did not provide the requested information in which the detention standard, Inventory and Audit, could not be fully reviewed. ODO cited this area as deficient, because it could not be verified that detainees are notified in writing if their property was shipped or destroyed, as the property log reflects the detainee's property transaction (**F&PP-8**<sup>18</sup>).

## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed NCDC's policy 0078A, Special Management Units, dated November 30, 2019, and found NCDC had written procedures for regular review of detainees in administrative segregation (AS) status; however, the supervisor was directed to conduct a review within 96 hours and not 72 hours (**SMU-1**<sup>19</sup>). Furthermore, the policy did not address subsequent reviews (**SMU-**

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property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>12</sup> "An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>13</sup> "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory. Any discrepancies will be reported immediately to the facility administrator." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>14</sup> "Each facility shall have a written policy and procedure for detainee property reported missing or damaged." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F).

<sup>15</sup> "Supervisory staff will conduct the investigation." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(2).

<sup>16</sup> "The facility will promptly reimburse detainees for all validated property losses caused by facility negligence." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(3).

<sup>17</sup> "The facility will immediately notify ICE/ERO of all claims and outcomes." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(4).

<sup>18</sup> "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." See ICE NDS 2019, Standard, Funds and personal Property, Section (II)(D).

<sup>19</sup> "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a).

2<sup>20</sup>), nor giving a copy of the review to the detainee or the right to appeal (SMU-3<sup>21</sup>). Additionally, the policy directed the medical department visit each detainee in SMU “at least three times a week” and a qualified health care provider did not conduct a psychological review every 30 days (SMU-4<sup>22</sup>).

NCDC reported three detainees were placed in AS status the year preceding the ODO’s inspection. ODO reviewed the detainees’ files and found NCDC did not complete a written AS order in all three instances (SMU-5<sup>23</sup>). Therefore, the detainees did not receive a copy (SMU-6<sup>24</sup>); nor was it forwarded to ICE/ERO (SMU-7<sup>25</sup>); and subsequently the date and time of release was not noted on the AS order and not placed in the detainees’ files (SMU-8<sup>26</sup>). ODO also noted in the review of the three detainees’ records, they were not observed at least every 30-minutes on an irregular basis (SMU-9<sup>27</sup>).

ODO reviewed NCDC’s policy 0078B, Disciplinary Segregation Unit, dated November 30, 2019, and found it did not address a review of detainees in disciplinary segregation every seven days (SMU-10<sup>28</sup>); or subsequently giving the detainee a copy of the seven-day review (SMU-11<sup>29</sup>). An interview with the captain confirmed the missing information.

ODO reviewed NCDC’s policy 0049, Inmate Disciplinary Procedures, dated May 15, 2016, and found the policy stated detainees may serve a maximum of 60 days disciplinary segregation (DS),

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<sup>20</sup> “A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter, at a minimum.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(b).

<sup>21</sup> “A copy of the decision and justification in each review shall be given to the detainee unless, in exceptional circumstances, this provision would jeopardize the facility’s safety, security, or orderly operations. The detainee shall also be given an opportunity to appeal a review decision to the facility administrator.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(c).

<sup>22</sup> “Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU. At a minimum of every 30 days, a qualified mental health care provider shall conduct a face-to-face psychological evaluation and record the review.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(K).

<sup>23</sup> “A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable. In such cases, an order shall be prepared as soon as possible.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2).

<sup>24</sup> “The administrative segregation order shall be provided to the detainee within 24 hours of placement in administrative segregation, and its contents communicated to him or her in a language or manner the detainee can understand.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(a).

<sup>25</sup> “A copy of the administrative segregation order shall be immediately provided to ICE/ERO.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(b).

<sup>26</sup> “When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be included in the detainee’s detention file or maintained in a retrievable electronic format.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(c).

<sup>27</sup> “SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU staff shall observe detainees accordingly.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(K).

<sup>28</sup> “A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

<sup>29</sup> “After each formal review, the detainee shall be given a written copy of the reviewing officer’s decision and the basis for his or her finding, unless such a copy may result in a compromise of institutional security.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a)(3).

per infraction and time served in pre-disciplinary detention “may” be deducted from the time ordered by the IDP (SMU-12<sup>30</sup>).

ODO reviewed NCDC’s policy 0076, ICE Detainees, dated November 30, 2019, and found it did not address notifications to ICE/ERO for detainees in extended segregation placement (SMU-13<sup>31</sup>). An interview with the captain also confirmed the missing information.

NCDC reported one detainee was placed in disciplinary segregation (DS) the year preceding the ODO inspection. ODO reviewed the detainee file and found the detainee was charged, found guilty, and sanctioned of possessing intoxicants within an eight-hour period (SMU-14<sup>32</sup>). Furthermore, the file did not contain a written DS order (SMU-15<sup>33</sup>). Therefore, the reason for placement was absent (SMU-16<sup>34</sup>); a copy was not provided to the detainee (SMU-17<sup>35</sup>); and subsequently, the date and time of release was not noted on the DS order and not placed in the detainee file (SMU-18<sup>36</sup>). An interview with the lieutenant confirmed an absence of the DS order procedures and disciplinary panel procedures.

## CARE

### FOOD SERVICE (FS)

ODO reviewed the job descriptions for inmate food service workers and found the most recent review by the food service administrator was completed in September 2018, which should be completed annually (FS-1<sup>37</sup>). Additionally, the staff reported the inmate food service workers received orientation and training when assigned to the department; however, there was no

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<sup>30</sup> “The maximum sanction is 30 days in disciplinary segregation per incident, except in extraordinary circumstances... Time served in pre-disciplinary hearing detention shall be deducted from any time ordered by the IDP.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(1).

<sup>31</sup> “The facility administrator must notify ICE/ERO in writing whenever a detainee has been held continuously in any form of segregation for: a. 14 days, or 14 days out of any 21-day period; b. 30 days; and c. At every 30-day interval thereafter.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(C)(1).

<sup>32</sup> “A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Panel (IDP), or its equivalent, after a hearing in which the detainee has been found to have committed a prohibited act and only when alternative dispositions would inadequately regulate the detainee’s behavior.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B).

<sup>33</sup> “A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2).

<sup>34</sup> “Prior to a detainee’s actual placement in disciplinary segregation, the IDP shall complete the disciplinary segregation order detailing the reasons for placing the detainee in disciplinary segregation.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(a).

<sup>35</sup> “The completed disciplinary segregation order shall be immediately provided to the detainee.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(b).

<sup>36</sup> “When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be included in the detainee’s detention file or maintained in a retrievable electronic format.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(c).

<sup>37</sup> “The FSA shall review detainee job descriptions annually to ensure they are accurate and up-to-date.” See ICE NDS 2019, Standard, Food Service, Section (II)(B)(5).

documentation to record the training (**FS-2**<sup>38</sup>).

The facility used the common fare menu as the base for all religious meals; however, it did not provide special menus for the ten federal holidays (**FS-3**<sup>39</sup>).

ODO reviewed documentation and found two detainees were approved to receive halal meals; however, the meals were prepared on-site following the common fare menu (**FS-4**<sup>40</sup>).

Additionally, the meals were not served on disposable trays, insulated trays or trays set aside specifically for common-fare use only (**FS-5**<sup>41</sup>). The meals were served on the same insulated trays used by the general population with a sticker denoting the type of meal and recipient's name.

ODO interviewed staff and reviewed documentation and found staff and inmates did not have health screenings, prior to placement in the kitchen (**FS-6**<sup>42</sup>). Specifically, Summit Food Service provided a food service administrator to provide financial management of the food service operation. Her employment began three weeks prior and she informed ODO she did not have a medical screening prior to starting in the kitchen. Two NCDC employees were employed in the kitchen to manage the inmate food service workers prepare and serve the meals and stated they had not been medically screened for work in the kitchen.

NCDC was unable to provide documentation an independent inspection was completed for the food service department (**FS-7**<sup>43</sup>). Specifically, the captain stated a copy of the health inspection was provided during the review; however, the only document received by ODO referencing a health inspection was from the Department of Health and Human Services, Department of Public and Behavioral Health. The document did not indicate what area of the jail was inspected, what items were looked at, or what the findings were. The inspector did not provide their credentials, so it was not possible to determine if they were health care providers, or registered sanitarians, performing a kitchen sanitation inspection.

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<sup>38</sup> “To ensure a quality food service program and instill good work habits, each FSA or designee shall instruct newly assigned detainee workers in the rules, safety measures, and procedures of the food service department.” See ICE NDS 2019, Standard, Food Service, Section (II)(B)(6).

<sup>39</sup> “The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

<sup>40</sup> “With exception of fresh fruits and vegetables, the facility’s kosher and/or halal food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher and/or halal certification agency.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(5).

<sup>41</sup> “Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

<sup>42</sup> “All food service personnel (both staff and detainee) shall receive a documented pre-employment medical examination.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

<sup>43</sup> “The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas an annual independent inspection ensuring that all governmental health and safety codes are being met.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

## **ACTIVITIES**

### **RELIGIOUS PRACTICES (RP)**

ODO interviewed facility staff and it was revealed a current program schedule for religious services was not posted in the units or otherwise available to detainees; however, the response from the facility included immediate posting of the program schedule (RP-1<sup>44</sup>).

### **VISITATION (V)**

The facility's visitation policy did not address a written procedure to allow legal service providers to call in advance to determine if an individual was detained at the facility (V-1<sup>45</sup>). However, interviews conducted by ODO indicated that the practice that allowed legal service providers to call in advance to determine if an individual was detained at the facility was in place.

ODO found that the facility conducted virtual visitation via tablets; however, documentation provided did not distinguish two different logs, one for general visitation, and the other for legal visitation activity (V-2<sup>46</sup>). Therefore, since a separate log to record all legal visitors was not provided, there was no method in place to document possible reason(s) for denying access to legal visitors (V-3<sup>47</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found 42 deficiencies in the remaining six standards.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results</b>	<b>FY 2020 (NDS 2019)</b>
Standards Reviewed	19
Deficient Standards	6
Overall Number of Deficiencies	42
Repeat Deficiencies	0
Corrective Actions	0

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<sup>44</sup> "Current program schedules shall be posted in living units, or otherwise made available to detainees." See ICE NDS 2019, Standard, Religious Practices, Section (II)(E).

<sup>45</sup> "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(6).

<sup>46</sup> "The facility shall maintain a log of all general visitors, and a separate log of legal visitors as described below. The visitation logs shall comply with local policy and procedures." See ICE NDS 2019, Standard, Visitation, Section (II)(C).

<sup>47</sup> "A separate log shall record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(14).