



**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**

**Henderson Detention Center  
Henderson, Nevada**

**September 21-24, 2020**

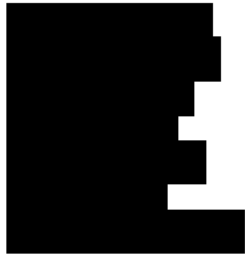
**COMPLIANCE INSPECTION  
of the  
HENDERSON DETENTION CENTER  
Henderson, Nevada**

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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 Henderson Detention Center (HDC) in Henderson, Nevada, from September 21 to 24, 2020.<sup>1</sup> The facility opened in 1994 and is owned by the City of Henderson and operated by the Henderson Police Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HDC in 2009 under the oversight of ERO’s Field Office Director (FOD) in Salt Lake City, Utah (ERO Salt Lake City). The facility operates under the National Detention Standards (NDS) 2000.

There are no ERO staff assigned to the facility. The HDC captain handles daily facility operations and is supported by [REDACTED] personnel. The City of Henderson provides food services, Naphcare provides medical care, and Keefe TSG Commissary provides commissary services at the facility. The facility holds no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	300
Average ICE Detainee Population <sup>3</sup>	[REDACTED]
Male Detainee Population (as of 9/21/2020)	[REDACTED]
Female Detainee Population (as of 9/21/2020)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2018, ODO found 8 deficiencies in the following areas: Admission and Release (4); Funds and Personal Property (1); Environmental Health and Safety (2); and Use of Force (1).

<sup>1</sup> This facility holds male and female 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 September 14, 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.” 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 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	4
Detainee Classification System	1
Detainee Grievance Procedures	2
Food Service	0
Funds and Personal Property	1
Recreation	2
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	3
Visitation	0
<b>Sub-Total</b>	<b>13</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 3 – Health Services</b>	
Medical Care	1
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>PBNS 2011 Standard Inspected</b>	
Disability, Identification, Assessment and Accommodation	0
Sexual Abuse and Assault Prevention and Intervention	2
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>18</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 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. Therefore, the detainee interviews were conducted via telephone.

*Environmental Health and Safety:* Three detainees in ██████████ complained there was no hot running water for the past month.

- Action Taken: On September 21, 2020, ODO spoke with the facility's environmental health and safety point of contact, who indicated he reviewed maintenance requests for the ██████████ showers and it was revealed that on August 14, 2020, work was done in the area to fix the lack of hot water. The assigned plumber rebuilt a malfunctioning tempering valve and the loop temperature for that section was restored to 120-degree Fahrenheit. On September 23, 2020, a lieutenant, and the plumber, confirmed the hot water to the showers were functioning properly.

*Medical Care:* One detainee stated he suffered from anxiety and was prescribed medication that was strong. Specifically, he spoke to the medical staff about having something to eat when taking that medication and it was granted. However, recently, he was advised by medical that he could not have food with his medicine, and the food discontinued. He said whenever he took the medicine without food, it made him feel sick and he would vomit. The detainee would like to have some food and/or a snack restored when taking his medicine.

- Action Taken: On September 21, 2020, ODO spoke interviewed the health services administrator (HSA), who indicated the detainee was prescribed Vistaril and Seroquel to be taken with food during dinner time at 1600 hours. He refused his medications and signed refusal forms. The detainee was seen by the nurse on September 22, 2020, in which he initially refused the medication because he was anxious. The detainee was scheduled to see the psych-provider on September 28, 2020, to follow-up on medication (to continue order or not). The detainee's additional food was not restored because he refused to take his prescribed medications.

*Medical Care:* One detainee stated he was tested for COVID-19 on August 19, 2020, and the results were positive. He still felt the symptoms of having the virus and stated the facility only gave him aspirin for his condition. The detainee also said he suffered from high blood pressure and had a herniated disc in his lower back, which caused severe pain every day. He had been to medical for all his conditions and felt he did not receive proper medical treatment.

- Action Taken: On September 21, 2020, ODO spoke interviewed the HSA, who indicated when the detainee was tested positive for COVID-19, he was prescribed the following medications: Azithromycin, Vitamin C, Zinc, Multivitamin, and Tylenol. He was seen twice a day by the nurse who checked for any symptoms and took his temperature and oxygen saturations. On the last day of isolation, the detainee denied having any symptoms

per the medical provider's note on August 16, 2020, and he was cleared for general population. He was seen on September 22, 2020, at which time he denied having any symptoms and stated he was fine. The detainee was also prescribed Amitriptyline for chronic nerve pain once a day. The nurse checked his blood pressure on September 22, 2020, and it was 137/85. He denied having any symptoms of COVID-19.

*Telephone Access:* One detainee stated he was indigent but wanted to make a legal call and was told by facility staff and an ICE officer that it was not their responsibility to provide him with telephone calls.

- Action Taken: On September 22, 2020, ODO spoke with the supervisory detention and deportation officer who indicated, a review of the detainee's telephone records, disclosed he made a total of 77 completed phone calls. The first documented phone call was made on December 31, 2019, and the most recent was made on September 13, 2020. The jail management system did not show the detainee submitted a request for a telephone call to his attorney. Additionally, a review of his commissary account revealed he had enough money, which disqualified him as being indigent.



# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (A&R)

ODO reviewed HDC's admission process and found the facility did not utilize the Record of Search Form (G-1025) to document detainee strip searches in detail (**Deficiency AR-1<sup>6</sup>**).

ODO reviewed the facility's policy, Inmate Property Management CPM4524, interviewed the sergeant, and confirmed the facility did not utilize the Report of Detainee's Missing Property (I-387) Form to be forwarded to ERO as directed by the standard when newly arrived detainees claim missing property (**Deficiency AR-2<sup>7</sup>**).

HDC was unable to provide documentation that ERO had approved the facility's orientation procedures (**Deficiency AR-3<sup>8</sup>**) and release procedures (**Deficiency AR-4<sup>9</sup>**).

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the facility's detainee handbook and found classification levels were listed; however, there was no explanation of the levels, or applicable conditions and restrictions for each level (**Deficiency DCS -1<sup>10</sup>**).

### DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO's inspection determined HDC did not institute procedures for informal resolution of oral grievances. All grievances are required to be submitted in writing (**Deficiency DGP-1<sup>11</sup>**).

ODO found the grievance section of the facility's detainee handbook, Inmate Rules, did not provide notice of the availability of assistance in preparing a grievance, and also, did not provide notice of the procedures for contacting ICE, specific to appealing a grievance decision of the

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<sup>6</sup> "If information developed during admission processing supports reasonable suspicion for a full search, the information supporting suspicion should be documented in detail on Form G-1025, Record of Search." See Change Notice Admission and Release-National Detention Standard Strip Search Policy, dated October 15, 2007. **This is a Repeat Deficiency.**

<sup>7</sup> "The officer shall complete a Form I-387, "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS." See ICE NDS 2000, Standard, Admission and Release, Section (III)(I).

<sup>8</sup> "...In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). **This is a Repeat Deficiency.**

<sup>9</sup> "INS will approved [sic] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). Note: NDS outline is in error. The cited section should be (III)(L).

<sup>10</sup> "The detainee handbook's section on classification will include the following: 1. An explanation of the classification levels, with the conditions and restrictions applicable to each." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(I)(1).

<sup>11</sup> "Each facility will institute procedures for informal resolution of oral grievances." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1).

officer in charge (**Deficiency DGP-2**<sup>12</sup>).

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

ODO reviewed the facility's detainee handbook and found it did not notify detainees of the rules for mailing personal property (**Deficiency F&PP-1**<sup>13</sup>).

### **RECREATION (R)**

ODO reviewed photographs of the facility's recreation area and determined the exercise areas did not offer moveable equipment (**Deficiency R-1**<sup>14</sup>).

ODO reviewed photographs of one of the outdoor recreation areas and determined it did not allow detainees access to toilet facilities (**Deficiency R-2**<sup>15</sup>).

### **TELEPHONE ACCESS (TA)**

ODO determined the facility did not document and report to ICE, incidents of delays extending beyond eight waking hours in the allowance of making direct calls to courts, legal service providers, government offices, or in a personal family emergency (**Deficiency TA-1**<sup>16</sup>).

ODO determined the facility did not make special arrangements permitting detainees to speak by telephone with an immediate family member detained in another facility. (**Deficiency TA-2**<sup>17</sup>).

ODO determined the facility did not provide any evidence that notices were placed at each monitored telephone stating the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation (**Deficiency TA-3**<sup>18</sup>).

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<sup>12</sup> "The grievance section of the detainee handbook will provide notice of the following: 2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance; 4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(2)(4).

<sup>13</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: 3. The rules for storing or mailing property not allowed in their possession." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(3). **This is a Repeat Deficiency.**

<sup>14</sup> "Exercise areas will offer a variety of fixed and movable equipment." See ICE NDS 2000, Standard, Recreation, Section (III)(G)(1).

<sup>15</sup> "All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities." See ICE NDS 2000, Standard, Visitation, Section (III)(G)(4).

<sup>16</sup> "Incidents of delays extending beyond eight (waking) hours must be documented and reported to the INS." See ICE NDS 2000, Standard, Telephone Access, Section (III)(E).

<sup>17</sup> "Upon a detainee's request, the facility shall make special arrangements permitting the detainee to speak by telephone with an immediate family member detained in another facility." See ICE NDS 2000, Standard, Telephone Access, Section (III)(H).

<sup>18</sup> "If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating: 2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation." See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(2).

## SECURITY AND CONTROL

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

ODO reviewed 11 fire drills conducted during the year preceding the inspection and found no emergency keys were drawn for all 11 fire drills (**Deficiency EH&S-1<sup>19</sup>**).

### SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed HDC's Special Management Inmates policy, interviewed the assigned sergeant, and found no documentation supporting AS is a non-punitive form of separation from the general population (**Deficiency SMU-1<sup>20</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by adding language to HDC's Special Management Inmate policy that stated AS is a non-punitive form of separation from the general population (**C-1**).

## HEALTH SERVICES

### MEDICAL CARE (MC)

ODO reviewed ■■■ detention staff training files and found in all ■■■ files no formalized training focused on health-related emergency responses, which will be provided by a responsible medical authority in cooperation with the OIC, as required by the standard. In addition, ■■■ out of ■■■ files did not contain documented first aid and cardiopulmonary resuscitation (CPR) training. The remaining ■■■ files contained expired First Aid and CPR training with a renewal due date range of March 8 to March 23, 2020 (**Deficiency MC-1<sup>21</sup>**).

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<sup>19</sup> ■■■ will be included in each fire drill, and ■■■

■■■" See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

<sup>20</sup> "Administrative segregation is a non-punitive form of separation from the general population used when the continued presence of the detainee in the general population would pose a threat to self, staff, other detainees, property, or the security or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit Administrative Segregation, Section (III)(A).

<sup>21</sup> "Detention staff will be trained to respond to health-related emergencies within a ■■■-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following:

1. The recognition of signs of potential health emergencies and the required response;
2. The administration of first aid and cardiopulmonary resuscitation (CPR);
3. The facility plan and its required methods of obtaining emergency medical assistance;
4. The recognition of signs and symptoms of mental illness (including suicide risk) retardation, and chemical dependency; and
5. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services."

See ICE NDS 2000, Standard, Medical Care, Section (III)(H).

## **PBNDS 2011 STANDARD INSPECTED**

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO observed the facility's written policies and procedures had not been reviewed and approved by the FOD/ERO Salt Lake City (**Deficiency SAAPI-1<sup>22</sup>**).

ODO observed the facility had not posted the SAAPI protocols to their website (**Deficiency SAAPI-2<sup>23</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and two standards under the PBNDS 2011 and found the facility in compliance with nine of those standards. ODO found 16 deficiencies in the remaining nine NDS 2000, and two deficiencies in the remaining one PBNDS 2011. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2018 (NDS 2000)</b>	<b>FY 2020 (NDS 2000)/ (PBNDS 2011)</b>
Standards Reviewed	15	19
Deficient Standards	4	10
Overall Number of Deficiencies	8	18
Repeat Deficiencies	N/A	3
Corrective Actions	4	1

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<sup>22</sup> "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(6).

<sup>23</sup> "Each facility shall also post its protocols on its website, if it has one." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(6).