



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

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**Office of Detention Oversight  
Compliance Inspection  
2023-001-067**

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

**Henderson Detention Center  
Henderson, Nevada**

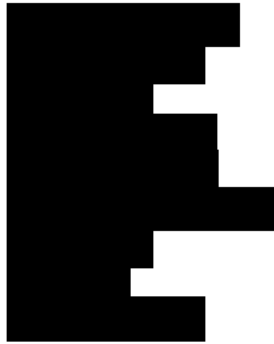
**April 4-6, 2023**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
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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 April 4 to 6, 2023.<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 in Salt Lake City (ERO Salt Lake City). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of March 27, 2023. HDC was inspected against NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.

ERO has assigned a detention service manager and deportation officers full-time to the facility and they are on-site daily, Monday through Friday, from 8 a.m. to 4:30 p.m. A captain handles daily operations and manages [REDACTED] support personnel. The City of Henderson provides food services, Naphcare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of April 4, 2023)	[REDACTED]
Adult Female Population (as of April 4, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found 37 deficiencies in the following areas: Admission and Release (1); Correspondence and Other Mail (2); Detainee Transfers (10); Detention Files (3); Emergency Plans (1); Environmental Health and Safety (2); Funds and Personal Property (1); Hunger Strikes (1); Issuance and Exchange of Clothing, Bedding, and Towels (1); Medical Care (1); Post Orders (6); Recreation (1); Suicide Prevention and Intervention (1); and Voluntary Work Program (6)

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

<sup>2</sup> Data Source: ERO Facility List as of March 27, 2023.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 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 highlights instances when 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.

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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>5,6</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Admission and Release	1
Correspondence and Other Mail	0
Detainee Classification System	0
Detainee Handbook	0
Food Service	0
Funds and Personal Property	0
Recreation	1
Visitation	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 2 - Security and Control</b>	
Contraband	0
Disciplinary Policy	0
Emergency Plans	0
Environmental Health and Safety	5
Hold Rooms in Detention Facilities	0
Key and Lock Control (Security, Accountability, and Maintenance)	1
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	0
Tool Control	0
Transportation (Land Transportation)	0
Use of Force	0
<b>Sub-Total</b>	<b>7</b>
<b>Part 3 - Health Services</b>	
Medical Care	0
Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>1</b>
<b>Other Standards Reviewed</b>	
NDS 2019 Disability Identification, Assessment, and Accommodation	0
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>11</b>

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

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

ODO interviewed 27 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.

*Medical Care:* One detainee stated that medication prescribed for her anxiety is not working.

- Action Taken: ODO interviewed the facility health services administrator (HSA), reviewed the detainee’s medical file, and found no record of the detainee mentioning a history of anxiety during her physical on December 13, 2022. On March 19, 2023, an HDC officer called mental health because the detainee displayed symptoms of a panic attack. A mental health nurse practitioner evaluated the detainee and prescribed Vistaril on March 19, 2023. The HSA scheduled the detainee for counseling with a licensed clinical social worker for April 6, 2023. The HSA also scheduled the detainee for an appointment with a psychiatrist for April 9, 2023, where she will be able to discuss the effectiveness of her currently prescribed medication. The HSA informed the detainee of her treatment plan and advised her to submit a sick call request as needed.

## COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### ADMISSION AND RELEASE (AR)

ODO interviewed a facility lieutenant, reviewed █ detainee files, and found in █ out of █ files, the facility did not obtain supervisory approval prior to strip searching the █ detainees. Though supervisors signed the strip search forms, the lieutenant informed ODO that supervisors approved and signed intake strip searches after staff performed the searches (**Deficiency AR-10**<sup>7</sup>).

#### RECREATION (R)

ODO observed the housing unit recreation areas, interviewed a facility lieutenant, and found four out of nine housing units do not offer a variety of fixed and movable equipment. Specifically, ODO found no fixed and movable equipment in housing units 3A, 3B, 4A, and 4B (**Deficiency R-40**<sup>8</sup>).

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<sup>7</sup> “Where an officer believes reasonable suspicion exists for a strip-search, documentation of the reasons justifying the search should be made and supervisory approval obtained prior to the search.” See ICE NDS 2000, Standard, Admission and Release, Section (See Change Notice – Strip Search Guidelines for Admission and Release – April 14, 2003).

<sup>8</sup> “Exercise areas will offer a variety of fixed and movable equipment. Weight training, if offered, will be limited to fixed equipment; free weights are prohibited.” See ICE NDS 2000, Standard, Recreation, Section (III)(G)(1).

## VISITATION (V)

ODO reviewed the facility's visitation policy and found each visiting session lasts approximately 20 minutes (**Deficiency V-27<sup>9</sup>**). **This is a priority component.**

## SECURITY AND CONTROL

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility's accreditation officer, reviewed the facility's hazardous material policy, observed storage of chemicals in the main storage area, and found the following deficiencies:

- No running inventory for chemicals kept in the main storage area (**Deficiency EHS-2<sup>10</sup>**);
- No separate records for each substance, with entries for each logged on a separate card (or equivalent) (**Deficiency EHS-3<sup>11</sup>**);
- No alphabetical filing of substances (dates, quantities, etc.) for account keeping (**Deficiency EHS-4<sup>12</sup>**); and
- No current hazardous substance inventories for before, during, and after each use (**Deficiency EHS-18<sup>13</sup>**).

ODO interviewed the facility's accreditation officer, observed equipment located in the barbershop and found no covered metal containers for waste (**Deficiency EHS-92<sup>14</sup>**).

### KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY, AND MAINTENANCE) (KLC)

ODO interviewed the facility's maintenance technician assigned to the duties of the security officer and found no accurate inventories of padlocks in use, master keys for cabinets, key blanks, and all

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<sup>9</sup> "The facility's written rules shall specify time limits for visits: 30 minutes minimum, under normal conditions." *See* ICE NDS 2000, Standard, Visitation, Section (III)(H)(1).

<sup>10</sup> "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>11</sup> "Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>12</sup> "That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>13</sup> "Accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(4).

<sup>14</sup> "Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(2).



keys currently in the lock shop (**Deficiency KLC-20<sup>15</sup>**).

### **SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMUAS)**

ODO reviewed █ detainee administrative segregation (AS) files and found in █ out of █ files, the facility placed a detainee in AS before completion and approval of a written order by a supervisory officer and with no evidence of exigent circumstances to negate completion of the orders prior to placement in AS (**Deficiency SMUAS-7<sup>16</sup>**).

### **HEALTH SERVICES**

#### **SUICIDE PREVENTION AND INTERVENTION (SPI)**

ODO reviewed suicide watch logs for three detainees placed on suicide watch during the inspection period and found observation of imminently suicidal detainees by medical or detention staff did not occur no less than every 15 minutes. Specifically, ODO found 73 instances on the suicide watch logs where staff documented observation of the detainees between 16 and 35 minutes (**Deficiency SPI-17<sup>17</sup>**). **This is a repeat deficiency.**

### **OTHER STANDARDS REVIEWED**

#### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI) (NDS 2019)**

ODO reviewed the facility SAAPI program and found the following **Areas of Concern**:

- No procedures for housing detainees in accordance with their classification assessment;
- No procedure for coordinating the facility's internal administrative investigations with the assigned criminal investigative entity and ICE OPR;
- No review and approval of facility policy and procedures by ERO Salt Lake City;
- No procedures for the discipline of assailants;
- No identification of disciplinary actions against staff who have sustained allegations of sexual abuse and assault; and
- No stated requirement in the policy for the facility to cooperate with all ICE/ERO audits and to monitor the facilities compliance with sexual abuse and assault policies and standards.

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<sup>15</sup> "The Security Officer shall maintain inventories of all keys, locks and locking devices in the Lock Shop (III)(B)(1)." *See* ICE NDS 2000, Standard, Key and Lock Control (Security, Accountability, and Maintenance), Section (III)(B)(1).

<sup>16</sup> "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible." *See* ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

<sup>17</sup> "Does observation of imminently suicidal detainees by medical or detention staff occur no less than every 15 minutes?" *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 22 standards under NDS 2000 and 2 standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found 11 deficiencies in the remaining 7 standards. Since HDC’s last full inspection in April 2022, the facility’s overall compliance with ICE NDS 2000 has trended upward. HDC went from 14 deficient standards and 37 deficiencies in April 2022 to 7 deficient standards and 11 deficiencies during this most recent inspection. ODO did not review the Visitation and Key and Lock Control (Security, Accountability, and Maintenance), Tool Control and Transportation (Land Transportation) standards during the April 2022 inspection as they were not FY 2022 core standards, and these standards accounted for 2 out of the 11 deficiencies found during this most recent inspection. ODO has not received a completed uniform corrective action plan for the full inspection in April 2022, which likely contributed to the repeat deficiency ODO identified. ODO recommends ERO Salt Lake City work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection (NDS 2000)/ (NDS 2019)</b>	<b>FY 2023 Full Inspection (NDS 2000)/ (NDS 2019)</b>
Standards Reviewed	22/1	22/2
Deficient Standards	14	7
Overall Number of Deficiencies	37	11
Priority Component Deficiencies	0	1
Repeat Deficiencies	3	1
Areas Of Concern	19	6
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Good