



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

**Office of Detention Oversight
Compliance Inspection
2024-001-287**

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

**Henderson Detention Center
Henderson, Nevada**


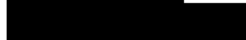
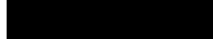
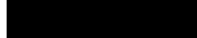
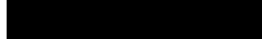
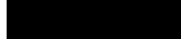
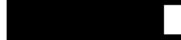
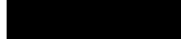
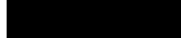
March 19-21, 2024

COMPLIANCE INSPECTION
of the
HENDERSON DETENTION CENTER
Henderson, Nevada

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COMPLIANCE INSPECTION TEAM MEMBERS

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	Senior Inspections and Compliance Specialist	ODO
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	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

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 March 19 to 21, 2024.¹ 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 Custody Management Division Authorized Facility List as of March 18, 2024. HDC was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.²

[REDACTED] An HDC captain handles daily facility 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 ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of March 19, 2024)	[REDACTED]
Adult Female Population (as of March 19, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 11 deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (5); Key and Lock Control (Security, Accountability, and Maintenance) (1); Recreation (1); Special Management Unit (Administrative Segregation) (1); Suicide Prevention and Intervention (1); and Visitation (1).

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

² Beginning in FY 2024, ERO Custody Management requested ODO inspect all USMS IGA facilities not contractually obligated to an ICE NDS against the NDS 2019.

³ Data Source: ERO Custody Management Division Authorized Facility List as of March 18, 2024.

⁴ *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. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁵

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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Unit	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	7
Sub-Total	7
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	1
Telephone Access	0
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Grievance System	1
Law Libraries and Legal Material	0
Sub-Total	1
Part 7 - Administration and Management	
Detention Files	1

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detainee Transfers	0
Sub-Total	1
Total Deficiencies	13

DETAINEE RELATIONS

ODO interviewed 32 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.

Personal Hygiene: Two detainees stated facility staff had not provided them with an exchange of clothing for the previous 2 weeks.

- Action Taken: ODO interviewed a facility lieutenant and found the facility staff last documented the exchange of clothing and bedding for housing units 1-Bravo and 1-Charlie on March 6 and 10, 2024. At ODO's request, the facility exchanged the detainees clothing and bedding on March 20, 2024. On March 21, 2024, ODO followed-up with both detainees and confirmed the issuance of new clothing and bedding. ODO cited the delay in clothing exchange as a deficiency in the *Personal Hygiene* section of the report.

Medical Care: One detainee stated he could not sleep at night and wanted different sleep medication because he found his current prescription ineffective. He also stated he had pain and swelling in his right leg and foot.

- Action Taken: ODO interviewed the facility's health services administrator (HSA) and confirmed the detainee's arrival on February 1, 2024. A registered nurse (RN) completed his initial examination, noted hypertension and a coagulation disorder, and prescribed Norvasc (10 mg), once per day, and Eliquis (5 mg), twice per day. On February 6, 2024, a physician assistant (PA) examined the detainee for his 14-day physical and noted no issues. On February 20, 2024, a licensed practical nurse (LPN) examined the detainee during sick call for insomnia and prescribed melatonin (5 mg) at bedtime. On March 14, 2024, the RN examined the detainee during sick call for insomnia at which point, the detainee requested Trazodone, but facility medical staff determined this prescription was not necessary. The RN referred the detainee to a mental health provider. On March 16, 2024, mental health staff examined the detainee and determined no need for treatment. On March 19, 2024, the PA examined the detainee during a scheduled chronic care appointment, which occurred after the ODO interview. The PA prescribed Lisinopril (10 mg), once per day, Hydrochlorothiazide (12.5 mg), once per day, and Hydroxyzine (25 mg), at bedtime. The PA scheduled a follow-up chronic care appointment for April 17, 2024. The HSA examined the detainee's pill call records and found the detainee had perfect attendance.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS policy and their evacuation plan and found no procedures for detainees with disabilities to ensure their safety and security during a facility response (**Deficiency EHS-25⁸**).

ODO interviewed the HSA, reviewed facility policy, and found the HSA did not make daily visual inspections of the medical facility to include noting the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings (**Deficiency EHS-67⁹**).

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI program and found the following deficiencies:

- No procedures for housing detainees in accordance with their classification assessment (**Deficiency SAAPI-4¹⁰**);
- No procedures for coordinating with ERO Salt Lake City and other appropriate investigative agencies (**Deficiency SAAPI-9¹¹**);
- No procedures for coordinating the facility's internal administrative investigations with the assigned criminal investigative entity and ICE OPR (**Deficiency SAAPI-11¹²**);

⁸ "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

⁹ "The HSA or equivalent, or designee, will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹⁰ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum:

1. Procedures on preventing sexual abuse and assault, including: ...
 - b. Procedures for housing detainees in accordance with their classification assessment;"

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(1)(a-d).

¹¹ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

5. Procedures for investigation and discipline of assailants, including:
 - a. Coordinating with ICE/ERO and other appropriate investigative agencies to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and assault."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(a).

"This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

5. Procedures for investigation and discipline of assailants, including: ...
 - c. Procedures for coordination of internal administrative investigations with the assigned criminal

- No procedures for the discipline of assailants nor disciplinary sanctions for staff (**Deficiency SA-API-12**¹³);
- No stated requirement in the policy for the facility to cooperate with all ERO Salt Lake City audits and to monitor the facility’s compliance with sexual abuse and assault policies and standards (**Deficiency SA-API-13**¹⁴);
- No review and approval of facility policy and procedures by ERO Salt Lake City (**Deficiency SA-API-14**¹⁵); and
- No SA-API protocols posted on the facility’s website, or otherwise made available to the public (**Deficiency SA-API-16**¹⁶).

CARE

PERSONAL HYGIENE (PH)

ODO interviewed two detainees and the facility lieutenant and found the facility staff did not exchange outer garments and sheets in housing unit 1-Bravo for 13 days, and housing unit 1-Charlie for 9 days (**Deficiency PH-11**¹⁷). **This is a priority component.**

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO interviewed facility staff, reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, facility staff did not document the detainee’s religious preference (**Deficiency RP-9**¹⁸).

investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(c).

¹³ “This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility’s approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

5. Procedures for investigation and discipline of assailants, including: ...

d. Disciplinary sanctions for staff, up to and including termination, when there is a substantiated allegation of sexual abuse and assault, or when staff has violated agency sexual abuse and assault policies.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(d).

¹⁴ “This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility’s approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

6. Procedures for data collection and reporting; and

7. The facility’s requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(6-7).

¹⁵ “The facility’s written policy and procedures must be reviewed and approved by ICE/ERO.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹⁶ “Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹⁷ “Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly.” See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(E).

¹⁸ “The facility shall record any or no religious preference during in-processing.” See ICE NDS 2019, Standard, Religious Practices, Section (II)(C).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed one detainee grievance containing allegations of staff misconduct and found the facility staff did not forward the grievance to ERO Salt Lake City (**Deficiency GS-29**¹⁹). **This is a priority component.**

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed █ detainee detention files and found in █ out of █ files, no detainee acknowledgement forms documenting receipt of a handbook nor attendance of facility orientation (**Deficiency DF-5**²⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2019 and found the facility in compliance with 18 of those standards. ODO found 13 deficiencies in the remaining 6 standards. Since HDC's last full inspection in April 2023, the facility has maintained its overall compliance. This was HDC's first full inspection under NDS 2019, and although the facility's performance trended upward, ODO will reassess this trend following their follow-up inspection later this year and again during HDC's next full inspection next year. ODO recommends ERO Salt Lake City continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2000)/ (NDS 2019)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	22/2	24
Deficient Standards	7	6
Overall Number of Deficiencies	11	13
Priority Component Deficiencies	1	2
Repeat Deficiencies	1	0
Areas Of Concern	6	0
Corrective Actions	0	0
Facility Rating	Good	Acceptable/Adequate

¹⁹ "The facility must forward all detainee grievances containing allegations of staff misconduct to ICE/ERO." *See* ICE NDS 2019, Standard, Grievance System, Section (II)(F).

²⁰ "The detention file will generally include the following information unless the information is maintained in a retrievable electronic format: ...

h. Acknowledgment form, documenting receipt of handbook, orientation, etc.; ..."

See ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(a-k).