



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
Follow-Up Compliance Inspection
2023-002-208**

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

**Henderson Detention Center
Henderson, Nevada**

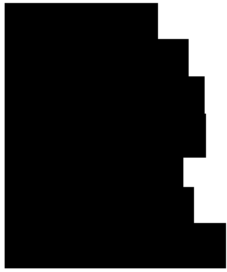
September 19-21, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
HENDERSON DETENTION CENTER
Henderson, Nevada

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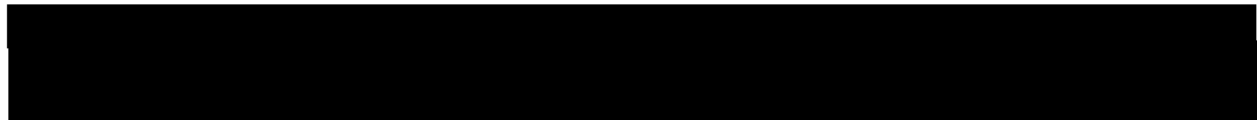
FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	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 follow-up compliance inspection of the Henderson Detention Center (HDC) in Henderson, Nevada, from September 19 to 21, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of HDC from April 4 to 6, 2023. 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 September 18, 2023. HDC was inspected against NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.



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 ²	[redacted]
Average ICE Population ³	[redacted]
Adult Male Population (as of September 19, 2023)	[redacted]
Adult Female Population (as of September 19, 2023)	[redacted]

During its last 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 Data Source: ERO Facility List as of September 18, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	0
Recreation	0
Staff-Detainee Communication	2
Visitation	3
Sub-Total	5
Part 2 - Security and Control	
Environmental Health and Safety	0
Key and Lock Control (Security, Accountability, and Maintenance)	0
Special Management Unit (Administrative Segregation)	0
Use of Force	0
Sub-Total	0
Part 3 - Health Services	
Medical Care	0
Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	6

⁵ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁶ 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 21 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 she submitted a medical request for pain in her leg and lower back, but the facility did not provide her with care.

- Action Taken: ODO interviewed a facility registered nurse (RN), reviewed the detainee's medical file, and found on August 20, 2023, the detainee reported leg and back pain to the RN during pill call. On the same day, the RN examined the detainee and prescribed Naproxen (375 mg), twice a day, for 7 days. ODO noted no additional medical requests submitted by the detainee. On September 21, 2023, at ODO's request, the RN spoke with the detainee who stated she no longer had leg nor back pain and did not require additional medical treatment.

Medical Care: One detainee reported experiencing lower left side pain and stated she had received minimal treatment to ease the pain. She also stated she wanted to see a doctor for an ultrasound appointment.

- Action Taken: ODO interviewed an RN, reviewed the detainee's medical file, and found on August 18, 2023, the detainee reported pain from a previous surgery to the RN during pill call. On the same day, the facility nurse examined the detainee and prescribed Motrin (400 mg), as needed, for 10 days. ODO noted no additional medical requests submitted by the detainee nor a request for an ultrasound appointment. On September 21, 2023, at ODO's request, the RN spoke with the detainee who stated she no longer had pain and did not require additional medical treatment.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 46 ICE detainee requests and found in 5 out of 46 requests, ERO Salt Lake City answered the requests between 4 and 8 days instead of the required 72 hours (**Deficiency SDC-29⁷**).

ODO interviewed a supervisory detention and deportation officer and found ERO Salt Lake City did not retain completed ICE detainee requests in the detainee detention files (**Deficiency SDC-**

⁷ "The detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than with 72 hours from receiving the request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(1)(b).

34⁸).

VISITATION (V)

ODO observed the facility's visitors' waiting area and found no posted legal visitation hours (**Deficiency V-7⁹**).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action. On September 21, 2023, a facility lieutenant posted the legal visitation hours in the visitors' waiting area (**C-1**).

ODO observed the facility's visitors' waiting area and found no posted legal visitation hours (**Deficiency V-56¹⁰**).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action. On September 20, 2023, a facility lieutenant posted the legal visitation hours in the visitors' waiting area (**C-2**).

ODO interviewed a facility lieutenant and the visitation and administration officer, reviewed the facility's visitation policies, and found the facility's policy did not address procedures for confidential group legal meetings nor detainee sign-ups (**Deficiency V-117¹¹**).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action. On September 21, 2023, a facility lieutenant added language to the facility's visitation policy, which specified procedures for confidential group legal meetings and detainee sign-up (**C-3**).

HEALTH SERVICES

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed the suicide watch logs for 3 detainees placed on suicide watch during the inspection period and found 34 instances where staff documented observation of the detainees between 16 and 34 minutes (**Deficiency SPI-17¹²**). **This is a repeat deficiency.**

⁸ "All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

⁹ "The information shall also be posted in the visitors' waiting area." See ICE NDS 2000, Standard, Visitation, Section (III)(B).

¹⁰ "The facility shall provide notification of the rules and hours for legal visitation, as specified in Section III.B., above." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(2).

¹¹ "The site-specific policy shall specify procedures and standards for confidential group legal meetings and detainee sign-up." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

¹² "Observation of imminently suicidal detainees by medical or detention staff shall 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 15 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found six deficiencies in the remaining three standards. Since HDC’s last full inspection in April 2023, the facility’s overall compliance with the ICE NDS 2000 has shown steady improvement. HDC went from 7 deficient standards and 11 deficiencies in April 2023 to 3 deficient standards and 6 deficiencies during this most recent inspection which includes a repeat deficiency in SPI for not conducting 15-minute observations for imminently suicidal detainees. ODO did not review the SDC standard during the full inspection in April 2023 as it was not an FY 2023 core standard, and it accounted for 2 of the 6 deficiencies. ODO received a completed UCAP for the full inspection in April 2023, which likely contributed to the facility’s improved performance. However, the corrective action documented for Item No. 11 of the UCAP should be re-assessed as ODO identified a repeat deficiency in SPI. ODO recommends ERO Salt Lake City work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY2023 Full Inspection (NDS 2000/NDS 2019)	FY 2023 Follow-up Inspection (NDS 2000/NDS 2019)
Standards Reviewed	22/2	15/1
Deficient Standards	7	3
Overall Number of Deficiencies	11	6
Priority Component Deficiencies	1	0
Repeat Deficiencies	1	1
Areas Of Concern	6	0
Corrective Actions	0	3
Facility Rating	Good	N/A