Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Salt Lake City Field Office

Nye County Detention Center, Southern
(Pahrump)
Pahrump, Nevada

November 1-5, 2021
COMPLIANCE INSPECTION of the NYE COUNTY DETENTION CENTER, SOUTHERN (PAHRUMP) Pahrump, Nevada

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<td>Inspections and Compliance Specialist</td>
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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, Southern (Pahrump) (NCDC) in Pahrump, Nevada, from November 1 to 5, 2021.\(^1\) NCDC opened in 2012, is owned by Nye County, and is operated by the Nye County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NCDC in August 2019 under the oversight of ERO’s Field Office Director in Salt Lake City (ERO Salt Lake City). NCDC operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers nor a detention services manager to the facility. An NCDC captain handles daily facility operations and manages support personnel. Summit Foods provides food and commissary services, and Serenity Health provides medical care at NCDC. NCDC does not hold any accreditations from any outside entities.

<table>
<thead>
<tr>
<th>Capacity and Population Statistics</th>
<th>Quantity</th>
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<tr>
<td>ICE Detainee Bed Capacity(^2)</td>
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<tr>
<td>Average ICE Detainee Population(^3)</td>
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<tr>
<td>Male Detainee Population (as of November 1, 2021)</td>
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<tr>
<td>Female Detainee Population (as of November 1, 2021)</td>
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During its last inspection, in Fiscal Year (FY) 2021, ODO found 11 deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (2); Medical Care (3); Special Management Units (1); and Use of Force and Restraints (4).

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


\(^3\) Ibid.
COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.4

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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4 ODO reviews the facility’s compliance with selected standards in their entirety.
## FINDINGS BY NATIONAL DETENTION STANDARDS 2019
### MAJOR CATEGORIES

<table>
<thead>
<tr>
<th>NDS 2019 Standards Inspected</th>
<th>Deficiencies</th>
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<tr>
<td><strong>Part 1 – Safety</strong></td>
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<td>Environmental Health and Safety</td>
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<tr>
<td><strong>Part 2 – Security</strong></td>
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<td>Admission and Release</td>
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<td>Custody Classification System</td>
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<td>Funds and Personal Property</td>
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<td>Post Orders</td>
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<td>Searches of Detainees</td>
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<tr>
<td>Sexual Abuse and Assault Prevention and Intervention</td>
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<tr>
<td>Special Management Units</td>
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<tr>
<td>Use of Force and Restraints</td>
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<td><strong>Sub-Total</strong></td>
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<tr>
<td><strong>Part 4 – Care</strong></td>
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<td>Hunger Strikes</td>
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<td>Personal Hygiene</td>
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<td><strong>Part 5 – Activities</strong></td>
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<td>Correspondence and Other Mail</td>
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<td><strong>Part 7 – Administration and Management</strong></td>
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<td>Detention Files</td>
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<td><strong>Sub-Total</strong></td>
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<tr>
<td><strong>Total Deficiencies</strong></td>
<td><strong>28</strong></td>
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5 For greater detail on ODO’s findings, see the 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 12 detainees, who each voluntarily agreed to participate. One detainee made an allegation of abuse by another detainee, and ODO immediately referred him to both ERO Salt Lake City and the NCDC medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Salt Lake City and NCDC were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Food Service: Six out of 12 detainees stated the meals served at NCDC were poor-quality and in small portions.

- **Action Taken:** ODO interviewed the NCDC food service administrator (FSA), observed photographs, and reviewed the 35-day cycle menus with the corresponding nutritional compliance statement, dated May 10, 2021. ODO verified a registered dietician approved the cycle menus, and the nutritional compliance statement noted the menus provided 2800 calories per day as averaged over 7-day periods and met the nutritional guidelines of the American Correctional Association. Additionally, the FSA stated the NCDC staff uses approved Summit Foods recipes for meal preparation, and ODO’s review of seven days of NCDC production summary worksheets confirmed appropriate portion sizes.

Medical Care: One detainee stated he submitted a sick call request for pain in his throat and right ear and was not satisfied with the treatment provided by the NCDC medical staff.

- **Action Taken:** ODO corresponded with the NCDC health services administrator (HSA) and the NCDC office manager and reviewed the detainee’s medical record and sick call requests. On October 3, 2021, the detainee submitted a sick call request for throat pain. On October 4, 2021, the NCDC registered nurse triaged the detainee, determined the detainee’s request was not urgent, and informed him the NCDC medical staff would contact him for an appointment. The NCDC medical staff did not schedule the detainee for an appointment before the ODO inspection due to staff miscommunication, and the detainee did not submit a follow-up sick call request. On November 2, 2021, following the ODO interview, the NCDC medical staff examined the detainee’s throat, ears, and nose, and found no redness, signs of infection, impacted earwax, nor any other remarkable findings. The NCDC medical staff advised the detainee to drink more water and informed him to submit another sick call should his symptoms persist.

Medical Care: One detainee stated he did not receive a response from the NCDC medical staff after submitting a sick call request for dry scalp.

- **Action Taken:** ODO corresponded with the NCDC HSA and the NCDC office manager and reviewed the detainee’s medical record and sick call requests. On September 17, 2021, the detainee submitted a sick call request for dry scalp, and on the same day, the NCDC registered nurse triaged the detainee, determined the detainee’s request was not urgent, and informed him the NCDC medical staff would contact him for an appointment after the ODO inspection. However, the detainee did not submit a follow-up sick call request. On November 2, 2021, following the ODO interview, the NCDC medical staff examined the detainee’s scalp, found no scalp infection or scalp condition, and informed him the NCDC medical staff would contact him for another appointment after the ODO inspection.
appointment. The NCDC medical staff did not schedule the detainee for an appointment before the ODO inspection due to staff miscommunication, and the detainee did not submit a follow-up sick call request. On November 2, 2021, following the ODO interview, the NCDC medical staff examined the detainee and diagnosed him with acne and dry scalp. The NCDC medical staff prescribed the detainee Nizoral 2% shampoo to be used three times weekly and informed him to submit another sick call request should his symptoms persist.

**Medical Care:** One detainee stated another detainee verbally abused him with vulgar insults during a confrontation, suffered anxiety and heavy-breathing symptoms from the incident, and requested to speak to a mental health counselor.

- **Action Taken:** ODO immediately notified NCDC and ERO Salt Lake City leadership for a mental health referral. ODO corresponded with the NCDC lieutenant, NCDC office supervisor, and reviewed the incident documentation. On October 23, 2021, the detainee threw soup on another detainee after a brief argument involving ownership of the soup. During the detainee’s disciplinary hearing he did not indicate he was taunted nor verbally abused, and the NCDC staff identified him as the aggressor and placed him in the Special Management Unit (SMU) for 10 days. On November 1, 2021, following the ODO interview, an NCDC licensed master social worker (LMSW) met with the detainee to further discuss his symptoms and diagnosed the detainee with adjustment disorder with anxiety. The detainee’s comprehensive evaluation revealed the detainee did not pose a threat to himself or others, and the LMSW scheduled the detainee for ongoing weekly to biweekly consultations depending on the availability of the LMSW at NCDC. The LMSW also advised the detainee he could submit additional sick call requests to discuss his anxiety symptoms. Furthermore, the NCDC sergeant spoke with the detainee to determine if the insults constituted a reportable Prison Rape Elimination Act (PREA) incident. The detainee stated the other detainee’s insults were jokes not aimed at coercing or pressuring him into sexual acts and did not want to file a PREA complaint.

**Medical Care:** One detainee stated he had a toothache and was not satisfied with the treatment provided by the NCDC medical staff.

- **Action Taken:** ODO corresponded with the NCDC HSA and the NCDC office manager and reviewed the detainee’s medical record. ODO found no record of a written or verbal sick call request from the detainee for dental pain. On November 2, 2021, following the ODO interview, the NCDC medical staff examined the detainee and determined he required a cavity filling. The NCDC medical staff administered 200 milligrams of Ibuprofen and referred the detainee for an appointment with an outside dental provider. On November 17, 2021, following the ODO inspection, the outside dental provider examined the detainee, determined he had an impacted wisdom tooth, and recommended a referral to an oral surgeon for extraction; however, the detainee declined to have his impacted tooth removed and signed an ICE Health Service Corps Refusal Form.
COMPLIANCE INSPECTION FINDINGS

SECURITY

SEARCHES OF DETAINEES (SD)

ODO interviewed an NCDC lieutenant and found the NCDC staff did not develop a post order for closely observing a detainee in dry cell status (Deficiency SD-52\(^7\)).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed SMU files and found in | | files, the NCDC housing unit officers did not record | | | | | | detainee meals, nor | | | | | | detainee recreation periods (Deficiency SMU-65\(^8\)).

ODO reviewed | | SMU files and found in one out of | | files, the NCDC medical staff did not sign the detainee's record during | | visits to the detainee in SMU (Deficiency SMU-67\(^9\)).

ODO reviewed | | SMU files, interviewed an NCDC sergeant, and found in | | | | files, an NCDC officer did not initial the detainees' records after medical visits. Specifically, a total of | | medical visits did not contain the initials of an NCDC officer (Deficiency SMU-68\(^10\)).

ODO reviewed | | SMU files, interviewed an NCDC sergeant, and found in | | | | files, the NCDC medical staff did not evaluate detainees prior to placement in the SMU nor within 24 hours of placement (Deficiency SMU-87\(^11\)).

ODO reviewed | | SMU files and found in | | files an NCDC medical staff member did not document eight instances of required face-to-face daily medical assessments on the SMU medical visit form (Deficiency SMU-89\(^12\)).

ODO reviewed | | SMU files and found in | | files, a qualified mental health care provider did not conduct, or document, a face-to-face psychological evaluation of the detainee, nor

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\(^7\) “The facility shall have post orders for closely observing a detainee in dry cell status …” See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(D)(5).

\(^8\) “The special housing unit officer shall immediately record:

1. Whether the detainee ate, showered, recreatd and took any medication; …”

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1).

\(^9\) “The facility medical staff shall sign each individual’s record when the medical staff member visits a detainee in the SMU…” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

\(^10\) “The facility medical staff shall sign each individual’s record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

\(^11\) “Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement) …” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

\(^12\) “… Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU …” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).
record the review in the SMU housing unit records every 30 days (Deficiency SMU-93[^13]).

ODO reviewed SMU files and found in [REDACTED] files, the NCDC housing unit officers did not record [REDACTED] detainee recreation periods (Deficiency SMU-120[^14]).

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

ODO reviewed NCDC's PREA policy, interviewed the NCDC captain, and found NCDC's written policy did not include a method by which the NCDC staff can report sexual abuse allegations outside the chain of command (Deficiency SAAPI-5[^15]).

ODO reviewed NCDC's Inspections, Process, and Systems Audit policy and the NCDC PREA policy, interviewed the NCDC captain, and found NCDC's written policy and procedures did not include the facility's requirement to cooperate with all ICE/ERO audits and monitoring of the facility's compliance with sexual abuse and assault policies and standards (Deficiency SAAPI-13[^16]).

ODO reviewed NCDC's written SAAPI policy and found ERO Salt Lake City did not review nor approve the written policy (Deficiency SAAPI-14[^17]).

**Corrective Action:** Before the conclusion of the inspection, an NCDC captain provided a memo, dated November 4, 2021, to ODO indicating ERO Salt Lake City reviewed and approved NCDC's written SAAPI policy (C-1).

ODO reviewed NCDC's written SAAPI policy and procedures and found NCDC was not in full compliance with NDS 2019 within 90-days of NCDC's adoption of the SAAPI standard (Deficiency SAAPI-15[^18]).

[^13]: "... 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)(M).

[^14]: "... Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(V).

[^15]: "Procedures for immediate reporting of sexual abuse and assault allegations, including:
   a. Procedures for immediate reporting of sexual abuse and assault allegations through the facility’s chain of command, from the reporting official to the highest facility official, including also procedures for notifying ICE/ERO (this notification must be sent directly to the FOD) and a method by which staff can report outside the chain of command;” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(2)(a).

[^16]: "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: … 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)(7).

[^17]: "... 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).

[^18]: "... The facility administrator shall ensure that, within 90 days of the adoption of this detention standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines …” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).
ODO interviewed an NCDC captain, reviewed NCDC’s SAAPI biannual refresher training, and found the training did not include the definitions and examples of prohibited and illegal sexual behavior, nor the right of NCDC staff to be free from sexual abuse and assault, and from retaliation for reporting sexual abuse and assault (Deficiency SAAPI-27 19).

ODO interviewed an NCDC captain, reviewed NCDC’s SAAPI biannual refresher training, and found the training did not include the requirement to limit reporting of sexual abuse and assault to personnel with a need to know to make decisions concerning the detainee-victim’s welfare, and for law enforcement and investigative purposes (Deficiency SAAPI-29 20).

ODO interviewed an NCDC captain, reviewed NCDC’s SAAPI biannual refresher training, and found the training did not include instruction on documentation and referral procedures for all allegations of sexual abuse and assault (Deficiency SAAPI-30 21).

ODO interviewed a NCDC captain and determined NCDC’s specialized SAAPI investigator training did not cover: interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process (Deficiency SAAPI-36 22).

ODO reviewed NCDC’s orientation video, the NCDC detainee handbook, and reviewed NCDC's SAAPI postings, and found NCDC did not provide instructions to detainees on methods for reporting sexual abuse and assault to the ICE Office of Professional Responsibility (OPR) (Deficiency SAAPI-43 23).

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19 “…Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: …
2. Definitions and examples of prohibited and illegal sexual behavior;
3. The right of staff to be free from sexual abuse and assault, and from retaliation for reporting sexual abuse and assault.”

20 “… Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: …
9. The requirement to limit reporting of sexual abuse and assault to personnel with a need to know in order to make decisions concerning the detainee-victim’s welfare, and for law enforcement/investigative purposes; …”
See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(9).

21 “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: …
14. Instruction on documentation and referral procedures for all allegations or suspicions of sexual abuse and assault.”
See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(14).

22 “… This training must cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process …” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

23 “Following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum): …
4. Explanation of methods for reporting sexual abuse and assault, including one or more staff members other than an immediate point-of-contact line officer, the ICE Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General and the ICE Office of Professional Responsibility; …”
See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(4).
ODO reviewed NCDC's PREA-education video, NCDC's SAAPI postings, and the NCDC detainee handbook, and found NCDC did not provide detainees with the name of the SAAPI program coordinator nor information on how to contact the program coordinator (Deficiency SAAPI-48).  

Corrective Action: On November 4, 2021, an NCDC lieutenant updated the NCDC detainee handbook to provide detainees with the name of the SAAP program coordinator and how to contact him. On the same day, the NCDC staff uploaded the updated detainee handbooks to the electronic tablet system for immediate implementation at NCDC (C-2).  

ODO reviewed NCDC's PREA-education video, NCDC's SAAPI postings, and the NCDC detainee handbook and found NCDC did not inform detainees they could report any incident or situation regarding sexual abuse and assault, or intimidation, to the Department of Homeland Security (DHS) Joint Intake Center (JIC) (Deficiency SAAPI-49).  

Corrective Action: On November 4, 2021, an NCDC lieutenant updated the NCDC detainee handbook to inform detainees of reporting instructions to the DHS JIC. On the same day, the NCDC staff uploaded the updated detainee handbooks to the electronic tablet system for immediate implementation at NCDC (C-3).  

ODO interviewed an NCDC captain and found NCDC did not maintain or attempt to enter into a memorandum of understanding (MOU) with local providers nor national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime (Deficiency SAAPI-67).  

ODO interviewed an NCDC captain, reviewed NCDC's written SAAPI procedures for administrative investigations, and found the written policy did not include provisions requiring preservation of evidence the facility maintains electronically, nor reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator (Deficiency SAAPI-136).  

ODO interviewed an NCDC captain, reviewed NCDC's written SAAPI procedures for administrative investigations, and found the written procedures did not include provisions requiring an assessment of the credibility of an alleged victim, suspect, or witness without regard  

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24 “… The facility shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her …” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).  

25 “… Detainees will also be informed that they can report any incident or situation regarding sexual abuse and assault, or intimidation, to any staff member (as outlined above), the DHS Office of Inspector General, and the DHS Joint Intake Center.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).  

26 “… The facility administrator shall maintain or attempt to enter into memoranda of understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(H).  

27 “The facility shall develop written procedures for administrative investigations, including provisions requiring:  

a. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; …  
c. Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator;” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(a)(c).
to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph. Additionally, the written procedures did not require an effort by the NCDC investigators to determine whether actions or failures to act by the NCDC staff contributed to the abuse (Deficiency SAAPI-137 28).

ODO interviewed an NCDC captain, reviewed NCDC's written SAAPI procedures for administrative investigations, and found the written policy did not include provisions requiring documentation of each investigation by written report to include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, nor investigative facts and findings. Additionally, the written procedures did not require provisions requiring retention of the reports for as long as the facility detains or the agency or facility employs the alleged abuser, plus 5 years (Deficiency SAAPI-138 29).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the NCDC detainee handbook and found the handbook did not notify the detainees of NCDC's policy on sending correspondence (Deficiency COM-2 30).

Corrective Action: On November 4, 2021, an NCDC lieutenant updated the NCDC detainee handbook to include information on sending correspondence. On the same day, the NCDC staff uploaded the updated handbook into the electronic tablet system for immediate implementation at NCDC (C-4).

ODO reviewed the NCDC detainee handbook and found the handbook did not notify the detainees of the procedure for sending mail, nor instructions on how outgoing mail must be addressed (Deficiency COM-4 31).

28 “… The facility shall develop written procedures for administrative investigations, including provisions requiring:

... 

d. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph;

e. An effort to determine whether actions or failures to act at the facility contributed to the abuse.”


29 “… The facility shall develop written procedures for administrative investigations, including provisions requiring:

... 

f. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and...

g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years.”


30 “The facility shall notify detainees in a language or manner that they understand of its policy on correspondence and other mail, and shall include information on sending and receiving correspondence in the facility handbook …”

See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B).

31 “… At a minimum, the notification shall specify: …

2. That a detainee may send mail, the procedure for sending mail, and instructions on how outgoing mail must be addressed; …”

See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(2).
ODO reviewed the NCDC detainee handbook and found the handbook did not specify the
definition of special correspondence nor include instructions for proper labeling of special
correspondence (Deficiency COM-7\(^{32}\)).

ODO reviewed the NCDC detainee handbook and found the handbook did not inform detainees
how to obtain writing implements, paper, and envelopes (Deficiency COM-10\(^{33}\)).

Corrective Action: On November 4, 2021, an NCDC lieutenant updated the NCDC
detainee handbook to include the procedure to obtain writing implements, paper, and
envelopes. On the same day, the NCDC staff uploaded the updated handbook into the
electronic tablet system for immediate implementation at NCDC (C-5).

ODO reviewed the NCDC detainee handbook and found the handbook did not specify procedures
for purchasing postage nor the rules for providing indigent detainees free postage (Deficiency
COM-11\(^{34}\)).

CONCLUSION

During this inspection, ODO assessed NCDC’s compliance with 19 standards under NDS 2019
and found the facility in compliance with 15 of those standards. ODO found 28 deficiencies in the
remaining 4 standards. Of particular concern, ODO found a substantial number of SAAPI
deficiencies pertaining to: written policies and procedures, staff training, detainee notification,
and sexual assault reporting.

ODO commends facility staff for its responsiveness during this inspection and notes there were
five instances where staff initiated immediate corrective action during the inspection. ODO
recommends ERO Salt Lake City work with NCDC to resolve any deficiencies that remain
outstanding in accordance with contractual obligations. ERO provided ODO with the uniform
corrective action plan for ODO’s last inspection of NCDC on May 14, 2021.

\(^{32}\) “… At a minimum, the notification shall specify: …
5. The definition of special correspondence, including instructions on the proper labeling for special
correspondence;”
See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(5).

\(^{33}\) “… At a minimum, the notification shall specify: …
8. How to obtain writing implements, paper, and envelopes; …”
See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(8).

\(^{34}\) “… At a minimum, the notification shall specify: …
9. The procedure for purchasing postage (if any), and the rules for providing indigent and certain other
detainees free postage.”
See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(9).
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<th>Compliance Inspection Results Compared</th>
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<th>First FY 2022 (NDS 2019)</th>
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<td>Standards Reviewed</td>
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<td>Deficient Standards</td>
<td>5</td>
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<td>Overall Number of Deficiencies</td>
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<td>Repeat Deficiencies</td>
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<td>Areas of Concern</td>
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<td>Corrective Actions</td>
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