

# Henderson Detention Center Inspection 2024-005-367

September 17-19, 2024





#### **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 Unannounced Follow-Up Compliance Inspection 2024-005-367

Enforcement and Removal Operations ERO Salt Lake City Field Office

> Henderson Detention Center Henderson, Nevada

September 17-19, 2024

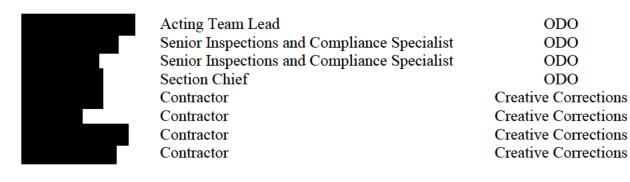
## UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION of the HENDERSON DETENTION CENTER

#### Henderson, Nevada

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## UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



#### FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Henderson Detention Center (HDC) in Henderson, Nevada, from September 17 to 19, 2024. This inspection focused on the standards found deficient during ODO's last inspection of HDC from March 19 to 21, 2024. 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 September 16, 2024. HDC was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only..2

A facility captain handles support personnel. The City of Henderson provides daily facility operations and manages 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>3</sup>		
Average ICE Population. <sup>4</sup>	_	
Adult Male Population (as of September 17, 2024)		
Adult Female Population (as of September 17, 2024)		

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 13 deficiencies in the following areas: Detention Files (1); Environmental Health and Safety (2); Grievance System (1); Personal Hygiene (1); Religious Practices (1); and Sexual Abuse and Assault Prevention and Intervention (7).

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> For ODO inspections in FY 2024, ERO Custody Management Division requested ODO inspect all United States Marshals Service Intergovernmental Agreement facilities, not contractually obligated to an ICE NDS, to NDS 2019.

<sup>&</sup>lt;sup>3</sup> Data Source: ERO Custody Management Division Authorized Facility List as of September 16, 2024.

## UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.<sup>5</sup>

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, Hunger Strikes, 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.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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.

<sup>&</sup>lt;sup>5</sup> ODO reviews the facility's compliance with selected standards in their entirety.

#### FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected. <sup>6,7,8</sup>	Deficiencies
Part 1 - Safety	<u>'</u>
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	4
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	4
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Religious Practices	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Sub-Total	0
Total Deficiencies	4

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<sup>&</sup>lt;sup>6</sup> For greater detail on ODO's findings, see the *Unannounced Follow-Up Compliance Inspection Findings* section of this report.

<sup>&</sup>lt;sup>7</sup> 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.

<sup>&</sup>lt;sup>8</sup> During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

#### **DETAINEE RELATIONS**

ODO interviewed 25 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

## UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

#### **SECURITY**

#### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed administrative segregation (AS) detention files and found in out of files, a supervisor did not conduct 7-day reviews for 3 out of 3 detainees in AS for the first 30 days and 10-day reviews for 2 out of 3 detainees in AS beyond 30 days (**Deficiency SMU-26**<sup>9</sup>).

ODO reviewed the facility's SMU policy and procedures and found the following deficiencies in SMU procedures:

- The facility's policy did not include procedures for the regular review of all DS cases (**Deficiency SMU-44**<sup>10</sup>);
- The facility's policy did not include procedures for a security supervisor or equivalent to interview and review the status of detainees in DS every 7 days (**Deficiency SMU-45**.11); and
- The facility's policy did not include procedures for the facility administrator to review a detainee's status in DS after the first 30 days of segregation and each 30 days thereafter (**Deficiency SMU-52**. 12).

<sup>&</sup>lt;sup>9</sup> "A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter, at a minimum." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(b).

<sup>&</sup>lt;sup>10</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3).

<sup>&</sup>lt;sup>11</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other basic necessities, as required by this detention standard."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

<sup>&</sup>lt;sup>12</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures: ...

b. The facility administrator shall review the status of a detainee in disciplinary segregation after the first 30 days of segregation, and each 30 days thereafter, to determine whether continued detention in disciplinary segregation is warranted." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(b).

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

ODO received a completed UCAP for HDC's previous inspection indicating the facility was revising their SAAPI policy as a corrective action. ODO interviewed a facility captain, reviewed the revised SAAPI policy, and found the policy is awaiting approval from the city's legal department. No estimated timeframe exists to implement the policy since the city's approval process is beyond the facility's control, and ODO notes the delay in approving the policy as an **Area of Concern**.

#### CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found four deficiencies in the one remaining standard. Since HDC's last rated inspection in March 2024, the facility's compliance with NDS 2019 has trended upward. HDC went from 6 deficient standards and 13 deficiencies in March 2024, to 1 deficient standard and 4 deficiencies during this most recent inspection. HDC completed its UCAP for its last inspection in March 2024, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO Salt Lake City continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	24	16
Deficient Standards	6	1
Overall Number of Deficiencies	13	4
Priority Component Deficiencies	2	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A



# Office of Professional Responsibility

