



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
2024-002-324**

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

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

May 7-9, 2024

FOLLOW-UP COMPLIANCE INSPECTION
of the
NYE COUNTY DETENTION CENTER, SOUTHERN (PAHRUMP)
Pahrump, Nevada

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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 Nye County Detention Center, Southern (Pahrump) (NCDC) in Pahrump, Nevada, from May 7 to 9, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of NCDC from October 24 to 26, 2023. The facility opened in 2012 and is owned by Nye County and operated by the Nye County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NCDC in 2019 under the oversight of ERO’s Field Office Director in Salt Lake City (ERO Salt Lake City). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A facility lieutenant handles daily facility operations and manages [REDACTED] support personnel. Summit Food provides food services and commissary services, and Serenity Health provides medical care 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 May 7, 2024)	[REDACTED]
Adult Female Population (as of May 7, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 12 deficiencies in the following areas: Custody Classification System (1); Facility Security and Control (3); Grievance System (1); and Special Management Units (7).

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 Custody Management Division Authorized Facility List as of May 6, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual 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. 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. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.⁴

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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which 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 the full and follow-up inspection 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 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	5
Sub-Total	5
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	1
Use of Force and Restraints	0
Special Management Units	6
Staff-Detainee Communication	0
Sub-Total	9
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	5
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation ⁷	1
Sub-Total	6
Part 5 - Activities	
Recreation	2
Telephone Access	1
Sub-Total	3
Part 6 - Justice	
Detainee Handbook ⁸	0
Grievance System	1
Sub-Total	1
Total Deficiencies	24

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

⁶ 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.

⁷ The deficiency cited under Disability Identification, Assessment, and Accommodation standard was identified while performing detainee interviews, and this standard was not reviewed in its entirety.

⁸ The **Area of Concern** cited under the Detainee Handbook standard was identified while performing detainee interviews and this standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 24 detainees, who each voluntarily agreed to participate. None of the detainees made any allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Environmental Health and Safety: One detainee stated that damaged hair clippers in the barbershop overheat and cause injury to detainees.

- Action Taken: ODO inspected the facility's barbershop operations and found a broken metal blade in the clippers. Additionally, ODO found hair clippings remaining on the clippers and accessories from prior use. ODO notified the facility leadership and ERO Salt Lake City of the issue and received verbal confirmation from facility leadership that staff would dispose of the clippers and order a new set. On May 29, 2024, ODO followed up with facility staff, received photos of two replacement clippers, and found those clippers also had broken metal blades. ODO advised the facility staff and ERO Salt Lake City that the replacement clippers still had broken metal blades. ODO cited the broken clippers as a deficiency in the *Environmental Health and Safety* section of the report.

Admission and Release: Nine detainees stated they never received an ICE National Detainee Handbook nor a facility-specific detainee handbook.

- Action Taken: ODO interviewed a facility lieutenant and found detainees did not receive a physical copy of the ICE National Detainee Handbook nor the facility-specific detainee handbook upon admission. Instead, the facility downloaded electronic copies of the handbooks onto housing unit tablets. ODO reviewed the facility's electronic logs and found while the detainees electronically acknowledged their receipt of a handbook, the acknowledgement did not specify which handbook they received. ODO noted the acknowledgement not specifically documenting the detainees' receipt of both handbooks as an **Area of Concern** in the *Detainee Handbook* section of the report.

Medical Care: One detainee stated the medication prescribed by facility medical staff was too strong, resulting in hallucinations and suicidal thoughts.

- Action Taken: ODO immediately stopped the interview, requested facility staff take the detainee to the medical department, and notified facility leadership and ERO Salt Lake City staff of the detainee's issue. ODO interviewed the facility's health services administrator (HSA), reviewed the detainee's medical records, and found the detainee arrived at the facility on April 4, 2024. On April 5, 2024, a facility registered nurse (RN) evaluated the detainee and confirmed no mental health issues. On April 9, 2024, the detainee requested to speak with the facility's mental health staff to request medication for post-traumatic stress disorder (PTSD) and anxiety. On April 11, 2024, the facility's licensed marriage and family therapist (LMFT), who is qualified as a mental health therapist (MHT), examined the detainee, and found him to be

cooperative, alert, and coherent. The detainee did not mention feeling suicidal nor express homicidal ideations. The LMFT diagnosed the detainee with PTSD but did not prescribe him any medication because in Nevada, LMFTs cannot prescribe medication by law. On April 16, 2024, the facility's physician conducted a follow-up evaluation of the detainee. During the evaluation, the detainee expressed he had trouble managing his mental health and suffered from anxiety, mood swings, and night terrors. As a result, the physician prescribed the detainee Geodon (40 mg), for hallucinations and night terrors, to be taken once daily, and scheduled him for weekly mental health therapy. The detainee did not inform the physician he had suicidal ideations. On May 7, 2024, the facility physician and an MHT evaluated the detainee because of ODO's interview. During the evaluation the detainee expressed he still had issues managing his mental health but did not inform the physician about any complications with the prescribed medication nor having any suicidal thoughts. The physician advised the detainee to continue taking his prescribed medication and recommended he take it in the morning with food. The physician cleared the detainee to return to general population and scheduled him for weekly mental health therapy or sooner, if necessary. The detainee acknowledged understanding the instructions and returned to his housing unit.

Medical Care: One detainee stated he has yet to receive glasses recommended by medical staff.

- Action Taken: ODO interviewed the facility's HSA, reviewed the detainee's medical records, and found the detainee arrived at the facility with glasses on March 7, 2024; however, the facility confiscated his glasses because the metal frame posed a security concern. The facility did not provide him with interim glasses. On March 20, 2024, a facility RN evaluated the detainee for a routine hearing and vision screening. The results of the screening indicated the detainee had a visual acuity of 20/120 in his right eye, 20/120 in his left eye, and 20/120 in both eyes. After determining the detainee's vision, the facility medical staff scheduled the detainee for another eye exam with an external ophthalmologist for June 21, 2024, but did not provide the detainee with interim glasses. ODO reviewed the detainee's electronic detention file and found he submitted 4 requests to facility and medical staff for eyeglasses on April 22, 26 (2 requests submitted), and 27, 2024. While staff responded to the detainee within the required timeframes, he still did not receive his glasses nor an alternative pair. On April 27, 2024, the detainee submitted a grievance to ERO Salt Lake City, reiterating his need for glasses; however, he did not receive a response until May 8, 2024, at which point ERO Salt Lake City informed him they would speak to facility leadership. On May 8, 2024, facility leadership amended the facility's policy to allow for metal frame eyeglasses to be permitted with medical staff approval and notified all staff via email, which ODO reviewed. On the same day, the detainee received his glasses from his personal property, and staff canceled the ophthalmologist appointment. ODO cited the facility for not providing the detainee with a disability-related accommodation in a prompt manner as a deficiency in the *Disability, Identification, Assessment, and Accommodation* section of the report.

Recreation: Four detainees stated they do not receive recreation daily.

- Action Taken: ODO interviewed a facility lieutenant, reviewed the facility’s electronic recreation logs for the 4 detainees, and found from April 14 to May 7, 2024, the facility only offered recreation to the detainees for 14 out of 24 days. The facility could not justify why they did not offer the detainees recreation on the remaining days. ODO cited not offering recreation daily as a deficiency in the *Recreation* section of the final report.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility’s building and grounds supervisor, reviewed the master index, and found the index did not include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control, etc.) (**Deficiency EHS-10⁹**).

ODO interviewed a facility lieutenant, reviewed the facility’s emergency plans, and found the facility staff last reviewed and updated the emergency plans on November 30, 2019 (**Deficiency EHS-27¹⁰**).

ODO interviewed a facility lieutenant, observed the facility barber operations, and found no lavatory, no sink with hot and cold running water, nor available waterless hand sanitizer in the barbershop (**Deficiency EHS-46¹¹**).

ODO interviewed a facility lieutenant, observed the facility barber operations, and found barbers did not clean nor disinfect all hair care tools between use for each detainee (**Deficiency EHS-48¹²**).

ODO toured the facility and found in housing unit F, one shower with hard water and soap scum buildup and one shower with a bottle of shampoo and pieces of soap on the shower floor (**Deficiency EHS-58¹³**).

⁹ “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁰ “All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹¹ “At least one lavatory/sink with hot and cold running water, or waterless hand sanitizer, will be available.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(b).

¹² “All hair care tools which come in contact with detainees will be cleaned and disinfected prior to each use.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(d).

¹³ “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed a facility sergeant and a detention technician, reviewed [REDACTED] detainee detention files for detainees that arrived at the facility with identity documents and found the facility forwarded the original documents to ERO Salt Lake City without first copying the documents and placing in the detainee detention files (**Deficiency AR-12**¹⁴).

FACILITY SECURITY AND CONTROL (FSC)

ODO found facility staff permitted the ODO inspection team to enter and exit the facility without first conducting a check of identification documents (**Deficiency FSC-15**¹⁵).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed a facility sergeant and a detention technician, reviewed [REDACTED] detainee detention files for detainees that arrived at the facility with identity documents and found the facility forwarded the original documents to ERO Salt Lake City without first copying the documents and placing in the detainee detention files (**Deficiency FPP-10**¹⁶).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed [REDACTED] disciplinary segregation (DS) files and found in [REDACTED] out of [REDACTED] files, the following deficiencies:

- No documentation the facility completed and signed DS orders before placing the detainees in SMU (**Deficiency SMU-38**¹⁷);
- No completed DS orders detailing the reasons for placing the detainees in SMU (**Deficiency SMU-39**¹⁸);
- No documentation of completed DS orders with all relevant documents attached to those DS orders (**Deficiency SMU-40**¹⁹);

¹⁴ “Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

¹⁵ “The officer assigned to this post shall check the identification documents of every visitor, employee, and other person entering or leaving the facility (See Standard 5.5 “Visitation.”)” See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(1).

¹⁶ “Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO.” See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(B)(2).

¹⁷ “A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2).

¹⁸ “Prior to a detainee’s actual placement in disciplinary segregation, the IDP shall complete the disciplinary segregation order detailing the reasons for placing the detainee in disciplinary segregation.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(a).

¹⁹ “Prior to a detainee’s actual placement in disciplinary segregation . . . All relevant documentation must be attached to the order.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(a).

- No documented date and time of the detainees’ release from DS by the facility’s releasing officer (**Deficiency SMU-42²⁰**); and
- No copies of the completed DS orders placed in the detainees’ detention files or available in a retrievable electronic format (**Deficiency SMU-43²¹**).

ODO interviewed a facility lieutenant, reviewed the facility’s SMU policy and logs, toured the SMU, and found from 5:30 a.m. to 9 p.m., facility staff do not physically enter detainee housing units to observe the detainees. Rather, facility staff only observe the units from the outside entrance doors and windows, and ODO found detainees in their SMU cells are not visible when looking through the entrance doors and windows (**Deficiency SMU-84²²**). **This is a repeat deficiency and a priority component.**

CARE

PERSONAL HYGIENE (PH)

ODO interviewed a facility lieutenant, reviewed the facility’s inventory sheet and PH policy, and found on May 9, 2024, the facility housed [REDACTED] detainees; however, the facility had only 13 towels available in supply. Additionally, the facility did not provide ODO with an inventory of sheets and pillows in supply to verify a sufficient supply of both were on-hand (**Deficiency PH-2²³**).

ODO interviewed a facility supervisor, observed PH hygiene kits provided to detainees upon admission, reviewed property-issued forms, and found detainees had to purchase skin lotion from the facility’s commissary (**Deficiency PH-14²⁴**).

ODO interviewed a facility lieutenant, toured detainee housing units, and found the facility did not provide:

- Detainees with a reasonably private toilet facility and observed entrances to toilets as completely open and in the direct line of sight of other detainees, staff, and visitors (**Deficiency PH-18²⁵**);
- Detainees the privacy required to perform bodily functions without being viewed by staff of the opposite gender and observed entrances to toilets as completely open and

²⁰ “When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(c).

²¹ “The completed order shall then be included in the detainee’s detention file or maintained in a retrievable electronic format.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(c).

²² “SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule.” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(K).

²³ “The facility shall have a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels. The facility shall keep a supply of these items that exceeds the minimum amount required for the number of detainees to prevent delay in replacing the items.” See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(A).

²⁴ “Each detainee shall receive, at a minimum, the following items: ...

6. One container of skin lotion.”

See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(6).

²⁵ “Detainees shall be provided with a reasonably private bathing and toileting environment in accordance with safety and security needs.” See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(G).

in the direct line of sight of other detainees, staff, and visitors (**Deficiency PH-19**²⁶); and

- Detainees with disabilities the amenities nor the support needed for self-care and personal hygiene in a reasonably private environment and observed entrances to toilets as completely open and in the direct line of sight of other detainees, staff, and visitors (**Deficiency PH-22**²⁷).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO interviewed a detainee and the facility's HSA, reviewed the detainee's medical records, and found the detainee arrived at the facility with metal framed prescription eyeglasses. Facility staff confiscated the eyeglasses during admission and did not provide an alternate pair of prescription eyeglasses without metal frames and did not return his original prescription eyeglasses to him for 2 months (**Deficiency DIAA-20**²⁸).

ACTIVITIES

RECREATION (R)

ODO interviewed a facility lieutenant, reviewed the facility's electronic recreation logs for 4 detainees, and found from April 14 to May 7, 2024, the facility only offered recreation to the detainees 14 out of 24 days (**Deficiency R-3**²⁹). **This is a repeat deficiency and a priority component.**

ODO interviewed a facility lieutenant, reviewed the facility's electronic logs for 2 detainees housed in the SMU, and found from April 14 to May 7, 2024, the facility only offered recreation to the detainees for 5 out of 24 days (**Deficiency R-15**³⁰). **This is a priority component.**

TELEPHONE ACCESS (TA)

ODO toured six detainee housing units and found three out of six units did not have notices posted at each telephone notifying detainees that their calls were subject to monitoring (**Deficiency TA-**

²⁶ "Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement." *See* ICE NDS 2019, Standard, Personal Hygiene, Section (II)(G).

²⁷ "Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity." *See* ICE NDS 2019, Standard, Personal Hygiene, Section (II)(G).

²⁸ "The facility shall provide detainees with disabilities with necessary accommodations in an expeditious manner." *See* ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section (II)(F)(1).

²⁹ "Weather permitting, each detainee shall have access for at least one hour per day, five days per week; or, six or more hours per week, at least four days per week." *See* ICE NDS 2019, Standard, Recreation, Section (II)(A)(1).

³⁰ "Detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week." *See* ICE NDS 2019, Standard, Recreation, Section (II)(D).

41.³¹).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO interviewed 24 detainees, a facility lieutenant, reviewed 25 detainee handbook electronic logs, and found the facility provides facility and ICE National Detainee Handbooks to detainees electronically via housing unit tablets; however, the detainee acknowledgement form does not clearly indicate that detainees acknowledge receipt of both handbooks, which ODO notes as an **Area of Concern**.

GRIEVANCE SYSTEM (GS)

ODO reviewed one grievance a detainee submitted to ERO Salt Lake City staff on April 27, 2024, and found ERO Salt Lake City staff did not respond until May 8, 2024 (**Deficiency GS-15**³²).

CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found 24 deficiencies in the remaining 10 standards. Since NCDC's last full inspection in October 2023, the facility's compliance with the NDS 2019 has trended down. NCDC went from 4 deficient standards and 12 deficiencies in October 2023 to 10 deficient standards and 24 deficiencies during this most recent inspection. Ten out of 24 deficiencies were in the EHS and PH standards, which the facility had no deficiencies in during their last inspection. Additionally, the SMU standard accounted for 6 out of 24 deficiencies and includes 1 repeat deficiency. ODO received the UCAP for ODO's last full inspection of NCDC in October 2023, which likely resolved most deficiencies ODO previously 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.

³¹ "If telephone calls are monitored, the facility shall notify detainees of this in a language or manner that they understand and in the facility, handbook provided upon admission. The facility shall also place a notice at each monitored telephone stating:

1. That detainee calls are subject to monitoring."

See ICE NDS 2019, Standard, Telephone Access, Section (II)(K)(1).

³² "Barring extraordinary circumstances, grievances shall be addressed within five business days." *See ICE NDS 2019, Standard, Grievance System, Section (II)(A)(2)(a).*

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	24	18
Deficient Standards	4	10
Overall Number of Deficiencies	12	24
Priority Component Deficiencies	1	3
Repeat Deficiencies	3	2
Areas Of Concern	1	1
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A