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Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight
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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
Salt Lake City Field Office
Henderson Detention Center
Henderson, Nevada

October 25 – 27, 2011

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**COMPLIANCE INSPECTION
HENDERSON DETENTION CENTER
SALT LAKE CITY FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), conducted a Compliance Inspection of the Henderson Detention Center (HDC) in Henderson, Nevada, from October 25 to 27, 2011. HDC is owned by the City of Henderson and is operated by the Corrections Division of the Henderson Police Department (HPD). The 123,000 square foot facility opened in 1994 to house city inmates. The facility also houses inmates from the United States Marshals Service (USMS), United States Park Police, and local area law enforcement jurisdictions. Since January 2011, HDC has accommodated U.S. Immigration and Customs Enforcement (ICE) detainees of all classification levels for periods in excess of 72 hours via a Detention Services Intergovernmental Agreement with the USMS. Corizon, a private contractor, provides medical care at HDC. The facility holds no accreditations.

HDC has a total capacity of 540 beds (455 for males, 85 for females). Of the 540 beds, 300 are dedicated to ICE detainees. If requested by ERO, the facility can accommodate more than 300 detainees based on the availability of bed space. At the time of the inspection, the facility housed 202 ICE detainees (174 male; 28 female). No ICE Enforcement and Removal Operations (ERO) officers are permanently assigned on-site at HDC.

The Superintendent is the highest ranking official at HDC, responsible for oversight of daily operations. In addition, supervisory staff at HDC includes three Lieutenants and five Sergeants. Non-supervisory staff consists of 76 Corrections Officers and 24 civilian employees. Contracted medical staff consists of a Health Services Administrator (HSA), a medical doctor, a psychiatrist, a nurse practitioner, two subcontracted dentists, three medical assistants, six licensed practical nurses, and nine registered nurses.

In December 2010, the ERO Detention Standards Compliance Unit (DSCU) contractors, MGT of America, Inc., conducted a Preoccupancy Special Assessment Review of the ICE National Detention Standards (NDS) at HDC. The facility received an overall rating of “Appropriate for Housing ICE Detainees.” In May 2011, MGT conducted an Annual Review of the ICE NDS at HDC. The facility received an overall rating of “Acceptable” and was found to be in compliance with all 41 standards reviewed.

This is the first ODO inspection of HDC. During this inspection, ODO reviewed a total of 17 NDS. Four areas were found to be fully compliant; 31 deficiencies were found in the remaining 13 areas: Access to Legal Material (3 deficiencies), Admission and Release (1), Detainee Handbook (1), Environmental Health and Safety (8), Food Service (1), Key and Lock Control (3), Medical Care (4), Special Management Unit – Administrative Segregation (2), Special Management Unit – Disciplinary Segregation (3), Staff-Detainee Communication (1), Suicide Prevention and Intervention (1), Telephone Access (2), and Use of Force (1).

This report details all deficiencies and refers to specific, relevant sections of the ICE NDS. OPR will provide ERO a copy of the report to assist in developing corrective actions to resolve the 31 identified deficiencies.

Overall, ODO found HDC to be well-managed and in compliance with the areas and standards inspected. A majority of the thirty-one deficiencies identified were administrative in nature (paperwork, logs, postings, etc.), rather than shortcomings with respect to practices and procedures. However, ODO identified some deficiencies that are significant to the health and well-being of ICE detainees. In particular, the lack of CPR and suicide prevention training for staff, the absence of telephone access instructions to detainees, and the lack of a dedicated portable video camera for use of force incidents are areas in need of immediate resolution.

Although ERO does not have officers permanently assigned on-site at HDC, ODO confirmed ERO officers conduct regular scheduled and unannounced visits to the housing units weekly. Officers document these visits on the ICE Facility Liaison Visit Checklist to verify proper oversight by the local ERO office.

During the tour of the facility, ODO observed the doors to the offices of two housing unit officers fully open with inmates and detainees standing nearby. Loaded pepper ball launchers were hanging on the walls of both offices. This is a serious safety concern based on the fact that inmates and detainees can enter these rooms and access the pepper ball launchers, potentially causing harm and injury to visitors, staff, inmates, and detainees. ODO informed HDC management of the situation, and both rooms were immediately locked.

Identification cards for all inmates and ICE detainees are maintained in a binder kept on the desk of the housing unit officer. ODO observed that ICE detainees and inmates all wear red uniforms, making it impossible to distinguish ICE detainees from inmates or to visually determine security classification levels. During detainee interviews, ODO verified that detainees do not possess an identity document of any type, such as a facility identification card or an ID bracelet. ODO notified HDC supervisory staff of these observations; however, since it is not required by the NDS, HDC supervisory staff did not commit to providing detainees with clothing of different colors to distinguish classification levels, nor to ensuring identification documents are maintained on their persons.

Some detainees are strip searched upon arrival at or re-entry to HDC if information is developed to support reasonable suspicion for a full search, in accordance with the October 2007 ERO Change Notice: Admission and Release NDS Strip Search Policy. However, HDC is justifying the searches on detainee booking cards instead of the required Form G-1025 (Record of Search). Although a paperwork-related deficiency, the importance of the documented justification in these instances is of critical importance to ICE, overall.

HDC has an effective grievance system, allowing for informal and formal grievances. All grievances are resolved at the lowest level possible. If a staff member cannot resolve a grievance, it is then forwarded to the next highest level in the chain of command. Detainees are provided the opportunity to appeal decisions to the next level of authority in the event grievances are not resolved to their satisfaction. Detainees are free to bypass the informal grievance process and proceed directly to filing a formal grievance.

Since HDC began housing ICE detainees in February 2011, there have been 141 formal grievances filed by ICE detainees. Each of the 141 grievances was resolved in a timely manner.

Of the formal grievances, 37 (26%) focused on housing and classification issues, 29 (21%) pertained to religious practices and food service issues, 26 (18%) were complaints regarding facility rules, 25 (18%) pertained to staff members, and 24 (17%) involved facility-related matters such as telephone serviceability.

Registered Nurses (RNs) perform intake medical screenings at HDC. ODO reviewed 32 medical records and confirmed intake screenings and tuberculosis testing were conducted at arrival in all cases. RNs also perform physical examinations (PEs). The HSA provided proficiency statements signed by the Medical Director attesting the RNs were trained and approved to perform the hands-on portion of the PEs. In all 32 cases reviewed, ODO verified a PE was conducted within the required 14-day timeframe. The facility far exceeds the requirement of the ICE NDS by completing a PE on the day of arrival. ODO cites this as a best practice because it affords immediate identification of chronic medical needs and expedites delivery of care. However, ODO confirmed that PEs conducted by RNs were not reviewed by physicians as required by the National Commission on Correctional Health Care.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards (NDS) or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to HDC. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management

ODO reviewed the processes employed at HDC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS) and the ENFORCE Alien Booking Module (EABM) and Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at HDC.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. Specific deficiencies and areas of concern are identified in bold with sequential numbers in this report. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, or to ICE policy or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS or ICE policy or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR, Office of Detention Oversight.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)(C)

Special Agent (Team Leader)	ODO, San Diego
Special Agent	ODO, Phoenix
Detention and Deportation Officer	ODO, San Diego
Contract Inspector	MGT of America, Inc
Contract Inspector	MGT of America, Inc

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the HDC Superintendent, an HDC Lieutenant, an ICE Assistant Field Office Director (AFOD), an ICE Supervisory Detention and Deportation Officer (SDDO), and an ICE Immigration Enforcement Agent (IEA). During the interviews, all personnel stated the working relationship between HDC and ERO is excellent and morale is good amongst HDC and ERO officers.

The Superintendent and Lieutenant stated that sufficient personnel are assigned to handle the current ICE detainee population at HDC, and they consistently see ERO officers visiting the housing units and communicating with ICE detainees to address their issues or concerns multiple times each week.

The AFOD stated the length of stay for ICE detainees at HDC could be shortened by adding an Immigration Judge (IJ) beyond the two IJs currently available. The AFOD also said the addition of a dedicated full-time ERO Detention Service Manager (DSM) would assist HDC with compliance matters pertaining to the ICE NDS. Currently, a DSM is not assigned to HDC.

DETAINEE RELATIONS

ODO randomly selected and interviewed 16 male and five female ICE detainees to assess the overall living and detention conditions at HDC. ODO received no complaints concerning access to legal materials, issuance and replenishment of hygiene supplies, sending and receiving mail, recreation, visitation, religious service, meal and food service, the grievance process, or medical care.

Five detainees (24%), one male and four females, stated they did not know how to contact their Deportation Officer (DO), nor did they know the identity of their DO. ODO observed that the visitation schedules of ERO officers were not posted in the housing units; however, ODO did witness ERO officers visiting ICE detainees in the housing units during the inspection. A review of visitation documents confirmed ERO consistently visits weekly.

Three female detainees (14%) stated they could not speak with their attorney on the telephone without the call being monitored. None of these detainees had ever asked facility officials if they could obtain an unmonitored telephone call with their legal representative and assumed unmonitored telephone calls were not available. Although the facility-specific detainee handbook does not address this issue, the ICE National Detainee Handbook references unmonitored telephone calls to attorneys and legal representatives and all three of these female detainees stated they had received the ICE National Detainee Handbook upon admission. Upon inquiry, facility officials confirmed HDC facilitates unmonitored telephone calls to attorneys and legal representatives when requested via a request form or a verbal request to a housing unit officer.

Detainees receive both the ICE National Detainee Handbook and the facility-specific handbook. Sixteen detainees (76%), 12 males and 4 females, stated they did not receive the facility-specific handbook from HDC, and 13 detainees (62%), 12 males and 1 female, said they did not receive the ICE National Detainee Handbook. A review of detention files by ODO confirmed all detainees had signed the HDC booking card acknowledging receipt of the facility-specific handbook during the admissions and intake process. ERO also provided documentation which demonstrated all detainees had signed a handbook receipt acknowledging they were provided a copy of the ICE National Detainee Handbook when they were staged at the ERO Las Vegas Sub-Office.

Seventeen detainees (81%) (16 males, 1 female) stated they were strip-searched at HDC. The facility documents all strip searches along with the corresponding justification. A review of detention files confirmed 6 of the 17 detainees (5 males and 1 female) were strip searched at HDC. The others, all males, were not strip searched. Upon admission, those individuals were either pat down or not searched. ODO verified the justifications for conducting the strip searches were documented by HDC for all six detainees in accordance with the ERO Change Notice Admission and Release – National Detention Standard Strip Search Policy, dated October 15, 2007. ODO verified this information based on staff interviews and detainee detention file reviews.

ODO interviewed nine additional ICE detainees about health services provided by HDC. The detainees expressed satisfaction with the medical services and overall care provided by the facility. Three (33%) of the nine detainees requested the addition of over-the-counter medications, such as Tylenol, to the commissary list. Although these items are not required by the ICE NDS, the HSA informed ODO that both items would be reviewed and considered.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 NDS and found HDC fully compliant with the following 4 standards:

- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Transfers
- Hunger Strikes

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following 13 areas:

- Access to Legal Material
- Admission and Release
- Detainee Handbook
- Environmental Health and Safety
- Food Service
- Key and Lock Control
- Medical Care
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Telephone Access
- Use of Force

Findings for each of these standards are presented in the remainder of this report.

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at HDC to determine if detainees have access to a law library, legal materials, courts, counsel, and equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO reviewed policies, interviewed facility staff, and assessed equipment used by detainees to access legal materials.

The facility provides stand-alone computers in each housing unit, including the Special Management Unit (SMU). These computers are available for all detainees to use at any time upon request, except during meal service and sleeping hours. ODO verified the most current version of LexisNexis has been installed as of April 16, 2011. The computers also have word processing software for creating legal documents. Detainees can create, save, and store documents on thumb drives maintained by the housing unit officers. Detainees can print the saved documents upon request.

All detainees accessing legal materials are monitored via closed circuit cameras or by a facility official who turns on the computers before each use. The facility assigns a Sergeant to oversee the supplies provided to detainees and the equipment used for access to legal materials. The Sergeant is responsible for the maintenance and replenishment of supplies and is directly supervised by a Lieutenant. In the event detainees require additional legal materials, the Sergeant notifies ERO to respond to the request.

ODO acknowledges the thorough efforts of HDC to provide access to legal materials within all housing units, as well as the SMU; however, the facility does not have a law library located in a designated room within the facility, as per the ICE NDS (**Deficiency ALM-1**).

HDC provides postage-paid envelopes to indigent detainees to mail legal documents. The facility also maintains a notary public available upon request to any detainee needing notary service for a legal document. HDC does not provide certified mail services to unrepresented detainees or to detainees who are unable to satisfy their needs through family members, friends, or community organizations (**Deficiency ALM-2**).

Upon admission, HDC provides detainees with a facility-specific handbook that informs detainees about the availability of legal materials and the procedures for requesting access. The handbook does not inform detainees of the scheduled hours of access, or the procedures for requesting additional time to access legal materials, requesting legal reference materials not maintained in the library, or notifying a designated employee that legal material or equipment is missing or damaged (**Deficiency ALM-3**), nor is this information posted.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(A), the FOD must ensure the facility shall provide a law library in a designated room with sufficient space to facilitate detainees' legal research and writing. The law library shall be large enough to provide reasonable access to all detainees who request its use. It shall contain a sufficient number of

tables and chairs in a well-lit room, reasonably isolated from noisy areas.

DEFICIENCY ALM-2

In accordance with the ICE NDS, Access to Legal Material, section (III)(P), the FOD must ensure the facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, and if the detainee is unable to meet the need through a family member, friend, or community organization. If it is unclear whether the requested service is necessary for pursuit of a legal matter, the District Counsel should be consulted.

DEFICIENCY ALM-3

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q), the FOD must ensure the detainee handbook or equivalent shall provide detainees with the rules and procedures governing access to legal materials, including the following information: 1. that a law library is available for detainee use; 2. the scheduled hours of access to the law library; 3. the procedure for requesting access to the law library; 4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum); 5. the procedure for requesting legal reference materials not maintained in the law library; and 6. the procedure for notifying a designated employee that library material is missing or damaged. These policies and procedures shall also be posted in the law library along with a list of the law library's holdings.

ADMISSION AND RELEASE (AR)

In the process of conducting detainee interviews, ODO heard claims that detainees were being strip searched upon arrival at HDC. As a result, ODO interviewed HDC staff and reviewed detention files to determine if the facility justified and documented the reason(s) for strip searching detainees, in accordance with the ERO Change Notice: Admission and Release – NDS Strip Search Policy, dated October 15, 2007.

As referenced in the Detainee Relations section of this report, a review of detention files confirmed that 6 of 17 detainees (5 males and 1 female) were strip searched at HDC. Review of detention files, along with staff interviews, verified the facility conducted the strip searches based on the criteria and requirements of the ERO Change Notice. However, ODO found justifications for the strip searches are noted on detainee booking cards instead of the required INS Form G-1025 (Record of Search) (**Deficiency AR-1**).

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the Change Notice Admission and Release – National Detention Standard Strip Search Policy, dated October 15, 2007, the FOD must ensure, if information developed during admissions processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G-1025, (Record of Search).

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at HDC to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE NDS. ODO interviewed staff and reviewed the facility's local detainee handbook.

Detainees receive the ICE National Detainee Handbook during staging at the ERO Las Vegas Sub-Office and the facility-specific handbook upon arrival at HDC. Detainees sign a handbook receipt acknowledging receipt of a copy of the ICE National Detainee Handbook. ERO documents detainees who refuse to sign a handbook receipt. During the admissions and intake process at HDC, detainees sign to acknowledge receipt of a copy of a facility-specific handbook.

The facility-specific handbook is revised throughout the year by three Lieutenants with final changes reviewed and approved by the Superintendent. It is printed in English and Spanish. The facility-specific handbook informs detainees about the programs and services HDC offers, and provides information concerning contraband, prohibited acts, sanctions resulting from misconduct, grievance and appeal processes, correspondence and mail, access to legal materials, telephone access, recreation, and visitation. The facility-specific handbook does not include required rules, regulations, policies, and procedures associated with smoking and restricted areas of HDC (**Deficiency DH-1**).

Other omissions from the handbook are reported as Deficiencies ALM-3,

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE NDS, Detainee Handbook, section (III)(C), the FOD must ensure the handbook will specify in greater detail the rules, regulations, policies, and procedures with which every detainee must comply, including, but not limited to: smoking policy, restricted areas, and contraband.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at HDC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed procedures and documentation of inspections, hazardous chemical management, and fire drills.

ODO observed facility sanitation as satisfactory. Reports for water, pest control, and generator testing and maintenance were current and readily available. Monthly fire drills were conducted on each shift and documentation was maintained by the compliance officer.

Hazardous substances, including bleach, were stored in cabinets in the housing units. Running inventories recording receipt, issuance, and quantities returned were not maintained (**Deficiency EH&S-1**). Maintaining strict accountability of all hazardous substances protects the health and safety of detainees, visitors, and staff.

HDC maintains a master index, which includes all hazardous substances, and a master file of Material Safety Data Sheets (MSDS); however, the index does not contain documentation of semiannual reviews or a listing of emergency phone numbers. According to the Security Lieutenant, the MSDS were reviewed in May 2011, but no documentation was generated. The Lieutenant also stated MSDS are not reviewed on any scheduled basis (**Deficiency EH&S-2**). Semi-annual review, at a minimum, ensures MSDS are current, complete, and accurate.

ODO observed numerous spray bottles containing cleaning solutions throughout the facility with illegible or missing labels (**Deficiency EH&S-3**). Clear labeling facilitates proper medical response in the event a solution is intentionally or mistakenly misused.

Exit diagrams are not posted throughout the facility (**Deficiency EH&S-4**). According to the Superintendent, exit diagrams are not posted to prevent their use by inmates or detainees to aid escape. The Superintendent explained that detention staff is well-trained in evacuation procedures and can provide appropriate directions to inmates and detainees in the event of an emergency.

Emergency key drills are not conducted (**Deficiency EH&S-5**). Verifying the operability of emergency keys assures expeditious egress in the event of an emergency evacuation. Key drills also ensure that keys can be drawn and emergency doors can be unlocked within the time limits recommended by the National Fire Protection Association (NFPA). ODO notes all other requirements for the fire prevention, control, and evacuation plan were met.

The facility tests its emergency electrical generator monthly for 30 minutes, instead of every two weeks for one hour (**Deficiency EH&S-6**). Testing emergency electrical generators for one hour ensures there is sufficient time for the generator to reach operating temperature, verifies the ability of the engine to provide the required power over the full 60-minute testing period, and identifies fuel or oil leaks. This deficiency was also identified during the MGT Annual Review of the ICE NDS in May 2011.

Barbering is conducted in multi-purpose rooms outside the housing units instead of in separate rooms not used for any other purpose. The rooms do not have lavatories or hot and cold running water (**Deficiency EH&S-7**). Hair care sanitation regulations are not posted (**Deficiency EH&S-8**). These deficiencies were also identified during the MGT Annual Review of the ICE NDS in May 2011.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure every area maintains a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.).

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure the Maintenance Supervisor or designate will compile a master index of all substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file. The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(J)(4), the FOD must ensure the OIC will individually assign the following responsibilities associated with the labeling procedure: Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label.

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(3)(h), the FOD must ensure every institution will develop a fire prevention, control, and evacuation plan to include, among other thing [sic], the following: Conspicuously posted exit diagram, conspicuously posted for and in each area.

DEFICIENCY EH&S-5

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4)(c), the FOD must ensure emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

DEFICIENCY EH&S-6

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary. The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage, and amperage output.

DEFICIENCY EH&S-7

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1), the FOD must ensure sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

1. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.

DEFICIENCY EH&S-8

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(4), the FOD must ensure each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees [sic]

- a. All scissors, combs or other tools (except clippers) will be thoroughly washed with soap and hot water to remove film and debris and effectively disinfected immediately after use on each detainee and before being used for the service of any other detainee.
- b. After cleaning, the clipper blades will be immersed in the disinfectant solution and agitated for a period of not less than 15 seconds before use on any other detainee. The solution will be replaced as often as necessary.
- c. No hair care specialist will use for the service of a detainee any headrest cover, neck strap, towel, or washcloth that has been used for any other detainee, unless the same will have been properly laundered since its last use.
- d. Clean hair cloths may be reused; however, when a hair cloth is used in servicing a detainee, a neck strip, a freshly laundered towel, or other suitable protection will be placed between the hair cloth and the neck of the detainee. Soiled or unclean hair clothes [sic] may not be used.
- e. Cotton pads, absorbent cotton, and other single or dispensable toilette articles may not be reused, and will be placed in a proper waste receptacle immediately after use.
- f. The common use of brushes, neck duster, shaving mugs and shaving brushes will be prohibited.

- g. The making of shaving lather in a wash basin or lavatory for use in serving a detainee is prohibited.
- h. The use of powder puffs, sponges, lump alum, styptic pencils, and similar items is prohibited.
- i. The removal or treatment of blackheads, carbuncles, infected hairs, or any sores or lesions is prohibited.
- j. The pulling of hair from ears, nostrils, eyebrows, and moustaches is prohibited.
- k. No barber or beautician will serve any detainee when the skin of the detainee's face, neck, or scalp is inflamed, scaling, contains pus, or is erupted, unless service of such detainee is performed in accordance with the specific authorization of the Chief Medical Officer.
- l. No person will be served when infested with head lice.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at HDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed policies and documentation, interviewed staff, observed meal service and tray delivery, and inspected food storage and preparation areas.

The HDC food service program is staffed by a Food Service Administrator (FSA) and four cooks. Inmate workers provide assistance. ICE detainees do not work in food service. The facility has a satellite system of meal service. ODO verified all menus are certified by a registered dietician. Religious and medically-prescribed meals are provided and properly documented. Review of required inspections and temperature logs confirmed compliance with the ICE NDS.

During the inspection, ODO observed that knives are stored in a cabinet inside the FSA's office. The key to the knife cabinet was kept in an unlocked desk drawer within that office (**Deficiency FS-1**). The FSA was not in his unlocked office. Strict control of knives prevents unauthorized access and protects the health and safety of detainees, visitors, and staff at HDC.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDING

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(B)(2), the FOD must ensure the knife cabinet must be equipped with an approved locking device. The on-duty cook foreman, under direct supervision of the CS [Cook Supervisor], shall maintain control of the key that locks the device.

KEY AND LOCK CONTROL (K&LC)

ODO reviewed the Key and Lock Control standard at HDC to determine if facility safety and security is maintained by requiring keys and locks to be controlled and maintained, in accordance with the ICE NDS. ODO reviewed facility policies, interviewed staff, and observed keys and key storage boxes to assess compliance with the ICE NDS and facility security.

Facility officials maintain key storage cabinets in two primary locations. Keys used in the booking area are maintained in a cabinet secured in the Booking Sergeant's office. Keys used for the remainder of the facility, to include detainee residence areas and the kitchen, are maintained in cabinets secured in the Central Control Room. Personnel use a sign-in/sign-out log to maintain key accountability. The Central Control Room Operator and the Booking Sergeant are responsible for issuing keys and maintaining key issuance logs for their respective areas of responsibility.

HDC has not established the position of Security Officer. Instead, the Superintendent has instructed a Lieutenant to assign the tasks associated with a Security Officer to a subordinate officer as a collateral duty. There is not a written position description that includes duties, responsibilities, and chain of command for a Security Officer (**Deficiency K&LC-1**). The collateral duty does not encompass training or directing employees regarding key control. Instruction and training in key control is provided by Field Training Officers. The NDS require that the FOD ensure the Security Officer fulfill that responsibility (**Deficiency K&LC-2**).

The Booking Sergeant and the Central Control Room Operator are responsible for key inventories in their respective areas at the beginning and end of their shifts. These officers are required to make the appropriate entries in key logs. While examining key logs and key cabinets in both locations, ODO observed that the key rings used by HDC for the issuance of keys to personnel are ordinary, reusable key rings that can be purchased by the general public through any commercial retailer. The key rings used by HDC are not designed to prevent keys from being separated or removed from the key rings once they are issued to personnel (**Deficiency K&LC-3**). This deficiency was also identified during the MGT Annual Review of the ICE NDS in May 2011 and HDC officials are aware of the needed corrective actions.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY K&LC-1

In accordance with the ICE NDS, Key and Lock Control, section (III)(A)(1), the FOD must ensure each facility should establish the position of Security Officer. If this is impracticable, the OIC shall assign a staff member the collateral duties of Security Officer. The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.

DEFICIENCY K&LC-2

In accordance with the ICE NDS, Key and Lock Control, section (III)(A)(4), the FOD must ensure the Security Officer shall train and direct employees in key control.

DEFICIENCY K&LC-3

In accordance with the ICE NDS, Key and Lock Control, section (III)(C)(3), the FOD must ensure the Security Officer shall implement procedures for identifying every key ring and every key on each key ring, and for preventing keys from being removed from key rings, once issued.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at HDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured the medical unit, reviewed policies and procedures, examined medical records, verified medical staff credentials, and interviewed the HSA, ERO officers, and HDC staff.

Medical services are provided by contractor Corizon. The facility holds no accreditations. Detainees are not charged fees for health services. The clinic includes a medical housing unit with capacity for five males and five females. All patient rooms have negative air pressure to accommodate detainees with symptoms suggestive of tuberculosis, and there is a separate examination room with a door to ensure privacy. ODO observed clinic space to be adequate, clean, and secure. Full-time medical staff consists of the HSA, Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Medical Assistants (MAs). Part-time staff includes a Clinical Medical Officer, a Nurse Practitioner (NP), and a psychiatrist. Staff is supplemented when needed by on-call RNs, LPNs, and two dentists. ODO determined staffing is sufficient to meet detainee health needs.

ICE detainees at HDC can access health care by submitting sick call requests to nurses during the distribution of medication. Request forms are available in English and Spanish. Review of sick call logs and medical records demonstrated requests are triaged to determine priority for treatment and confirmed detainees are seen in a timely manner.

ODO reviewed 32 medical records and confirmed that only five (16%) of the thirty-two physical examinations (PEs) performed by RNs were co-signed by the physician. There was no documentation showing the PEs were reviewed in 22 (68%) of the 32 cases. In five (16%) of the thirty-two cases, the PEs were reviewed only by the NP, and not an RN, as required (**Deficiency MC-1**). ICE NDS require that PEs be conducted in accordance with National Commission on Correctional Health Care (NCCHC) standards. NCCHC standard J-E-04 requires physician review of PEs if conducted by a trained RN. Further, four (13%) of thirty-two detainee medical records reviewed did not include signed consent forms, though all had undergone a PE (**Deficiency MC-2**).

ODO reviewed the training records of ten detention staff at HDC and verified nine (90%) out of ten did not contain documentation of current certification in cardio-pulmonary resuscitation (CPR) (**Deficiency MC-3**). According to the Lieutenant, training is provided by the Henderson Police Department and has not been offered to detention staff since 2008 or 2009. The Superintendent stated that CPR will be added to the HDC training program.

According to the HSA, the facility's procedures for screening detainees being transferred or released include alerting officers to any special medical or psychiatric needs by way of an Inmate Movement Card. In addition, the HSA communicates special needs to officers via electronic mail messages and verbally to an ICE IEA; however, the OIC does not receive written notification when a detainee's condition requires medical clearance prior to release or transfer, or medical escort during deportation or transfer (**Deficiency MC-4**). Prior to the completion of the

inspection, the HSA provided ODO with a revision to its transfer screening policy incorporating all requirements of the ICE NDS.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure health appraisals will be performed according to NCCHC and JCAHO standards.

According to NCCHC standard J-E-04, Initial Health Assessment, the hands-on portion of health assessments may be performed by a registered nurse (RN) only when the nurse completes appropriate training approved or provided by the responsible physician. Health assessments performed by RNs must be reviewed by the responsible physician.

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(L), the FOD must ensure as a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. If a detainee refuses treatment, ICE will be consulted in determining whether forced treatment will be administered, unless the situation is an emergency. In emergency situations, ICE shall be notified as soon as possible.

DEFICIENCY MC-3

In accordance with the ICE NDS, Medical Care, section (III)(H)(2), the FOD must ensure detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following: administration of first aid and cardiopulmonary resuscitation (CPR).

DEFICIENCY MC-4

In accordance with the ICE NDS, Medical Care, section (III)(N), the FOD must ensure when the medical staff determines that a detainee's medical or psychiatric condition requires either clearance by the medical staff prior to release or transfer, or requires medical escort during deportation or transfer, the OIC will be so notified in writing.

SPECIAL MANAGEMENT UNIT (SMU) – Administrative Segregation

ODO reviewed the Special Management Unit – Administrative Segregation standard at HDC to determine if the facility has procedures in place to temporarily segregate detainees for administrative reasons, in accordance with the ICE NDS. ODO interviewed staff, toured the facility, and reviewed policies, electronic logs, and pertinent documentation.

ODO determined the facility uses Administrative Segregation (AS) as a non-punitive form of separation from the general population, and for when the continued presence of the detainee in the general population poses a threat to self, staff, other detainees, property, or the security or orderly operation of the facility. Furthermore, detainees requiring protective custody, and those awaiting a hearing before a disciplinary panel, are housed within administrative segregation.

HDC administratively segregates detainees by placing them in separate cells in five separate general population-housing units. Officers do not allow other inmates in the unit to communicate with the special management detainees. During the inspection, there were no detainees housed in administrative segregation. ODO found all the special management cells to be well ventilated, adequately lit, appropriately heated and cooled, and maintained in a sanitary condition.

In cases of warranted administrative segregation, an HDC officer has the authority to secure a detainee in what HDC refers to as “lock down” in one of the separate cells referenced above. Lock down serves to limit a detainee’s movement and activities while being detained for administrative purposes. HDC does not complete a written order for administrative segregation, approved by a supervisor, before a detainee is locked down (**Deficiency SMU-1**). HDC officers complete an Incident and Discipline Report (I&DR) and issue a copy of the I&DR to the detainee, once he or she is placed in a cell. ODO notes an I&DR is not a written order and does not contain information equivalent to an administrative segregation order. Neither the facility’s OIC nor its AOIC signs the I&DR.

HDC has limited written procedures pertaining to the regular review of all administrative detention cases. The policies omit requirements for reviews within 72 hours of detainee placement in administrative segregation, after a detainee has spent seven days in administrative segregation, every week thereafter for the first month, and every 30 days thereafter.

Written policies do not require a supervisor to interview a detainee, and use the Administrative Segregation Review Form (I-885) or a form equivalent to an I-885, for the review. To segregate a detainee for his or her own protection, but not at their request, the signature of the OIC or Assistant OIC (AOIC) is required on a Form I-885, or a form equivalent to an I-885. ODO reviewed ten detention files of detainees placed in administrative segregation. None contained Forms I-885 although five had I&DRs, these are not equivalent to Form I-885. Therefore, HDC does not use Form I-885 or an equivalent as required for the OIC or the AOIC to authorize continued detention in administrative segregation.

HDC written policy does not require staff to provide the detainee a copy of the decision and justification for each review. HDC written policy does not require notification to the Assistant

District Director, Enforcement and Removal, when an ICE detainee has been in administrative segregation for more than 30 days. If an ICE detainee has been in administrative segregation for more than 30 days and objects to this status, HDC written policy does not require a review by the OIC to determine whether that status should continue (**Deficiency SMU-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU-1

In accordance with the ICE NDS, Special Management Unit (Administrative Segregation), section (III)(B), the FOD must ensure a written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.

DEFICIENCY SMU-2

In accordance with the ICE NDS, Special Management Unit (Administrative Segregation), section (III)(C), the FOD must ensure all facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below.

In SPCs/CDFs (Service Processing Centers/Contract Detention Facilities), a supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. The Administrative Segregation Review Form (I-885) will be used for the review. If the detainee has been segregated for the detainee's protection, but not at the detainee's request, the signature of the OIC or Assistant OIC is required on the I-885 to authorize continued detention.

A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification.

A copy of the decision and justification for each review shall be given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee shall be given an opportunity to appeal a review decision to a higher authority within the facility.

The Assistant District Director, Enforcement and Removal, shall be notified when any ICE detainee has been in administrative detention for more than 30 days. This notification shall be made through the on-site ICE OIC, if one is posted at the facility. When a detainee is held in administrative segregation for more than 60 days, the Office of the Assistant Regional Director for Enforcement and Removal shall be notified by the Assistant District Director, Enforcement and Removal, in writing of the reasons. The Region shall then consider whether transfer of the detainee to a facility where he/she may be placed in the general population would be appropriate.

If an ICE detainee has been in administrative segregation for more than 30 days and objects to this status, the OIC shall review the case to determine whether that status should continue. This review shall take into account the views of the detainee. A written record shall be made of the decision and the justification. A similar review shall take place every 30 days.

After seven consecutive days in administrative segregation, the detainee may exercise the right to appeal the conclusions and recommendations of any review conducted to the OIC. The detainee may use any standard form of written communication, e.g., detainee request, to file the appeal.

SPECIAL MANAGEMENT UNIT (SMU) – Disciplinary Segregation

ODO reviewed the Special Management Unit–Disciplinary Segregation standard at HDC to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary reasons, in accordance with the ICE NDS. ODO interviewed staff, toured the facility, and reviewed policies, electronic logs, and pertinent documentation.

ODO determined HDC provides detainees in the general population a safe and orderly living environment. The facility disciplines anyone whose behavior does not comply with facility rules and regulations. This may involve temporary confinement apart from the general population.

The facility segregates detainees by placing them in separate cells in five separate general population-housing units. Officers do not allow other inmates within the unit to communicate with the special management detainees. ODO found all individual special management cells to be well ventilated, adequately lit, appropriately heated and cooled, and maintained in a sanitary condition. At the time of the inspection, one male detainee was placed in disciplinary segregation.

ODO confirmed HDC officers have the authority to secure a detainee in what HDC refers to as “lock down.” Lock down reduces a detainee’s privileges and limits a detainee’s movement and activities while detained for disciplinary purposes. ODO reviewed ten detention files and confirmed five of the files contained I&DRs written by HDC Corrections Officers. The I&DRs reflect the officers locking down all five detainees for a period of five days without an order from the facility’s Institutional Disciplinary Committee (**Deficiency SMU-1**). The facility does not complete a written order and have it signed by the chair of the Institutional Disciplinary Committee panel at HDC before placing a detainee in disciplinary segregation (**Deficiency SMU-2**). ODO notes the I&DR is not a written order and does not contain information equivalent to a disciplinary segregation order.

ODO confirmed HDC has no written procedures requiring regular reviews be conducted every seven days for each detainee placed in disciplinary segregation to determine whether a detainee has abided by all rules and regulations, and whether a detainee has been provided showers, meals, recreation, and other basic living standards. HDC lacks written procedures requiring weekly reviews that include an interview with the detainee. HDC lacks written procedures requiring documentation of a supervisor’s findings, post-review, on a Disciplinary Segregation Review Form (I-887), or an equivalent form, for each weekly review conducted. HDC lacks written procedures which state that a supervisor may recommend early release from the SMU when it has been determined that disciplinary segregation is no longer necessary. HDC lacks a written procedure requiring OIC approval for an early release recommendation prior to returning a detainee to the general population. HDC lacks a written policy stating that a supervisor may shorten, but not extend an original sanction. HDC also lacks a written policy requiring that all review documents be placed in detainee detention files, and that detainees receive a written copy of the reviewing officer’s decision at each formal review explaining the basis for the finding (**Deficiency SMU-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU-1

In accordance with the ICE NDS, Special Management Unit – Disciplinary Segregation, section (III)(A), the FOD must ensure to provide detainees in the general population a safe and orderly living environment, and facility authorities shall discipline anyone whose behavior does not comply with facility rules and regulations. This may involve temporary confinement apart from the general population in the Special Management Unit (SMU). A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee after a hearing in which the detainee has been found to have committed a prohibited act.

DEFICIENCY SMU-2

In accordance with the ICE NDS, Special Management Unit – Disciplinary Segregation, section (III)(B), the FOD must ensure a written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee within 24 hours unless delivery would jeopardize safety, security, or the orderly operation of the facility.

DEFICIENCY SMU-3

In accordance with the ICE NDS, Special Management Unit – Disciplinary Segregation, section (III)(C), the FOD must ensure all facilities shall implement written procedures for the regular review of all disciplinary-segregation cases, consistent with the procedures specified below.

In SPCs/CDFs:

1. The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary segregation every seven days to determine whether the detainee: a. abides by all rules and regulations; and, b. is provided showers, meals, recreation, and other basic living standards, in accordance with section III.D., below. The weekly review(s) will include an interview with the detainee. The SDEO shall document his/her findings after every review, by completing a Disciplinary Segregation Review Form (I-887).
2. The SDEO may recommend the detainee's early release from the SMU upon finding that time in disciplinary segregation is no longer necessary to regulate the detainee's behavior.
3. An early-release recommendation must have OIC approval before the detainee can be returned to the general population.
4. The SDEO may shorten, but not extend, the original sanction.
5. All review documents shall be placed in the detainee's detention file.
6. Provided institutional security is not compromised, the detainee shall receive at each formal review, a written copy of the reviewing officer's decision and the basis for this finding.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at HDC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE NDS. ODO interviewed staff and detainees, and reviewed policies, request logs, and detention files.

ODO observed detainees have opportunities for informal contact with facility and ERO staff. ERO officers document visits on the ICE Facility Liaison Visit Checklist to verify proper oversight by the local ERO office. This ensures that ERO-assigned supervisory personnel conduct unannounced and unscheduled visits to the facility's living and activity areas to encourage informal communication between staff and detainees, and to informally observe living conditions. However, visitation schedules of ERO officers are not posted within each housing unit (**Deficiency SDC-1**). It is important that the visitation schedules of ERO officers are conspicuously posted in the facility, so detainees are aware of opportunities to ask questions or address concerns to ERO officers.

Detainees are able to submit written questions, requests, and concerns to ERO staff and receive timely responses. ODO verified and confirmed that detainees receive timely responses by reviewing the detainee request database. The detainee request database is an electronic log that records and tracks all submitted requests.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(2)(b), the FOD shall devise a written schedule and procedure for weekly detainee visits by District ICE detention and deportation staff. The ICE officer will also visit the facility's Special Management Units (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU, and review all records in this regard. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access. The ICE Field Office Director shall have specific procedures for documenting the visit. IGSA's with larger populations should be visited more often if necessary.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention standard at HDC to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE NDS. ODO interviewed medical staff and reviewed training records of staff.

Since the facility began housing ICE detainees, there have been two suicide watches and no suicides or suicide attempts at HDC. ODO verified training of suicide prevention and intervention covered all elements required by the ICE NDS. Review of ten training records confirmed two (20%) out of ten detention staff did not receive training in suicide prevention (**Deficiency SP&I-1**). Both of these employees were hired in 1994 and the Lieutenant could not offer an explanation of why they have not been trained. The Lieutenant stated that both of these employees will complete the required training as soon as possible.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY SP&I-1

In accordance with the ICE NDS, Suicide Prevention and Intervention, section (III)(A), the FOD must ensure all staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee.

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at HDC to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE NDS. ODO interviewed facility staff, reviewed local policies concerning telephone access, and tested randomly-selected telephones to determine operability.

ODO visited the housing units at HDC, including the SMU, and observed detainees have reasonable and equitable access to telephones. ODO verified through written documentation that ERO officers conduct weekly testing of the telephone units to ensure operability. ODO randomly tested 25% of the telephones used in the facility's housing units and SMU. ODO confirmed all telephones were in working order at the time of the inspection.

Telephone access rules are in an HDC local policy titled PRISONER TELEPHONE CALLS (CM-4621); however, these rules are not provided to detainees in writing at arrival and are not posted anywhere in the facility (**Deficiency TA-1**). It is important that detainees be informed of the facility's telephone access rules so they are aware of any restrictions concerning telephone usage.

The facility telephone policy also addresses the subject of monitored telephone calls. All telephone calls made from the housing units are automatically recorded. According to a Lieutenant, detainees can obtain an unmonitored telephone call to an attorney or legal representative by submitting a request form or by notifying a housing unit officer. After the request form has been submitted or notification has been made to a housing unit officer, the detainee is then provided access to a telephone outside the housing unit where the call is not monitored or recorded.

A notice informing detainees that calls are subject to monitoring is not posted on the telephones in ten (77%) of thirteen housing units, including the SMU. Specifically, 36 (71%) of 51 telephones do not have this notice posted. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation, is not posted on any of the telephones in the housing units, including the SMU (**Deficiency TA-2**). It is important that detainees receive these notifications to ensure that attorney-client privilege is given the appropriate accommodation. The facility does issue the ICE National Detainee Handbook to all detainees. The handbook does include the procedure for obtaining an unmonitored call.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE NDS, Telephone Access, section (III)(B), the FOD must ensure as described in the "General Provisions" standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them.

DEFICIENCY TA-2

In accordance with the ICE NDS, Telephone Access, section (III)(K), the FOD must ensure the facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating:

1. that detainee calls are subject to monitoring; and
2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.

A detainee's call to a court, a legal representative, or for the purposes of obtaining legal representation will not be aurally monitored absent a court order. The OIC retains the discretion to have other calls monitored for security purposes.

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at HDC to determine if necessary use of force is employed only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE NDS. ODO toured the facility, inspected security equipment, and reviewed local policies, use of force documentation, and training records.

HDC has a written policy governing the use of force. Training records support that officers are trained in the use of force team technique during pre-employment and annual training. The facility uses four-point restraints and a restraint chair. In addition, HDC staff carry tasers, an electro-muscular disruption device (EMDD). ODO verified staff assigned to carry tasers are trained in the proper use and deployment of the device. There were no documented cases of taser use on ICE detainees. The Security Lieutenant informed ODO there have been no calculated or immediate use of force incidents involving ICE detainees since the facility first began accepting ICE detainees in January 2011.

During the inspection, HDC staff informed ODO that a dedicated portable video camera is not maintained and used for recording calculated use of force incidents (**Deficiency UOF-1**). Instead, the facility uses the stationary security cameras installed throughout the facility to capture video of calculated use of force incidents. During the closeout briefing on October 27, 2011, ODO stressed to HDC management the importance of maintaining and using a portable camera to record calculated use of force incidents. Per the NDS, required information, such as, but not limited to, the introduction and preamble by the use of force team leader noting the facility name, location, date, and time, and the faces of all participating team members, must be audio and visually recorded. Additionally, as per the NDS, a portable camera will enable HDC staff to document the presence or absence of injuries resulting from the calculated use of force.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(A)(4)(l), the FOD must ensure the OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order, and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders.