

DETENTION FACILITY INSPECTION FORM

FACILITIES USED LONGER THAN 72 HOURS

-			-				
A. Type of Facility Review	WED	Other Charges (If None Indi	acta NI/A)			
		Other Charges: (If None, Indicate N/A)					
ICE Service Processin		; ; ; N/A					
☐ ICE Contract Detenti	tal Service Agreement	Estimated Man-days per Year 531,190					
ice intergovernmen	tal Service Agreement	331,190					
B. CURRENT INSPECTION		G. ACCREDITA			N/A		
Type of Inspection		List all State or N			eceive	ed:	
☐ Field Office ☐ HQ Inspec	etion	American Correc	tional Associ	ation (ACA)			
Date[s] of Facility Review		H. PROBLEMS /	COMPLAINT	e (Codies M	пет в	E ATTACHED)	
February 19-21, 2008		The Facility is un					
C. PREVIOUS/MOST RECENT	FACILITY REVIEW	Court Order		Class Action	Find		
Date[s] of Last Facility Review		The Facility has S	Significant Li	tigation Pend	ling		
March 21-23, 2007		☐ Major Litigati		Life/Safety I			
Previous Rating		None		-			
☐ Superior ☐ Good ☒ Acce	eptable Deficient At-Risk						
	_	I. FACILITY H	ISTORY				
D. NAME AND LOCATION OF	FACILITY	Date Built					
Name		1994	1 1 1 17	1 1			
Eloy Detention Center		Date Last Remod	ieled or Upgr	aded			
Address		1999					
1705 East Hanna Road City, State and Zip Code		Date New Construction / Bed Space Added N/A					
Eloy, Arizona 85231		Future Construction Planned					
County		Yes No Date:					
Pinal	Current Bed space Future Bed Space (# New Beds only)						
Name and Title of Chief Executive Officer 1596 Number: 744 Date: 2008/2							
(Warden/OIC/Superintendent)			1				
b6,b7c Warden	b6.b7c Warden J. TOTAL FACILITY POPULATION						
ber (Include Ar	ea Code)	Total Facility Intake for Previous 12 months					
(502) b6,b7c		12,231					
Field Office / Sub-Office (List of	Office with Oversight)	Oversight) Total ICE Man Days for Previous 12 months					
Phoenix		528,380					
Distance from Field Office		K. CLASSIFICATION LEVEL (ICE SPCs AND CDFs ONLY)					
60miles		L-1 L-2 L-3					
E. CREATIVE CORRECTIONS	INEODMATION	Adult Male				20	
Name of Inspector (Last Name,		Adult Female					
b6,b7c / Reviewer-In-Charge / Be			II.				
Name of Team Member / Title		L. FACILITY C	APACITY				
b6,b7c / Security, SME / Beaume			Rated	Operation	al	Emergency	
Name of Team Member / Title		Adult Male	1400	1311		1448	
Safety, ME / Beaumont, T		Adult Female 100 86 144					
e of Team Member / Title / Duty Location Facility Holds Juveniles Offenders 16 and Older as Adults							
b6 / Medical, SME / Be		M AVERAGE D	AII V POPIII /	TION			
Name of Team Member / Title / Duty Location M. AVERAGE DAILY POPULATION ICE USMS Other Control of the Control				Other			
b6 / Food Service, SME / I	Adult Male	136			N/A		
Name of Team Member / Title	Adult Female	96			N/A		
/ /		1 1 day 1 dilliano		1 11/			
F. CDF/IGSA INFORMATION ONLY N. FACILITY STAFFING LEVEL							
Contract Number	Date of Contract or IGSA	Security:	I Park	Support:			
DROIGSA 06-0002	May 14, 2007	b2	High				

Basic Rates per Man-Day

\$68.47

SIGNIFICANT INCIDENT SUMMARY WORKSHEET

In order for Creative Corrections to complete its review of your facility, you <u>must</u> complete the following worksheet prior to your scheduled review dates. This worksheet must contain data for the past twelve months. We will use this worksheet in conjunction with the ICE Detention Standards to assess your detention operations with regard to the needs of ICE and its detainee population. Failure to complete this worksheet will result in a delay in processing this report, and may result in a reduction or removal of ICE detainees from your facility.

INCIDENTS	DESCRIPTION	Jan – Mar	Apr – Jun	Jul – Sep	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	1 Sexual 19 Physical	3 Sexual 27 Physical	1 Sexual 21 Physical	20 Physical
Offenders on Offenders ¹	With Weapon	2	4	0	0
	Without Weapon	18	26	22	20
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
Detainee on Staff	With Weapon	7	0	0	2
	Without Weapon	2	5	5	2
Number of Forced Moves, incl. Forced Cell Moves ³		2	3	4	10
Disturbances ⁴		0	1	3	4
Number of Times Chemical Agents Used		1	5	8	14
Number of Times Special Reaction Team Deployed/Used		0	0	0	1
# Times Four/Five Point Restraints Applied/Used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Offender / Detainee Medical Referrals as a Result of Injuries Sustained.		10	9	11	19
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	21	21	7	23
	# Resolved in Favor of Offender/Detainee	4	2	1	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	Illness	0	0	0
	Number	1	0	0	0
Psychiatric / Medical Referrals	# Medical Cases Referred for Outside Care	N/A	N/A	N/A	N/A
	# Psychiatric Cases Referred for Outside Care	N/A	N/A	N/A	N/A

¹

Any attempted physical contact or physical contact that involves two or more offenders

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

Routine transportation of detainees/offenders is not considered "forced"

Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

1. ACCEI	PTABLE	2. DEFICIENT	3. AT-RISK	4. REPEAT FINDING	5. NOT APPLICABLE			•		
LEGAL A	ACCESS S	STANDARDS				1.	2.	3.	4.	5.
1. A	Access to L	egal Materials								
		entations on Legal Ri	ights			\boxtimes				
3. V	Visitation									
4. Т	Telephone .	Access				\boxtimes				
DETAIN	EE SERV	ICES								
5. A	Admission	and Release				\boxtimes				
6.	Classification	on System				\boxtimes				
7.	Correspond	lence and Other Mail				\boxtimes				
8. I	Detainee H	andbook				\boxtimes				
9. F	Food Service	ce				\boxtimes				
10. F	Funds and I	Personal Property				\boxtimes				
11. I	Detainee G	rievance Procedures								
12. I	ssuance an	d Exchange of Cloth	ing, Bedding, and To	wels		\boxtimes				
13. N	Marriage R	equests				\boxtimes				
		al Emergency Escort	ed Trip							\boxtimes
	Recreation					\boxtimes				
16. F	Religious P	ractices				\boxtimes				
17. V	Voluntary V	Work Program				\boxtimes				
HEALTE	H SERVIC	ES								
	Hunger Stri					\boxtimes				
	Medical Ca									
20. S	Suicide Pre	vention and Interven	tion			\boxtimes				
21. Т	Terminal II	lness, Advanced Dire	ectives and Death			\square				
SECURIT	TY AND C	CONTROL								
22.	Contraband	[\boxtimes				
23. I	Detention F	Files				\boxtimes				
24. I	Disciplinar	y Policy				\boxtimes				
	Emergency					\boxtimes				
		ntal Health and Safet				\boxtimes				
27. H	Hold Room	s in Detention Facili	ties			\boxtimes				
28. k	Key and Lo	ock Control				\boxtimes				
29. F	Population	Counts				\boxtimes				
30. F	Post Orders	3				\boxtimes				
31. S	Security Ins	spections								
			ministrative Detentio			\boxtimes				
			ciplinary Segregation	1)		\boxtimes				
	Tool Contro									
		ion (Land manageme	ent)							\boxtimes
	Use of Forc					\boxtimes				
37. S	Staff / Deta	inee Communication	(Added August 200	3)						
38. I	Detainee Ti	ransfer (Added Septe	ember 2004)							

ALL FINDINGS OF DEFICIENT AND AT-RISK REQUIRE WRITTEN COMMENT DESCRIBING THE FINDING AND WHAT IS NECESSARY TO REACH COMPLIANCE.

RIC REVIEW ASSURANCE STATEMENT

BY SIGNING BELOW, THE REVIEWER-IN-CHARGE (RIC) CERTIFIES THAT:

- 1. ALL FINDINGS OF NON-COMPLIANCE WITH POLICY OR INADEQUATE CONTROLS, AND FINDINGS OF NOTEWORTHY ACCOMPLISHMENTS, CONTAINED IN THIS INSPECTION REPORT, ARE SUPPORTED BY EVIDENCE THAT IS SUFFICIENT AND RELIABLE; AND
- 2. WITHIN THE SCOPE OF THIS REVIEW, THE FACILITY IS OPERATING IN ACCORDANCE WITH APPLICABLE LAW AND POLICY, AND PROPERTY AND RESOURCES ARE BEING EFFICIENTLY UTILIZED AND ADEQUATELY SAFEGUARDED, EXCEPT FOR ANY DEFICIENCIES NOTED IN THE REPORT.

REVIEWER-IN-CHARGE					
Reviewer-In-Charge: (Print Name)	Signature				
b6,b7c					
Title & Duty Location	Date				
Reviewer-In-Charge, Creative Corrections, Beaumont, Texas	February 21, 2008				
TEAM	MEMBERS				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location				
Security SME, Creative Corrections,	Medical SME, Creative Corrections,				
Beaumont, Texas	Beaumont, Texas				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location				
Food Service SME, Creative Corrections, as	Safety SME, Creative Corrections, Beaumont, Texas				
RECOMMENDED RATING: SUPERIOR GOOD ACCEPTABLE DEFICIENT AT-RISK					
by quarter, however, they did report 1,060 referrals for medical illness. Detainee Rodriguez-Torres, Felix, #b2High, b6.b7c was transp	ort the number of Psychiatric/Medical Cases referred for outside care care and 31 psychiatric referrals. There was one death reported due to ported to the hospital on 12-28-06. He was pronounced dead at the died due to multiple system failures because of cancer.				
	finger into b6,b7c vagina for approximately two minutes.				

EDC reported nine detainees on staff physical assaults. All nine incidents were of detainees throwing ice, water, an unknown substance and one incident of feces onto the officers while they were feeding detainees or passing something through the food slot in the Special Management Units.

policy. Three other incidents were reported as sexual assault when detainees were found kissing or fondling one another. These actions do not meet the definition of assault in that they were not a violent act. Both detainees were willfully engaging in the act and the reporting should be less than a sexual assault i.e., Inappropriate Contact with Another. This would ensure a more accurate

FOR OFFICIA T SENSITIVE)

reporting of serious incidents.

OC reported 86 detainees on detainee assault during the past year. Eighty (80) of the assaults were without weap saults were due to gang activity. Six Assaults with Weapons were with weapons such as pencils, tuna can lide a were injuries, none was life threatening.	pons. Most of the and a shoe. While