



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Phoenix Field Office

La Palma Correctional Center
Eloy, Arizona

January 25-27, 2022

COMPLIANCE INSPECTION
of the
LA PALMA CORRECTIONAL CENTER
Eloy, Arizona

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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the La Palma Correctional Center (LPCC) in Eloy, Arizona, from January 25 to 27, 2022.¹ The facility opened in June 2008 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LPCC in July 2018 under the oversight of ERO’s Field Office Director in Phoenix (ERO Phoenix). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. A CoreCivic warden handles daily facility operations and supervises [REDACTED] support personnel. Trinity Food Services Group provides food services, and CoreCivic provides medical care and commissary services at the facility. The facility received accreditation by the American Correctional Association in January 2019 and the National Commission on Correctional Health Care in March 2021.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 25, 2022)	[REDACTED]
Adult Female Population (as of January 25, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found seven deficiencies in the following areas: Admission & Release (2); Food Service (1); Medical Care (3); and Significant Self-harm and Suicide Prevention and Intervention Suicide and Prevention (1).

¹ This facility holds both male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of January 24, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO 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.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in its decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all inspections.

Detainee Transfers	0
Detention Files	0
Interviews and Tours	0
Sub-Total	0
Total Deficiencies	0

DETAINEE RELATIONS

ODO attempted to conduct detainee interviews, but due to ongoing cohorts from COVID-19, ODO was unable to establish a method to safely interview the detainees without being in close physical proximity to the cohorted detainees, nor required unnecessary movement of detainees throughout the facility. Therefore, ODO was unable to conduct detainee interviews as part of this inspection.

COMPLIANCE INSPECTION FINDINGS

ODO noted no deficiencies during this on-site compliance inspection.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 23 standards under PBNS 2011 (Revised 2016) and found the facility in compliance with all 23 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Phoenix work with LPCC to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of LPCC on December 23, 2021.

Compliance Inspection Results Compared	FY 2021 PBNS 2011 (Revised 2016)	FY 2022 PBNS 2011 (Revised 2016)
Standards Reviewed	11	23
Deficient Standards	4	0
Overall Number of Deficiencies	7	0
Repeat Deficiencies	2	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior