



The Nakamoto Group, Inc.

February 3, 2022

TO: [REDACTED]
Acting Assistant Director Custody Management

FROM: [REDACTED]
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Inspection of the Eloy Detention Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) of the Eloy Detention Center in Eloy, Arizona during the period of February 1-3, 2022. This is a DIGSA.

The inspection was performed under the guidance of [REDACTED] Lead Compliance Inspector. Team Members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

Type of Inspection

This is an annual inspection which was performed to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a previous rating of Meets Standards during the February 2021 inspection.

Inspection Summary

The Eloy Detention Center is currently accredited by:

- The American Correctional Association (ACA) –Yes
- The National Commission on Correctional Health Care (NCCHC) –Yes
- The Joint Commission (TJC) – No
- Prison Rape Elimination Act (PREA) – Yes

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2021 and 2022 annual inspections:



2021 Annual Inspection	
Meets Standards	41
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	2

2022 Annual Inspection	
Meets Standards	39
Does Not Meet Standards	1
Repeat Finding	0
Not Applicable	3

The inspection team identified twelve (12) deficient components in eight (8) standards:

- Emergency Plans- 1
- Searches of Detainees- 1
- Sexual Abuse and Assault Prevention and Intervention- 1, which is a priority component
- Use of Force and Restraints- 1, which is a priority component
- Medical Care- 1, which is a priority component
- Significant Self-Harm and Suicide Prevention and Intervention- 1, which is a priority component
- Disability Identification, Assessment, and Accommodation- 1
- Staff Training- 5

Facility Snapshot/Description

The Eloy Detention Center (EDC) is located in Eloy, Arizona approximately eighteen miles east of Casa Grande, Arizona and is owned and operated by CoreCivic. The City of Eloy has an Intergovernmental Service Agreement (IGSA) with Immigration and Customs Enforcement (ICE). The facility houses low, medium-low, medium-high, and high custody adult male and female detainees.

[REDACTED]

The EDC physical plant is campus style with individual housing units. The buildings are primarily constructed of concrete and comprise almost 400,000 square feet of space. There are [REDACTED] general population and [REDACTED] special confinement housing units as well as [REDACTED] support buildings. The facility is secured by dual twelve-foot chain-link fences. The facility includes four courtrooms which are used for deportation hearings. Direct supervision is provided by the twelve-hour day shift officers. The twelve-hour night shift officers provide indirect supervision. Detainees are afforded outdoor recreation including turf fields, volleyball nets, basketball courts, and track. Each dormitory has a large dayroom area equipped with tables, chairs, telephone banks, commissary kiosks, and televisions. Board games, puzzles, playing cards, video gaming systems, exercise videos, and movies are available. Two mobile law library work stations are assigned to each housing unit and the special management unit.

During this hybrid inspection, the on-site inspectors visited all areas of the facility. The facility has enhanced surface cleaning in the facility and provides detainees with masks to help reduce COVID-19 exposure. Detainees and staff were observed wearing masks during the inspection. The facility has an aggressive COVID-19 control plan. Officers at the front gate check the temperature of anyone entering and require visitors to complete a questionnaire. Upon entering the facility, everyone must submit to another temperature check. Social distancing is practiced throughout the facility when possible. The facility re-

[REDACTED]



ported that during the inspection 72 detainees tested positive for COVID-19 and were in isolation. Several housing units were on COHORT status due to the recent arrival of the detainees.

The inspection team formally interviewed a total of five detainees. One detainee assigned to the SMU stated that he had filed a medical grievance concerning medication and had not received a response. The medical SME followed up and determined that the detainee had been seen concerning the complaint but had refused the prescribed medication on many occasions. The grievance had been responded to. The inspection team conducted numerous informal interviews of detainees while visiting the general population housing units.

All detainees stated that they felt safe in the facility and were able to access programs and services. Detainees were asked about the quality of the food and responses were generally favorable. None expressed any concern relating to staff or receiving services.

Detainees indicated they were aware of the grievance system and how to use it. None of the detainees had contacted the OIG but were aware of how to make contact if they needed to.

The facility is climate controlled and appeared to be in good repair. The sanitation level of the facility was observed to be maintained at an average level.

The facility staff was professional in appearance and demeanor and those interviewed possessed a working knowledge of the standards as they applied to their duties. The atmosphere of the facility appeared relaxed, and staff and detainee interactions were cordial and professional.

Medical care is provided by IHSC. Detainees are not charged a co-pay for any health services. Telephone service is provided by Talton and commissary is provided by the Keefe Group. Food service operations is provided by Trinity Services Group. Maintenance is provided in-house by CoreCivic.

Areas of Concern/Significant Observations

This was a hybrid inspection with one inspector working remotely. Four inspectors were on-site. The remote inspector (Medical QMC SME) was unable to personally observe practices and procedures within the facility but was able to review files and documentation.

The facility achieves optimal compliance with a number of standard requirements including meeting standards in Medical Care, Medical Care for Women, Significant Self Harm and Suicide Prevention and Intervention, and Terminal Illness for being accredited by NCCHC; in law library and legal material by providing detainees a minimum of fifteen hours per week of access to the law library; in use of force by retaining audio visual recordings for one year after the conclusion of investigation or litigation; and in recreation by providing detainees in SMU for administrative reasons at least two hours of recreation or exercise opportunities seven days a week and those detainees in the SMU for disciplinary reasons at least one hour of recreation or exercise opportunities seven days a week.

One standard and four priority components were rated as Does Not Meet Standards; and are detailed as follows:

Standard 7.3 Staff Training

Standard: The detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.



Finding: While interviewing the learning development manager (LDM) regarding staff training it was determined that only 75% of the staff received mandatory annual training during this inspection period. From the staff training standard this will affect five non-priority standards. The OIC and the LDM indicated that the training was not conducted due to an increase of COVID-19 related illnesses and staff shortages. The LDM indicated that 126 employees were affected by COVID-19 during this inspection period. Per the LDM, 100% of all pre-service employees, CERT members, and staff requiring computer-based programs training were completed.

Recommendation: The facility needs to ensure that all staff receive the required training as stated in the standard.

Standard 2.11 Sexual Abuse and Assault Prevention and Intervention

Priority Component: #4: Training on the facility's SA-API Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and addresses all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training.

Finding: Per the learning and development manager, 26 percent of employees and contract personnel have not completed the annual refresher training as required in this component. Volunteer visits were temporarily suspended due to COVID-19; therefore, there was no volunteer training conducted.

Recommendation: Annual training of all employees, volunteers, and contract personnel needs to be conducted as required by the standard.

Standard 2.15 Use of Force and Restraints

Priority Component: #3: All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices including chemical agents approved for use.

Finding: Review of documentation and interview with the learning development manager indicated that thirty percent of officers did not receive the required training in self-defense, confrontation techniques and in the use of force to control detainees during this reporting period.

Recommendation: The facility needs to ensure that all officers receive the required training as stated in the standard.

Standard 4.3 Medical Care

Priority Component: #50: Training is provided to all detention and healthcare personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and include:

- Responding to health-related situations within (4) minutes;
- Recognizing of signs of potential health emergencies and the required responses;
- Administering first aid, AED and cardiopulmonary resuscitation (CPR);
- Obtaining emergency medical assistance through the facility plan and its required procedures;



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- Recognizing signs and symptoms of mental illness and suicide risk;
- The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.

Finding: Per the learning and development manager, 26 percent of employees have not completed the annual training as required in this component.

Recommendation: Annual training of all employees needs to be conducted as required by the standard.

Standard 4.6 Significant Self-Harm and Suicide Prevention and Intervention

Priority Component: #3: All facility staff who interact with and/or are responsible for detainees are trained, during orientation and at least annually on the facility's Suicide Prevention and Intervention Program, to include:

- Why the environments of detention facilities are conducive to suicidal behavior;
- Standard first aid training, cardiopulmonary resuscitation (CPR) training and training in use of emergency equipment;
- Liability issues associated with detainee suicide;
- Recognizing verbal and behavioral cues that indicate potential suicide;
- Demographic, cultural, and precipitating factors of suicidal behavior;
- Recognizing verbal and behavioral cues that indicate potential suicide;
- Communication between correctional and health care personnel;
- Necessary referral procedures;
- Housing observation and suicide-watch procedures;
- Follow-up monitoring of detainees who have attempted suicide; and
- Reporting and written documentation procedures.

Finding: Per the learning and development manager, 26 percent of facility staff have not completed the annual training as required in this component.

Recommendation: Annual training of all facility staff needs to be conducted as required by the standard.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS 2011). One (1) standard was found Does Not Meet Standard and three (3) standards were Not Applicable (N/A). All remaining thirty-nine (39) standards were found to Meet Standards.

LCI Assurance Statement

The findings are accurately and completely documented on the G324 Inspection Form and are supported by documentation in the inspection file. A telephonic out brief was conducted at the facility. In addition to the Nakamoto Group Inspection Team, the following were present:

