

June 24, 2021

TO:

Director of Custody Management

FROM:

Lead Compliance Inspector The Nakamoto Group, Inc.

SUBJECT: Annual Inspection of the La Palma Correctional Center

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance Based National Detention Standards (PBNDS) 2011 of the La Palma Correctional Center in Eloy, Arizona during the period of June 22-24, 2021. This is an IGSA facility.

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

Subject Matter Field	Team Member		
Security			
Detainee Rights			
Medical Care			
Safety			
Medical			

# Type of Inspection

This is a scheduled hybrid annual inspection which is 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 November 2020 inspection.

### **Inspection Summary**

The La Palma Correctional 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 (DHS)

### 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 2020 PBNDS 2011 annual inspection and the 2021 PBNDS 2011 annual inspection.



2020 Annual Inspection		
Meets Standards	40	
Does Not Meet Standards	0	
Repeat Finding	0	
Not Applicable	3	

2021 Annual Inspection	
Meets Standards	39
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	4

The inspection team identified one (1) deficient component in the following one (1) standard.

Visitation -1, which is a priority component.

# Facility Snapshot/Description

The La Palma Correctional Center is located on a rural road in Eloy, Arizona, approximately sixty miles southeast of the Phoenix Sky Harbor International Airport. The facility, constructed in 2008, is owned and operated by CoreCivic. The City of Eloy, Arizona, has an IGSA with Homeland Security-ICE and sub-contracts with CoreCivic to operate the facility.

The facility is a large complex consisting of multiple buildings spread across three compounds. The administration building is located outside the secure perimeter. The visitation building and a building referred to as the "main" building which houses receiving and discharge (R & D), the medical department and central control, are located immediately inside the secure perimeter. Three "compounds" separated by security gates and referred to as Compound 1, Compound 2, and Compound 3 contain the detainee housing units, recreation yards and programmatic offices. Each compound has detainee housing in three buildings which contain either three or four housing pods. Housing pods have a capacity of either sixty or 120 beds and are under direct supervision of an officer assigned inside the pod. Cameras are also located inside the housing pods and throughout the facility. Detainees are identified as either Eloy docket or Florence docket and are not housed together. During the inspection, Compound 2 was dedicated to Florence docket detainees; Compound 3 to Eloy docket detainees; and Compound 1 was split between the two dockets.

The facility provides nine outdoor recreation areas; three on each of the compounds. Detainees in the general population are afforded access to the recreation yards at least two hours per day, seven days per week. Dayrooms in each housing unit contain a combination pull-up bar/dip-bar device for exercise. Housing areas provide adequate dayroom space, restroom facilities, and seating areas for their maximum occupancy. Televisions, playing cards, board games, a monitor with video games, kiosks for purchasing commissary items, and microwave ovens are available in the dayrooms.

The facility achieves optimum compliance with standards in several areas as follows: recreation opportunities for detainees in segregation; the medical care program for the terminally ill is in compliance with NCCHC standards; the significant self-harm and suicide prevention and intervention program is in compliance with NCCHC standards; because relevant audiovisual records are retained for one year after litigation or any investigation is has concluded; detainee access to a law library for no less that fifteen hours per week when requested is permitted; and because of the required presence of medical personnel during transgender strip searches.



Pursuant to COVID-19 protocols, ICE suspended on-site general/social visitation at all ICE facilities in March 2020. Legal and professional visitation has continued at this facility. To mitigate the impact of the visitation suspension, ICE provides each detainee at the facility with thirteen, ten-minute telephone calls each week at no cost to the detainee.

Sanitation was observed to be above average by the on-site inspection team.

No less than 31 detainees were interviewed during the inspection; all in a private setting. Two were in the special management unit (SMU) and six were LEP detainees who were interviewed by a bilingual inspector. All of the detainees interviewed stated they felt safe in the facility and had not been threatened or mistreated by staff or other detainees since their arrival. When questioned about their living conditions all felt the facility was clean and they had ready access to cleaning supplies for their housekeeping chores. Showers, sinks, and toilets were functioning and sanitary. All realized their access to a full schedule of programs and activities has been limited by COVID-19 conditions and they were understanding of the situation.

All detainees had received and signed a receipt for the local detainee handbook and the National Detainee Handbook. Most of the detainees had not accessed the law library but knew how to do it if needed. Religious programming has been suspended due to COVID-19 conditions but they knew access to religious articles was available to them. There were no concerns raised about COVID-19 protocols and the safety measures required of the detainee population. There were no concerns voiced in relation to contacting ICE, medical services, detainee mail, or detainee telephones. All detainees interviewed were familiar with the detainee grievance system, but none had used it. All detainees interviewed were also familiar with the OIG Hotline number, but none had used it either.

Detainee telephone services are provided by Talton Communications, Inc. During this inspection period, detainee medical care was provided by CoreCivic medical staff. ICE detainees are not subject to medical copayments for medical, mental health, or dental care. Food service operations are provided via a contract with Trinity Services Group, Inc. CoreCivic personnel provide all other services.

#### Areas of Concern/Significant Observations

# **Standard 5.7 Visitation**

<u>Component # 5 – PRIORITY</u>: General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.

**<u>Finding</u>**: General visitation has been suspended since March 2020 due to COVID-19 concerns. The facility has continued to permit legal visitation.

**Recommendation:** The facility should permit some means of general visitation.



# **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. No (0) standards were determined Does Not Meet Standards and four (4) standards were Not Applicable (N/A). All remaining thirty-nine (39) standards were found to Meets Standards.

### LCI Assurance Statement

The findings of compliance and noncompliance are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted. Inspectors 19 and 40 participated telephonically. In addition to Inspectors 7, 15, and 29 from the Nakamoto Group, Inc., the following participated in person:

• 10	CE Officials –		
• Fa	acility Staff –		
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		June 24, 2021	
LCI		Date	