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Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Phoenix Field Office

La Palma Correctional Center
Eloy, Arizona

December 17-19, 2019

COMPLIANCE INSPECTION
of the
LA PALMA CORRECTIONAL CENTER
Eloy, Arizona

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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 December 17 to 19, 2019.¹ 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 (FOD) in Phoenix (ERO Phoenix). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers (DOs) to the facility. A CoreCivic acting warden handles daily facility operations and is supported by ██████ personnel. Trinity Food Service provides food services and CoreCivic provides medical care. The facility is accredited by the American Correctional Association (ACA).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	3240
Average ICE Detainee Population ³	1792
Male Detainee Population (as of 12/17/2019)	1794
Female Detainee Population (as of 12/17/2019)	N/A
Transgender Female Population (as of 12/17/2019)	5

During its last inspection, in FY 2019, ODO found 49 deficiencies in the following areas: Environmental Health and Safety (3), Admission and Release (6), Law Library and Legal Material (1), Grievance System (3), Food Service (8), Funds and Personal Property (6), Staff Detainee Communication (2), Significant Self-harm and Suicide Prevention and Intervention (1), Custody Classification System (4), Special Management Units (3), Use of Force and Restraints (2), Disability, Identification, Assessment, and Accommodation (2), and Medical Care (8).

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

² Data Source: ERO Facility List Report as of December 16, 2019.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 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.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also 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 their 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 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	4
Custody Classification System	0
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	2
Staff-Detainee Communication	3
Use of Force and Restraints	1
Sub-Total	13
Part 4 – Care	
Food Service	3
Medical Care	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	4
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	0
Sub-Total	1
Part 6 – Justice	
Grievance Systems	2
Law Libraries and Legal Material	0
Sub-Total	2
Total Deficiencies	20

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

DETAINEE RELATIONS

ODO interviewed 20 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Staff-Detainee Communication: One detainee stated he was being detained due to mistaken identity and has submitted several grievances to ERO Phoenix.

- Action Taken: ODO spoke with ERO Phoenix staff, reviewed the detainee's detention file, and observed staff-detainee communication. ODO found the detainee had used multiple identities and the additional identities were listed in the detainee's file. ERO Phoenix staff indicated there was no mistaken identity, deemed the detainee's grievances concerning his alleged mistaken identity as a pattern of filing nuisance grievances, and informed the detainee as such. ODO found no recent grievances filed by the detainee, which alleged mistaken identity.

Medical Care: One detainee expressed concerns regarding medical treatments and stated she requested to receive hormone therapy medication and had not received the medication.

- Action Taken: ODO reviewed the detainee's medical record and spoke with facility medical staff. Medical records indicated when the detainee arrived at the facility, she was not currently on a transgender hormone therapy plan. Medical staff informed ODO, only detainees who arrive at the facility, currently receiving transgender hormone therapy, are approved to continue receiving transgender hormone therapy. ODO followed-up with the detainee and informed her why medical denied her request

Admission and Release: Two transgender detainees stated they were strip-searched during in-processing.

- Action Taken: ODO reviewed the detainee's files and spoke with receiving and discharging officers (RDOs). The RDOs explained detainees were not strip-searched upon admission to the facility. The visitation sergeant told ODO, detainees were strip-searched following personal contact visits. ODO re-interviewed the detainees and learned the Spanish translation for strip-search was misinterpreted. One transgender female detainee further explained, during her intake, she changed her clothing in view of male detainees and was not offered a private cell. ODO noted the facility not providing the transgender female a private room to change clothes as an **Area of Concern** under Admission and Release in the *Compliance Inspection Findings* section of this report. ODO determined the detainees were not strip-searched during their intake the facility.

Grievances: One transgender female detainee stated a facility officer did not afford her the same opportunities as other detainees and that the officer told her filing a grievance would negatively affect her immigration case.

- Action Taken: ODO informed the Grievance Coordinator (GC) of the detainee's unwillingness to come forward with the grievance due to fear of reprisal. The GC, along

with the facility investigator, contacted the detainee and made her aware that all grievances were free from reprisal and will not affect their immigration cases. The detainee filed a formal grievance and the facility investigator opened an investigation into the allegations. The facility investigator determined the detainee was recently transferred to the housing unit and the detainee was unaware the detainees allowed opportunities were designated workers. No evidence was found the officer threatened the detainee. The officer was counselled on the proper protocol for formal grievances.

Visitation: One detainee stated the visitation area the facility provides was too small and some visitors were denied entry after the visitation area was full.

- Action Taken: ODO reviewed the facility's visitation policy and spoke with the visitation officer. ODO found the facility changed the visitation policy eight months prior to the inspection. Following the policy change, when the visitation area became full, the facility no longer turns visitors away. Instead, the facility shortened visitation time from two hours to one hour, which ensured all visitors could visit with the detainees they came to see.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO observed the admission process of 13 detainees and found detainees were not allowed to change clothes in private room (**Deficiency A&R-1⁶**). The facility required up to four detainees per holding cell, change their clothing in view of each other.

ODO noted an **Area of Concern** during in-processing. The facility held a transgender female detainee in the same holding cell as male detainees, where she changed her clothing in view of the male detainees.

ODO reviewed 40 detainee detention files and found one detention file was missing an Order to Detain (Form I-203) (**Deficiency A&R-2⁷**).

ODO reviewed 40 detainee detention files to confirm detainees signed for receipt of the ICE National and local handbooks and found 3 out of 40 detainee detention files did not have a signed receipt (**Deficiency A&R-3⁸**).

ODO reviewed the detainee detention files of 15 released detainees and found 13 out of 15 detainee detention files were missing an Order to Release (Form I-203) (**Deficiency A&R-4⁹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 82 small valuables and currency bags and found one foreign currency bag did not identify the type of currency contained within the bag (**Deficiency F&PP-1¹⁰**).

Corrective Action: Prior to completion of the inspection, the intake supervisor updated the foreign currency bag inventory record and provided training to intake and release staff (**C-1**).

ODO reviewed the detainee handbook and found it did not provide the procedure for a detainee to

⁶ “Staff shall permit the detainee to change clothing and shower in a private room without being visually observed by staff, unless the staff member has reasonable suspicion to search the detainee in accordance with the following section on ‘Strip Searches’ and standard ‘2.10 Searches of Detainees.’” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(2).

⁷ “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E). **This is a Priority Component. This is a Repeat Deficiency.**

⁸ “As part of the admissions process, the detainee shall acknowledge receipt of the handbook and supplement by signing where indicated on the back of the Form I-385 (or on a separate form).” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(G)(4). **This is a Priority Component.**

⁹ “A detainee’s out-processing begins when release processing staff receive the Form I-203, “Order to Detain or Release,” signed by an authorizing official.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(1). **This is a Priority Component. This is a Repeat Deficiency.**

¹⁰ “Separate documentation should be made for each kind of currency and negotiable instrument and should include detainee identification information and a description of the amount and type of currency or other negotiable instrument inventoried.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(1). **This is a Priority Component.**

request a certified copy of an identity document or procedures for a detainee to access personal funds to pay for legal services (**Deficiency F&PP-2¹¹**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed [REDACTED] facility staff training records and found [REDACTED] staff member did not receive initial SAAPI training and [REDACTED] staff members did not complete annual refresher training (**Deficiency SAAPI-1¹²**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the detainee detention files of all detainees ever assigned to administrative segregation (AS) and found 21 out of 24 detainee detention files did not contain documentation the detainee was provided with a copy of the AS order (**Deficiency SMU-1¹³**).

ODO reviewed the detainee detention files of all detainees ever placed in Disciplinary Segregation (DS) and found 13 out of 16 files did not contain documentation the detainee was provided with a copy of the DS order (**Deficiency SMU-2¹⁴**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the local handbook found it did not include contact information for the ERO Phoenix field office (**Deficiency SDC-1¹⁵**).

ODO inspected the housing unit postings and found the ERO Phoenix field office contact information was posted; however, the posting did not include the scheduled hours and days field office staff were available to be contacted by detainees (**Deficiency SDC-2¹⁶**).

ODO reviewed facility SDC procedures and found there were no written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel

¹¹ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: ...

2. that, upon request, they shall be provided an ICE/ERO-certified copy of any identity document (e.g., passport, birth certificate), which shall then be placed in their A-files;

6. access to detainee personal funds to pay for legal services.”

See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(2)(6).

¹² “Training on the facility’s Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in annual refresher training thereafter.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E). **This is a Priority Component.**

¹³ “The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(A)(2)(e). **This is a Priority Component.**

¹⁴ “The completed disciplinary segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(B)(2)(b).

¹⁵ “The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A)

¹⁶ “The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or “pods”) of the facilities.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A)

without reading, altering, or delaying such requests (**Deficiency SDC-3¹⁷**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the video for one UOF incident and found a team member removed his [REDACTED] to speak with the detainee prior to the detainee being restrained (**Deficiency UOF&R-1¹⁸**).

CARE

FOOD SERVICE (FS)

ODO observed food on the serving line was not covered by a sneeze guard (**Deficiency FS-1¹⁹**).

ODO inspected storage areas and found one walk-in cooler and one walk-in freezer contained food, which was stored under the condensing units, creating a source for contamination (**Deficiency FS-2²⁰**).

ODO observed eggs and milk were stored with food having strong odors (**Deficiency FS-3²¹**).

PERSONAL HYGIENE (PH)

ODO inspected the facility housing pods and found two out of nine housing pods housed 60 detainees; however, the housing pods only had three showers, which did not meet the minimum detainee to shower ratio (**Deficiency PH-1²²**). Both pods had a capacity of 60 detainees with three showers each.

ACTIVITIES

TELEPHONE ACCESS (TA)

Facility staff tested telephones daily for operability; however, the daily tests did not demonstrate

¹⁷ “Each facility administrator shall have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)

¹⁸ “When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force team techniques to prevent or diminish injury to staff or detainees and exposure to communicable disease.

[REDACTED] See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3).

¹⁹ “Every open food item and beverage shall be protected from contaminants by easily cleaned sneeze-guards, cabinets, display cases or other such equipment.” See ICE 2011 PBNDS, Standard, Food Service, Section (V)(D)(2)(b).

²⁰ “Do not store food in locker rooms, toilet rooms, dressing rooms, garbage rooms or mechanical rooms, or under sewer lines, potentially leaking water lines, open stairwells or other sources of contamination.” See ICE 2011 PBNDS, Standard, Food Service, Section (V)(K)(3)(h).

²¹ “Butter, milk, eggs and cream shall be separated from foods having strong odors. Eggs shall not be subjected to freezing temperatures.” See ICE 2011 PBNDS, Standard, Food Service, Section (V)(K)(8).

²² “Detainees shall be provided: operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.” See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(3).

the ability to make calls using the free call platform (**Deficiency TA-1²³**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance procedures and found does not have a written policy and procedures to track or log ICE detainee grievances separately from other facility populations (**Deficiency GS-1²⁴**).

ODO reviewed 40 detainee detention files and found three files did not contain copies of the completed grievance disposition (**Deficiency GS-2²⁵**).

Corrective Action: Prior to completion of the inspection, the records department placed copies of the missing completed grievance dispositions in the respective files (**C-2**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 and found the facility in compliance with nine of those standards. ODO found 20 deficiencies in the remaining ten standards. ODO commends facility staff for their responsiveness during this inspection and noted there were two instances where staff initiated immediate corrective action during the inspection.

ODO noted a **Best Practice** in medical care. LPCC employs [REDACTED] medical translators for medical intake screenings and any medical interpretation needs throughout the clinics. LPCC made vast improvements to all areas of the facility following ODO's last inspection in March 2019. ODO recommends ERO Phoenix continue to work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011)	FY 2019 (PBNDS 2011)
Standards Reviewed	18	19
Deficient Standards	13	10
Overall Number of Deficiencies	49	20
Deficient Priority Components	13	8
Repeat Deficiencies	N/A	2
Corrective Actions	1	2

²³ "After ensuring that each phone has a dial tone, when testing equipment, the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform." See ICE 2011 PBNDS, Standard, Telephone Access, Section (V)(A)(4)(a).

²⁴ "Each facility shall have written policy and procedures for a detainee grievance system that establish a procedure to track or log all ICE detainee grievances separately from other facility populations." See ICE PBNDS 2011, Grievance Systems, Section (V)(A)(2). **This is a Priority Component.**

²⁵ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee in five days." See ICE PBNDS 2011, Grievance System, Section (V)(D). **This is a Priority Component.**