



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Phoenix Field Office**

**La Palma Correctional Center
Eloy, Arizona**

July 19-23, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
LA PALMA CORRECTIONAL CENTER
Eloy, Arizona

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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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 follow-up compliance inspection of the La Palma Correctional Center (LPCC) in Eloy, Arizona, from July 19 to 22, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of LPCC from January 25 to 29, 2021. 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 (DOs) and a detention services manager to the facility. An LPCC warden handles daily facility operations and manages █████ support personnel. Trinity Service Group provides food services and CoreCivic provides medical care and commissary services at the facility. The facility was accredited by the American Correctional Association in January 2019 and by the National Commission on Correctional Health Care in March 2021.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	█████
Average ICE Detainee Population ³	█████
Male Detainee Population (as of July 19, 2021)	█████
Female Detainee Population (as of July 19, 2021)	█████

During its last inspection, in Fiscal Year (FY) 2021, ODO found nine deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (2); Custody Classification System (2); Funds and Personal Property (1); Food Service (2); and Use of Force and Restraints (1).

¹ This facility holds male 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 July 19, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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 well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

PBNDS 2011 (Revised 2016) Standards Inspected⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Funds and Personal Property	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	2
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	5
Total Deficiencies	7

⁴ For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Two detainees exhibited signs of mental health issues during the interview, and ODO immediately referred them to ERO Phoenix and the facility medical staff for evaluation. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Admission and Release: Four detainees stated they did not receive the ICE National Detainee Handbook nor the facility-specific handbook during their initial intake at the facility.

- Action Taken: ODO reviewed the detainees' intake forms and found signed acknowledgment forms for each detainee, indicating their receipt of both the ICE National Detainee Handbook and the facility-specific handbook during intake. On July 20, 2021, the facility issued each detainee new copies of both handbooks at the request of ODO.

Staff-Detainee Communication: One detainee stated his frustration in speaking with somebody regarding his immigration case due to no available Portuguese interpreters in June 2021. The facility never followed up with him.

- Action Taken: ODO interviewed the supervisory detention and deportation officer (SDDO) and found the detainee met with an asylum pre-screening officer (APSO) from the United States Citizenship and Immigration Services (USCIS) for his asylum interview on June 15, 2021, but no interpreter was available to assist. During the week of July 12, 2021, ERO Phoenix confirmed with USCIS the detainee's interview was pending. The detainee had no further questions other than the date of his interview.

Staff-Detainee Communication: One detainee stated he verbally asked a facility-assigned ICE officer approximately 10 days ago for information regarding a haircut, accessing the law library, and requested an English-Spanish dictionary.

- Action Taken: ODO interviewed the assigned SDDO and requested the unit manager (UM) speak with the detainee. The UM informed the detainee how to submit a request to the facility librarian for an English-Spanish dictionary, the location of the posted barbershop schedule, and how to access the law library in his pod. The detainee had no further concerns.

Medical Care: One detainee stated his request the COVID-19 vaccine, but medical refused to administer it to him.

- Action Taken: ODO interviewed a medical staff member and confirmed the facility vaccinates all new incoming detainees at intake. The detainee arrived at the facility before the facility began this new process and is on a list to receive a vaccination. The staff member stated the facility does not refuse to vaccinate the detainee. On July 19, 2021, the facility medical staff informed the detainee he is on the list for the

vaccination, and the detainee had no further concerns. On August 12, 2021, ERO Phoenix informed ODO the detainee received the COVID-19 vaccine on July 23, 2021.

Law Libraries and Legal Material: One detainee stated the facility does not permit him to visit the library nor print or copy documents.

- Action Taken: ODO interviewed the assigned SDDO, who stated all detainees are permitted to visit the law library and print or photocopy legal documents. On July 19, 2021, the facility instructed the detainee how to request access to the law library and how to print and copy legal documents. The detainee had no additional concerns.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found all [REDACTED] files contained an Order to Detain or Release Form (Form I-203); however, [REDACTED] Form I-203s did not bear the authorizing official signature (**Deficiency AR-54⁵**). **This is a repeat deficiency.**

ODO interviewed the facility release staff and found the facility does not conduct a check for [REDACTED] [REDACTED] during the release process (**Deficiency AR-78⁶**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO interviewed the facility food service director and the safety manager, reviewed the most recent fire suppression inspection from November 2020, and found a qualified contractor does not inspect the fire suppression system every six months (**Deficiency FS-407⁷**).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found [REDACTED] detainees did not receive a tuberculosis screening within 12 hours of intake (**Deficiency MC-29⁸**).

⁵ “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 (Revised 2016), Standard, Admission and Release, Section (V)(E).

⁶ “Facility staff assigned to processing must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include, but are not limited to: completing out-processing forms; closing files and fingerprinting; returning personal property; reclaiming facility-issued clothing, identification cards, handbooks, and bedding; and checking wants and warrants.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H).

⁷ “A qualified contractor shall inspect the system every six months.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).

⁸ “All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb).” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

ODO reviewed [REDACTED] detainee medical records and found [REDACTED] detainees did not receive an initial medical, dental, and mental health screening within 12 hours of arrival (**Deficiency MC-103⁹**).

ODO reviewed [REDACTED] detainee medical records and found [REDACTED] detainees did not receive comprehensive health assessments, including a physical examination and mental health screening, within 14 days of arrival. Specifically, the facility assessed the detainees [REDACTED] after their arrival (**Deficiency MC-137¹⁰**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed [REDACTED] detainee medical records and found [REDACTED] detainees did not receive an initial mental health screening within 12 hours of admission. Specifically, the facility screened the detainees between [REDACTED] after their arrival (**Deficiency SSHSPI-13¹¹**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 11 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 7 of those standards. ODO found seven deficiencies in the remaining four standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO Phoenix work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of LPCC in January 2021.

Compliance Inspection Results Compared	First FY 2021 (PBNDS 2011) (Revised 2016)	Second FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	20	11
Deficient Standards	6	4
Overall Number of Deficiencies	9	7
Repeat Deficiencies	1	2
Areas of Concern	0	0
Corrective Actions	0	0

⁹ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹⁰ “Each facility’s health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

¹¹ “All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by “J. Medical and Mental Health Screening of New Arrivals” in Standard 4.3 “Medical Care.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(B)(1).