



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection**

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

**Eloy Federal Contract Facility
Eloy, Arizona**

November 1-3, 2022

COMPLIANCE INSPECTION
of the
ELOY FEDERAL CONTRACT FACILITY
Eloy, Arizona

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	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 Eloy Federal Contract Facility (EFCF) in Eloy, Arizona, from November 1 to 3, 2022.¹ The facility opened in 1994 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at EFCF in 1997 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 a detention service manager to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, ICE Health Services Corps provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in June 2021 and the American Correctional Association in August 2021. In January 2020, EFCF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of November 1, 2022)	[REDACTED]
Adult Female Population (as of November 1, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Environmental Health and Safety (2); Food Service (1); Medical Care (1); and Staff-Detainee Communication (2).

¹ This facility holds male and female 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 October 31, 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 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 (REVISED 2016) MAJOR CATEGORIES

PBNS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication ⁷	1
Tool Control	0
Use of Force and Restraints	0
Sub-Total	2
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	2
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	0

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 standards.

⁷ The deficiency cited under Staff-Detainee Communication standard was identified while performing detainee interviews, the Staff-Detainee Communication standard was not reviewed in its entirety.

Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	3
Sub-Total	3
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	7

DETAINEE RELATIONS

ODO interviewed 22 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 concern listed below.

Staff-Detainee Communication: Three detainees stated ERO did not interact with detainees in the housing unit.

- Action Taken: ODO interviewed ERO Phoenix and facility staff, reviewed ICE housing unit logs, and found ERO Phoenix visited the facility housing units to pick up ERO related requests submitted by detainees on a regular basis but did not enter the housing units with assigned detainees. ODO cited this as a deficiency in the *Staff-Detainee Communication* section of the report.

COMPLIANCE INSPECTION FINDINGS

SECURITY

KEY AND LOCK CONTROL (KLC)

ODO interviewed facility staff, inspected large security keys in all housing units, and found the facility did not use key covers for large security keys (**Deficiency KLC-11⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed detainees and facility staff, reviewed housing unit logbooks and ICE pod logbooks, and found ERO Phoenix staff did not frequently interact with the detainees. Specifically, ERO Phoenix visited facility PODS and collected ICE requests but did not enter the housing units with assigned detainees (**Deficiency SDC-1⁹**). **This is a priority component.**

⁸ “Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them.” See ICE PBNDS 2011, Standard, Key and Lock Control, Section (V)(A)(9).

⁹ “ICE/ERO detainees shall not be restricted from having frequent informal access to and interaction with key facility staff members, as well as key ICE/ERO staff, in a language they can understand.” See ICE PBNDS 2011, Standard,

CARE

FOOD SERVICE (FS)

ODO interviewed the FS director, reviewed the 14-day cycle common fare menu, and found the facility common fare menu did not include special menus for federal holidays (**Deficiency FS-188¹⁰**).

ODO interviewed the FS manager, observed items used in the preparation of kosher meals, and found the bread purchased for kosher trays was not labeled “pareve” nor “parve” (**Deficiency FS-199¹¹**).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed [REDACTED] detainee detention files and found:

- In [REDACTED] out of [REDACTED] files, the facility did not provide the detainee with a copy of the facility’s local supplement to the handbook (**Deficiency DH-4¹²**). **This is a priority component;**
- In [REDACTED] out of [REDACTED] files, the facility did not obtain a signed acknowledgement indicating the detainee received a copy of the facility’s local supplement to the handbook (**Deficiency DH-5¹³**); and
- In [REDACTED] out of [REDACTED] files, the facility did not provide for detainees in need of translation services of material from the detainee handbook. Specifically, ODO found the facility offered the detainee handbook in English and Spanish only. A review of both detainee detention files found the facility did not provide translation in their respective languages of Arabic nor Georgian (**Deficiency DH-25¹⁴**).

Staff-Detainee Communication, Section (V)(A).

¹⁰ “The common fare menu is based on a 14-day cycle, with special menus for the ten federal holidays.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(2).

¹¹ “Only bread and margarine labeled ‘pareve’ or ‘parve’ shall be purchased for the kosher tray.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(5).

¹² “Upon admission to a facility, prior to placement in general population, each detainee shall be provided a copy of the handbook and that facility’s local supplement to the handbook.” See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B).

¹³ “Staff shall require each detainee to verify, by signature, receipt of the handbook, and shall maintain that signed acknowledgement in the detainee’s detention file.” See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B).

¹⁴ “If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall provide the material using audio or video tapes in a language the detainee does understand, arrange for the orientation materials to be read to the detainee, or provide a translator or interpreter within a reasonable amount of time.” See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(C).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 26 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 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 work with the facility 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 EFCF on December 7, 2021.

Compliance Inspection Results Compared	FY 2022 PBNDS 2011 (Revised 2016)	FY 2023 PBNDS 2011 (Revised 2016)
Standards Reviewed	18	26
Deficient Standards	4	4
Overall Number of Deficiencies	6	7
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior