



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

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

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

**Eloy Federal Contract Facility  
Eloy, Arizona**

**June 14-16, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**ELOY FEDERAL CONTRACT FACILITY**  
Eloy, Arizona

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Team Lead  
Inspections and Compliance Specialist  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

## 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 Eloy Federal Contract Facility (EFCF) in Eloy, Arizona, from June 14 to 16, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of EFCF from December 7 to 10, 2021. 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 deportation officers and a detention services manager to the facility. A facility warden handles daily facility operations and manages ██████ personnel. Trinity Services provides food services, ICE Health Services Corps (IHSC) 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 2018 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 <sup>2</sup>	██████
Average ICE Population <sup>3</sup>	██████
Adult Male Population (as of June 14, 2022)	██████
Adult Female Population (as of June 14, 2022)	██████

During its last inspection, in Fiscal Year (FY) 2022, ODO found two deficiencies in the following area: Significant Self-harm and Suicide Prevention and Intervention (2).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of June 13, 2022.

<sup>3</sup> *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/or 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 uniform corrective action plan (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.

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

<b>PBND 2011 (Revised 2016) Standards Inspected<sup>4,5</sup></b>	<b>Deficiencies</b>
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	1
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>5</sup> 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.

## DETAINEE RELATIONS

ODO interviewed 16 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.

*Medical Care:* One detainee stated medical staff did not answer her prediabetic diet request.

- Action Taken: On June 16, 2022, ODO interviewed the assistant health services administrator and confirmed the detainee had normal blood sugar levels and stable vital signs upon intake. ODO also found no special diet request in her medical record. The detainee arrived at the facility on May 14, 2022, identified herself as prediabetic, and stated she managed her condition with diet and exercise. The detainee's medical record contained no evidence of diabetes nor any requirement for a special diet. On June 16, 2022, the medical provider examined the detainee and reviewed the detainee's lab results with her. The provider prescribed the detainee a special diet for her health as a pre-emptive measure and instructed the detainee on how to request sick call.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the food service chemical perpetual inventory, observed the chemicals stored in the outside food service storage area, and found the facility did not maintain current inventory of hazardous substances used and stored there. Specifically, the inventory listed:

- 17 containers of grill cleaner, but ODO counted 16;
- 7 containers of De-Lime cleaner, but ODO counted 11;
- 4 containers of Sani-T-10 disinfectant, but ODO counted 10; and
- 7 containers of pot and pan cleaner, but ODO counted 10

(Deficiency EHS-39<sup>6</sup>).

ODO reviewed the food service chemical perpetual inventory, observed the chemicals stored in the outside food service storage area, and found the facility did not maintain current inventory records of hazardous substances before, during, and after each use (Deficiency EHS-53<sup>7</sup>).

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<sup>6</sup> "Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(3).

<sup>7</sup> "Inventory records for a hazardous substance must be kept current before, during and after each use." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(6)(d).

## SECURITY

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed ERO Phoenix staff members did not announce their presence when entering detainee housing units (**Deficiency SDC-2<sup>8</sup>**).

ODO reviewed the detainee request log and found ERO Phoenix staff members did not respond in person or in writing within 3 business days of receipt of a detainee request and the log did not indicate any response for multiple requests (**Deficiency SDC-16<sup>9</sup>**).

## CARE

### FOOD SERVICE (FS)

ODO reviewed the FS chemical perpetual inventory, observed the chemicals stored in the outside food service storage area, and found FS staff members did not know the quantities of toxic, flammable, or caustic materials on hand nor did they know the requirement to control and account for the use of such materials (**Deficiency FS-389<sup>10</sup>**).

### MEDICAL CARE (MC)

ODO reviewed 10 medical files for detainees with psychotropic medication prescriptions and found in 2 out of 10 files, medical staff did not obtain a separate documented informed consent that included a description of the medication's side effects prior to the administration of such medication (**Deficiency MC-241<sup>11</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found six deficiencies in the remaining four standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the UCAP for ODO's last inspection of EFCF on December 7, 2021.

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<sup>8</sup> "ICE/ERO staff members shall announce their presence when entering a housing unit." *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

<sup>9</sup> "The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

<sup>10</sup> "All food service staff shall know where and how much toxic, flammable or caustic material is on hand, and shall be aware that their use must be controlled and accounted for daily." *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(11)(a).

<sup>11</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(4).



<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (PBNDS 2011) (Revised 2016)</b>	<b>Second FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	24	18
Deficient Standards	1	4
Overall Number of Deficiencies	2	6
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Corrected Deficiencies	N/A	0
Facility Rating	Superior	N/A