



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

**Office of Detention Oversight
Unannounced Compliance Inspection
2024-001-242**

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

**Eloy Federal Contract Facility
Eloy, Arizona**

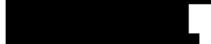
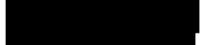
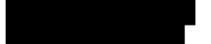
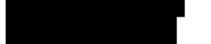
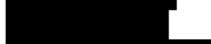
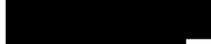
October 24-26, 2023

UNANNOUNCED COMPLIANCE INSPECTION
of the
ELOY FEDERAL CONTRACT FACILITY
Eloy, Arizona

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Acting Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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 *Unannounced Compliance Inspection Findings* section of this report.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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

PBND Standards 2011 (Revised 2016) Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Trips for Non-Medical Emergencies	0

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	1

DETAINEE RELATIONS

ODO interviewed 44 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 she has not received additional testing for sleep apnea.

- Action Taken: ODO interviewed a facility nurse, reviewed the detainee’s medical record, and found the detainee initially complained of snoring during a routine chronic care appointment on July 18, 2023. The physician assistant (PA) prescribed a nasal spray in addition to her previously prescribed Loratadine (10 mg) for allergies. On July 31, 2023, the detainee returned to sick call due to on-going snoring, where the PA prescribed Fluticasone (50 mcg) and scheduled a follow-up appointment for August 16, 2023. During the follow-up appointment on August 16, 2023, the detainee stated she still experienced multiple episodes of waking up startled from snoring and still had no relief. The PA discontinued the detainee’s Fluticasone prescription and scheduled an ultrasound of her thyroid that a community radiology provider completed on August 18, 2023. On September 25, 2023, the PA evaluated the detainee and found no abnormalities from the thyroid ultrasound images, and a nurse practitioner recommended scheduling the detainee for a sleep study appointment in December 2023 with a local specialist. On October 26, 2023, ODO confirmed and informed the detainee of her scheduled sleep study appointment. The detainee acknowledged understanding all information. On December 8, 2023, ODO followed-up with the facility and found the local specialist conducted a sleep study on the detainee on December 8, 2023; however, no results have been provided at this time.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

CARE

FOOD SERVICE (FS)

ODO reviewed the facility’s FS program, kosher menus, food inventory, observed the servings of lunch, interviewed the food service director, and found the following deficiency:

- The facility does not have a hot flesh-food entrée and instead serves beans and rice as the hot flesh-food entrée for kosher participants (**Deficiency FS-194⁸**);
- The facility only serves beans and rice as the hot entrée for kosher participants and its kosher menu lacked a variety of hot flesh-food entrees. ODO noted this as an **Area of Concern**.

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility’s compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 28 of those standards. ODO found one deficiency in the remaining standard. Since EFCF’s last full inspection in November 2022, the facility has trended upward. EFCF went from 4 deficient standards and 7 deficiencies in November 2022, to 1 deficient standard and 1 deficiency. The facility’s improved performance is likely the result of a combined effort between ERO Phoenix and EFCF in completing the uniform corrective action plan for ODO’s last full inspection of EFCF in November 2022. ODO recommends ERO Phoenix continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 PBNDS 2011 (Revised 2016)	FY 2024 PBNDS 2011 (Revised 2016)
Standards Reviewed	26	29
Deficient Standards	4	1
Overall Number of Deficiencies	7	1
Priority Component Deficiencies	2	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	Superior

⁸ “To the extent practicable, a hot flesh-food entree shall be available to accommodate detainees’ religious dietary needs.” See ICE PBNDS 2011, (Revised 2016), Standard, Food Service, Section (V)(G)(4).