



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
Follow-Up Compliance Inspection
2023-002-127**

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

**Eloy Federal Contract Facility
Eloy, Arizona**

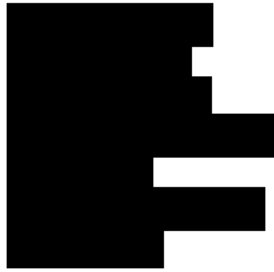
May 9-11, 2023

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
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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 follow-up compliance inspection of the Eloy Federal Contract Facility (EFCF) in Eloy, Arizona, from May 9 to 11, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of EFCF from November 1 to 3, 2022. 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 full-time to the facility and they conduct staff-detainee communication visits weekly, Monday through Friday between 7:00 a.m. and 3:00 p.m. ERO has also assigned a detention service manager to the facility who splits time with another facility. A warden handles daily facility operations and manages █████ support personnel. Trinity Services provides food services, ICE Health Service 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	█████
Average ICE Population ³	█████
Adult Male Population (as of May 9, 2023)	█████
Adult Female Population (as of May 9, 2023)	█████

During its last inspection, in Fiscal Year (FY) 2023, ODO found seven deficiencies in the following areas: Detainee Handbook (3); Food Service (2); Key and Lock Control (1); and Staff-Detainee Communication (1).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of April 10, 2023.

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/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, 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

PBNDs 2011 (Revised 2016) Standards Inspected ^{4,5}	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
Key and Lock Control	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	0
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Sub-Total	0
Total Deficiencies	0

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

⁵ 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 23 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 he has been waiting for over a week on facility staff to inform him of his follow-up appointment regarding groin pain.

- Action Taken: ODO reviewed the detainee's medical file, spoke with the health service administrator (HSA), and confirmed a registered nurse examined the detainee during sick call on April 19, 2023, for groin pain and referred him to the medical provider. On April 25, 2023, a physician examined the detainee and diagnosed a small reducible hernia. The physician requested an off-site consultation for a testicular ultrasound, and the clinical director approved the ultrasound request on April 26, 2023. On April 27, 2023, the referral coordinator emailed a local off-site provider for the ultrasound appointment, and the off-site provider responded with an appointment for May 9, 2023. The HSA confirmed the detainee reported for his ultrasound appointment as scheduled. The off-site physician diagnosed no acute distress to the groin and found the detainee's vital signs to be within normal limits. The physician informed the detainee on the condition of his groin, and the detainee acknowledged understanding.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

ODO found no deficiencies during this inspection.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility fully in compliance with all 18 standards. Since EFCF's last full inspection in November 2022, the facility has shown steady improvement. EFCF went from four deficient standards and seven deficiencies to no deficient standards and no deficiencies during this most recent follow-up inspection. 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 inspection of EFCF in November 2022. ODO recommends ERO Phoenix continue to work with the facility to maintain a high-level of compliance with the PBNDS 2011 (Revised 2016).

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