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Office of Detention Oversight
Special Review
2023-003-169

Enforcement and Removal Operations
ERO Phoenix Field Office

La Paz County Adult Detention Facility
Parker, Arizona

July 11-13, 2023

**SPECIAL REVIEW
of the
LA PAZ COUNTY ADULT DETENTION FACILITY
Parker, Arizona**

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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 special review of the La Paz County Adult Detention Facility (LPCADF) in Parker, Arizona, from July 11 to 13, 2023.¹ The facility opened in 1996 and is owned by La Paz County and operated by La Paz County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LPCADF in 2003 under the oversight of ERO's Field Office Director in Phoenix (ERO Phoenix). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of July 10, 2023. LPCADF was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A jail commander handles daily facility operations and manages support personnel. Trinity Services Group provides food services, La Paz County provides medical care, and Turnkey provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	
Average ICE Population ³	
Adult Male Population (as of July 11, 2023)	
Adult Female Population (as of July 11, 2023)	

This was ODO's first compliance inspection of LPCADF.

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods less than 72 hours.

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

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, and where detainees are housed for longer than 72 hours, to assess compliance with ICE NDS. 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 also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Special Review Findings* section of this report.

Beginning fiscal year (FY) 2022, ODO will conduct 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 will conduct 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. ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each review, 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 its 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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	6
Sub-Total	6
Part 2 - Security	
Use of Force	0
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	3
Sub-Total	3
Part 4 - Care	
Food Service	4
Medical Care	2
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Sub-Total	7
Part 5 - Activities	
Recreation	0
Sub-Total	0
Total Deficiencies	16

⁵ For greater detail on ODO's findings, see the *Special Review 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.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2022 ADP of 1, meeting the ODO requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS program, observed hazardous chemicals inside the facility, and found no written hazardous communication program, outlining the proper labeling of chemicals, providing safety data sheets, nor training for employees (**Deficiency EHS-1⁷**). **This is a priority component.**

ODO observed the storage room containing hazardous materials and found no inventory records for the following products: Accurate Solo, Accurate Spotless, Accurate Sour Soft, Lime Away, nor Break Cleaner (**Deficiency EHS-4⁸**).

ODO reviewed the facility's master safety data sheets folder and found no comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.) (**Deficiency EHS-10⁹**).

ODO observed the facility's storage room containing hazardous substances and found no inventory records for the following products: Accurate Solo, Accurate Spotless, Accurate Sour Soft, Lime Away and Break Cleaner for current, before, during, and after each use (**Deficiency EHS-16¹⁰**).

ODO reviewed the facility's emergency plans and found the emergency plans did not specifically address procedures for how the facility would handle detainees with disabilities during an emergency response (**Deficiency EHS-25¹¹**).

⁷ "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁰ "c. Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹¹ "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

ODO reviewed the facility's EHS program and found the facility did not maintain a cleanup kit for use in cases of spills of blood and/or other bodily fluids (**Deficiency EHS-69**¹²).

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI training and found no training for effective and professional communication with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees (**Deficiency SAAPI-30**¹³).

ODO reviewed the facility's SAAPI training and found no documentation verifying employee, volunteer, and contractor training (**Deficiency SAAPI-34**¹⁴).

ODO observed one housing unit designated for ICE detainees and found the facility had not posted a notice including the name of the facility's prevention of sexual assault compliance manager nor information about local organizations dedicated to assisting detainees, victimized by sexual abuse and assault (**Deficiency SAAPI-52**¹⁵).

ODO reviewed the facility's SAAPI policy and noted the following observations as **Areas of Concern**:

- No method to receive third-party reports of sexual abuse and assault in its facility, with information made available to the public regarding how to report sexual abuse and assault on behalf of a detainee;
- No victim advocate services in sexual abuse and assault prevention and intervention programs;
- No procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with the criminal investigations as well as coordination with the ICE Office of Professional Responsibility;

¹² "A suitable cleanup kit will be maintained for use in cases of spills of blood and body fluids." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(3).

¹³ "Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: ...

12. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees;"

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(12-14).

¹⁴ "The facility must maintain written documentation verifying employee, volunteer, and contractor training." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

¹⁵ "ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a "Sexual Assault Awareness Information" pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available)." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

- No procedures for investigation and discipline of assailants, disciplinary sanctions for staff, including termination, when there is a substantiated allegation of sexual abuse and assault, or when staff has violated agency sexual abuse and assault policies;
- No facility requirement to cooperate with all ICE/ERO audits, nor monitoring of facility compliance with sexual abuse and assault policies and standards;
- No posted policy or protocols on the facility website, nor other means used to make the protocols available to the public;
- No review by ERO Phoenix to approve the facility's SAAPI policy and procedures;
- No procedures for administrative investigations, including provisions requiring an effort to determine whether actions or failures to act at the facility contributed to the abuse;
- No procedures for administrative investigations, including provisions requiring retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years; and
- No governing of the coordination and sequencing of administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation.

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS program and found the facility did not include special menus for the 10 Federal holidays in their common-fare menu (**Deficiency FS-60**¹⁶).

ODO observed food service operations at the facility and found no separate storage areas for meat and dairy food items nor the service utensils used for religious diet groups (**Deficiency FS-67**¹⁷).

ODO reviewed the facility's FS program and found the chaplain did not develop the ceremonial-meal schedule for the subsequent calendar year nor provide it to the facility administrator (**Deficiency FS-68**¹⁸).

ODO reviewed the facility's FS program and found the facility did not develop a ceremonial-meal schedule to include the date, religious group, estimated number of participants, nor special foods required (**Deficiency FS-69**¹⁹).

¹⁶ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹⁷ "Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

¹⁸ "The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

¹⁹ "This schedule shall include the date, religious group, estimated number of participants, and special foods required." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] credential files and found one physician assistant did not have a Drug Enforcement Agency licensure to prescribe and/or administer controlled substances (**Deficiency MC-11²⁰**). **This is a priority component.**

ODO reviewed training records for [REDACTED] correctional staff and [REDACTED] medical care staff and found in [REDACTED] out of [REDACTED] medical staff records, no training for responding to health-related emergencies within 4-minutes (**Deficiency MC-57²¹**). **This is a priority component.**

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

ODO reviewed training records for [REDACTED] correctional staff and [REDACTED] medical care staff as well as the suicide prevention training curriculum and found in [REDACTED] out of [REDACTED] correctional staff records, no documented annual comprehensive suicide prevention training (**Deficiency SSHSPI-2²²**). **This is a priority component.**

CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 5 of those standards. ODO found 16 deficiencies in the remaining 5 standards. Since this was ODO's first inspection of LPCADF ODO did not conduct a trend analysis. ODO recommends ERO Phoenix work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2023 Special Review NDS 2019
Standards Reviewed	N/A	10
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	16
Priority Component Deficiencies	N/A	4
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	10
Corrective Actions	N/A	0
Facility Rating	N/A	Failure

²⁰ "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

²¹ "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

²² "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).