



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

**Office of Detention Oversight
Compliance Inspection**

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

**Eloy Federal Contract Facility
Eloy, Arizona**

December 7-10, 2021

COMPLIANCE INSPECTION
of the
ELOY FEDERAL CONTRACT FACILITY
Eloy, Arizona

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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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 compliance inspection of the Eloy Federal Contract Facility (EFCF) in Eloy, Arizona, from December 7 to 9, 2021.¹ 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 December 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A CoreCivic 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 received accreditation 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of December 7, 2021)	[REDACTED]
Adult Female Population (as of December 7, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found four deficiencies in the following areas: Admission and Release (3) and Funds and Personal Property (1).

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 December 6, 2021.

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 its decision-making to better allocate resources across the agency's entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility due to a potential lapse in funding, and instead conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

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

PBNDS 2011 (Revised 2016) Standards Inspected ^{5, 6}	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
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	2
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	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.

Interview and Tours	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	2

DETAINEE RELATIONS

ODO interviewed 12 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 concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated he was not satisfied with the facility’s medical care. Specifically, the detainee stated he had an adverse reaction to an ointment the facility’s medical staff provided for a condition in his genital area and facility medical staff did not examine him during an emergency.

- Action Taken: ODO requested information from the health services administrator (HSA) and confirmed the facility’s medical staff examined the detainee for genital rashes on November 13, 2021, diagnosed the rashes as jock itch, prescribed miconazole nitrate cream (2%) to apply topically twice daily for one week, and scheduled him for a sexually transmitted disease screening test. On November 15, 2021, medical staff tested the detainee for sexually transmitted diseases. On November 16, 2021, the detainee notified the nurse that his rash changed to a painful blister, and a subsequent urinalysis showed traces of white blood cells. The nurse gave the detainee Tylenol (325 mg) for the pain and scheduled an appointment with the medical provider for the next day. On November 17, 2021, the facility’s physician assistant (PA) evaluated the detainee and discussed the laboratory test results with him. The PA diagnosed the detainee with latent syphilis and chancroid and prescribed weekly penicillin benzathine injections (240,000 Units) for 3 weeks. On November 29, 2021, the medical staff tested the detainee for syphilis and herpes simplex and obtained negative results for both tests. On November 30, 2021, the detainee complained of blisters and rashes on his hands and groin during sick call. On December 1, 2021, the PA and clinical director examined the detainee, diagnosed him with scabies, prescribed Permethrin cream (5%), and placed him in isolation until the completion of the treatment. The PA and clinical director later reviewed the detainee’s status and replaced the penicillin benzathine with an antibiotic ointment for the detainee’s lesion.

Medical Care: One detainee stated that he must take his cholesterol and prostrate medication with food, but he takes his medication on an empty stomach since pill times do not coincide with mealtimes.

- Action Taken: ODO spoke with the HSA and confirmed the facility’s medical staff examined the detainee as part of his intake screening on October 11, 2021, and diagnosed him with an enlarged and infected prostrate and high cholesterol. The

detainee's prescribed medications included: Atorvastatin (20 mg) once daily; aspirin (81 mg) once daily; Tamsulosin (0.4 mg) once daily; and Finasteride (5 mg) once daily. The medical staff issued these medications to the detainee on a "keep-on-person" basis. On October 13, 2021, the PA examined the detainee for his initial health assessment and prescribed Naproxen (500 mg) for shoulder pain, which the detainee is to take with food twice daily, as needed. On November 10, 2021, the urologist examined the detainee and prescribed doxycycline (500 mg), which the detainee is to take twice daily for his prostrate infection. The facility dispensed both medications at pill line. On November 12, 2021, the detainee made a sick call request, complaining about standing in the morning cold at the pill line for his medications. The nurse educated the detainee on the need to take his medications as prescribed and recommended wearing a jacket while waiting in the pill line. A review of the shift report showed the facility conducted feeding time between 4-5 a.m. and the pill line between 5-5:30 a.m. This schedule allowed ample time for detainees to eat prior to attending pill line.

COMPLIANCE INSPECTION FINDINGS

CARE

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

ODO reviewed the observation log of two detainees the facility placed on suicide watch precaution and found eight observation log entries did not meet the 15-minute, continuous monitoring documentation requirement. Specifically, facility staff logged the observation entries between 16 and 29 minutes (**Deficiency SSHSPI-34⁷**).

ODO reviewed the observation log of two detainees the facility placed on mental health observation and found three observation log entries did not meet the 15-minute standard requirement. Specifically, facility staff logged the observation entries between 16 and 18 minutes (**Deficiency SSHSPI-43⁸**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found two deficiencies in the remaining standard. 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

⁷ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

⁸ "Detainees on suicide precautions who have not been placed in an isolated confinement setting by the qualified mental health professional will receive documented close observation at staggered intervals not to exceed 15 minutes (e.g. 5, 10, 7 minutes), checks at least every 8 hours by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

August 25, 2021.

Compliance Inspection Results Compared	Second FY 2021 (PBNS 2011) (Revised 2016)	First FY 2022 (PBNS 2011) (Revised 2016)
Standards Reviewed	13	24
Deficient Standards	2	1
Overall Number of Deficiencies	4	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior