



## **U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

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# Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
Phoenix Field Office  
Eloy Detention Center  
Eloy, Arizona

July 10 – 12, 2012

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**COMPLIANCE INSPECTION  
ELOY DETENTION CENTER  
PHOENIX FIELD OFFICE**

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## EXECUTIVE SUMMARY

The Office of Professional Responsibility, Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of Eloy Detention Center (EDC) in Eloy, Arizona, on July 10-12, 2012. The facility opened in 1994 and began housing inmates from the U.S. Bureau of Prisons (BOP) and detainees from the former Immigration and Naturalization Service during that same year. In 2006, the facility terminated its contract with BOP, and the U.S. Immigration and Customs Enforcement (ICE) signed an Intergovernmental Service Agreement (IGSA) with the City of Eloy to use EDC as a dedicated IGSA facility to house ICE detainees of all security classification levels (Level I – lowest threat; Level II – medium threat; Level III – highest threat) for over 72 hours. The 1,596 bed, 392,000 square foot facility is owned and operated by Corrections Corporation of America (CCA). Of the 1,596 beds, 1,100 are designated for male detainees and 496 are designated for female detainees. The average daily detainee population at EDC is 1,487. The average length of stay is 51 days. At the time of inspection, the facility housed 962 male detainees (534 Level I; 243 Level II; 185 Level III) and 470 female detainees (409 Level I; 50 Level II; 11 Level III). Food service is provided under contract by Trinity Services Group. EDC holds accreditation from the American Correctional Association.

The Enforcement and Removal Operations (ERO), Field Office Director, Phoenix, Arizona (FOD Phoenix), is responsible for ensuring facility compliance with ICE policies and the Performance Based National Detention Standards (PBNDS). An Assistant Field Office Director (AFOD) is stationed at EDC and is the highest ranking ERO official at the facility. In addition to the AFOD, ERO staff at EDC is comprised of (b)(7)e supervisory Detention and Deportation Officers (SDDO), (b)(7)e Detention Operations Supervisor (DOS), (b)(7)e Supervisory Immigration Enforcement Agents (SIEA), (b)(7)e Deportation Officers (DO), (b)(7)e Immigration Enforcement Agents (IEA), (b)(7)e supervisory Enforcement and Removal Assistant, (b)(7)e Enforcement and Removal Assistants (ERA), and (b)(7)e Mission Support Specialists. A permanently assigned ERO Detention Service Manager (DSM) monitors facility compliance with the PBNDS.

The Warden is the highest ranking CCA official at EDC and is responsible for oversight of daily operations. In addition to the Warden, CCA supervisory staff consists of the Assistant Warden, the Chief of Security, the Assistant Chief of Security, (b)(7)e Shift Supervisors, and (b)(7)e Assistant Shift Supervisors. Detention staff consists of (b)(7)e Senior Correctional Officers and (b)(7)e Correctional Officers.

Medical services are provided by the ICE Health Service Corps (IHSC) and contractors STG International and Staffing Dynamics International. Medical staff is comprised of the Health Services Administrator (HSA), the assistant HSA, an administrative assistant, a staff physician, a psychiatrist, a psychologist, a social worker, a dentist, a dental hygienist, a dental technician, (b)(7)e pharmacists, (b)(7)e pharmacy technicians, a nurse manager, (b)(7)e nurse practitioners, (b)(7)e registered nurses, (b)(7)e licensed practical nurses, (b)(7)e radiology (x-ray) technician, (b)(7)e medical records technicians, and (b)(7)e medical assistants. During the inspection, EDC management stated that the clinical director (CD) position has been vacant since May 2009. Although ODO found medical staffing at EDC adequate to meet the health care needs of detainees, it is recommended that the facility fill the CD position as soon as possible, because the CD position is designated as the clinical and medical authority at EDC responsible for supervising clinical care at the facility.

In April 2011, ODO conducted a QAR at EDC of 24 PBNDS. Of the standards reviewed, 14 were in full compliance. The remaining ten standards accounted for 13 deficiencies.

In January 2012, ERO Detention Standards Compliance Unit contractor, The Nakamoto Group, Inc., conducted an annual review of the PBNDS at EDC. EDC received an overall rating of “Meets Standards” and was found compliant with 40 standards reviewed. One standard was identified as not applicable to the facility.

During this CI, ODO reviewed 17 PBNDS. Fifteen standards were determined to be fully compliant. Two deficiencies were identified in the following two standards: Key and Lock Control (1 deficiency) and Use of Force and Restraints (1). ODO observed numerous key-in-knob locks on doors in detainee-accessible areas and reviewed a video recording of a calculated use of force incident that did not contain close-ups of the detainee’s body during the post-incident medical examination to document the presence or absence of injuries. The deficiency identified in the Key and Lock Control PBNDS is a repeated deficiency from the April 2011 QAR. This report details both deficiencies and refers to the specific, relevant sections of the PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve the two identified deficiencies. These deficiencies were discussed with EDC personnel onsite during the inspection, as well as during the closeout briefing conducted on July 12, 2012.

EDC maintains an electronic grievance log to document and track all formal grievances submitted by detainees. ODO verified grievance forms are placed in the detention file of each detainee lodging a grievance. In January 2012, the facility trained its staff to resolve most complaints informally during daily interactions with detainees. As a result of this training, the number of formal grievances processed by EDC was drastically reduced and staff became aware that many of the grievances submitted prior to January 2012 were unnecessarily submitted as formal grievances. The grievance log reflects that EDC received and processed 60 formal grievances between January 2012 and July 2012. Twenty-one pertained to disciplinary appeals; 18 pertained to facility staff; eight pertained to miscellaneous complaints; three pertained to food service; three pertained to mail service; two pertained to the law library; two pertained to recreation; two pertained to visitation; one pertained to classification. ODO confirmed there were no grievances related to staff misconduct during this time period.

ODO reviewed the medical records of 35 detainees and confirmed that medical intake screenings, physical examinations, and tuberculosis tests were conducted and performed in a timely manner in all 35 cases. ODO verified medications, treatment for mental health, special and chronic needs, and follow-up care were also provided as required. Detainees at EDC obtain medical care by submitting sick call request forms, which are available in English and Spanish. ODO noted that sick call request forms are efficiently and expediently triaged to determine priority for care, and detainees are seen for sick call in a timely manner. Sick call request forms are maintained in the detainees’ medical files, and copies are kept permanently in a three-ring binder for review and data collection purposes.

An EDC detainee died at Tucson University Medical Center in Tucson, Arizona, on October 30, 2011, after being diagnosed with cardiomyopathy. This was the first detainee death to ever occur at EDC. ODO conducted a Detainee Death Review of this case. There have been 42

suicide watches in the past year and no suicides or suicide attempts since the April 2011 ODO Quality Assurance Review (QAR). ODO examined the medical records of ten detainees who were previously on suicide watch and confirmed that EDC was fully compliant with the PBNDS, including the treatment, monitoring, and removal of detainees from suicide watch status by qualified medical staff.

EDC has a designated Sexual Abuse and Assault Prevention and Intervention (SAAPI) Coordinator and a Sexual Abuse Response Team (SART). The members of the SART include the SAAPI Coordinator, the Victim Services Coordinator, and representatives from the security, medical, and mental health departments. Having a SART exceeds the requirements of the PBNDS. ODO considers the existence of the SART as a best practice, because it assures a multi-disciplinary approach to preventing and responding to sexual abuse and assaults. Detainees are informed of the SAAPI program via the detainee handbook, orientation, and postings throughout the facility. ODO observed SAAPI postings in the intake areas and all housing units; information is printed in English and Spanish. Detainees are also provided a tri-fold English and Spanish brochure with guidance for reporting sexual abuse or misconduct by detainees or staff. ODO notes that the majority of detainees speak Spanish, but the facility has seen an increase in the population of Chinese detainees. ODO recommends translating the tri-fold pamphlet into Chinese to ensure SAAPI information is available and understood by Chinese-speaking detainees. Detainees are screened during the intake process for sexual abuse victimization history, as well as predatory history to determine potential sexual aggressors. EDC separates detainees with a history of predatory or abusive sexual behavior from detainees with a history of victimization. The facility enters information on detainees in those categories into a computer program which prevents the two categories from mixing. ODO cites this as a best practice, because it assures potential victims are separated from potential predators.

Staff is required to attend pre-service, quarterly, and annual training on the SAAPI program. ODO verified completion of training was documented in all b(7) personnel records reviewed. ODO confirmed the training curriculum is comprehensive and inclusive of all required elements. Staff interviews demonstrated knowledge of how to handle information received concerning sexual abuse and assault allegations. Personnel are provided a card with step-by-step instructions in the event they receive information concerning sexual abuse or assault. ODO observed that all officers on duty have this card readily available. ODO cites this as a best practice, because it assures officers have immediate access to information critical to proper handling of alleged sexual assaults.

The EDC SAAPI coordinator stated there were four incidents of reported sexual abuse and assault since the previous ODO QAR. ODO reviewed files related to each case and found all were complete and included documentation of notification to ICE, local law enforcement, and other required agencies and individuals. The SAAPI Coordinator oversaw each investigation and implemented appropriate procedures to ensure preservation of potential evidence, statements, and other vital information. All four incidents were investigated by the local police, who kept ERO personnel informed of each step during the investigation. Three of the investigations resulted in unsubstantiated allegations. The fourth incident, which was substantiated, resulted in disciplinary action against the detainee identified as the perpetrator.

Local facility policy and the PBNDS were followed in all of the reported incidents. All alleged victims were medically examined by facility health care personnel and at a local hospital.

ODO highlights that the SAAPI program, facility policies, training, reporting procedures, reviews, and investigations are all performed in accordance with the Prison Rape Elimination Act.

At the time of the inspection, there were 26 detainees (25 males; 1 female) placed in segregation. Specifically, 17 detainees were placed in administrative segregation, and nine detainees were segregated for disciplinary reasons. ODO observed the Administrative Special Management Unit (SMU) and the Disciplinary SMU at EDC to be well lit, temperature appropriate, and sanitary. ODO reviewed Facility Liaison Visit Checklists and confirmed ERO officers regularly visit the SMU to interact with detainees and to closely monitor the living conditions in the SMU.

The FOD, the Deputy FOD, the AFOD, and the Warden all attribute the high level of PBNDS compliance at EDC to open communication between CCA and ERO staff. The Warden gives additional credit for the high level of PBNDS compliance to the CCA compliance team, the ERO compliance team, and the DSM for working jointly on a daily basis. ODO notes that the FOD Phoenix allocates ERO personnel to comprise compliance teams at most of the larger facilities within the FOD Phoenix area of responsibility (AOR). These ERO Phoenix compliance teams are formed without any additional funding or resources from ERO HQ and are comprised of ERO personnel from the FOD Phoenix AOR. The FOD Phoenix team engages in active self-inspection of the facility using the ODO method, which involves fully inspecting all components of the PBNDS using the actual text of each standard as a guide.

ODO often cites best practices observed at facilities with regard to specific internal operations related to the continuity of care and orderly management of ICE detainees. ODO recommends that ERO HQ study EDC standard operating procedures regarding internal compliance measures, SAAPI, and SART, and implement them on a national level.

# INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards or the ICE PBNDS, as applicable. The PBNDS apply to EDC. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at EDC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at EDC.

## REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those PBNDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR, ODO.

## INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Special Agent (Team Leader)	ODO, San Diego
	Special Agent	ODO, Phoenix
	Special Agent	ODO, Phoenix
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections

# OPERATIONAL ENVIRONMENT

## INTERNAL RELATIONS

ODO interviewed the Warden, the Assistant Warden, the AFOD, and the DOS. During the interviews, all personnel from CCA and ERO stated that the working relationship between CCA and ERO officers is excellent. The Warden and the Assistant Warden both stated that they have consistently observed ERO officers visiting the housing units multiple times each week and communicating with ICE detainees to address their issues or concerns. The Warden and the Assistant Warden stated that CCA is adequately staffed to manage the current detainee population at EDC.

The AFOD stated there are currently (b)(7)e vacant SDDO positions, (b)(7) vacant IEA positions, and (b)(7)e vacant ERA positions at EDC. The DOS stated that ERO is currently understaffed at EDC and the addition of (b)(7)e IEA and (b)(7)e IEAs would be an adequate supplement to current personnel.

## DETAINEE RELATIONS

ODO randomly selected 30 male ICE detainees (5 Level I; 16 Level II; 9 Level III) and ten female ICE detainees (5 Level I; 5 Level II) to assess the overall living and detention conditions at EDC. One male detainee said he was concerned that he might not be receiving adequate treatment for possible lung cancer. The medical file of this detainee reflects that a benign and non-cancerous mass was discovered in one lung. Examination of the medical record confirmed this detainee was receiving adequate medical treatment. ODO received no complaints concerning access to the law library and legal materials, issuance and replenishment of basic hygiene items, food service, recreation, religious services, visitation, issuance of the detainee handbook, or the grievance system. ODO confirmed that in addition to outdoor recreation, indoor recreation includes access to board games and PlayStation 3 game consoles.

## **ICE PERFORMANCE BASED NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 17 PBNDS and found EDC fully compliant with the following 15 standards:

- Classification System
- Detainee Handbook
- Detention Files
- Disciplinary System
- Emergency Plans
- Environmental Health and Safety
- Food Service
- Grievance System
- Hunger Strikes
- Medical Care
- Sexual Abuse and Assault Prevention and Intervention
- Special Management Units
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Terminal Illness, Advance Directives, and Death

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following two areas:

- Key and Lock Control
- Use of Force and Restraints

Findings for each of these standards are presented in the remainder of this report.

## **KEY AND LOCK CONTROL (K&LC)**

ODO reviewed the Key and Lock Control standard at EDC to determine if facility safety and security is maintained by requiring keys and locks to be controlled and maintained, in accordance with the ICE PBNDS. ODO interviewed the Security Officer and staff, observed key and lock issuance, and reviewed facility policies, inventories, and key storage records.

The facility has a comprehensive written policy governing key and lock control. Responsibility for the key control program is assigned to a full-time designated Security Officer at EDC. The Security Officer has successfully completed three locksmith training programs. All facility staff is trained and accountable for key control. A chit system is used for the accounting of keys on 24-hour posts in the housing units and segregation areas. The chits have the assigned staff member's photograph and identification number to support accurate issuance and accounting for keys. There is a metal safe maintained in a secure area behind a locked door at each post. The box contains descriptions of each key ring with a letter and number, and the number of keys on each key ring. Keys for administrative personnel, housing unit managers, and education, food service, maintenance, and other support services staff are maintained in an electronic control box located outside the control center in a secure area of the administrative building. The electronic control box is accessed via a biometric scan of the user's right index fingerprint and entering a numeric code. The system is equipped with an alarm system which sends a message to the control center when a key set has not been returned by a pre-set time. This assures personnel do not inadvertently or intentionally take keys outside of the facility. Key counts are conducted on each shift and reviewed by a supervisor.

During the April 2011 QAR, ODO observed numerous prohibited locks installed on doors in detainee-accessible areas. As a result, ODO cited this as a deficiency. Based on information provided by the Security Officer, review of purchase orders, and systematic inspection of every door located inside the secure perimeter during this inspection, ODO determined that since the April 2011 QAR, 75 key-in-knob locks and three padlocks have been replaced with deadbolt locks. However, ODO observed 46 key-in-knob locks still in place on doors in detainee-accessible areas (**Deficiency K&LC-1**). Key-in-knob locks can be easily compromised, potentially allowing detainees to enter unauthorized areas. EDC management stated that the remaining 46 key-in-knob locks would be replaced.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY K&LC-1**

In accordance with the ICE PBNDS, Key and Lock Control, section (V)(C)(4), the FOD must ensure either deadbolts or deadlocks shall be used in detainee-accessible areas. Locks not authorized for use in detainee-accessible areas include, but are not limited to: snap-, key-in-knob, thumb-turn, push-button, rim-latch, barrel or slide bolt, and removable-core-type locks (including padlocks). Any such locks in current use shall be phased out and replaced with mortise lock sets and standard cylinders.

## USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the Use of Force and Restraints standard at EDC to determine if necessary use of force and the use of restraints is utilized only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE PBNDS. ODO toured the facility, inspected equipment, interviewed staff, and reviewed facility policy, training records, and use of force documentation.

The facility has a comprehensive use of force policy addressing all requirements of the PBNDS, including confrontation avoidance and using force only as a last resort. ODO reviewed the training records of (b)(7)e officers listed as participants in two calculated use of force incidents. The records reflected that all (b)(7)e officers have received initial, annual, and periodic training related to use of force.

The EDC use of force policy has provisions for use of four/five point restraints when ambulatory restraints are insufficient to protect and control a detainee. ODO confirmed there were no instances involving the use of four/five point restraints during the two years preceding this inspection. Electro-muscular disruption devices are not used at EDC.

The Chief of Security stated there were two calculated and 14 immediate use of force incidents between July 2011 and June 2012. Calculated use of force incidents are those in which there is no imminent risk and sufficient time exists for the situation to potentially resolve without resorting to force. In immediate use of force situations, force must be used to prevent a detainee from harming himself, others, or property. It may be necessary for staff to respond to such a situation without a supervisor's direction or presence. ODO reviewed written documentation of the 14 immediate use of force incidents and verified all 14 incidents were compliant with the PBNDS and facility policy. ODO reviewed the video recordings of the two calculated use of force incidents and confirmed one of the incidents was fully compliant with the PBNDS; however, the second incident did not include close-ups of the detainee's body during the post-incident medical examination (**Deficiency UOF&R-1**). Video recording the presence or absence of injuries provides important evidence in the event of a claim or allegation of excessive use of force. ODO confirmed all other requirements of the PBNDS were met, including after action reviews and notification to ERO.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY UOF&R-1

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(I)(2), the FOD must ensure calculated use-of-force incidents shall be audiovisually-recorded in the following order:

1. Introduction by Team Leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
2. Faces of all team members should briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.

3. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance, and issues use-of-force order.
4. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
5. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.
6. Debrief the incident with a full discussion/analysis/assessment of the incident.