



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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Phoenix

Eloy Federal Contract Facility  
Eloy, Arizona

June 15-18, 2020

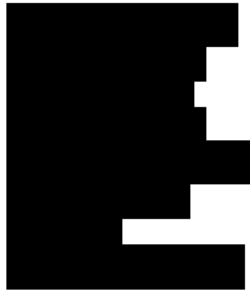
**COMPLIANCE INSPECTION**  
**of the**  
**ELOY FEDERAL CONTRACT FACILITY**  
Eloy, Arizona

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## COMPLIANCE INSPECTION TEAM MEMBERS



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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 June 15 to 18, 2020.<sup>1</sup> 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 (FOD) in Phoenix (ERO Phoenix). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers and a Detention Services Manager to the facility. An EFCF warden handles daily facility operations and is supported by █████ personnel. Trinity Service provides food services, ICE Health Service Corps provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in March 2018, the National Commission on Correctional Health Care in September 2018, and was U.S. Department of Homeland Security Prison Rape Elimination Act certified in January 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	1550
Average ICE Detainee Population <sup>3</sup>	1139
Male Detainee Population (as of 6/15/2020)	487
Female Detainee Population (as of 6/15/2020)	653

During its last inspection, in Fiscal Year (FY) 2017, ODO found seven deficiencies in the following areas: Sexual Abuse and Assault Prevent and Intervention (1); Special Management Units (1); Staff-Detainee Communication (1); Religious Practices (1); Grievance System (3).

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<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of June 8, 2020.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.<sup>4</sup>

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 *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 their 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, as a result of the COVID-19 pandemic, 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>3</b>

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

## DETAINEE RELATIONS

ODO interviewed 15 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.

*Food Service:* Most detainees stated the facility previously offered a more varied menu and better quality food from what the facility recently provided. They stated the food currently provided by the facility is similar for all three meals comprising of a boxed meal, which contained a bologna or peanut butter and jelly sandwich, crackers, and a small bag of beans. Several detainees also stated the food caused them to have stomach aches.

- Action Taken: ODO reviewed box feeding calendar records, interviewed the facility's safety officer, and found the facility administrator directed and approved the boxed lunch food menu in response to the facility's food service department staffing shortage, which resulted from the COVID-19 pandemic. ODO found a registered dietitian approved the food menu and the food menu met the required daily average caloric intake for both male and female detainees. Facility staff informed ODO the boxed lunch food was temporary and the facility was working on alternate staffing solutions, which should enable the facility to return to their normal food menu. The detainees did not seek medical attention for the stomach aches; however, ODO brought this information to the safety officer's attention.

*Environmental Health and Safety:* One detainee stated the facility was no longer using garbage bags and was concerned about germs and the potential COVID-19 exposure risk.

- Action Taken: ODO interviewed the facility's safety officer and confirmed the facility had stopped using bags for waste containers. The facility administrator issued a memo dated May 11, 2020, stating the facility would discontinue using waste container liners due to detainees flushing bags down the toilet and causing blockages in the sewage lines. ODO cited this as a deficiency under the Environmental Health and Safety standard.

*Personal Hygiene:* Multiple detainees stated the facility did not provide enough soap. Specifically, they were provided with two, 2-oz bottles of soap a week, which was used to wash their hair, body, and hands. They indicated they were able to refill their 2-oz bottles when they ran out but, on a few occasions, the facility ran out of soap, and they would have to go between one day and one week without soap.

- Action Taken: ODO interviewed the facility's safety officer, reviewed supply records, and found the facility's warehouse contained 139, gallon-bottles of soap, for detainee use. The facility had several cases of the 2-ounce bottles to provide detainees if the gallon-bottles of soap ran out. The safety officer stated that every housing unit submits a request to the warehouse for supplies needed, including soap, and supplies are delivered to the housing units every Monday. Additionally, he stated the facility always maintained enough quantities of soap to his knowledge there has not been occurrence when the facility ran out of soap.

*Law Libraries and Legal Materials:* One detainee stated the facility was no longer allowing detainees to have confidential calls with their attorneys. They previously could make [REDACTED] phone calls in an office, but facility staff had recently directed them to use the phones in their housing units, which were subject to [REDACTED]

- Action Taken: ODO interviewed facility staff, reviewed facility telephone access policy and procedure, and reviewed the EFCF detainee handbook. [REDACTED]

*Medical Care:* One detainee stated he had sinus issues and requested saline solution, but medical staff had not provided it. The detainee also informed ODO he wore two hearing aids; however, one hearing aid broke and he could only hear about 20% with that ear. He stated he submitted a medical request for a replacement hearing aid and medical staff advised him the process to receive a new hearing aid would be lengthy. He indicated it has been two weeks since he submitted the medical request.

- Action Taken: ODO spoke with medical staff, reviewed the detainee's medical record, and found the facility issued the detainee saline spray on June 3, 2020. Medical staff stated they would schedule him to see the audiologist for the complaint of decreased hearing but indicated there could be a potential delay. The facility's provider who reviewed requests for outside specialists was COVID-19 positive and was not available to review requests. The Medical Trip Coordinator reviewed the detainee's medical record and provided him with a status update on June 15, 2020. The detainee was informed that he would be scheduled for an appointment. The Nurse Practitioner scheduled the detainee's appointment, which was pending with the acting Clinical Director. *Telephone Access:* Several detainees stated they were unable to use all the telephones due to social distancing measures the facility put into place for telephone use.
- Action Taken: ODO interviewed facility staff and confirmed the facility enacted social distancing measures regarding the telephones. For example, when the facility had five telephones on one side of the room, detainees could not use two phones, which ensured the detainees maintained a safe social distance and helped to prevent potential spreading of COVID-19. The facility stated staff was working on a protocol to maximize detainees' telephone use, while ensuring their safety.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO interviewed the facility's safety officer, reviewed photographs of waste containers, reviewed a written directive from the facility administrator, and found the facility did not line waste containers with plastic bags, nor change the bags daily (**Deficiency EH&S-1<sup>6</sup>**).

## ACTIVITIES

### RECREATION (R)

ODO reviewed recreation records, interviewed facility staff, and found the facility did not provide detainees with one hour of outdoor recreation nor did they provide detainees with daily outdoor recreation. The facility was required to provide two hours of outdoor recreation, seven days a week. However, several staff members were COVID-19 positive, which resulted in staffing shortages for recreation. ODO noted the lack of available outdoor recreation as an **Area of Concern**.

### TELEPHONE ACCESS (TA)

ODO reviewed records, interviewed detainees and staff, and found the facility was operating at a ratio of 1 telephone per 17 detainees, which does not meet the required ratio of 1 telephone per 10 detainees. The facility enacted social distancing measures as a COVID-19 preventative measure, which reduced the total number of available detainee telephones. The facility placed every other phone out-of-service to ensure detainees maintained at least a six-foot distance from each other while using the telephones. ODO noted the decreased number of available telephones as an **Area of Concern**.

### VISITATION (V)

ODO reviewed the facility's visitation records and found the facility did not record the visitor's relationship to the detainee in the visitor's logs (**Deficiency V-1<sup>7</sup>**).

Additionally, ODO found the facility did not record the visitor's address, supervising attorney's name, nor if the detainee had a current Notice of Entry of Appearance as Attorney or Accredited Representative (Form G-28) on file, on the legal visitation log (**Deficiency V-2<sup>8</sup>**).

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<sup>6</sup> "Waste containers shall weigh less than 50 lbs., be non-porous and lined with plastic bags; the liner shall be changed daily." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(3)(f).

<sup>7</sup> "Each facility shall maintain a log of all general visitors, and a separate log of legal visitors. ...Staff shall record in the general visitors' log: ...

3. the visitor's relationship to the detainee." See ICE PBNDS 2011, Standard, Visitation, Section (V)(D)(1) thru (4).

<sup>8</sup> "Staff shall maintain a separate log to record all legal visitors, including those denied access to the detainee. The log

## JUSTICE

### LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the law library schedule and found some detainees were not able to have five hours of access, per week, to the law library. Due to COVID-19 social distancing requirements, the facility limited the number of detainees permitted in the law library at one time to 20 detainees, which did not permit five hours of access, per week, to all detainees. ODO noted the reduced available law library time as an **Area of Concern**.

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 and found the facility in compliance with 18 of those standards. ODO found three deficiencies in the remaining two standards. ODO found the facility staff was operating at reduced staffing levels because of COVID-19, which resulted in ODO noting two **Areas of Concern**. COVID-19 impacted the facility's staffing and therefore, the facility brought in temporary staff from other facilities, to assist with facility operations. The facility enacted social distancing across all facility operations and quarantining measures to ensure detainee safety.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011)	FY 2020 (PBNDS 2011)
Standards Reviewed	17	20
Deficient Standards	5	2
Overall Number of Deficiencies	7	3
Repeat Deficiencies	0	0
Corrective Actions	3	0

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shall include the reason(s) for denying access.

*Log entries shall include the following information:*

*d. visitor's address;*

*e. supervising attorney's name (if applicable); ...*

*g. whether the detainee currently has a G-28 on file." See ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(14)(d)(e) and (g).*