



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Phoenix Field Office

Eloy Federal Contract Facility
Eloy, Arizona

January 4-8, 2021

COMPLIANCE INSPECTION
of the
ELOY FEDERAL CONTRACT FACILITY
Eloy, Arizona

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY.....	8
Emergency Plans.....	8
Environmental Health and Safety	8
SECURITY	8
Facility Security and Control	8
Special Management Units	8
CARE	9
Food Service	9
CONCLUSION	9

COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	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 Contingency Compliance inspection of the Eloy Federal Contract Facility (EFCF) in Eloy, Arizona, from January 4-8, 2021.¹ The facility opened in May 1994 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDC in June 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 and a detention services manager to the facility. An EFCF warden handles daily facility operations and is supported by █████ personnel. Trinity Service Group provides food services, ICE Health Services Corp provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility was accredited by the American Correctional Association in March 2018 and by the National Commission on Correctional Health Care in September 2018. In January 2020, EFCF was audited and certified by the Department of Homeland Security Prison Rape Elimination Act (PREA).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1550
Average ICE Detainee Population ³	████
Male Detainee Population (as of 12/22/2020)	████
Female Detainee Population (as of 12/22/2020)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO reviewed the facility’s compliance with the PBNDS 2011 (Revised 2016) and found 3 deficiencies in the following areas: Environmental Health and Safety (1) and Visitation (2).

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 Report as of December 28, 2020.

³ *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.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 *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.

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

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

PBND Standards 2011 (Revised 2016) Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	1
Environmental Health and Safety	1
Sub-Total	2
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	2
Funds and Personal Property	0
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	4
Part 4 – Care	
Food Service	2
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	8

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination or mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Admission and Release: One detainee complained he did not receive an ICE National Detainee Handbook upon his initial admission into the facility.

- Action Taken: ODO reviewed the detainee's admission file, which disclosed the detainee received his issued ICE National Detainee Handbook during his initial custody admission, which was confirmed by the detainee's signature. However, on January 5, 2021, the facility provided the detainee with a replacement.

Admission and Release: Four detainees complained their issued ICE National Detainee and facility handbooks were written in a language they could not read.

- Action Taken: ODO interviewed the intake lieutenant and found the facility's practice is to offer translation services for the detainees during their respective admission processing; however, this process is not documented in the detainee's file. On January 7, 2021, the facility's correctional counselor provided the four detainees immediate access to the language services line for translations. The facility advised ODO, the facility ensures each detainee has access to the language line for handbook translations upon a detainee's request.

Admission and Release: Five detainees complained the facility did not provide them with their initial hygiene supplies upon their admission into the facility, nor were their supplies replaced upon requests.

- Action Taken: ODO reviewed the facility's admission and release policy and procedures, orientation video, video footage of detainees receiving their hygiene kits, and found that detainees were provided with their initial hygiene kit during the facility's admission process. ODO confirmed the facility provides each detainee replacement supplies upon their request. On January 5, 2021, the facility provided each detainee with new hygiene kits and reeducated the detainees on how to submit requests for replacement items.

Special Management Units: One detainee complained he was locked in his cell for two or three days without recreation time.

- Action Taken: ODO reviewed the facility's confinement activity records, interviewed the chief of security (COS), and found the detainee was afforded recreation periods in excess of two hours each day when he was confined to SMU. However, on December 23, 2020, records reflected recreation time was not provided to the detainee due a facility-wide lockdown for a security search. The detainee has been released from SMU.

Compliance Inspection Findings

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility's EP program and found the facility does not have a detainee work strike response contingency specific plan in place (**Deficiency EP-71⁶**).

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's EH&S program, photographs of waste containers, and found the facility does not line waste containers with plastic bags (**Deficiency EHS-18⁷**).

SECURITY

FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the facility's FS&C program, the entrance notification visitor's form, and found the post officer does not annotate the driver's license of every driver entering the facility, regardless of their purpose for entering the facility (**Deficiency FSC-55⁸**).

ODO reviewed the facility's FS&C program, the vehicle gate officer's logbook, and found the post officer does not log the purpose of the visitor's visit (**Deficiency FSC-59⁹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU Program, 12 special housing unit record (I-888) forms, and found the facility failed to personally observe the detainees every [REDACTED] on two out of 12 (I-888) forms; and failed to personally observe detainees every [REDACTED] on an irregular schedule on five out of 12 (I-888) forms (**Deficiency SMU-126¹⁰**).

ODO reviewed the facility's SMU program, reviewed [REDACTED] staff training files, and found [REDACTED] out of [REDACTED] staff training files for staff assigned to SMU did not document completion of the Restrictive

⁶ "The facility shall compile individual contingency specific plans, as needed, and approved by the Field Office Director in the following order:

2. work/food strike;" See ICE PBNDS 2011 (Revised), Standard Emergency Plans, Section (V)(E)(1-15).

⁷ "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). **This is a Repeat Deficiency.**

⁸ "The officer shall check the driver's license of the driver entering into the facility, regardless of purpose (e.g., visit, delivery), and may require proof of insurance, especially for vehicles to be driven on the grounds." See ICE PBNDS 2011, Standard Facility Security and Control, Section (V)(C)(2)(a).

⁹ "The post officer shall log the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site." See ICE PBNDS 2011, Standard Facility Security and Control, Section (V)(C)(2)(b).

¹⁰ "Detainees in SMU shall be personally observed and logged at least every [REDACTED] on an irregular schedule." See ICE PBNDS 2011, Standard Special Management Units, Section (V)(M).

Housing & SMU training (**Deficiency SMU-129¹¹**).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS program, purchase requests, interviewed the food service director (FSD), and found the facility's purchased hot items did not specify the special-handling requirements for delivery (**Deficiency FS-39¹²**).

ODO reviewed the facility's FS program, purchase requests, interviewed the FSD, and found the facility's purchase requests for potentially dangerous items were not marked "hot" (**Deficiency FS-426¹³**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found eight deficiencies in the remaining five standards. ODO commends EFCF staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011 Revised 2016)	FY 2021 (PBNDS 2011 Revised 2016)
Standards Reviewed	20	21
Deficient Standards	2	5
Overall Number of Deficiencies	3	8
Repeat Deficiencies	0	1
Areas of Concern	N/A	N/A
Corrective Actions	N/A	N/A

¹¹ "Security staff assigned to SMU shall receive specialized training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for more appropriate interactions with mentally ill detainees;
3. The impact of isolation; and
4. De-escalation techniques." See ICE PBNDS 2011, Standard Special Management Units, Section (V)(O)(1-4).

¹² "Other Food Items

also require special handling and storage.

- 1) The purchase order for any of these items shall specify the special-handling requirements for delivery.
- 2) Staff shall store and inventory these items in a secure area in the food service department.
- 3) Staff shall directly supervise use of these items." See ICE PBNDS 2011, Standard Food Service, Section (V)(B)(4)(b)(1).

¹³ "On the purchase request for potentially dangerous items (e.g., [REDACTED] and other items considered contraband if found in a detainee's possession), the FSA shall mark them "hot," signaling the need for special handling." See ICE PBNDS 2011, Standard Food Service, Section (V)(K)(1).