



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, AZ 85131

April 25-27, 2017

**COMPLIANCE INSPECTION
for the
ELOY FEDERAL CONTRACT FACILITY
ELOY, ARIZONA**

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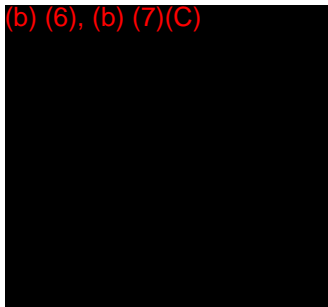
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INSPECTION TEAM MEMBERS



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FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Eloy Federal Contract Facility (EFCF) in Eloy, Arizona, from April 25-27, 2017.¹ The EFCF opened in May 1994 and has been owned and operated by CoreCivic Inc. since January 1998. The Office of Enforcement and Removal Operations (ERO) started housing ICE detainees at EFCF in June 1997 pursuant to an Intergovernmental Service Agreement (IGSA) (dedicated), under the oversight of ERO Field Office Director (FOD) Phoenix.

ERO staff members are assigned to the facility. A Detention Services Manager is also assigned to the facility. A warden is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. ICE Health Service Corps provides detainee medical services, and the Trinity Services Group provides food services. The EFCF is accredited by the American Correctional Association and the National Commission on Correctional Health Care (NCCHC).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1550
Average ICE Detainee Population ³	1411
Male Detainee Population (as of 4/25/2017)	977
Female Detainee Population (as of 4/25/2017)	331

In FY 2013, ODO conducted a compliance inspection of the EFCF under the Performance-Based National Detention Standards (PBNDS) 2008. ODO reviewed the facility's compliance with 17 standards and found the facility compliant with 13 standards. ODO found 11 deficiencies in the remaining four standards.

¹ Male and female detainees of security classification levels low and medium low classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of April 10, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY MAJOR CATEGORIES OF PBNDS 2011

PBNDS 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Safety	
1.2 Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
2.1 - Admission and Release	0
2.2 - Custody Classification System	0
2.5 - Funds and Personal Property	0
2.11- Sexual Abuse and Assault Prevention and Intervention	1
2.12 - Special Management Units	1
2.13 - Staff-Detainee Communication	1
2.15 - Use of Force and Restraints	0
Sub-Total	3
Part 4 – Care	
4.1 - Food Service	0
4.3 - Medical Care	0
4.4 - Medical Care (Women)	0
4.6 - Significant Self Harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 – Activities	
5.5 – Religious Practices	1
5.6 - Telephone Access	0
Sub-Total	1
Part 6 – Justice	
6.1 - Detainee Handbook	0
6.2 - Grievance System	3
6.3 - Law Libraries and Legal Material	0
Sub-Total	3
Total Deficiencies	7

⁴ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

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 over 72-hours to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also annotates instances when the facility resolves deficiencies prior to completion of the ODO inspection as corrective actions, marking them with a “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO hosts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO develop and initiate corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

There were 31 detainees who voluntarily agreed to be interviewed by ODO. No detainee alleged mistreatment, abuse, or discrimination. Many of the detainees interviewed reported satisfaction with facility services except as cited below:

Sexual Assault Awareness and Prevention Intervention: Three detainees claimed when officers of the opposite sex enter the housing units they do not announce their presence.

- Action Taken: ODO informed the ERO Supervisory Detention and Deportation Officer (SDDO) that this requirement is conveyed in the ICE SAAPI Directive and should be implemented accordingly.

Staff Detainee Communications: Six detainees stated ERO rarely or never visits their housing units, and when they do visit, no interaction takes place between the detainees and the ERO representative.

- Action Taken: ODO shadowed an ERO scheduled visit to multiple housing pods. ODO observed ERO verbally interact with detainees who had specific questions about their cases. ODO found that many detainees did not understand the scheduled ERO visiting hours, or comprehend the difference between case-related questions and facility-related requests. During the scheduled visit, ERO repeatedly explained in English and Spanish the scheduled ERO visiting hours, and the process for filling out ICE detainee request forms. Prior to completion of the inspection, the Officer-in-Charge had all six detainees seen by a deportation officer to address their individual concerns.

Medical Care: One detainee complained of having blurry vision and headaches and needing eyeglasses. He also claimed an initial appointment to get glasses was cancelled but had not been rescheduled.

- Action Taken: ODO reviewed the detainee's detention and medical record and interviewed medical staff. ODO confirmed the original appointment to an outside provider was scheduled for March 24, 2017. However, due to temporary closure of the local freeway system, the appointment was in fact cancelled. Medical staff indicated they have been unable to reschedule the appointment due to issues with the local vendor. The appointment still had not been scheduled prior to the conclusion of ODO's inspection. ODO brought this issue to the attention of the facility quality assurance officer and ERO supervisory staff.

Medical Care: One detainee informed ODO he had been at the facility for more than a year and had not received a physical.

- Action Taken: ODO reviewed the detainee's detention and medical record, as well as interviewed medical staff. ODO's review found that the detainee had received a physical exam in May 2016 upon arrival at the facility. The detainee was released from the facility on November 8, 2016 and re-detained at the facility on November 23, 2016. The detainee was provided another physical exam on December 4, 2016. ODO confirmed EFCF's medical tracking system scheduled the detainee for an annual physical on October 30, 2017.

Religious Practices: Two high-level female detainees stated they could not attend their preferred religious service. The detainees claimed to make numerous verbal requests to attend Catholic Mass. The detainees also claimed they were told by facility staff that they were excluded from Mass because they were not permitted to co-mingle with lower-level detainees.

- Action Taken: ODO reviewed the religious service schedule and interviewed facility staff. ODO determined high-level female detainees must be provided the opportunity to attend Catholic Mass in accordance with the PBNDS 2011. ODO discussed the issue with the facility Warden and Chaplain. Prior to the conclusion of the inspection, facility staff requested additional services from the Tucson Diocese to accommodate all high-level females. See the Compliance Inspection Findings section of this report.

Religious Practices: One detainee claimed he turned in a request for a religious diet but has not received a response.

- Action Taken: ODO reviewed facility request forms and found that the detainee submitted a request to the facility Chaplain on March 30, 2017, for religious materials and not a religious diet. Upon ODO's request, the facility Chaplain discussed the special diet request with the detainee and explained that vegetarian diets are generally not given to members of the Mormon faith. He advised the detainee to submit a formal written request if he desired a religious diet.

Telephone Access: One detainee stated she requested a telephone call related to an upcoming child custody court hearing but no answer has been provided.

- Action Taken: ODO discussed the request with ERO and found that on April 6, 2017, ERO reached out to the State of Arizona Child Protective Services (CPS), and left a voicemail message with the specifics of the request. Prior to ODO's departure from the facility, ERO was able to contact a CPS case worker and schedule calls between the child and the mother, and between the mother and case worker.

INSPECTION FINDINGS

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

A review of the EFCF SAAPI curriculum found it addresses all but one of the required standard elements. The EFCF training program did not include instruction that sexual abuse and/or assault is never an acceptable consequence of detention (**Deficiency SAAPI-1⁶**).

SPECIAL MANAGEMENT UNITS (SMU)

The EFCF female SMU consists of four double occupancy cells within the facility's general population housing unit. ODO's inspection found the unit lacked a sally port as required by the Facility Security and Control standard (**Deficiency FS&C-1⁷**).

Corrective Action: Prior to completion of the inspection, EFCF corrected the deficiency by moving the general population detainees from this particular unit and fabricating a sally port entrance to the female SMU.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO's tour of detainee housing units found each unit had been provided secure lockboxes, ample ICE detainee request forms, and sufficient envelopes for confidential requests. ODO also observed all housing units having the DHS OIG poster and the ICE ERO visitation schedule conspicuously posted. However, ODO found ERO Field Office contact information was not posted in the detainee housing units (**Deficiency SDC-1⁸**).

Corrective Action: ERO initiated corrective action by posting the Field Office contact information in each housing unit.

⁶“The facility must maintain written documentation verifying employee, volunteer and contractor training. Training shall include: ...instruction that sexual abuse and/or assault is never an acceptable consequence of detention.” See ICE PBNDS 2011, Standard, Sexual Assault Awareness and Prevention Intervention, Section (V)(E)(3). **This is a priority component.**

⁷“In facilities with the ability to do so, the SMU entrance in regular use shall have a sally port, which shall be operated so that the inner and outer doors cannot both be open simultaneously. Officers on the inside and outside shall independently check the identification of every person going in or out, and each officer must positively confirm a person's identity before allowing him/her through the door. Also, in accordance with written procedures established by the facility administrator, these officers shall take precautions to ensure that the person requesting entry or exit is not doing so under duress.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(E)(2).

⁸“The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or “pods”) of the facilities.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO's interview of two detainees found they claimed to have verbally requested to attend Catholic Mass but were excluded from the services based on their custody classifications as high-level detainees. ODO's subsequent review of the facility's religious services program schedule and staff interviews substantiated the detainee's complaint. The as-found condition of the facility's religious schedule and facility practice did not include an opportunity for Level 3 female detainees to attend Catholic Mass (**Deficiency RP-1⁹**).

Corrective Action: Prior to completion of the inspection, EFCF corrected the deficiency by coordinating with the local Tucson Diocese to revise the facility's religious schedule and adding an additional volunteer-led Catholic Mass service to the EFCF Religious services schedule (**R-3**).

JUSTICE

A review of the EFCF Grievance System found the facility practice allows detainees the opportunity to submit informal oral grievances, formal grievances, medical grievances, and emergency grievances. The EFCF has an established practice which includes staff receiving an oral complaint, documenting the complaint, and logging it in the EFCF OMS tracking system. However, EFCF Grievance Policy 14-5 does not include written procedures for detainees to orally present their issue of concern (**Deficiency GS-1¹⁰**).

A review of the EFCF Grievance procedures found grievances are logged and assigned a tracking number by the Grievance Officer (GO). However, the grievance log did not include the name of the GO who conducted the initial adjudication, the basis of the appeal board decision, or justifications for rejected grievances (**Deficiency GS-2¹¹**).

ODO's review of detainee grievances found on four occasions, detainees submitted medical grievances using CCA Grievance Form 14-5B, and the GO rejected the grievances, returning them to the detainees and instructing them to resubmit medical grievances using the correct medical grievance form. Copies of the rejected medical grievances were filed in the detainee detention files instead of their medical files (**Deficiency GS-3¹²**).

⁹“Detainees shall have opportunities to engage in practices of their religious faith consistent with safety, security and the orderly operation of the facility.” See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(A). **This is a priority component.**

¹⁰“The facility administrator, or designee, shall establish written procedures for detainees to orally and informally present the issue of concern (as addressed in Standard 2.13, Staff-Detainee Communication).” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(1).

¹¹“The appellate reviewer shall note the grievance log with the following information: name of the Grievance Officer that conducted the initial adjudication; basis of the GAB decision.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(2)(d), (V)(C) (3)(b)(3)(c).

¹²“Medical grievances shall be maintained in the detainee's medical file.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D). **This is a priority component.**

CONCLUSION

ODO reviewed the facility's compliance with 17 standards and found the facility compliant with 12 standards. ODO found seven deficiencies in the remaining five standards. Although three of them were priority components, there were no repeat deficiencies found during this inspection and the overall number of deficiencies ODO identified did decline from the facility's last inspection in 2013.

Inspection Results Compared	FY 2013 (PBNDS 2008)	FY 2017 (PBNDS 2011)
Standards Reviewed	16	17
Deficient Standards	3	5
Overall Number of Deficiencies	5	7
Deficient Priority Components	N/A ¹³	3
Corrective Action	0	3

¹³ ODO began inspecting priority components in June 2013.