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Office of Detention Oversight Special Review 2024-003-328

Enforcement and Removal Operations ERO Phoenix Field Office

La Paz County Adult Detention Facility Parker, Arizona

July 30-August 1, 2024

SPECIAL REVIEW of the

LA PAZ COUNTY ADULT DETENTION FACILITY

Parker, Arizona

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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 special review of the La Paz County Adult Detention Facility (LPCADF) in Parker, Arizona, from July 30 to August 1, 2024. The facility opened in 1996 and is owned and operated by La Paz County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LPCADF in 2005 under the oversight of ERO's Field Office Director in Phoenix (ERO Phoenix). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS). ODO inspected LPCADF against the NDS 2019, which was listed on the ERO Custody Management Division Authorized Facility List as of July 29, 2024. ODO's assigned rating is for ERO's informational purposes only.

A jail commander handles daily facility operations and manages support personnel. Trinity Services Group provides food services, LPCADF provides medical care, and Turnkey Corrections provides commissary services at the facility. In November 2021, LPCADF was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity	
ICE Bed Capacity. ²		
Average ICE Population. ³		_
Adult Male Population (as of July 30, 2024)		
Adult Female Population (as of July 30, 2024)		

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 16 deficiencies in the following areas: Environmental Health and Safety (6); Sexual Abuse and Assault Prevention and Intervention (3); Food Service (4); Medical Care (2); and Significant Self-Harm and Suicide Prevention and Intervention (1).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods less than 72 hours.

² Data Source: ERO Custody Management Division Authorized Facility List as of July 29, 2024.

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO's informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility's contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-Harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected. ^{5,6,7}	Deficiencies
Part 1 - Safety	•
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Use of Force and Restraints	0
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	3
Sub-Total	3
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 - Activities	
Recreation	0
Sub-Total	0
Total Deficiencies	5

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⁵ For greater detail on ODO's findings, see the Special Review Findings section of this report.

⁶ During a special review, ODO will review a facility's compliance with at least 10 individual standards.

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2023 ADP of 2, meeting the ODO requirement for special reviews in FY 2024.

SPECIAL REVIEW FINDINGS

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy and procedures and found ERO Phoenix had not reviewed nor approved the facility's written policies or procedures (**Deficiency SAAPI-14**⁸).

ODO interviewed the jail commander and found the facility did not prepare a negative report for sexual assaults to indicate no sexual assaults during the reporting period (**Deficiency SAAPI-161**⁹).

ERO Phoenix did not provide documentation of the facility's annual self-assessment to confirm no SAAPI incidents occurred during the last annual review (**Deficiency SAAPI-162**¹⁰).

CARE

MEDICAL CARE (MC)

ODO interviewed facility medical staff and non-medical staff, reviewed medical staff and non-medical staff training files, and found in out of medical staff training files and out of non-medical staff training files, no documentation to confirm routine communication on infectious diseases (**Deficiency MC-70**.¹¹).

ODO reviewed detainee medical records and found in out of records, facility medical staff did not obtain signed and dated consent forms from the detainees prior to providing nonemergency medical examinations or treatment (Deficiency MC-92.12). This is a priority component.

⁸ "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

⁹ "If the facility has not had any reports of sexual abuse and assault during the annual reporting period, then the facility shall prepare a negative report." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

¹⁰ "The results and findings of the annual review shall be provided to the facility administrator and ICE/ERO for transmission to the ICE PSA Coordinator (this notification must be sent directly to the FOD)." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

¹¹ "Information regarding infectious diseases shall be communicated on a regular basis to non-medical and medical staff." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(N).

¹² "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(O).

CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found five deficiencies in the remaining two standards. Since LPCADF's last special review in July 2023 the facility's compliance with the ICE NDS 2019 has trended upward. LPCADF went from 5 deficient standards and 16 deficiencies in July 2023 to 2 deficient standards and 5 deficiencies during this most recent inspection, which includes 1 priority component for not obtaining consent to care forms from all detainees. LPCADF completed its UCAP for its last inspection in July 2023, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO Phoenix work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Special Review (NDS 2019)	FY 2024 Special Review (NDS 2019)
Standards Reviewed	10	10
Deficient Standards	5	2
Overall Number of Deficiencies	16	5
Priority Component Deficiencies	4	1
Repeat Deficiencies	N/A	0
Areas Of Concern	10	0
Corrective Actions	0	0
Facility Rating	Failure	Good. ¹³

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¹³ ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as "Superior" will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.