



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**

**Central Arizona Florence Correctional Complex
Florence, Arizona**

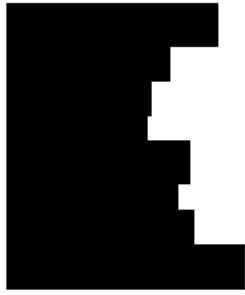
January 14-16, 2020

COMPLIANCE INSPECTION
of the
CENTRAL ARIZONA FLORENCE CORRECTIONAL COMPLEX
Florence, 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 Central Arizona Florence Correctional Complex (CAFCC) in Florence, Arizona, from January 14 to 16, 2020.¹ The facility opened in 1999 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CAFCC in 2005 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) 2008.

ERO has assigned a Detention Services Manager to the facility. A CAFCC warden handles daily facility operations and is supported by ██████ personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe provides commissary services at the facility. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	806
Average ICE Detainee Population ³	231
Male Detainee Population (as of 1/14/2020)	76
Female Detainee Population (as of 1/14/2020)	N/A

During its last inspection, in FY 2016, ODO found four deficiencies in the following areas: Law Libraries and Legal Materials (1); Telephone Access (2); Use of Force and Restraints (1).

¹ This facility holds male detainees with high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of January 21, 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.” 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 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.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBND Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	3
Classification System	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	5
Part 4 – Care	
Food Service	2
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
PBND Standards Inspected	
Sexual Abuse and Assault Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	1
Sub-Total	2
Total Deficiencies	11

⁵ 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.

Medical Care: Two detainees complained the facility has not addressed their medical issues.

- Action Taken: ODO reviewed the detainees' medical records and determined one detainee had a history of macular pucker, which is scar tissue that has formed on the retina. The facility scheduled the detainee to see a provider on January 16, 2020, to evaluate the need for treatment. ODO determined the second detainee had four teeth that needed to be pulled. The facility scheduled the detainee to have his teeth extracted by the dentist on January 23, 2020. ODO confirmed a Deportation Officer (DO) met with the detainee to inform him of the scheduled appointment.

Staff-Detainee Communication: One detainee stated ICE officers had not communicated with him in over six months of being detained at the facility.

- Action Taken: ODO spoke with a DO and reviewed the Enforce Alien Removal Module and determined multiple officers had met with the detainee over the past six months.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed fire evacuation diagrams, in English and Spanish, strategically placed throughout the facility; however, the diagrams did not indicate the “Areas of Safe Refuge” (**Deficiency EHS-1⁶**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by modifying all diagrams to include a description of the “Areas of Safe Refuge” in English and Spanish.

SECURITY

ADMISSION AND RELEASE (A&R)

ODO observed the facility’s admissions process and found detainees are permitted to forgo showering before they reach their assigned housing unit (**Deficiency AR-1⁷**).

ODO found the facility’s orientation procedures were not approved by the local ERO field office (**Deficiency AR-2⁸**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by providing a memorandum, dated January 16, 2020, from the acting Deputy Field Office Director (DFOD) approving the orientation procedures (**C-1**).

ODO found the facility’s release procedures were not approved by the local ERO field office (**Deficiency AR-3⁹**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by providing a memorandum, dated January 16, 2020, from the acting DFOD approving the release procedures (**C-2**).

⁶ “Areas of Safe Refuge” shall be identified and explained on diagrams. Diagram posting will be in accordance with applicable fire safety regulations of the jurisdiction.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

⁷ “... the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(A).

⁸ “... Orientation procedures in IGSA’s must be approved in advance by the ICE/DRO office of jurisdiction.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

⁹ “Staff must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, checking warrants and warrants, etc. ICE/DRO shall approve IGSA release procedures.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed five calculated UOF incidents and determined for all incidents, the facility failed to record a close-up of the detainee's body during a medical exam, focusing on the presence or absence of injuries (**Deficiency UOF&R-1**¹⁰).

Additionally, ODO determined for two incidents, the after-action review team failed to review whether medical staff promptly examined the detainee, with the findings reported on the audiovisual record (**Deficiency UOF&R-2**¹¹).

CARE

FOOD SERVICE (FS)

ODO observed a portable food bar stored in the laundry room between the commercial washer and dryer, which significantly elevates the risk of exposure to communicable or infectious diseases based on the proximity of soiled clothing to the portable food bar (**Deficiency FS-1**¹²).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by relocating the food bar to a secure and sanitary location (**C-3**).

ODO observed common fare food was not served on disposable trays, and scoops and utensils were not set aside for common fare service only (**Deficiency FS-2**¹³).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by serving common fare meals on disposable trays and setting aside separate scoops and utensils for common fare meals (**C-4**).

MEDICAL CARE (MC)

ODO reviewed 20 detainee health screening forms and determined the clinical medical authority did not review the forms to assess the priority for treatment (**Deficiency MC-1**¹⁴).

¹⁰ “Calculated use-of-force incidents shall be audio visually-recorded in the following order: 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.” See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(2)(5).

¹¹ “The After-Action Review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to: Whether a medical professional promptly examined the detainee, with the findings reported on the audiovisual record;” See ICE 2008 PBNDS, Standard, Use of Force and Restraints, Section (V)(P)(3).

¹² “Food service staff shall teach detainee workers personal cleanliness and hygiene, sanitary methods of preparing, storing, and serving food, and the sanitary operation, care and maintenance of equipment, including automatic dishwashers and pot and pan washers.” See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(1).

¹³ “Common Fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for Common Fare service only. Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare Common Fare foods and shall be identified accordingly. Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other. A separate dishpan shall be provided for cleaning these items, if a separate or three compartment sink is not available.” See ICE PBNDS 2008, Standard, Food Service, Section (V)(G)(8).

¹⁴ “The clinical medical authority shall be responsible for review of all health screening forms within 24 hours of the next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).” See ICE PBNDS

PBNDS 2011 STANDARDS INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO found the facility's Sexual Abuse Prevention and Response policy. was not approved by the FOD (**Deficiency SAAPI-1**¹⁵).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the facility detainee handbook and found the detainee handbook did not inform detainees about the facility's disability accommodations policy (**Deficiency DIA&A-1**¹⁶).

2008, Standard, Medical Care, Section (V)(I)(1). **This is a Priority Component.**

¹⁵ "The facility's written policies and procedures shall be reviewed and approved by the Field Office Director." *See* ICE PBNDS 2011, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A).

¹⁶ "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." *See* ICE PBDNS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(J).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under PBNS 2008 and two standards under PBNS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found 11 deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection and notes there were four instances where staff initiated immediate corrective action during the 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 201Y (PBNS 2011)	FY 202Y (PBNS 2011)
Standards Reviewed	15	18
Deficient Standards	3	7
Overall Number of Deficiencies	4	11
Deficient Priority Components	1	1
Repeat Deficiencies	0	0
Corrective Actions	3	4