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ICE Inspections
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Office of Detention Oversight
Unannounced Compliance Inspection
Enforcement and Removal Operations
ERO Phoenix Field Office

CCA Florence Correctional Center
Florence, Arizona

November 29-December 1, 2022

**UNANNOUNCED COMPLIANCE INSPECTION
of the
CCA FLORENCE CORRECTIONAL CENTER
Florence, 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 an unannounced compliance inspection of the CCA Florence Correctional Center (CCA FCC) in Florence, Arizona, from November 29 to December 1, 2022.¹ 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 CCA FCC in 1987 under the oversight of ERO’s Field Office Director in Phoenix (ERO Phoenix). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008 (Revised December 2, 2008).

ERO has assigned deportation officers and a detention services manager to the facility. A warden handles daily facility operations and manages █████ support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. In March 2021, CCA FCC 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 November 29, 2022)	█████
Adult Female Population (as of November 29, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 40 deficiencies in the following areas: Admission and Release (7); Classification System (3); Environmental Health and Safety (2); Food Service (5); Funds and Personal Property (4); Hunger Strikes (1); Medical Care (3); Personal Hygiene (1); Special Management Units (9); Suicide Prevention and Intervention (2); Telephone Access (1); and Use of Force and Restraints (2).

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

² Data Source: ERO Facility List as of November 28, 2022.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct 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. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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 its 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 2008 MAJOR CATEGORIES

PBNS 2008 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Transportation (by Land)	0
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	7
Tool Control	0
Use of Force and Restraints	0
Sub-Total	7
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Medical Care	0
Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	1
Sub-Total	1

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁷ Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	10

DETAINEE RELATIONS

ODO interviewed 28 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Medical Care: One detainee stated urination was still painful for him after the facility provided only Tylenol to treat his urinary tract condition.

- Action Taken: ODO interviewed the facility Health Services Administrator (HSA), reviewed the detainee's medical file, and confirmed his sick call request of September 2, 2022, for painful urination and the medical staff's recommendation for a urology exam at a local specialty center. On October 19, 2022, a local specialty center urologist examined the detainee, diagnosed dysuria, prescribed doxycycline (100 mg) twice a day for 3 weeks, and recommended a cystoscope evaluation. On October 27, 2022, the HSA followed up with the detainee to check his status. On December 1, 2022, the HSA met with the detainee and informed him of his next urology appointment at the local specialty center for January 4, 2023.

Medical Care: One detainee stated the facility denied his two medical requests for repair of his eyeglasses.

- Action Taken: ODO interviewed the facility HSA, reviewed the detainee's medical file, and found only one request submitted on July 11, 2022, for repair of eyeglasses. ODO confirmed the facility scheduled an optometrist appointment for August 1, 2022, but the detainee refused his appointment and has not made any additional optometry requests since July 2022. ODO confirmed a medical facility staff member met with the detainee on November 30, 2022 and explained ODO's findings about his concerns. The detainee acknowledged he understood; however, he has not made any additional requests for glasses.

Visitation: One detainee stated the telephone system did not accept his PIN to complete a call.

- Action Taken: ODO interviewed the facility case manager and confirmed an error in PIN assignment during admission. On November 29, 2022, ODO observed the facility case manager meet with the detainee and assign him a new PIN.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed and found in 10 out of 10 facility housing units, an insufficient number of toilets in the housing units as per American Correctional Association (ACA) hygiene standards. Specifically, ODO found each housing unit housed 16 detainees and only 1 toilet per housing unit, and the ACA Expected Practice, 4-ALDF-4B-08 has a required ratio of 1 toilet for every 12 detainees (**Deficiency EHS-1⁸**).

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed the chief of security, reviewed nine detainee detention files and found in nine out of nine files:

- The disciplinary hearing officer did not complete nor sign any disciplinary segregation (DS) orders before detainee placement in DS. Specifically, none of the detention files had a DS order (**Deficiency SMU-131⁹**). **This is a repeat deficiency;**
- No written DS orders for the detainees within 24 hours (**Deficiency SMU-132¹⁰**). **This is a repeat deficiency;**
- No DS orders (Form I-883 or equivalent) detailing the reasons for DS placement (**Deficiency SMU-133¹¹**). **This is a repeat deficiency;**
- No attached relevant documentation to any of the DS orders (**Deficiency SMU-134¹²**). **This is a repeat deficiency;**
- The facility did not provide copies of the DS orders to the detainees within 24 hours (**Deficiency SMU-135¹³**). **This is a repeat deficiency;**

⁸ “Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the: ...

American Correctional Association.”

See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(A).

⁹ “A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation.” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2).

¹⁰ “A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee.” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2).

¹¹ “The IDP chairman shall prepare the Disciplinary Segregation Order (Form I-883 or equivalent), detailing the reasons for placing a detainee in Disciplinary Segregation, before his or her actual placement.” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2)(a).

¹² “All relevant documentation must be attached to the order.” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2)(a).

¹³ “A copy of the completed Disciplinary Segregation Order shall be given to the detainee within 24 hours of placement in Disciplinary Segregation, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2)(b).

- The facility did not maintain DS orders for detainees before their release from SMU (**Deficiency SMU-136¹⁴**). **This is a repeat deficiency**; and
- The facility did not document the date nor time of release on the DS orders (**Deficiency SMU-137¹⁵**). **This is a repeat deficiency**.

CARE

FOOD SERVICE (FS)

ODO tested the operability of the safety lock on the kitchen walk-in box and found it inoperable (**Deficiency FS-448¹⁶**).

ACTIVITIES

VISITATION (V)

ODO observed the facility visitor waiting area and found no posted visitor schedule and other rules in Spanish (**Deficiency V-10¹⁷**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 23 standards under PBNDS 2008 and found the facility in compliance with 19 of those standards. ODO found 10 deficiencies in the remaining 4 standards. ODO recommends ERO Phoenix work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of CCA FCC in June 2022.

Compliance Inspection Results Compared	FY 2022 PBNDS 2008	FY 2023 PBNDS 2008
Standards Reviewed	17	23
Deficient Standards	12	4
Overall Number of Deficiencies	40	10
Repeat Deficiencies	3	7
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Good

¹⁴ “The order shall be maintained on file in the SMU until the detainee is released from the SMU.” *See* ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2)(b).

¹⁵ “When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Disciplinary Segregation Order, then forward the completed order to the chief of security for insertion into the detainee’s detention file.” *See* ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2)(b).

¹⁶ “Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside.” *See* ICE PBNDS 2008, Standard, Food Service, Section (V)(K)(8).

¹⁷ “Post that information in the visitor waiting area in English, Spanish, and other major languages spoken in the facility.” *See* ICE PBNDS 2008, Standard, Visitation, Section (V)(C).