



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Phoenix Field Office**

**CCA Florence Correctional Center  
Florence, Arizona**

**December 6-9, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**CCA FLORENCE CORRECTIONAL CENTER**  
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 CCA Florence Correctional Center (CFCC) in Florence, Arizona, from December 6 to 9, 2021.<sup>1</sup> 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 CFCC in 2005 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.

ERO has assigned deportation officers and a detention services manager to the facility. A CFCC warden handles daily facility operations and manages █████ support personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2019 and the National Commission on Correctional Health Care in April 2021. In March 2021, CFCC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of December 6, 2021)	█████
Adult Female Population (as of December 6, 2021)	█████

During its last inspection, in Fiscal Year (FY) 2021, ODO found two deficiencies in the following area: Admission and Release (2).

<sup>1</sup> This facility holds both male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of November 30, 2021.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.<sup>4</sup>

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.

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.

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2008 MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Classification System	1
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
Food Service	1
Hunger Strikes	1
Medical Care	2
Personal Hygiene	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Escorted Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	

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

<sup>6</sup> 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 inspections.

Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>5</b>

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Phoenix and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### CLASSIFICATION SYSTEM (CS)

ODO interviewed facility staff, reviewed █ detainee detention files in which the facility held the detainees long enough to require reassessment, and found in █ out of █ files, the facility did not complete a subsequent reassessment at 90-to-120-day intervals from the first reassessment (**Deficiency CS-14**<sup>7</sup>).

### CARE

#### FOOD SERVICE (FS)

ODO interviewed facility staff, reviewed the facility handbook, and found the handbook did not include information about the facility's no-pork menu (**Deficiency FS-199**<sup>8</sup>).

#### HUNGER STRIKES (HS)

ODO interviewed facility staff, reviewed █ facility staff training files, and found █ out of █ files did not contain documentation of annual training to recognize the signs of a hunger strike, to implement the referral procedures for medical assessment, nor to manage a detainee on a hunger strike (**Deficiency PH-1**<sup>9</sup>).

<sup>7</sup> "Subsequent Reassessments. At SPCs and CDFs, subsequent reassessments are to be completed at 90-to-120-day intervals from the first reassessment." See ICE PBNDS 2008, Standard, Custody Classification System, Section (V)(B).

<sup>8</sup> "If a facility has a no-pork menu, in order to alleviate any confusion for those who observe no-pork diets for religious reasons, this information should be included in the facility's handbook and the facility orientation." See ICE PBNDS 2008, Standard, Food Service, Section (V)(G)( 2) and (5).

<sup>9</sup> "All staff shall be initially and annually trained to recognize the signs of a hunger strike and on the procedures for referral for medical assessment, and on the correct procedures for managing a detainee on a hunger strike." See ICE

## MEDICAL CARE (MC)

ODO interviewed facility staff, reviewed [REDACTED] medical staff credential files, and found [REDACTED] out of [REDACTED] files did not contain primary source verification of medical staff licenses (**Deficiency MC-73<sup>10</sup>**).

ODO interviewed facility staff, reviewed [REDACTED] detainee medical files, and found in [REDACTED] out of [REDACTED] files, a properly licensed healthcare professional did not perform the detainees' initial dental screenings. Specifically, a licensed practical nurse performed the initial dental screenings (**Deficiency MC-118<sup>11</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 22 standards under PBNDS 2008 and found the facility in compliance with 18 of those standards. ODO found five deficiencies in the remaining four standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO Phoenix work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of CFCC on June 14, 2021.

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 (PBNDS 2008)</b>	<b>FY 2022 (PBNDS 2008)</b>
Standards Reviewed	13	22
Deficient Standards	1	4
Overall Number of Deficiencies	2	5
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

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PBNDS 2008, Standard, Hunger Strikes, Section (V)(A).

<sup>10</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(H).

<sup>11</sup> "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, registered dental hygienist, or registered nurse." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(M).