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Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Phoenix Field Office
Florence Correctional Center
Florence, Arizona**

November 13 - 15, 2012

**COMPLIANCE INSPECTION
FLORENCE CORRECTIONAL CENTER
PHOENIX FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Florence Correctional Center (FCC) in Florence, Arizona, from November 13 to 15, 2012. FCC opened in 1994, and is owned and operated by Corrections Corporation of America (CCA). On June 20, 2000, the former U.S. Immigration and Naturalization Service began housing male detainees classified as Level I and Level II (Level I –lowest threat, Level II – medium threat) at FCC for periods in excess of 72 hours pursuant to an intergovernmental service agreement with CCA. FCC does not house female detainees. FCC also houses inmates for the U.S. Marshals Service and Vermont state authorities. Detainees held at FCC are not commingled with inmates. The average daily detainee population at FCC in October 2012 was 210. At the time of this inspection, FCC housed a total of 222 male detainees (202 Level I and 20 Level II). The average length of stay at FCC for an ICE detainee is 70 days.

Food service at FCC is provided under contract by the Trinity Group and CCA provides medical care. FCC holds accreditations from the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC).

The ICE ERO Field Office Director in Phoenix, Arizona (ERO Phoenix) is responsible for ensuring facility compliance with ICE policies and the Performance-Based National Detention Standards (PBNDS). ERO personnel are not physically located at FCC. ERO personnel from the Florence Service Processing Center, located across the street from FCC, perform weekly liaison visits to interact with ICE detainees. FCC does not have an assigned ERO Detention Service Manager to monitor facility compliance with the PBNDS.

The Warden is the highest ranking official at FCC and is responsible for oversight of daily operations. In addition to the Warden, FCC supervisory staff consists of (b)(7)e Assistant Wardens, a Chief of Security, an Assistant Chief of Security, a Chief of Unit Management, (b)(7)e shift supervisors, (b)(7)e assistant shift supervisors, and (b)(7)e unit managers. FCC non-supervisory staff consists of (b)(7)e correctional officers, (b)(7)e senior correctional officers, (b)(7)e correctional counselors, (b)(7)e medical staff, and (b)(7)e administrative and maintenance staff. FCC employs a full-time Quality Assurance Manager to oversee compliance with the PBNDS.

In September 2012, ERO Detention Standards Compliance Unit contractor, the Nakamoto Group, Inc., conducted an annual review of the PBNDS at FCC. FCC received an overall rating of “Meets Standards” and was found compliant with all 40 standards reviewed.

During this CI, ODO reviewed 18 PBNDS at FCC. Thirteen standards were determined to be fully compliant. Seven deficiencies were identified in the following five standards: Detention Files (3 deficiencies), Food Service (1), Grievance System (1), Hold Rooms in Detention Facilities (1), and Personal Hygiene (1). Prior to the review, FCC was not filing medical grievances in individual medical files as required by the Grievance System PBNDS. Additionally, toilets and washbasins at FCC are provided at a ratio of one toilet and washbasin to every 14 male detainees. The Personal Hygiene PBNDS requires a toilet and washbasin be provided for every 12 male detainees. All identified deficiencies were corrected on-site, with the

exception of the ratios of toilets and washbasins to detainees, which is due to facility infrastructure.

ODO attributes the high level of PBNDS compliance at FCC to the presence of a full-time FCC Quality Assurance Manager and daily visits to the facility by ERO staff. ERO and FCC have a very strong working relationship, with excellent communication. FCC management works diligently to maintain PBNDS compliance.

This report details all deficiencies identified by ODO and refers to the specific, relevant sections of the PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with FCC and ERO staff on-site during the inspection, as well as during the closeout briefing on November 15, 2012.

The food service operation is managed by CCA staff and supported by a crew of inmate workers in the kitchen. FCC does not have a centralized location for dining. FCC provides satellite meal service to detainees in the housing units. The satellite meals are prepared in the kitchen and delivered on temperature-controlled carts to the housing units, where the meals are distributed by detainees. ODO verified all food service staff and assigned inmate and detainee workers receive medical clearances prior to working in food service. ODO verified the temperature of selected food items met the PBNDS requirements. Review of the master cycle menu confirmed it was reviewed and certified as nutritionally adequate by a registered dietician. ODO verified medical diets are provided in accordance with the standard. FCC received an "E" rating (Excellent) from the Pinal County Health Department during the last food service inspection. According to pinalcountyaz.gov, a food establishment receives an "E" rating when no critical items are identified during the inspection. ODO reviewed the kosher tray requirements and confirmed FCC did not have margarine labeled as appropriate to be eaten with all meals. FCC corrected this deficiency on-site by purchasing margarine with the appropriate label.

FCC provides detainees the opportunity to file formal and informal grievances. FCC staff attempts to resolve complaints informally during daily interactions with detainees. Grievance forms are readily available within the housing units. FCC maintains an electronic grievance log to document and track all formal and informal grievances submitted by detainees. ODO verified grievance forms are placed in the detention file of each detainee submitting a grievance; however, medical grievance forms were not being placed in individual medical files. FCC management corrected this deficiency on-site by placing completed medical grievance forms into the appropriate detainee medical files.

The field office has a local policy and procedure to ensure and document that an ICE Immigration Enforcement Agent or Supervisory Detention and Deportation Officer conducts weekly announced and unannounced visits to housing units to address detainee concerns and inquiries, as required by the Model Protocol on Staff-Detainee Communication. ERO visitation schedules are conspicuously posted in each housing unit. Scheduled visits are documented on the Facility Liaison Visit Checklist as required by the Model Protocol. Weekly telephone maintenance is also conducted and recorded on a log.

Detainee requests are logged and responded to within 72 hours of receipt by ERO. ERO has placed lockboxes for detainee requests in or near each ICE detainee housing unit. These lockboxes are only accessible to ERO personnel, who retain the keys. ERO personnel pick up the detainee requests daily.

From October 2011 to November 2012, FCC received and processed 23 detainee grievances. Of the 23 grievances, five were appropriately determined to not be subject to grievance. Of the 18 remaining grievances, two were informal and 16 were formal. Of the 16 formal grievances, five pertained to medical services, three to facility staff, two to housing, one to access to legal materials, one to dental services, one to religious diet, and three were classified as miscellaneous. All of the detainee grievances received a response within 72 hours in accordance with the PBNDS. ODO conducted a thorough review of the grievance log and examined randomly-selected detention files at FCC, and confirmed no grievances had been filed alleging staff misconduct during the time period under review.

Medical services at FCC are provided by the CCA Medical Division. The Health Service Administrator provides administrative oversight of medical services, along with a full-time clinical supervisor and a physician. Clinical staffing consists of a psychologist, a dentist, a dental assistant, a dental hygienist, a nurse practitioner, (b)(7)e registered nurses, (b)(7)e part-time registered nurse, (b)(7)e per diem registered nurses, (b)(7)e medical assistants, (b)(7)e licensed practical nurses, and (b)(7)e medical records clerks. In addition to this permanent clinical staffing, FCC also has (b)(7)e contractors available: a psychiatrist, a dentist, a doctor of osteopathy, and an X-ray technician. ODO finds staffing sufficient to meet the health care needs of the current detainee population.

There have not been any detainee deaths at the facility. There was one detainee suicide attempt on August 30, 2011. The facility was found to comply with the Suicide Prevention standard during the 2011 ERO annual review conducted by MGT of America. ODO reviewed the detainee suicide attempt during this inspection and found FCC to comply with the Suicide Prevention and Intervention standard. ODO verified screening for suicide potential occurs as part of intake screening, and detainees at risk for suicide are referred to medical staff. ODO inspected the three observation rooms used for suicide watch, and verified all are free of fixtures that could be used to facilitate a suicide attempt. Inspection of (b)(7)e detention and (b)(7)e medical staff training records confirmed all completed the required initial and annual suicide prevention training.

ODO verified FCC management maintains all required Sexual Abuse and Assault Prevention and Intervention (SAAPI) program requirements, including policies, training, reporting procedures, reviews, and investigation protocols. FCC has a designated SAAPI coordinator. FCC informs detainees of the SAAPI program in the detainee handbook, during orientation, and via postings in the intake area and housing units. The information includes toll-free telephone numbers and is in both English and Spanish. Detainees are screened during the intake process for sexual abuse victimization history, as well as predatory history to identify potential sexual aggressors. FCC separates detainees with a history of predatory or abusive sexual behavior from detainees with a history of victimization. Staff is required to attend pre-service, quarterly, and annual training on the SAAPI program. ODO verified completion of the required training upon review of (b)(7)e training records. The training curriculum is comprehensive and includes all required

elements. Personnel were knowledgeable regarding the SAAPI program and how to handle information received concerning possible sexual abuse or assault.

The special management unit (SMU) at FCC has 60 double-occupancy cells, which are used as single-occupancy only. At the time of the inspection, there were no ICE detainees in the SMU. ODO observed the SMU at FCC to be well-lit, temperature appropriate, and sanitary. ODO reviewed prior Facility Liaison Visit Checklists and confirmed ERO personnel visit the SMU on a bi-weekly basis to interact with detainees and to closely monitor the living conditions in the SMU in accordance with the PBNDS.

FCC has a comprehensive written policy governing the use of force. The facility does not use four-point restraints, restraint chairs, or electro-muscular disruption devices. Protective equipment and hand-held video cameras, for use in calculated use of force incidents, are available in several locations within the facility for quick access to the equipment and accelerated response time. Since January 1, 2012, there have been two use-of-force incidents involving ICE detainees at FCC. In both cases, staff used Oleoresin Capsicum (OC) spray to prevent the detainees from injuring themselves while the detainees were on constant watch in a cell in the medical department. The incidents took place on different dates. Both immediate use-of-force incidents were conducted in accordance with the PBNDS.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards or the ICE PBNDS, as applicable. The PBNDS apply to FCC. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at FCC to determine compliance with current policies and detention standards. Prior to and during the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO Headquarters staff to prepare for the site visit at FCC.

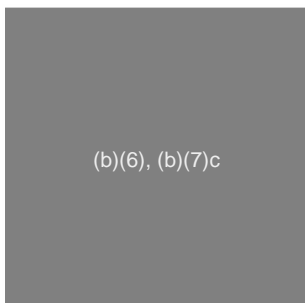
REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those PBNDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR, ODO.

INSPECTION TEAM MEMBERS



Special Agent (Team Leader)	ODO, Phoenix
Section Chief	ODO, Phoenix
Special Agent	ODO, Phoenix
Special Agent	ODO, Phoenix
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed supervisory ICE and FCC staff, including the FCC Warden, FCC Assistant Warden, FCC Quality Assurance Manager, the ERO Assistant Officer in Charge, and the ERO Supervisory Detention and Deportation Officer. FCC staff stated ERO personnel conduct weekly scheduled and unscheduled visits to detainee housing units at the facility, and are present at the facility on a daily basis. ICE and FCC personnel stated the working relationship between the two entities is positive, and morale is high.

DETAINEE RELATIONS

ODO interviewed ten randomly-selected detainees (five Level I and five Level II) to assess the overall living and detention conditions at FCC. None of the detainees complained about recreation, food service, hygiene supplies, telephone access, religious services, visitation, or the law library. Five detainees in one housing unit stated they were not provided clean bed linens, and stated they had used the same bed linens for approximately four weeks. The housing unit manager stated detainees are allowed to have their linen washed as indicated on the laundry schedule posted on the housing unit bulletin board. ODO verified laundry schedules are conspicuously posted in each housing unit. The unit manager stated FCC management will hold a town hall meeting to address this situation. All detainees interviewed knew how to contact their assigned Deportation Officer.

ICE PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 18 PBNDS and found FCC fully compliant with the following 13 standards:

- Classification System
- Detainee Handbook
- Emergency Plans
- Environmental Health and Safety
- Hunger Strikes
- Medical Care
- Sexual Abuse and Assault Prevention and Intervention
- Special Management Units
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Terminal Illness, Advance Directives, and Death
- Use of Force and Restraints
- Visitation

As these standards were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

ODO found deficiencies in the following five standards:

- Detention Files
- Food Service
- Grievance System
- Hold Rooms in Detention Facilities
- Personal Hygiene

ODO findings for each of these standards are presented in the remainder of this report.

DETENTION FILES (DF)

ODO reviewed the Detention Files standard at FCC to determine if files are created containing all significant information pertaining to detainees housed at the facility for over 24 hours, in accordance with the ICE PBNDS. ODO reviewed detention files to ascertain whether all required documentation was included.

As part of the intake process, FCC staff creates a detention file when a detainee is admitted to the facility. ODO randomly selected five active and five inactive detention files for review to determine if they contained required documentation.

All five active detention files reviewed contained original photographs, classification worksheets, personal property inventory sheets, receipts for property and baggage, the required Form I-385, Alien Booking Record, and housing identification cards; however, none of the five active detention files reviewed was properly annotated to indicate it had been activated, as required by the PBNDS (**Deficiency DF-1**).

All five active detention files reviewed contained a Form I-203, Order to Detain/Release, but none of the five inactive detention files contained a Form I-203 pertaining to the release of the detainee (**Deficiency DF-2**). This deficiency was corrected on-site; FCC inactive detention files now include Form I-203.

In addition to storing and maintaining the detention files, FCC keeps a check-in and check-out log for the detention files. However, the log does not include the signature of the person removing the file, including the person's title and department (**Deficiency DF-3**). This deficiency was corrected on-site; FCC management modified the log to contain the required information.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DF-1

In accordance with the ICE PBNDS, Detention Files, section (V)(A)(2), the FOD must ensure, when a detainee is admitted to a facility, staff shall create a detainee Detention File as part of admissions processing.

2. The officer completing the admissions portion of the Detention File shall note that the file has been activated. The note may take the form of a generic statement in the Acknowledgment form described below.

DEFICIENCY DF-2

In accordance with the ICE PBNDS, Detention Files, section (V)(E)(1), the FOD must ensure, upon the detainee's release from the facility, staff shall add final documents to the file before closing and archiving it after inserting:

- Detention file copies of completed release documents.

DEFICIENCY DF-3

In accordance with the ICE PBNDS, Detention Files, section (V)(F)(3), the FOD must ensure a representative of the department requesting the file is responsible for obtaining the file, logging it out, and ensuring its return.

At a minimum, a logbook entry recording the file's removal from the cabinet shall include:

- Signature of person removing the file, including title and department.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at FCC to determine if detainees are provided a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE PBNDS. ODO interviewed staff and detainees, reviewed documentation, inspected food preparation and storage areas, and observed food service operations.

All work associated with food preparation and kitchen sanitation is performed under contract by the Trinity Group. A crew of inmate workers supports the food service operation in the kitchen, and detainee workers serve meals in the housing units. ODO verified all food service staff, as well as inmate and detainee workers received medical clearances. Trinity personnel actively supervise the preparation and service of meals to ensure food items are correctly prepared and properly presented. A correctional officer conducts required area searches, and visually inspects workers for proper grooming and absence of obvious health concerns. Food service staff conducts weekly inspections to identify any sanitation or safety concerns. ODO confirmed the facility is inspected annually by the Pinal County Public Health Department. The last inspection report, dated January 12, 2012, documented compliance with regulations, and rated the food service operation at FCC as "Excellent."

FCC has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units via temperature-controlled carts. Detainee workers serve meals under the direct supervision of staff. ODO observed meal preparation and delivery, and sampled meals. ODO confirmed food items had good taste, portions were adequate, and temperatures met requirements. There were no complaints about food service from detainees during the inspection.

ODO verified nutritional analysis of the master cycle menu and determination of adequacy were completed by a registered dietician on April 13, 2012. ODO reviewed documentation of monthly pest control services, and conducted water and equipment temperature checks, all of which demonstrated compliance with the standard. ODO verified food items were properly stored, and observed a high level of sanitation throughout the food service area.

ODO identified one deficiency. The margarine purchased for common fare and kosher trays was not labeled "pareve" or "parve" (**Deficiency FS-1**). Parve margarine must be served in order to meet the requirements of the kosher diet that dairy products and meat not be served together. FCC ordered parve margarine and received it during the review, correcting this deficiency on-site.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE PBNDS, Food Service, section (V)(G)(5), the FOD must ensure, with the exception of fresh fruits and vegetables, the facility's kosher-food frozen entrees shall be purchased precooked in a sealed container, heated, and served hot. Other kosher-food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher-certification agency. Any item containing pork or a pork product is prohibited. Only bread and margarine labeled "pareve" or "parve" shall be purchased for the kosher tray.

GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System standard at FCC to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review determined whether detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE PBNDS. ODO interviewed staff, and reviewed policies, grievance logs, detention files, and the facility handbook.

FCC informs detainees of the procedure for filing a grievance in the facility handbook. Procedures are in place to handle emergency grievances; however, no emergency grievances were filed during the review period. If a grievance concerning staff misconduct is filed by an ICE detainee, FCC policy states the allegation will immediately be forwarded to ERO. No staff misconduct grievances were filed during the one-year period of review.

Detainees at FCC are encouraged to resolve grievances informally. All informal grievances are handled and resolved verbally by staff, and a copy of the informal grievance is placed in the detainee's detention file.

Detainees may file formal written grievances by completing and submitting a detainee grievance form, and placing it in the unit grievance box. Grievance forms are available in each housing unit and can be obtained by requesting them from the housing unit officer. Grievances are collected daily, except for weekends and holidays, and are forwarded to the grievance coordinator for review. After a grievance is reviewed, the grievance coordinator assigns a grievance number and records it in an electronic database to document the grievance and track its progress. The grievance coordinator then forwards the grievance to the appropriate department head for handling and response based on the nature of the complaint. Copies of grievances are filed in the detainees' detention files. FCC responds to formal grievances within five working days of submission.

The detainee grievance committee (DGC), at least one member of which is an ICE employee, conducts an investigation and provides its decision to the detainee. Detainees may appeal the DGC's decision to the Warden within five working days for a final response. If a detainee is dissatisfied with the Warden's response, the detainee may contact ERO directly.

Medical grievances are delivered directly to medical staff within 24 hours or the next business day by the grievance coordinator; however, medical personnel were not placing medical grievances in detainee medical files (**Deficiency GS 1**). FCC management corrected this deficiency on-site by placing the completed medical grievance forms into the appropriate medical files.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY GS- 1

In accordance with the ICE PBNDS, Grievance System, section (V)(E), the FOD must ensure each facility shall devise a method for documenting detainee grievances, at a minimum, a Detainee Grievance Log. The documentation shall include the date of the grievance, nature of

the grievance in detail, and the date the grievance was resolved. Medical grievances are maintained in the detainee's medical file.

HOLD ROOMS IN DETENTION FACILITIES (HR)

ODO reviewed the Hold Rooms in Detention Facilities standard at FCC to determine if detainees placed temporarily in hold rooms awaiting further processing, are in a safe, secure, and comfortable environment, and not confined in hold rooms for over 12 hours, in accordance with the ICE PBNDS. ODO reviewed policies, procedures, and logs; interviewed staff; and inspected the hold rooms. No detainees were in the hold rooms during the review; however, ODO observed staff cleaning and inspecting the rooms after previous occupants were moved from the area, as required by the standard.

The facility has two hold rooms for ICE detainees, each capable of accommodating 11 detainees. Inspection of the hold rooms found they have floor drains, electrical switches located on the outside wall, and a shared shower stall. The rooms are clean and well lit, with stainless steel toilets and free-standing stainless steel sinks. Metal benches bolted to the floor provide adequate seating. The ceilings are made of solid concrete. Doors are prison-gauge steel, with prison locks and a 9 x 63 inch plexi-glass window on the outside and reinforced metal bars on the inside. The size of the windows facilitates observation and supervision of the hold rooms from the officer work areas. The rooms are under constant supervision by FCC staff when occupied.

All arriving detainees undergo a pat search conducted by a person of the same sex, then are screened with a walk-through metal detector before being placed in a hold room. Strip searches are not conducted on ICE detainees unless there is reasonable suspicion of contraband or weapon possession, and only with supervisory and ICE ERO approval. Detainees are permitted to shower as part of the intake process.

The facility maintains an electronic log documenting the time of arrival, movement of detainees, and time of departure from the receiving and discharge area. The log also provides space to record meal service and security concerns. Review of logs found detainees spend an average of two to three hours in the hold room, well below the 12-hour maximum allowed by the PBNDS.

Officers perform and are required to document visual checks of the hold rooms every 15 minutes. ODO noted the log to document visual checks (CCA Form 9-105A) did not include the printed name of the officer, or a comments section to document any unusual behavior or complaints (**Deficiency HR-1**). FCC management corrected this deficiency prior to completion of the review by developing and implementing a new form that provides space for the required information.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY HR-1

In accordance with the ICE PBNDS, Hold Rooms in Detention Facilities, section (V)(D)(5), the FOD must ensure officers shall closely supervise Hold Rooms through direct supervision that includes:

- Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's **printed** name and any unusual behavior or complaints under "Comments."

PERSONAL HYGIENE (PH)

ODO reviewed the Personal Hygiene standard at FCC to determine if the facility provides clean clothing, bedding, linens, and towels to every detainee upon arrival, and to ascertain if the facility provides ICE detainees with regular exchanges of items for as long as they remain in detention, in accordance with the ICE PBNDS. ODO reviewed policies and procedures, interviewed detainees and staff, and inspected the housing units.

FCC maintains an inventory of clothing, bedding, linens, towels, and personal hygiene items sufficient to meet the needs of detainees. FCC has written policy and procedures for the issuance of these items. Detainees are held accountable for the issued clothing and linen items.

ODO interviewed ten randomly-selected detainees at the two housing units in FCC. All detainees stated they have sufficient hygiene items, such as a toothbrush, toothpaste, deodorant, toilet paper, and soap. All detainees stated they are provided clean uniforms and undergarments. Five detainees in one housing unit stated they were not provided clean bed linens. The five detainees stated they had their linens for approximately four weeks. The housing unit manager stated detainees are allowed to have their linens washed as indicated on the laundry schedule posted on the housing unit bulletin board. ODO verified laundry schedules are conspicuously posted in each housing unit. The unit manager stated a town hall meeting will be held to address the situation.

FCC management stated prior to the inspection that ICE ERO and ACA inspections have always found FCC deficient regarding the ratio of toilets and washbasins to detainees. The PBNDS requires a ratio of one toilet and one washbasin per 12 detainees. The ratio at FCC is one toilet per 15 detainees, and one washbasin per 14 detainees (**Deficiency PH-1**). The facility cannot correct this without significant infrastructure changes. No detainees interviewed complained about the availability of toilets and washbasins.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY PH-1

In accordance with the ICE PBNDS, Personal Hygiene, section (V)(E), the FOD must ensure detainees shall be provided:

- An adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas.

ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets.

- An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.

ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.