



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**

**CCA Florence Correctional Center
Florence, Arizona**

January 11-14, 2021

COMPLIANCE INSPECTION
of the
FACILITY NAME
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 a compliance inspection of the CCA Florence Correctional Center (CCAFCC) in Florence, Arizona, from January 11 to 14, 2021.¹ The facility opened in November 2006 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCAFCC in March 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 a detention services manager to the facility. A CCAFCC 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 was accredited by the American Correctional Association in August 2019 and by the National Commission on Correctional Health Care in April 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	200
Average ICE Detainee Population ³	████
Male Detainee Population (as of 1/11/2021)	████
Female Detainee Population (as of 1/11/2021)	████

During its last inspection, in Fiscal Year (FY) 2020, ODO conducted an inspection of CCAFCC and found 11 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (3); Use of Force and Restraints (2); Food Service (2); Medical Care (1); Sexual Abuse and Assault Prevention and Intervention (1); and Disability Identification, Assessment, and Accommodation (1).

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

² Data Source: ERO Facility List Report as of January 11, 2021.

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.” 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.

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.

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

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

PBNDS 2008 Standards Inspected ^{5&6}	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Classification System	0
Facility Security and Control	2
Funds and Personal Property	1
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	8
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 – Activities	
Religious Practices	1
Telephone Access	0
Sub-Total	1
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Other Standards Reviewed	
Performance-Based National Detention Standards 2011 (Revised 2016)	
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Total Deficiencies	9

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

⁶ NDS 2008 does not include Disability Identification, Assessment, and Accommodation; therefore, it was addressed under the Performance-Based National Detention Standard 2011 (Revised 2016).

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. ODO conducted detainee interviews via video teleconference, which 12 out of 12 detainees reported satisfaction with the facility's services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files in the facility's A&R program and found the facility did not afford the detainees showers prior to being released into their assigned housing units in 12 out of 12 detainee files (**Deficiency A&R-16⁷**).

ODO reviewed four detainee release files in the facility's A&R program and found one out of four detainee release files did not have the Order to Release Form (Form I-203) (**Deficiency A&R-77⁸**).

FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the facility's visitor's entry logbook within the FS&C program and found the facility does not list the time of the visitor's departure (**Deficiency FS&C-18⁹**).

ODO reviewed the facility's visitor's entry logbook within the FS&C program and found the facility does not include the visitor's immigration status nor residential address (**Deficiency FS&C-19¹⁰**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook within the F&PP program and found the facility's written procedures do not provide the detainee with notification of the facility's policies, to include the procedure for claiming property upon release, transfer, or removal; access to detainee personal funds to pay for legal services; nor the procedures for filing a claim for lost

⁷ "In SPCs and CDFs, to maintain standards of personal hygiene and to prevent the spread of communicable diseases and other unhealthy conditions within the housing units, every detainee must shower before entering his or her assigned unit." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B). **This is a Repeat Deficiency.**

⁸ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(1).

⁹ "Every entry in the logbook shall identify the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(C)(1)(b)(2).

¹⁰ "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, along with the visitor's relationship to the detainee, immigration status, and address." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(C)(1)(b)(3).

or damaged property (**FPP-15**¹¹).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed one week of the facility's ■-minute detainee checks within the SMU program and found 28 instances where the detainees were not observed every ■-minutes on an irregular schedule (**SMU-21**¹²).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the UOF&R program, interviewed the chief of security (COS), and found the facility's UOF form has not been reviewed nor approved by ERO Phoenix (**UOFR-125**¹³).

Corrective Action: On January 14, 2020, the facility provided ODO with an approved UOF incident form, which was authorized by the ERO Phoenix, Officer in Charge (OIC).

ODO reviewed the UOF&R program, interviewed the COS, and found the facility's written procedures for After-Action Review of UOF incidents immediate or calculated, nor the application of restraints, has not been approved by ERO Phoenix (**UOFR-140**¹⁴).

Corrective Action: On January 14, 2021, the facility provided ODO with approved written procedures for After-Action Review of UOF incidents immediate or calculated, and the application of restraints, which was authorized by the ERO Phoenix, OIC.

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed 11 detainee files within the facility's RP program and found eight out of the 11 detainee files did not annotate the detainee's religious preference nor did it specify the detainee's non-religious preference (**RP-10**¹⁵).

¹¹ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

- Which items (and cash) they may retain in their possession
- That, upon request, they shall be provided an ICE/ERO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
- The rules for storing or mailing property not allowed in their possession;
- The procedure for claiming property upon release, transfer, or removal;
- The procedures for filing a claim for lost or damaged property;
- Access to detainee personal funds to pay for legal services." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).

¹² "Detainees in SMUs shall be personally observed at least every ■ minutes on an irregular schedule." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(7).

¹³ "All facilities shall have an ICE/ERO-approved form to document all uses of force." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(O)(1).

¹⁴ "All facilities shall have ICE/ERO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(1).

¹⁵ "Each detainee shall designate any or no religious preference during in-processing." See ICE PBNDS 2008, Standard, Religious Practices, Section (V)(B).

PBNDS 2011 (Revised 2016) STANDARDS INSPECTED

DISABILITY IDENTIFICATION, ASSESSMENT AND ACCOMMODATION (DIA&A)

ODO reviewed the facility's DIA&A program and notes as an **Area of Concern** the facility's written policy does not clearly inform detainees about the facility's disability accommodations policy, nor does it include their right to request reasonable accommodations¹⁶.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2008, one standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 9 deficiencies in the remaining six standards. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances where the facility's staff initiated immediate corrective action during the inspection. ODO noted one Area of Concern within the DIA&A standard, regarding the lack of procedural information in the facility's written policy. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2008)	FY 2021 (PBNDS 2008 & 2011 [Revised 2016])
Standards Reviewed	18	20
Deficient Standards	7	6
Overall Number of Deficiencies	11	9
Repeat Deficiencies	1	1
Areas of Concern	0	1
Corrective Actions	4	2

¹⁶ "CCAFCC is contractually obligated under PBNDS 2008 and not PBNDS 2011 (Revised 2016); therefore, the finding under DIA&A will be addressed as an **Area of Concern** and not a deficiency."