



U.S. Department of Homeland Security
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**

**Florence Service Processing Center
Florence, Arizona**

February 28 - March 3, 2022

COMPLIANCE INSPECTION
of the
FLORENCE SERVICE PROCESSING CENTER
Florence, Arizona

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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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 Florence Service Processing Center (FSPC) in Florence, Arizona from February 28 to March 3, 2022.¹ The facility opened in 1983 and is owned and operated by the ICE Office of Enforcement and Removal Operations (ERO). ICE ERO began housing detainees at FSPC in 1983 under the oversight of ERO’s Field Office Director in Phoenix (ERO Phoenix). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. An officer in charge handles daily facility operations and manages █████ support personnel. Akima Global Services, LLC provides food services, and ICE Health Service Corps (IHSC) provides medical care at the facility. The facility was accredited by the American Correctional Association in August 2021 and the National Commission on Correctional Health Care in October 2021.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of February 22, 2022)	█████
Adult Female Population (as of February 22, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2021, ODO found zero deficiencies.

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

² Data Source: ERO Facility List as of February 22, 2022.

³ *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.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.

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 its 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) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) 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	0
Custody Classification System	0
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
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 – Activities	
Correspondence and Other Mail	0
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
Sub-Total	0
Part 6 – Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	

⁵ For greater detail on ODO’s findings, see the *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 inspections.

Detention Files	0
Detainee Transfers	0
Interviews and Tours	0
Sub-Total	0
Total Deficiencies	2

DETAINEE RELATIONS

ODO interviewed 12 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to lack of equipment. As such, ODO conducted the detainee interviews via telephone.

Staff-Detainee Communication: Four detainees stated ICE does not visit the housing units.

- Action Taken: ODO interviewed a deportation officer, reviewed the ICE visitation logs, and found ICE visits the housing units two times, every week, on Tuesdays and Thursdays.

Food Service: One detainee stated he is on a religious diet, but sometimes does not receive appropriate nor sufficient meals during lunch and dinner.

- Action Taken: ODO interviewed the food service administrator (FSA), reviewed religious diet cycle menus and the nutritional analysis, and found the religious diet menus were approved by a certified nutritionist and provided a nutritionally adequate diet for healthy adult males. Additionally, the FSA and kitchen warehouse supervisor met with the detainee on March 2, 2022, and the detainee did not express any dissatisfaction with the religious diet menus nor portions during their meeting.

COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed the medical record of one detainee referred for mental health treatment and found the detainee did not receive an evaluation by a qualified health care provider within 72 hours of the referral. Specifically, a qualified health care provider conducted the evaluation 5 days after the referral (**Deficiency MC-150**⁷).

⁷ “Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See Office of Detention Oversight February 2022

ODO reviewed one detainee’s medical record and found the facility did not obtain a separate documented informed consent prior to the administration of psychotropic medications that included a description of the medication’s side effects (**Deficiency MC-241⁸**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 23 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 of those standards. ODO found two deficiencies in the remaining one standard. ODO commends facility staff members 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. A uniform corrective action plan was not required for ODO’s last inspection of FSPC which occurred in September 2021.

Compliance Inspection Results Compared	Second FY 2021 PBNDS 2011 (Revised 2016)	First FY 2022 PBNDS 2011 (Revised 2016)
Standards Reviewed	12	23
Deficient Standards	0	1
Overall Number of Deficiencies	0	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

ICE BNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(3).

⁸ “Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication’s side effects, shall be obtained.” See ICE BNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).