



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

**Office of Detention Oversight
Compliance Inspection
2023-001-060**

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

**Florence Service Processing Center
Florence, Arizona**


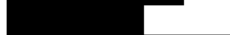
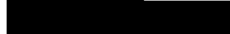
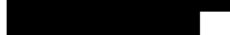
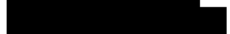
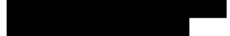
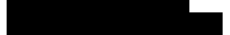
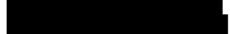

February 7-9, 2023

COMPLIANCE INSPECTION
of the
FLORENCE SERVICE PROCESSING CENTER
Florence, Arizona

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COMPLIANCE INSPECTION TEAM MEMBERS

	Acting Team Lead	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Section Chief	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

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 7 to 9, 2023.¹ The facility opened in 1963 and is owned and operated by ICE. The ICE Office of Enforcement and Removal Operations (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 assigned deportation officers and a detention services manager full-time to the facility. An ICE facility administrator handles daily operations and manages [REDACTED] support personnel. Akima Global Services, LLC provides food services, and ICE Health Services Corps (IHSC) provides medical care services. The facility was accredited by the American Correctional Association in August 2021 and the National Commission on Correctional Health Care in October 2021. In September 2022, FSPC 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 7, 2023)	[REDACTED]
Adult Female Population (as of February 7, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found two deficiencies in the following area: Medical Care (2).

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 6, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, 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 their 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 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
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	2
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	3

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 standards.

Sub-Total	3
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	7

DETAINEE RELATIONS

ODO interviewed 34 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 34 detainees interviewed reported no complaints with facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed four facility hold rooms and found none of the hold rooms had floor drains (**Deficiency HRDF-11**⁷).

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no tuberculosis (TB) screening at intake as per Center for Disease Control and Prevention (CDC) guidelines for correctional and detention facilities. Specifically, ODO found in █ out of █ records, medical staff did not initiate TB screening at intake. Instead, medical staff initiated TB screenings between 3 to 8 days after the detainees arrived at the facility (**Deficiency MC-29**⁸).

ODO reviewed █ detainee medical records and found in █ out of █ records, detainees did not receive an initial medical, dental, nor mental health screening within 12 hours of arrival to the facility. Specifically, medical staff completed the initial medical, dental, and mental health screenings between 14 and 48 hours after the detainees arrived at the facility (**Deficiency MC-**

⁷ "Each hold room shall have floor drain(s)." See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

⁸ "All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb)." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

103⁹). This is a priority component.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed █ detainee medical records and found in █ out of █ records, no initial mental health screening within 12 hours of admission. Specifically, medical staff completed the initial mental health screenings between 14 and 48 hours after the detainees' admission into the facility (**Deficiency SSHSPI-13**¹⁰).

ACTIVITIES

VISITATION (V)

ODO reviewed 100 general visitor log entries and found in 10 out of 100 entries, the facility did not record the time the visitors departed the facility (**Deficiency V-15**¹¹).

ODO reviewed the facility's written legal visitation procedures and found the facility did not provide for the exchange of documents between a detainee and legal representative or assistant when contact visitation rooms were unavailable (**Deficiency V-87**¹²).

ODO reviewed the facility's legal visitation logs and found the log entries did not contain the required information. Specifically, ODO found no column to log a supervising attorney's name when required (**Deficiency V-99**¹³).

⁹ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹⁰ "All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by 'J. Medical and Mental Health Screening of New Arrivals' in Standard 4.3 'Medical Care.'" See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(B)(1).

¹¹ "Staff shall record in the general visitors' log: ...

4. The date, arrival time and departure time."

See ICE PBNDS 2011, Standard, Visitation, Section (V)(D)(1-4).

¹² "The facility's written legal visitation procedures must provide for the exchange of documents between a detainee and the legal representative or assistant, even when contact visitation rooms are unavailable." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(10).

¹³ "Staff shall maintain a separate log to record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access. Log entries shall include the following information: ...

e. Supervising attorney's name (if applicable)."

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(14)(e).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 20 of those standards. ODO found seven deficiencies in the remaining four standards. Since FSPC’s last full inspection in February 2022, the facility’s overall compliance with the ICE PBNDS 2011 (Revised 2016) has trended down despite maintaining a “superior” rating. FSPC went from one deficient standard and two deficiencies in February 2022 to four deficient standards and seven deficiencies during this most recent full inspection. The Hold Rooms in Detention Facilities and the Visitation standards were not core standards in FY 2022 and accounted for four out of seven deficiencies ODO identified during this FY 2023 full inspection. ODO has not received a completed uniform corrective action plan (UCAP) for ODO’s last full inspection of FSPC in February 2022 but did receive the UCAP for the follow-up inspection on August 30, 2022, which likely contributed to the facility not having any repeat deficiencies. ODO recommends ERO Phoenix continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	23	24
Deficient Standards	1	4
Overall Number of Deficiencies	2	7
Priority Component Deficiencies	N/A	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior