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

Florence Service Processing Center Florence, Arizona

June 18-20, 2019

COMPLIANCE INSPECTION
of the
FLORENCE SERVICE PROCESSING CENTER
Florence, Arizona

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COMPLIANCE INSPECTION TEAM MEMBERS

[redacted]	Acting Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
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	Contractor	Creative Corrections
	Contractor	Creative Corrections
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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 June 18 to 20, 2019.[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 (FOD) in Phoenix (ERO Phoenix). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. The FSPC Officer in Charge handles daily facility operations and is supported by [redacted] personnel. Asset Protection & Security Services provides food services and ICE Health Service Corps (IHSC) provides medical care at the facility. The facility is accredited by the American Correctional Association, the National Commission on Correctional Health Care, and the National Commission on Correctional Standards.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity[2]	392
Average ICE Detainee Population[3]	[redacted]
Male Detainee Population (as of 6/18/2019)	[redacted]
Female Detainee Population (as of 6/18/2019)	0

During its last inspection, in Fiscal Year (FY) 2016, ODO found two deficiencies in the following areas: Sexual Abuse and Assault Prevention and Intervention (2).

[1] This facility holds 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 April 1, 2019.
[3] *Ibid.*
[4] ODO notes that the reported detainee population began exceeding the facility's capacity as of the May 20, 2019, ERO Facility List Report. The facility averaged 103 detainees over capacity during the month preceding the inspection.

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.[5]

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as "deficiencies." For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated "priority components," which are considered critical to facility security and the legal and civil rights of detainees. ODO also 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.

[5] ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected[6]	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	**1**
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	3
Sub-Total	**7**
Part 4 – Care	
Food Service	0
Medical Care	2
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	0
Sub-Total	**5**
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	2
Visitation	0
Sub-Total	**2**
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Materials	1
Sub-Total	**1**
Total Deficiencies	**16**

[6] For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 19 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.

Medical Care: One detainee stated he suffered from ear aches and the facility did not provide adequate medical care.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. ODO confirmed the detainee's condition and found the facility provides biweekly irrigation treatments for his ear ache. The facility stopped treatment when the detainee stopped requesting sick call for his ears. ODO requested the facility follow up with the detainee and ensure the detainee knows to continue submitting sick call requests if the condition persists.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

Inventory documentation revealed the supervisory nurse conducts monthly reviews; however, the Health Services Administrator (HSA) or equivalent does not examine or conduct weekly inventories of sharp instruments, syringes, and needles **(Deficiency EH&S-1[7])**.

SECURITY

ADMISSION AND RELEASE (A&R)

ODO's review of 30 detention files confirmed detainees signed an acknowledgement form for receipt of the detainee handbooks (national and local). ODO observed two detainees completing the intake process and they did not receive a copy of the FSPC handbook **(Deficiency A&R-1[8])**. The shift supervisor and detention officers working the intake processing area explained to ODO that the institution had run out of local handbooks due to the large influx of detainees.

> *Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by placing laminated copies of the local handbook in each housing unit for detainees to review. ODO reviewed documentation confirming the facility's order for additional local handbooks **(C-1)**.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO inspected the detainee housing units and observed the facility had not provided all detainees with a property storage locker to secure their allowable personable valuables and funds **(Deficiency F&PP-1[9])**.

> *Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by placing an order for 200 securable plastic containers for their housing units and provided a copy of the purchase order to ODO **(C-2)**.

ODO toured the property room and observed detainees' personal property stored in mesh bags, rather than securable plastic containers. Although these bags were properly tagged, they were not tamper-resistant **(Deficiency F&PP-2[10])**. ODO's discussion with the property officer and shift

[7] "Items that pose a security risk, such as [redacted] shall be inventoried and checked [redacted] by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." *See* ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(D)(4).

[8] "…(E)very facility shall issue to each newly admitted detainee a copy of the *ICE National Detainee Handbook* (handbook) and local supplement that fully describes all policies, procedures and rules in effect at the facility." *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(G)(1).

[9] "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall be proportional to the number of detainees assigned to that housing area." *See* ICE PBNDS 2011, Funds and Personal Property, Section (V)(E).

[10] "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-

supervisor revealed the recent influx of detainees depleted their supply of securable plastic containers.

> *Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by placing an order for 200 securable plastic containers for their property room and provided a copy of the purchase order to ODO **(C-3)**.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO representatives and observed posted DO visitation schedules. DOs make scheduled visits at least [redacted] week to every housing unit (Tuesdays and Thursdays), between the hours of [redacted] ODO observed when DOs visit the housing units, they do not announce their presence **(Deficiency SDC-1[11])**.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO interviewed a Supervisory Detention and Deportation Officer (SDDO) and was informed there were no calculated UOF incidents during the 12 months preceding the inspection but there was one immediate UOF incident. ODO reviewed the UOF file for the immediate UOF incident and found none of the staff involved in the incident prepared a written report regarding the incident **(Deficiency UOF&R-1[12])**.

ODO reviewed documentation reflecting the monthly maintenance checks of the audio-visual cameras and verified monthly checks were documented, to include powering the device on and off, conducting a recording and playback check, ensuring batteries are charged, and confirming there is available recording media inventory. These checks were completed by the accreditation assistants and reviewed by the SDDO; however, the facility had not incorporated these procedures into facility post orders **(Deficiency UOF&R-2[13])**.

> *Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by updating the post orders in accordance with the requirements of the UOF standard **(C-4)**.

There was an officer involved in the immediate UOF incident who sustained a hand injury during the incident and did not submit a report as required by the standard. An After-Action Review (AAR) Team, comprising the SDDO, the Assistant HSA, and the FSPC captain, conducted a

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resistant manner and shall only be opened in the presence of the detainee." *See* ICE PBNDS 2011, Funds and Personal Property, Section (V)(I).

[11] "ICE/ERO staff members shall announce their presence when entering a housing unit." *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

[12] "A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer's shift." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(4).

[13] "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for:

1. maintaining cameras and other audiovisual equipment;
2. regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and
3. keeping back-up supplies on hand (e.g., batteries, tapes or other recording media, lens cleaners)."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K).

review seven days after this incident. The Officer in Charge and the Assistant Officer in Charge did not participate in the AAR and the AAR Team did not convene the workday after the incident or complete the report within two workdays **(Deficiency UOF&R-3[14])**.

CARE

MEDICAL CARE (MC)

ODO reviewed FSPC medical staff's credential documents and confirmed all files contained position descriptions, privileges, primary source verification of current licenses, peer reviews, and national practitioner's data bank queries. However, FSPC did not have credential files for the acting Certified Medical Assistant and the physician providing tele-psychiatry services **(Deficiency MC-1[15])**.

> *Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by providing the two missing credential files to ODO and ODO verified the credentials were in accordance with the standard **(C-5)**.

ODO reviewed the training records of all medical staff and confirmed all records contained initial and current Basic Cardiac Life Support (BCLS) certification; however, [redacted] training files did not document completion of annual training for suicide prevention, recognition of mental health issues, hunger strike, blood borne pathogens and universal precautions **(Deficiency MC-2[16])**. The HSA did not complete the training in 2017 or 2018 and stated he was not required to complete the training because he is the administrator, which is contrary to the standard. ODO briefed staff on the importance of completing training if they are to have contact with detainees.

PERSONAL HYGIENE (PH)

ODO observed that FSPC has [redacted] dedicated housing units for detainees: [redacted] in addition to [redacted] referred to as [redacted], and [redacted] units had [redacted] beds and added [redacted] boat-style beds on the floor. The stackable boat beds were added to each unit to meet the increased number of detainees assigned to

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[14] "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review. This four-member after-action review team shall convene on the workday after the incident. The after-action review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the detainee's release from restraints." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

[15] "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(I). **This is a Priority Component.**

[16] "The health services administrator ensures that medical staff have training and competency in implementing the facility's emergency health care plan appropriate for each staff's scope of practice or position. The facility administrator ensures that non-medical staff have appropriate training and competency in implementing the facility's emergency plan appropriate for each staff's position. Training and competency assessment shall include the following areas:…

b. administering first aid, AED and cardiopulmonary resuscitation (CPR)."

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(T)(2)(b). **This is a Priority Component.**

the unit. As a result, FSPC does not meet the recognized standards of hygiene for the minimum shower and toilet to detainee ratio in housing units [redacted] **(Deficiency PH-1[17])**.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SP&I)

ODO's review of training records for all [redacted] medical staff and [redacted] randomly selected correctional staff found [redacted] of the [redacted] did not have annual suicide prevention and intervention training **(Deficiency SSH&SP&I[18])**. The HSA did not participate in the training in 2017 or 2018.

ODO's inspection found the facility's isolation room (suicide cell) was clean and accommodates direct visual monitoring; however, the front of the cell had exposed prison bars that could facilitate a suicide attempt **(Deficiency SSH&SP&2[19])**.

ACTIVITIES

TELEPHONE ACCESS (TA)

Due to increased number of detainees, the facility could not provide one telephone for every 10 detainees in housing units [redacted] **(Deficiency TA-1[20])**.

ODO inspected and tested telephones in each housing unit; telephones were found to be in good working order. The facility inspects telephones for operability three times a day and documents the inspection on the Jail Housing Inventory sheet. However, the daily inspections did not include demonstrating the ability to make calls using the free call platform **(Deficiency TA-2[21])**.

> *Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by contacting ERO Phoenix, who requested and received a pin that FSPC can use to test the telephones and ensure they connect to the free call platform **(C-6)**.

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[17] "Detainees shall be provided:
1. an adequate number of toilets, 24 hours per day, which 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….
3. operable showers that are thermostatically controlled between 100 and 120 F degrees, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees."

See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1) and (3).

[18] "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." *See* ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A). **This is a Priority Component.**

[19] "The isolation room must be suicide resistant, which requires that it be free of objects or structural elements that could facilitate a suicide attempt." *See* ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F). **This is a Priority Component.**

[20] "Facilities shall be operating at the optimal level when at least one telephone is provided for every ten (10) detainees." *See* ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(1).

[21] "After ensuring that each phone has a dial tone, when testing equipment the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform." *See* ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(4)(a).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

The FSPC detainee handbook does not provide detainees with information that LexisNexis is available at the facility, nor does the facility provide detainees with instructions for using LexisNexis **(Deficiency LL&LM-1[22])**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 and found the facility in compliance with 10 of those standards. ODO found 16 deficiencies in the remaining 10 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were six instances in which staff initiated immediate corrective action. ODO notes several deficiencies resulted from the increase in detainee population, which began in May 2019. At the time of inspection, the facility was housing more than 100 detainees over their maximum capacity and at one point in the month preceding the inspection, the facility housed [redacted] detainees, or 225 detainees over their maximum capacity. ODO recommends ERO Phoenix work with the facility to remedy any outstanding deficiencies as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2016 (PBNDS 2011)	FY 2019 (PBNDS 2011)
Standards Reviewed	16	20
Deficient Standards	1	10
Overall Number of Deficiencies	2	16
Deficient Priority Components	0	4
Repeat Deficiencies	0	0
Corrective Actions	2	6

[22] "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information:…
8. if applicable, that LexisNexis is used at the facility and that instructions for its use are available."
See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(N)(8).