

Office of Professional Responsibility

Florence Service Processing Center Compliance Inspection 2025-001-053

February 11-13, 2025




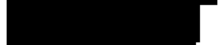
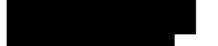
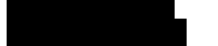
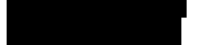
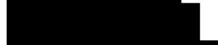


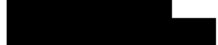


U.S. Immigration
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COMPLIANCE INSPECTION
of the
FLORENCE SERVICE PROCESSING CENTER
Florence, Arizona

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Unit Chief	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 11 to 13, 2025.^{1,2} The facility opened in 1983 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).

[REDACTED] Shane Kitchen handles daily facility operations and manages [REDACTED] support personnel. Akima Global Services, LLC provides food services, and ICE Health Service Corps provides medical care and commissary services 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. 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. ³	[REDACTED]
Average ICE Population. ⁴	[REDACTED]
Adult Male Population (as of February 11, 2025)	[REDACTED]
Adult Female Population (as of February 11, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 3 deficiencies in the following areas: Correspondence and Other Mail (2) and Marriage Requests (1).

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

² This inspection of the FSPC also includes the Florence Staging Facility, which is at the same location as FSPC.

³ Data Source: ERO Custody Management Division Authorized Facility List as of January 17, 2023.

⁴ *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. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁵

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.

⁵ 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 ^{6,7}	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
Staff-Detainee Communication	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	1
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	

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

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	3

DETAINEE RELATIONS

ODO interviewed 43 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed six detainee hold rooms and found in six out of six hold rooms, no floor drains (Deficiency HRDF-11.⁸). **This is a repeat deficiency.**

CARE

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, medical staff conducted initial medical, dental, and mental health screenings of the detainees between 37 and 57 hours after their arrival (Deficiency MC-103.⁹). **This is a repeat deficiency and a priority component.**

⁸ “Each hold room shall have floor drain(s).” See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

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).

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

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff conducted initial mental health screenings of the detainees between 37 and 57 hours after their arrival (Deficiency SSHSPI-13.¹⁰). This is a repeat deficiency.

ACTIVITIES

RECREATION (R)

ODO observed the outdoor recreation exercise equipment and found them in a poor working condition. Specifically, ODO noted ripped cushions on the dips and “abs” machines in need of replacement as they may pose injury risks to detainees. ODO cited this observation as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 27 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 24 of those standards. ODO found three deficiencies in the remaining three standards. Since FSPC’s last rated inspection in February 2024, the facility’s compliance with PBNDS 2011 (Revised 2016) remained consistent. FSPC went from 3 deficiencies and 2 deficient standards in February 2024 to 3 deficiencies and 3 deficient standards during this most recent inspection, which included 3 repeat deficiencies. FSPC will remain deficient in HRDF unless ICE issues a waiver for the floor drains or the facility installs floor drains in their hold rooms. ODO received FSPC’s uniform corrective action plan for its last inspection in February 2024, which may not have been effective in resolving the previous deficiencies ODO cited. ODO recommends ERO Phoenix continue to work with the facility to resolve any remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	26	27
Deficient Standards	2	3
Overall Number of Deficiencies	3	3
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	3
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	Good

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).



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