

Office of Professional Responsibility

Florence Service Processing Center Inspection 2024-005-362

August 20-22, 2024



U.S. Immigration
and Customs
Enforcement



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2024-005-362

Enforcement and Removal Operations
ERO Phoenix Field Office

Florence Service Processing Center
Florence, Arizona

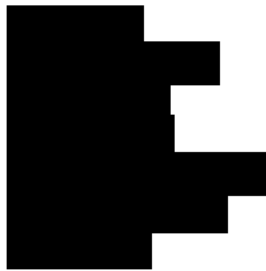
August 20-22, 2024

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
FLORENCE SERVICE PROCESSING CENTER
Florence, Arizona

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**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
TEAM MEMBERS**



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Senior Inspections and Compliance Specialist	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 an unannounced follow-up compliance inspection of the Florence Service Processing Center (FSPC) in Florence, Arizona, from August 20 to 22, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of FSPC from February 13 to 15, 2024. 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]

[REDACTED] An ICE facility administrator handles daily operations and manages support personnel. Akima Global Services, LLC provides food services, ICE Health Service Corps (IHSC) provides medical care, and True Taste Enterprises, LLC provides 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 20, 2024)	[REDACTED]
Adult Female Population (as of August 20, 2024)	[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 Data Source: ERO Custody Management Division Authorized Facility List as of August 19, 2024.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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

PBND Standards 2011 (Revised 2016) Inspected ^{5,6,7}	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
Facility Security and Control	2
Funds and Personal Property	1
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	4
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	3
Sub-Total	6
Part 5 - Activities	
Correspondence and Other Mail	1
Marriage Requests	0
Telephone Access	2
Sub-Total	3
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	13

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up Compliance Inspection Findings* section of this report.

⁶ 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.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. ODO attempted to interview seven additional detainees; however, all seven detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Food Service: Three detainees stated they were dissatisfied with the food portions served.

- Action Taken: ODO reviewed all the detainees' detention files, which included their written and electronic requests and found they did not submit any complaints to staff pertaining to the served food portions. ODO observed the meals served throughout the inspection week and found the facility served portions as indicated on their weekly menu. Additionally, ODO received a copy of a letter, dated March 2024, from the facility consultant dietician (CD), confirming her review of the facility's 5-week menu cycle via the Food Process Nutrition Analysis Fitness software, version 11.11 (2024). The CD concluded detainees receive sufficient calories and basic nutrients for an adequate diet based on facility menus and stated portions.

Medical Care: One detainee stated he has been waiting 3 months for an appointment with the facility's dentist after submitting a request to ICE regarding broken teeth.

Action Taken: ODO reviewed the detainee's medical file with the facility's assistant health services administrator on August 22, 2024, and found the detainee arrived at the facility on June 3, 2024. A facility RN evaluated the detainee for dental pain. During the examination the detainee indicated his tooth was already broken and that he was waiting for a crown prior to his arrival at the facility. The detainee reported bleeding when brushing his teeth and has sensitivity to cold beverages. The RN re-educated the detainee on how to use the sick-call process, referred him to the dental/medical provider for a follow up appointment on the next business day, and prescribed him ibuprofen (200 mg) to be taken once daily. On August 23, 2024, a facility dentist evaluated the detainee for a broken tooth, lost crown, and bleeding gums. The dentist's examination found tooth # 6 had a root canal filling, a missing crown, and plaque-induced gingivitis with calculus. The detainee denied being in pain. The dentist did not prescribe the detainee any medication, stressed good oral hygiene to combat the detainee's bleeding gums, and instructed him to see his private dentist to complete the root canal filling once released from custody. The dentist advised the detainee to return to the clinic if his condition worsened, and the detainee verbalized understanding.

Personal Hygiene: Two detainees stated female officers do not announce themselves upon entering their housing units.

- Action Taken: ODO observed staff announcing female facility staff upon entering opposite-gender housing units. Additionally, ODO observed posted instructions outside of housing units reminding staff to announce themselves. ODO requested that ERO Phoenix send a memo to staff reminding them of the requirement. On August 30,

2024, a DO confirmed the facility sent an email to staff as well as placing a copy of the email in the staff communications log with the post orders.

Personal Hygiene: One detainee stated the water from the tap in his housing unit was too cold and made it hard for him to brush his teeth.

- Action Taken: ODO reviewed the detainee's detention file and found no submitted complaint to ICE regarding excessively cold tap water in his unit. On the same day, the environmental health and safety (EHS) subject matter expert toured all detainee housing units and found the water temperatures within normal ranges. Additionally, the detainee did inform ODO of his teeth sensitivity issues possibly causing discomfort with cold tap water. The detainee was not referred to medical/dental for his sensitivity issues; however, ODO confirmed the detainee knew how to submit a request for medical/dental services if his teeth sensitivity issues persist.

Staff-Detainee Communication: One detainee stated the facility denied his request to copy telephone numbers from his cell phone to contact his family.

- Action Taken: ODO reviewed the detainee's detention file and found a submitted written request in Spanish for telephone numbers. On July 23, 2024, facility staff responded by providing 2 telephone numbers. The detainee did not submit any further requests pertaining to telephone numbers to facility staff.

Staff-Detainee Communication: One detainee stated the facility has yet to act on his request for a copy of his Chinese passport, his Chinese ID, and a photograph.

- Action Taken: ODO reviewed the detainee's detention file and found he submitted 3 requests to ERO on July 31, August 9, and August 16, 2024, but the facility did not provide copies of those documents to the detainee. Following the interview, ODO informed ERO Phoenix of the request from the detainee, and ERO Phoenix provided copies of the requested documents to the detainee. ODO cited as a deficiency under the *Funds and Personal Property* standard.

Telephone Access: One detainee stated facility staff has not provided him with a new personal identification number (PIN) to access the telephones in his housing unit after notifying a staff member of his issue.

- Action Taken: ODO interviewed a DO and confirmed he provided the detainee with a new PIN. ODO reviewed the detainee's telephone logs and found numerous calls from February 24 to July 7, 2024. ODO queried the DO if the PIN issue caused the drop in the detainee's number of calls after July 7, 2024. The DO stated the detainee's drop in telephone calls was due to a lack of funds. The DO also stated he offered a free call to the detainee, but the detainee declined the offer.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's housing unit logs from August 1 to 20, 2024, and found in 14 out of 318 shifts, no documentation of a shift supervisor visit (**Deficiency FSC-75⁸**).

ODO reviewed 7 housing unit logs and found in 7 out of 7 logs, no documentation of weekly visits by the facility administrator nor assistant facility administrator from August 1 to 21, 2024 (**Deficiency FSC-80⁹**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed a detainee, reviewed the detainee's detention file, and found ERO Phoenix did not respond to the detainee's request for his passport, ID, and a photograph of himself, after the detainee repeatedly submitted his request on July 31, August 9, and August 16, 2024 (**Deficiency FPP-23¹⁰**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's electronic and paper detainee request logs and found in 16 out of 719 requests, ERO Phoenix responded between 4 and 7 business days after receipt of the request (**Deficiency SDC-16¹¹**).

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical files and FSPC's 90-day waiver-extension memorandums, approved March 28, and July 2, 2024, and found:

- In [REDACTED] out of [REDACTED] files, no initial medical, dental nor mental health screening by a health

⁸ "The shift supervisor shall visit each housing area and initial the log on each shift at least once per tour." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(D)(1).

⁹ "The facility administrator, designated assistant facility administrator, supervisors and others designated by the facility administrator shall be required to visit all housing units weekly at minimum to observe living conditions and interact informally with detainees." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(D)(2).

¹⁰ "3. Identity documents (e.g., passports and birth certificates) are held in each detainee's A-file. Upon request, staff shall provide the detainee a copy of a document, certified by an ICE/ERO official to be a true and correct copy." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E)(3).

¹¹ "The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

- care provider or a specially trained detention officer within the waiver-approved 24 hours of arrival (**Deficiency MC-103**¹²). **This is a priority component;**
- In █ out of █ files, no comprehensive health assessment until 56 days after arrival by health care staff (**Deficiency MC-137**¹³). **This is a priority component;** and
 - In █ out of █ files, no initial dental screening until 56 days after arrival (**Deficiency MC-176**¹⁴).

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

ODO reviewed █ detainee medical files and FSPC's 90-day waiver extension memorandums, approved March 28, and July 2, 2024, and found in █ out of █ files, no initial mental health screening by a qualified health care professional or health-trained correctional officer within the waiver-approved 24 hours of admission (**Deficiency SSHSPI-13**¹⁵).

ODO reviewed suicide watch logs for █ detainees placed on suicide watch and found in █ out of █ separate detainee logs, staff documented monitoring intervals of the detainees between 16 and 65 minutes (**Deficiency SSHSPI-34**¹⁶). **This is a priority component.**

ODO reviewed medical files of █ detainees placed on continuous one-to-one monitoring and found █ out of █ detainees did not receive daily mental health treatment by a qualified clinician (**Deficiency SSHSPI-35**¹⁷).

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

¹³ “Does the facility’s health care provider conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition?” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

¹⁴ “Is an initial dental screening performed within 14 days of the detainee’s arrival?” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

¹⁵ “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).

¹⁶ “The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁷ “All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed FSPC's legal/certified mail policy and found in 6 out of 227 incoming pieces of mail, staff did not ensure the detainees' signatures in the logbook to confirm receipt of incoming priority, overnight, nor certified mail (**Deficiency COM-36**¹⁸).

ODO reviewed the facility's contraband log and found the log does not include a field, specifying the sender of the mail nor a reason for the action taken once an officer finds an item that must be removed from a detainee's mail. Since ODO found no instances where facility staff removed items from detainees' mail, ODO noted this issue as an **Area of Concern**.

TELEPHONE ACCESS (TA)

ODO toured housing units A, B, C, D, E, J1, J2, J3, and the facility's segregation unit, and found a posted consulate list dated January 5, 2023; however, the current consulate list is dated August 22, 2024 (**Deficiency TA-11**¹⁹). **This is a priority component.**

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action. Facility staff posted the most recent version of the consulate list in detainee housing units, and ODO confirmed the update (**C-1**).

ODO reviewed telephone report logs for all detainee housing units from April 17 to 30, 2024, and from May 16 to 30, 2024, and found staff only tested 1 phone from housing units A, B, C, D and E to ensure placement of a free call. ODO also found 24 instances in which staff only checked 1 phone in 1 out of 3 J-series housing units. ODO found no record of housing unit officers placing free calls from any of the housing unit telephones on April 22 and 29, 2024, nor May 21, 22, and 27, 2024, ODO noted this issue as an **Area of Concern**.

ODO toured housing units A, B, C, D, E, J1, J2, J3 and the facility's segregation unit, observed facility staff testing detainee telephones, and found the officer assigned to the segregation unit and found the officer assigned to housing unit D did not call the free call platform to test the telephones (**Deficiency TA-14**²⁰).

¹⁸ "Incoming priority, overnight, certified mail and deliveries from a private package delivery service, etc., shall be recorded with detainee signatures in a logbook maintained by the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(D).

¹⁹ "ICE/ERO headquarters shall maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and the Department of Homeland Security's (DHS) Office of the Inspector General (OIG), as determined by ICE." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(3).

²⁰ "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 (Revised 2016), Standard, Telephone Access, Section (V)(A)(4)(a).

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility’s compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 13 deficiencies in the remaining 7 standards. Since FSPC’s last full inspection in February 2024, the facility has trended downward. FSPC went from 2 deficient standards and 3 deficiencies in February 2024 to 7 deficient standards and 13 deficiencies during this most recent inspection, to include 4 priority components. FSPC completed a UCAP for ODO’s previous inspection in May 2024, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO Phoenix continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	26	17
Deficient Standards	2	7
Overall Number of Deficiencies	3	13
Priority Component Deficiencies	0	4
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	1
Facility Rating	Superior	N/A



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