



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
Follow-Up Compliance Inspection
2023-002-179**

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

**Florence Service Processing Center
Florence, Arizona**


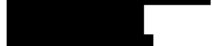
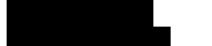
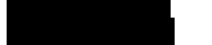
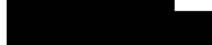
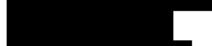
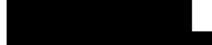


August 8-10, 2023

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
SECURITY	7
HOLD ROOMS IN DETENTION FACILITIES	7
CARE	7
MEDICAL CARE.....	7
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	8
CONCLUSION	8

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
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	Section Chief	ODO
	Contractor	Creative Corrections
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	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 follow-up compliance inspection of the Florence Service Processing Center (FSPC) in Florence, Arizona, from August 8 to 10, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of FSPC from February 7 to 9, 2023. 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 [REDACTED] support personnel. Akima Global Services, LLC provides food services, and ICE Health Service Corps provides medical care services. The facility was accredited by the National Commission on Correctional Health Care in October 2021 and by the American Correctional Association in January 2022. 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 8, 2023)	[REDACTED]
Adult Female Population (as of August 8, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found seven deficiencies in the following areas: Hold Rooms in Detention Facilities (1); Medical Care (2); Significant Self-harm and Suicide Prevention and Intervention (1); and Visitation (3).

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 August 15, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected 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, 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.

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
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Sub-Total	4
Part 5 - Activities	
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	5

⁵ For greater detail on ODO’s findings, see the *Follow-up 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.

DETAINEE RELATIONS

ODO interviewed 24 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee exhibited signs of mental health issues during the interview, and ODO immediately referred him to ERO Phoenix and the facility staff for evaluation. Most detainees reported satisfaction with facility services except for the concern listed below.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated he's had thoughts of self-harm but did not have a plan to do so on August 7, 2023.

- Action Taken: ODO immediately notified ERO Phoenix and the facility leadership, reviewed the detainee's medical file, and found the detainee reported no prior mental health disorders nor suicidal thoughts during the intake process and the subsequent 14-day physical exam. Following the detainee interview, the facility medical staff immediately assessed the detainee. On August 7, 2023, the detainee admitted to the facility doctor he recently had thoughts of suicide but had no plan. The doctor informed the detainee about the effects of detention on mental health and ways to cope. On August 15, 2023, the detainee agreed to return to the clinic for a follow-up appointment. The doctor reported the detainee understood how to submit a medical request and agreed to report any suicidal or self-harm tendencies and kept the detainee in general population. On August 21, 2023, ERO Phoenix informed ODO of the detainee's transfer to another facility on August 15, 2023.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed four facility hold rooms and found all four hold rooms had no floor drains (**Deficiency HRDF-11**⁷). **This is a repeat deficiency.**

CARE

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, no initial tuberculosis (TB) screenings for new arrivals within 12 hours of their arrival to the facility per Center for Disease Control and Prevention (CDC) guidelines (**Deficiency MC-28**⁸). **This is a**

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 "As indicated in this standard below in section 'J. Medical and Mental Health Screening of New Arrivals,' screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

priority component.

ODO reviewed █ detainee medical records and found in █ out of █ records, facility medical staff completed TB screenings between █ and █ of the detainees' arrival to the facility (**Deficiency MC-29⁹**). **This is a repeat deficiency.**

ODO reviewed █ detainee medical records and found in █ out of █ records, detainees received initial medical, dental, and mental health screenings between 3 and 6 days after the detainees' arrival at the facility (**Deficiency MC-103¹⁰**). **This is a repeat deficiency and a priority component.**

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

ODO reviewed █ detainee medical records and found in █ out of █ records, qualified or health-trained personnel completed the initial mental health screenings between 6 and 12 days after the detainees' admission into the facility (**Deficiency SSHSPI-13¹¹**). **This is a repeat deficiency.**

CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found five deficiencies in the remaining three standards. Since FSPC's last full inspection in February 2023, the facility has trended slightly upward. FSPC went from four deficient standards and seven deficiencies to three deficient standards and five deficiencies, which include: two repeat deficiencies in MC with no TB screening for new arrivals and no medical, dental, nor mental health screenings within 12 hours of the detainees' arrival to the facility; one repeat deficiency in HRDF with no floor drains in the hold rooms; and one repeat deficiency in SSHSPI with the medical staff not completing initial mental health screenings of detainees within 12 hours of arrival to the facility. ERO Phoenix provided ODO with the UCAP for ODO's last inspection of FSPC in February 2023; however, the facility did not complete the corrective action for floor drains in the hold rooms and the facility is continuing to work with ERO to identify a solution due to the complexity involved with making a change to the facility's physical plant. Additionally, the corrective actions the facility took in MC and SSHSPI appear to be insufficient to prevent recurrence of those deficiencies. ODO recommends ERO Phoenix continue to work with the facility to resolve any deficiencies that remain outstanding accordance with contractual

⁹ "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).

¹⁰ “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).

¹¹ “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).

obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	17
Deficient Standards	4	3
Overall Number of Deficiencies	7	5
Priority Component Deficiencies	1	2
Repeat Deficiencies	0	4
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A