



OIDO INSPECTION

Central Arizona Florence Correctional Center

OIDO-23-006
April 18, 2023



OIDO is an independent
office within the Department
of Homeland Security.



April 18, 2023

MEMORANDUM FOR: Tae D. Johnson
Acting Director
U.S. Immigration and Customs Enforcement

FROM: David D. Gersten DAVID D
Acting Ombudsman GERSTEN
Office of the Immigration Detention Ombudsman

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SUBJECT: OIDO-23-006
Central Arizona Florence Correctional Center
August 9-10, 2022

Attached is the Office of the Immigration Detention Ombudsman's final report based on its inspection of U.S. Immigration and Customs Enforcement's (ICE) Central Arizona Florence Correctional Center (FCC) in Florence, Arizona, on August 9 and 10, 2022. We reviewed the facility's performance as well as its compliance with the 2008 Performance-Based National Detention Standards (2008 PBNDS) and other relevant policies and procedures.

The report contains one recommendation aimed at improving the facility and its compliance with the 2008 PBNDS and contract terms. Your office concurred with the recommendation. Based on the information provided in your response to the draft report, we consider the recommendation addressed and closed.

Attachment



**OIDO INSPECTION
OF
CENTRAL ARIZONA FLORENCE CORRECTIONAL CENTER**
Florence, Arizona

In August 2022, the Office of the Immigration Detention Ombudsman (OIDO) conducted an unannounced inspection of the Central Arizona Florence Correctional Center (FCC) in Florence, Arizona. A contributing factor for the selection of this facility was its geographical location and detainee population. This inspection was designed to assess the facility's performance and compliance with the U.S. Immigration and Customs Enforcement (ICE) detention standards and contract terms.

OIDO's inspection led to several findings. OIDO found that FCC complied with performance standards and contract requirements in most of the areas reviewed. In addition, the facility performed exceptionally well in one area. Nonetheless, OIDO found violations in two areas. Specifically, the facility had a damaged roof that created unsafe living conditions. Second, a facility camera used to record a use of force incident did not have the date set correctly and created an incorrect record of the incident's date.

OIDO made one recommendation designed to improve operations and conditions at the facility to meet ICE detention standards and contract terms.

Table of Contents

Introduction.....	3
Background.....	3
Objective, Scope, and Methodology.....	4
Results of Inspection.....	4
A. Areas of Compliance.....	4
B. Resolved Area of Initial Non-Compliance.....	10
C. Area of Non-Compliance.....	11
D. Area of Strong Performance.....	12
Conclusion.....	14
Recommendations.....	14
Response from Inspected Component and OIDO Analysis.....	14

Appendices

Appendix A: Component Response.....	15
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Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight Division conducts independent, objective, and credible inspections of Immigration and Customs Enforcement (ICE) facilities throughout the United States. During its inspections, OIDO often completes follow-up assessments to determine whether a facility has taken corrective action to resolve violations or concerns identified during a prior inspection. OIDO also reviews, examines, and makes recommendations to address concerns with or violations of contract terms regarding immigration detention facilities and services.

In August 2022, OIDO conducted an unannounced inspection of the Central Arizona Florence Correctional Center (FCC) to review the facility's performance and determine whether it complied with the 2008 Performance-Based National Detention Standards (hereinafter referred to as the 2008 PBNDS) and contract terms. At the time of inspection, OIDO had two case managers performing routine visits to the facility. OIDO found FCC was generally compliant with detention standards and contract terms and exhibited strong performance in a key area. Nonetheless, OIDO noted a few areas of non-compliance.

Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency's detention system.¹ In addition, ICE uses the coronavirus disease 2019 (COVID-19) Pandemic Response Requirements (PRR) to assist detention facility operators in sustaining operations while mitigating risk to the safety and well-being of detainees due to COVID-19.²

FCC is a contract facility located in Florence, Arizona. It is owned and operated by CoreCivic. The facility first opened in 1999, and it currently houses male and female detainees for ICE, the U.S. Marshal Service, and the City of Mesa. In 2005, CoreCivic entered into an Intergovernmental Service Agreement (IGSA) with ICE to use the facility for immigration detention. CoreCivic's contract to house ICE detainees at FCC requires adherence to the 2008 PBNDS.

FCC has maximum capacity for 400 ICE detainees and had an average daily population of 271 in fiscal year 2022.³ At the time of OIDO's inspection, the facility held approximately 309 ICE detainees.

¹ ICE currently has four detention standards in use at adult detention facilities throughout the United States. These include: 2000 National Detention Standards, 2008 Performance-Based National Detention Standards, 2011 Performance-Based National Detention Standards, and 2019 National Detention Standards.

² See <https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities.pdf>.

³ See [ICE FY 2022 Detention Statistics](#).

Objective, Scope, and Methodology

The OIDO inspection team conducted an unannounced inspection of FCC primarily examining overall compliance with 2008 PBNDS requirements. Specifically, inspectors reviewed the following 10 areas: environmental health and safety; funds and personal property; staff-detainee communication; food service; medical care, to include management of communicable disease and infection control, medication dispensation, and sick calls; terminal illness, advance directives, and death; visitation; grievance system; law libraries and legal material; and Special Management Units.

The inspection was executed by eight personnel, including five investigators, one medical specialist, and two managers. The inspection team conducted interviews with staff and detainees, made direct observations of facility conditions and operations, and reviewed logbooks, video surveillance, and site-specific policies and standard operating procedures (SOPs).

Results of Inspection

OIDO's inspection led to several findings. OIDO found that FCC complied with performance standards and contract requirements in most areas reviewed. In addition, the facility performed exceptionally well in one area. Nonetheless, OIDO found violations in two areas. Specifically, the facility had a damaged roof that created unsafe living conditions and a facility camera that did not have the date set correctly.

Inspection results are divided into four sections: areas of compliance, resolved area of initial non-compliance, area of non-compliance, and area of strong performance.

A. Areas of Compliance

The Facility Complied with Standards for Water Safety

The 2008 PBNDS section 2 requires that the facility make clean potable water available throughout the facility. Facilities must have a state laboratory test a sample of drinking water and wastewater at least annually. The facility must maintain the testing and safety certification on-site. OIDO reviewed the facility's Annual Water Quality Report dated August 4, 2022, which was completed by the City of Florence. The report did not note any issues with the water quality. OIDO visually observed 14 water samples taken from various locations throughout the facility and did not find any evidence of rust or other particulates. The Quality Assurance (QA) Coordinator reported that no detainees had submitted any grievances related to water quality in the 30-day period prior to OIDO's inspection.

The Facility Complied with Standards for Funds and Personal Property

The 2008 PBNDS section 8 ensures that each facility safely keeps detainee personal property in a controlled environment. The standards require the facility to inform detainees about which kinds of personal property may stay in their possession rather than in storage.

OIDO reviewed the CoreCivic Policy 14-6 for detainee property effective November 8, 2021,

which establishes specific guidelines governing both personal and facility-issued property.⁴ OIDO notes that the policy specifies that the FCC does not store property for ICE detainees. Rather, the local ICE facility stores all property. The only property ICE detainees are permitted to maintain is property issued by the facility, items purchased from the commissary, and publications ordered through the mail from approved vendors.

OIDO also interviewed the ICE Compliance Officer (CO) regarding the retention of personal property. According to ICE CO and confirmed through a review of the CoreCivic Policy 14-6, detainees at the FCC were initially processed through the Florence Service Processing Center (SPC), where their funds and personal property were inventoried and stored according to the SPC's policies.⁵ Detainees with personal property that could not be transferred to the FCC were given the option to mail their property to a third party or dispose of it.⁶

OIDO reviewed the local supplement to the ICE Detainee Handbook and found that it included information about what items detainees could keep, store, or transfer between sites. The supplement also described a process by which detainees could access personal property stored at the SPC.

The Facility Complied with Standards for Staff–Detainee Communication

The 2008 PBNDS section 16 for Staff–Detainee Communication requires the facility to encourage and provide opportunities for detainees to engage in informal direct and written contact with facility staff and ICE ERO officers. Detainees must be able to submit written questions and concerns along with formal grievances and receive timely responses within no longer than three business days.

OIDO interviewed an ICE ERO Deportation Officer and reviewed the ICE Detainee Handbook and the facility's Detainee Handbook supplement. The Handbook outlines procedures for detainees to submit communications to staff via written paper or using electronic tablets. OIDO reviewed entries in the Staff–Detainee Communication logbook for the 30 days prior to its inspection and found that the facility responded to all detainee communication within 72 hours.

The 2008 PBNDS also requires that each ICE ERO Field Office create policies and procedures to ensure and document that the assigned supervisory staff conduct frequent, unannounced visits at least weekly. During these unscheduled visits, officers must observe the facility's living and activity areas and encourage informal communication among staff and detainees. In addition, the facility or Field Office ICE ERO staff shall conduct scheduled visits to address detainees' personal concerns and monitor conditions.

OIDO reviewed the facility's local policies for staff–detainee communication effective May 8, 2022, which outlines procedural guidelines to maintain a system of communication between ICE employees and detainees.⁷ OIDO confirmed that the policy included procedures to complete and

⁴ CoreCivic. (2021). *Central Arizona Florence Correctional Complex Policy 14-6: Inmate/Detainee Property*.

⁵ OIDO did not review the SPC's policies directly, as they were maintained at the Florence SPC, and no copies were available at the FCC.

⁶ OIDO did not verify this process through documentation because all related records were stored at the Florence SPC.

⁷ Florence Detention Center. (2022). *Staff-Detainee Communication Policy* (FDC 2.13). Florence, Arizona.

document these visits. OIDO also observed the schedules for ICE ERO visits as well as checklists documenting these visits and found that ICE ERO completed both scheduled and unscheduled visits and documented them in accordance with the standards.

The Facility Complied with Standards for Food Service

The 2008 PBNDS section 20 for Food Service requires that each facility establish procedures for storing, receiving, and inventorying food. This shall include the establishment of a written stock rotation schedule. Staff must regularly examine deliveries for freshness, quality, and general appearance.

During its inspection, OIDO reviewed aspects of the food service requirements to include general operations, food handling and storage, and temperature monitoring and documentation. The facility's QA Coordinator reported that no issues had been reported regarding food service or safety in the past month. OIDO interviewed the Food Service Director, who demonstrated a thorough knowledge of food handling requirements. During its inspection, OIDO observed all areas of the food service department, including the freezers, coolers, and dry storage areas. OIDO inspected refrigerated, frozen, and shelf-stable foods as well as perishables. OIDO inspected labels and expiration dates on food items and found that all items reviewed had been properly labeled and had not been kept past their expiration dates. According to the Food Service Director, the facility adhered to a first-in/first-out system, meaning the oldest items were consistently used first to maintain a fresh inventory. OIDO also found that when staff took frozen foods out of the freezer to thaw, they marked the item with the date it had been removed from the freezer.

OIDO found that food items at the facility, including meat, were properly stored and in good condition. OIDO observed the detainees receive an evening meal during its inspection. The Cook Supervisor properly performed and documented temperature checks of detainee meals and recorded the results in a logbook.

The Facility Complied with Standards for Management of Communicable Disease and Infection Control

The 2008 PBNDS section 22 for Communicable Disease and Infection Control requires that facilities have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Facilities must comply with plans implemented by federal, state, or local authorities addressing specific public health issues, including communicable disease reporting requirements. In addition, the ICE ERO PRR sets forth expectations and assists ICE detention facility operators in sustaining detention operations while mitigating risk to the safety and well-being of detainees, staff, contractors, visitors, and stakeholders due to COVID-19.⁸

In addition, the CoreCivic Policy 13-91⁹ requires that facilities post signage throughout the facility

⁸ OIDO used the ICE ERO PRR Version 9.0, dated June 13, 2022, to conduct its inspection.

⁹ CoreCivic. (2022). *Central Arizona Florence Correctional Complex Policy 13-91: Pandemic/Epidemic/Disease Outbreak Operations and Management Control Plan*.

reminding staff and detainees to use personal protective equipment (PPE). OIDO observed these signs posted in the facility as well as outside the COVID-19 isolation and quarantine housing units. The Manual provides explanations of how the medical staff are to conduct specific preventive safeguards toward detainees against COVID-19. Specifically, CoreCivic was responsible for both the education on and administration of PPE to the medical staff, while the CoreCivic Safety Manager was required to provide education and administration of PPE to the detention staff. The Safety Manager also monitored housing units designated for COVID-19 isolation and quarantine, including tracking the number of days each detainee remained in these units. At the time of its inspection, one detainee was in the COVID-19-positive isolation unit for a 14-day period. In addition, there were 39 detainees in the quarantine unit because one person in that group had tested positive for COVID-19 upon intake and all had traveled together on the same transport. OIDO conducted interviews with CoreCivic staff, including two health service administrators (HSAs), a nurse practitioner, two clinical supervisors, a clinical psychologist, a registered nurse who specializes in infectious disease, and the Safety Manager, regarding policies and guidelines for COVID-19. The registered nurse stated that CoreCivic followed the latest guidance for COVID-19 from the ICE ERO PRR, which was Version 9.0 dated June 13, 2022, at the time of OIDO's inspection. During its inspection, OIDO found that the FCC had protocols in place for quarantine and isolation, that staff monitored the number of days detainees spent in each area, and that the facility kept a log of the detainees in quarantine or isolation units. In addition, OIDO observed that the facility had clearly displayed signage in the COVID-19 isolation and quarantine housing units requiring individuals to put on proper PPE before entry (*See Exhibit 1*). The signs also included information about how to safely and correctly put on and take off PPE.



Exhibit 1. COVID-19 sign requiring PPE usage before entering the quarantine housing pods at FCC, as observed by OIDO on August 9, 2022.

Source: OIDO

The Facility Complied with Standards for Pharmaceutical Management

The 2008 PBNDS section 22 for Medical Care requires that each facility will order, dispense, and administer prescriptions and medications in a timely and sufficient manner as prescribed by a health care professional. OIDO reviewed seven records for detainees with chronic diagnoses in the CoreCivic electronic health records (EHRs). OIDO found that all seven records showed a timely administration of medication without interruption, as prescribed by the health care professional in each case.

The Facility Complied with Standards for Detainee Sick Calls

The 2008 PBNDS section 22 on Sick Call requires each facility to have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services, including mental health and dental services, provided by a physician or other qualified medical staff in a clinical setting.

OIDO reviewed the policies specified in the ICE Detainee Handbook and local supplement for processing daily sick call requests. The local supplement to the ICE Detainee Handbook stated that detainees who became sick and needed medical attention would receive care during a sick call. Detainees could make a request for care by completing a slip from their unit's housing officer and placing it in the medical request box. Upon receipt, medical staff would schedule the detainee for an appointment during routine sick call hours, available seven days per week starting at 8:00 a.m. Medical staff at FCC reviewed slips and prioritized cases. If a detainee felt they had a medical emergency, they would be evaluated for more immediate treatment. CoreCivic used three categories for prioritizing sick calls, including (1) emergent sick calls to be seen immediately; (2) urgent sick calls to be seen in 24 to 48 hours; and (3) routine sick calls to be seen within 14 days.

OIDO reviewed the facility's electronic health records of sick call requests for the two-week period prior to its inspection and found that each of the 13 total requests was complete, containing information including the detainee's name, complaint, cell location, and date of request. OIDO also reviewed the requests to determine whether the facility timely received, triaged, and scheduled clinic visits. OIDO found that all requests had been received and triaged by appropriate personnel within 48 hours after the detainee submitted the request.

The Facility Complied with Standards for Terminal Illness, Fatal Injury, or Death

The 2008 PBNDS section 25 on Terminal Illness, Advance Directives, and Death ensures that each facility's continuum of health care services provides specific guidance in the event of a detainee's death. The section for Death of a Detainee in ICE/[ERO] Custody requires that each facility have written policies and procedures that are followed. Finally, the section on Administration of the Medical Department requires on-site monitoring of health service outcomes on a regular basis through a review of all detainee deaths.

OIDO reviewed documentation regarding the unexpected death of a detainee on July 8, 2022. This review included the CoreCivic Morbidity and Mortality Review and the ICE Mortality Review Close-Out Analysis dated August 9, 2022. Based on its review of documentation and interviews with medical staff, OIDO found that medical staff took appropriate steps during intake, medical screening, and emergency code calling, including the initiation of cardiopulmonary resuscitation,

use of automated external defibrillator, medications given, and request for outside rescue services.

The Facility Complied with Standards for Visitation

The 2008 PBNDS section 32 ensures detainees can be visited by family, associates, legal representatives, and consular officers. The standard requires procedures for social and legal visitation. Schedules and visiting procedures must be readily available to the public. It also requires the facility maintain a separate logbook for each visitation type to record all visitors.

OIDO observed that the facility had visitation schedules posted in housing units and in the unit team office. OIDO also confirmed that the detainee handbook explained different kinds of visitation privileges and procedures. FCC staff reported that no general or legal visits had been canceled by FCC due to COVID-19 quarantine status. OIDO reviewed the general visitation log for the 30-day period prior to its inspection and did not observe any cancellations of scheduled visits.

PBNDS section 32 ensures detainees can meet with legal representatives and requires a separate log for legal visitation. OIDO reviewed the legal visitation log for the 30-day period prior to its inspection and did not observe any cancellations of scheduled visits. FCC's legal team (five members) was available seven days a week to enter case notes into the docket control detention module for requests, family calls, legal calls, legal visits, and general information; detainees can also request visitation from attorneys and legal representatives using the electronic tablets provided.

The Facility Complied with Standards for Processing Detainee Grievances

The 2008 PBNDS section 35 requires facilities to establish written policies and procedures to manage detainee grievances. The facility must ensure that detainees can file formal grievances, including medical grievances, and a grievance officer or committee must respond to said grievances in writing¹⁰ and in a timely manner. FCC's local policy requires staff to provide a written or oral response within five days of receipt of the grievance. The 2008 PBNDS also requires the facility to provide detainees with at least one level of appeal. Further, the facility must devise a method for documenting detainee grievances, at a minimum, in a Detainee Grievance Log.

OIDO reviewed CoreCivic Policy 14-5 for detainee grievances effective October 4, 2021, and found that FCC allowed detainees to file formal grievances electronically through tablets.¹¹ These grievances were electronically logged and tracked within the tablet software. OIDO confirmed that FCC's procedures included an option for detainees to file an appeal if they were dissatisfied with their response.¹²

¹⁰ While the facility staff must respond to formal grievances in writing, the 2008 PBNDS provides for oral responses to informal, oral detainee grievances. However, facility staff must still document oral resolutions to informal grievances in the facility's logs or data systems.

¹¹ CoreCivic. (2021). *Central Arizona Florence Correctional Complex Policy 14-5: Inmate/Resident Grievance Procedures*.

¹² Though OIDO verified that the facility's policies included an option for a detainee to appeal a grievance decision, it did not observe any appeals, as the records OIDO selected for review did not include any detainee appeals.

OIDO found that FCC had an electronic grievance log, which was maintained by ICE Deportation Officers (DOs). The ICE DOs retrieved written and electronic grievances and entered them into the electronic log, then assembled a team with appropriate staff to respond. OIDO reviewed the electronic grievance log as well as paper copies of grievances submitted during the 30-day period prior to OIDO's inspection. OIDO found that FCC staff responded to submitted grievances within 72 hours in all entries reviewed.

The Facility Complied with Standards for Law Library and Legal Materials

The 2008 PBNDS section 36 ensures detainees have access to comprehensive legal materials and law libraries, courts and counsel, and confidential contact with attorneys and related individuals. The standards require facility law libraries to have up-to-date legal materials, which can include access to publications through LexisNexis.

OIDO interviewed an ICE Deportation Officer as well as the CoreCivic Chief of Unit Management, Library Aide, and Unit Manager. OIDO reviewed log entries for detainee requests for law library access over the 30-day period prior to its inspection and found that the facility staff had not denied any requests for access. OIDO also reviewed two library records: a log that recorded the date, time, and name of LexisNexis users, and a log that tracked LexisNexis software updates. At the time of OIDO's inspection, FCC law library had three stationary desk computers and one portable unit. OIDO found that all four systems were operating properly with the most up-to-date version of LexisNexis.

The 2008 PBNDS also ensures detainees have access to courts and counsel. The ICE Compliance Officer reported that detainees had access to video teleconference (VTC) units at the Florence SPC.¹³ When a detainee had a scheduled court hearing or other proceeding, the facility would transport the detainee to the SPC. The ICE Compliance Officer stated that the facility had not had to cancel or delay any detainee court proceedings due to VTC access.¹⁴ OIDO found that FCC's process gave detainees access to up-to-date legal information as well as access to courts, counsel, and legal representatives.

B. Resolved Area of Initial Non-Compliance

Facility Camera Equipment Incorrectly Timestamped Video Footage in a Use of Force Incident

The 2008 PBNDS section on Use of Force and Restraints authorizes facility staff to use necessary force in certain situations with the potential to cause harm. When a calculated use of force is required, facility staff must audio visually record the entire incident. These recordings must begin with a team leader stating the facility name, location, time, date, and information regarding the situation that requires a calculated use of force. The relevant audiovisual equipment must be maintained and regularly tested.

OIDO reviewed the Use of Force Reports for May, June, and July 2022 and found that the video surveillance footage for one incident on July 2, 2022, had an inaccurate date stamp on the video

¹³ See [Florence Service Processing Center | ICE](#).

¹⁴ OIDO was unable to independently verify this information through documentary evidence, as the logbooks that included this information were maintained at the SPC.

of March 9, 2022 (See Exhibit 2).

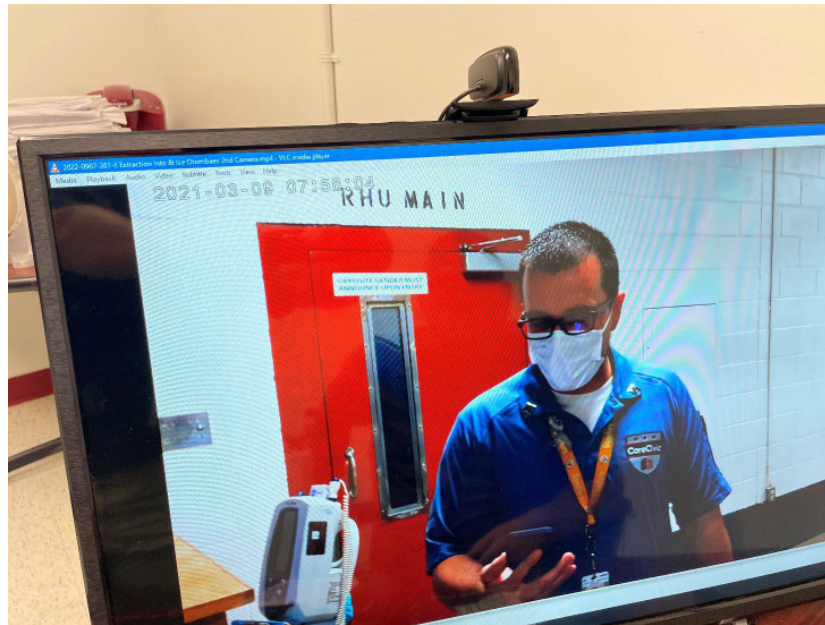


Exhibit 2. Inaccurate date stamp on video footage for July 2, 2022, use of force incident, as observed by OIDO on August 9, 2022.

Source: OIDO

While OIDO notes that the facility correctly followed camera operation procedures during the use of force incident, prior to the incident, facility staff had not checked the camera to ensure proper date and time were set, which is an essential part of camera maintenance. OIDO could not determine how long this camera had been programmed incorrectly and displayed the incorrect date. Checking time settings is an essential part of maintaining camera equipment. Without proper maintenance, the equipment may not be ready during emergent situations such as use of force incidents and could compromise the accuracy of event documentation.

OIDO interviewed the Shift Captain on August 9, 2022, who indicated and demonstrated that the camera had been replaced. OIDO observed that the replacement camera displayed the correct date and time. OIDO finds the facility's corrective actions to be sufficient to address the non-compliance issue noted above.

C. Area of Non-Compliance

The Facility Had a Damaged Roof That Created Unsafe Conditions

The 2008 PBNDS section 2 protects detainees, staff, and others from injury and illness by maintaining safe conditions within the facility. The facility must complete preventive maintenance and regular inspections to ensure timely emergency repairs or replacement to prevent dangerous situations. During its inspection, OIDO observed a damaged roof in housing unit Delta Bravo, which allowed rainwater to leak into the facility and caused flooding (See Exhibit 3). FCC staff had moved detainees out of the affected unit on August 9, 2022, the day the leak was discovered

from the rain the night before. The Grievance Coordinator reported that no detainees had submitted grievances about the roof and flooding issues during the 30-day period prior to OIDO’s inspection.

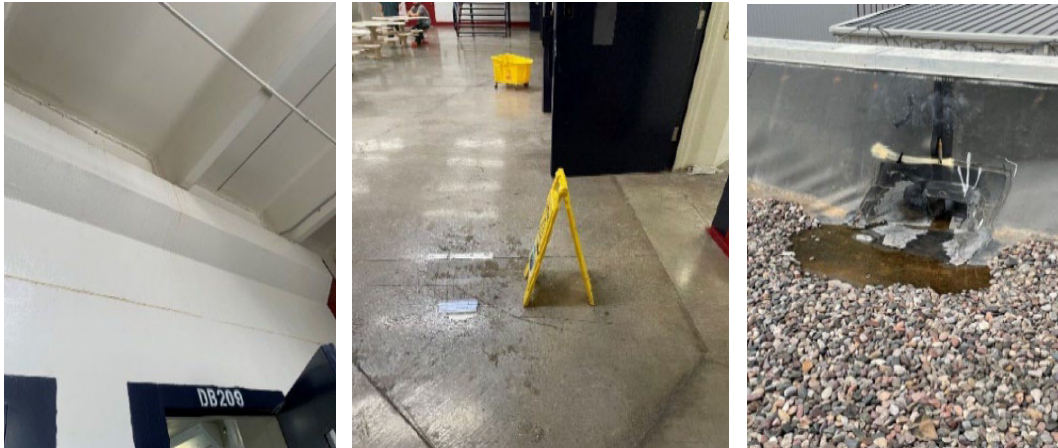


Exhibit 3. Leaking roof in housing unit (left), puddle on floor under leaking roof in housing unit (middle), and roof damage from rainwater in housing unit (right), as observed by OIDO on August 9, 2022.

Source: OIDO

OIDO reviewed the Capital Expenditure Planning Worksheet (2018–2023) with the Complex Safety Manager, Safety Manager, and Maintenance Supervisor and found that the unit roof had been identified for replacement. The Worksheet showed that requests had been made for funding for the roof throughout the facility, to include this unit, over the past six years. No specific date for the replacement or repair of this section of the roof had been established.

OIDO notes the Complex Safety Manager reported that the facility had installed new roofing on most buildings in the complex over the past seven years. However, the roof for Delta unit had not yet been replaced due to lack of current funding. OIDO reviewed the Capital Expenditure Reports from 2018 – 2023. The reports corroborated this testimony and showed that the facility budgeted for the Delta unit roof replacement for 2023. The facility had completed minor repairs in this area, but the roof membrane is significantly damaged and needs to be replaced.

OIDO observed rainwater leaking from the roof in the hallways, cells, and corridors. The roof leaks in Delta unit resulted in standing water on the floors, which created a slip and fall hazard to both facility staff and detainees. Damp conditions from the leaking roof may cause mold to grow and endanger the health and safety of detainees and staff. In addition, the damp conditions and leaks may cause additional structural damage. OIDO notes that, during the inspection, one group of detainees had to be relocated to a different housing unit due to water entering their cells and common area.

D. Area of Strong Performance

The Facility Exceeded Standards for Reviewing Detainee Placement and Supervising Detainees in Special Management Units

The 2008 PBNDS section 15 on Special Management Units (SMUs) and CoreCivic policy require

that facilities protect detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population. Such segregation can be for administrative or disciplinary reasons. During its inspection, OIDO reviewed SMU matters related to close supervision, review of detainee placement, medical visitation, legal access, grievances, and recreation.

OIDO found that the facility exceeded standard requirements for evaluating placement of detainees in SMU. The 2008 PBNDS section on review of detainees within SMUs requires that all facilities implement written procedures for the regular review of detainees in administrative segregation. A security supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. A security supervisor shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter, for the first 60 days. After the initial 60 days, a security supervisor shall conduct this review at least every 30 days. After review, the supervisor documents the decision and justification for ongoing segregation. OIDO reviewed the SMU roster for the 120-day period immediately prior to the date of its inspection, the facility's tracking packets for detainees in SMU, the SMU placement checklist, and the ICE notification form. In addition, OIDO reviewed the ICE visitation log. OIDO found that the facility maintained a procedure whereby a review committee evaluated every detainee in SMU every seven days after placement, regardless of how long the detainee had been housed in the SMUs.

The 2008 PBNDS section on close supervision of detainees in SMUs requires that security staff check on every detainee in SMU by personal observation at least every 30 minutes on an irregular schedule. OIDO reviewed the watch logs for security staff covering the 24-hour period from August 9-10, 2022. The logs were posted on every cell door in the SMU. OIDO found that security staff had documented that they had checked on every detainee in SMU by personal observation at least every 30 minutes. OIDO found that these observation times followed an irregular schedule. OIDO notes that the log entries reviewed demonstrated that the staff checked on detainees roughly every 20 minutes, on average.

In addition to review of detainee placement and close supervision, OIDO found that FCC followed standards in the areas of medical visitation, legal access, and grievances in SMUs. Pertaining to medical care, the 2008 PBNDS section on SMU health care requires that a health care provider shall visit every detainee in SMU at least once per day. In addition, detainees will have access to regularly scheduled sick call. OIDO reviewed FCC's SMU medical visitation logs for a one-week period in August 2022. OIDO found that a medical staff member visited each SMU detainee at least once every day. In addition to the visitation logs, FCC maintained a medical staff log on each SMU cell door to document when medical personnel entered a detainee cell and for what purpose. OIDO reviewed the door logs and found that medical staff had visited the detainees in SMU at least once daily and documented the staff member's name, date, and purpose of the visit. OIDO also reviewed two detainee grievances as well as the associated EHRs and found that the facility had appropriately scheduled medical visits. In addition, the unit logbook and electronic grievance log showed that the detainees had received medical visits.

Concerning legal access, the 2008 PBNDS sections on legal visits, legal materials, and law library require that facilities may not deny detainees in SMU legal visitation but may implement whatever

additional security precautions necessary to protect detainees and visitors and maintain good order. In addition, detainees in SMU shall have access to legal materials and shall have the same law library access as the general population unless compelling security concerns require limitations.

OIDO found that detainees in SMU at FCC had access to the same legal materials that were available to the detainees in the general population. The SMU had a rolling cart with a computer and printer as well as legal materials, which was maintained in the unit and dedicated to SMU detainees. OIDO reviewed entries in a 30-day SMU legal visitation log and found that detainees' visits with attorneys were documented.

Conclusion

OIDO's inspection led to several findings. The facility was compliant in most of the 10 areas reviewed and performed exceptionally well in reviewing placement and conducting supervision of detainees in SMU. However, OIDO found that FCC had violations in two areas. Specifically, the facility had a damaged roof and failed camera equipment in a use of force incident. OIDO notes that the facility made timely corrective action to replace the camera equipment.

Complying with ICE's 2008 PBNDS and contract terms is essential to ensuring the health, safety, and rights of detainees. ICE must ensure that FCC complies with the detention standards and contract terms and takes meaningful corrective action to address deficiencies.

Recommendations

Recommendation 1: The facility has identified roof replacement on the annual Capital Expenditure Planning report for the past six years. OIDO recommends that the facility complete the roof repairs in the Delta unit as soon as possible. OIDO requests an update on repairs by July 1, 2023.

Response from Inspected Component and OIDO Analysis

ICE officials concurred with the recommendation and completed corrective actions to address the issue raised in OIDO's inspection. OIDO considers the recommendation addressed and closed. Below is a summary of ICE's response and OIDO's analysis thereof.

Component Response to Recommendation 1: Regarding roof repairs, ICE concurred with OIDO's recommendation. ICE indicated that the roof leaks were repaired in the Delta Housing Unit (DHU) on September 12, 2022. Further, the contractor managing the facility reported that the roof is scheduled to be replaced this year, but no date has been determined.

OIDO Analysis: OIDO finds these actions to be responsive to the recommendations and considers the matter addressed and closed.

Appendix A: Component Response

Office of the Director

U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536



**U.S. Immigration
and Customs
Enforcement**

March 13, 2023

MEMORANDUM FOR: David D. Gersten
Acting Ombudsman
Office of the Immigration Detention Ombudsman

FROM: Tae D. Johnson 
Deputy Director and
Senior Official Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

SUBJECT: Response to the Office of the Immigration Detention Ombudsman
Draft Report, Florence Correctional Center (Case No. 22-001057)

Purpose

This memorandum is in response to the Department of Homeland Security's Office of the Immigration Detention Ombudsman (OIDO) draft inspection report, *Florence Correctional Center*, in which OIDO found the Florence Correction Center (FCC) compliant with performance standards and contract requirements in most of the areas reviewed.

Background

U.S. Immigration and Customs Enforcement (ICE) is a federal agency charged with enforcing the nation's immigration laws in a fair, humane, and efficient manner. ICE identifies, apprehends, detains, and removes noncitizens who are amenable to removal from the United States. ICE Enforcement and Removal Operations uses its immigration detention authority to effectuate this mission by detaining noncitizens in custody while they await the outcome of their immigration proceedings and/or removal from the United States.

ICE has important obligations under the U.S. Constitution and other federal and state laws when it determines that a noncitizen is subject to detention. ICE national detention standards ensure that detained noncitizens are treated humanely, protected from harm, provided appropriate medical and mental health care, and receive the rights and protections due under U.S. law.

ICE ensures detention facilities used to house ICE detained noncitizens do so in accordance with ICE national detention standards. These standards were developed in cooperation with ICE stakeholders, the American Correctional Association, and nongovernmental organizations, and

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Response to the Office of the Immigration Detention Ombudsman Draft Report, Florence
Correctional Center (Case No. 22-001057)
Page 2

were created to ensure that all noncitizens in ICE custody are treated with dignity and respect and provided appropriate care. Each detention center must meet specified standards.

ICE's Response to OIDO's Recommendation

Recommendation: The facility has identified roof replacement on the annual Capital Expenditure Planning report for the past six years. OIDO recommends the facility complete the roof repairs in the Delta unit as soon as possible. OIDO requests an update on repairs by July 1, 2023.

Response: ICE concurs with the recommendation. According to the attached receipt provided by the FCC maintenance supervisor, the roof leaks were repaired in the Delta Housing Unit (DHU) on September 12, 2022.

ICE has not received any grievances or other complaints regarding roof leaks in the DHU. The contractor managing the facility reports that the roof is scheduled to be replaced this year, but no date has been determined.

Attachment: Progressive Roofing Invoice, September 12, 2022

Additional Information and Copies

To view any of our other reports,
please visit:
www.dhs.gov/OIDO.

For further information or questions, please contact the Office
of the Immigration Detention Ombudsman at:
detentionombudsman@hq.dhs.gov.

