



## **U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

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# Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
Miami Field Office  
Broward Transition Center  
Pompano Beach, Florida

February 28 – March 1, 2012

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**COMPLIANCE INSPECTION  
BROWARD TRANSITION CENTER  
MIAMI FIELD OFFICE**

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## EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Broward Transition Center (BTC) in Pompano Beach, Florida, from February 28 - March 1, 2012. The facility is owned and operated by the Global Expertise in Outsourcing (GEO) Group, Inc. BTC houses ICE detainees of classification Level One for periods in excess of 72 hours.

GEO initially entered into a contract agreement with the Broward County Sheriff's Office in 1996 to manage the facility, which was formerly a hotel complex that was converted into work-release housing for Broward County inmates. By 2002, GEO had ended its contract with the Broward County Sheriff's Office and entered into a contract with ICE to provide a transitional center comprised of 150 beds for female detainees (asylum seekers). ICE awarded a subsequent contract to GEO in 2003, increasing the female detainee population to 200. In 2005, BTC began to accommodate male detainees, and the ICE detainee capacity increased to 450 beds. On February 1, 2007, the ICE contract was increased to 600 beds, and increased again in July 2009, to a maximum of 700 beds. The current contract permits the housing of Level One non-criminal male and female detainees under the newly-instituted DHS Model Detainment Center. The Model Detainment Center allows more freedom of movement for ICE detainees.

At the time of the ODO CI, BTC housed 642 detainees (572 males and 70 females). BTC is accredited by the American Correctional Association (ACA). BTC staff provides both medical care and food services.

Since 2010, major building renovation/expansion projects have been accomplished to meet the Model Detainment Center contractual requirements, as well as the needs of the larger population, including: a transport unit equipped with a fleet of vehicles and a staff of 5(7) a larger medical department operating 24 hours a day, seven days a week; and an expanded food service area and dining room. Two designated detainee-client waiting rooms were added, as well as separate detainee-client meeting rooms. Two remodeled court rooms now serve the detainee needs for televised court appearances. A significant renovation and expansion in the control room, visitation area, and intake area have also been completed. ODO observed ongoing renovation projects during the CI, including upgrading male detainee rooms and converting the facility's common outdoor space into a break area.

According to BTC staff, ongoing improvements are incorporated into the Model Detainment Center concept such as painting the outside structures in pink, the color selected by GEO management to provide a soothing, calming environment for detainees. There will be no increase in the numbers of rooms; however, BTC staff said each room now holds a maximum of six detainees, although the rooms will be reduced to four detainees per room when the renovation is completed.

ICE management staff informed ODO, the Model Detainment Center configuration results in reduced costs compared to maximum security jails; resources in a Model Detainment Center are directed toward improving services for detainees' care and welfare. These services include

improving detainees' health, welfare, and socialization; realistic self-help educational programs; intra-institutional work assignments; and individual social, psychological, medical, and religious counseling.

The ERO Field Office Director in Miami, Florida (FOD/Miami) is responsible for ensuring BTC complies with ICE policies and the PBNDS. An Assistant Field Office Director (AFOD), who is located on-site at BTC, is assigned oversight responsibility of the facility. Including the AFOD, ERO has (b)(7) full-time positions at BTC, which consist of (b)(7) Supervisory Detention and Deportation Officers (SDDOs), (b)(7) Deportation Officers (DOs), (b)(7) Supervisory Immigration Enforcement Agents (SIEAs), (b)(7) Immigration Enforcement Agents (IEAs), and (b)(7) Enforcement Removal Assistants (ERAs). An IEA and an ERA position were vacant during the period of review. A Detention Service Manager (DSM) is assigned to BTC. The total number of non-ICE staff employed by GEO at BTC is (b)(7) with (b)(7) vacancies at the time of the CI.

In July 2009, ODO conducted a Quality Assurance Review (QAR) of BTC, and reviewed 25 National Detention Standards (NDS). A total of 89 deficiencies were found during the review in the following standards: Access to Legal Material (1 deficiency); Admission and Release (7); Contraband (1); Correspondence and Other Mail (6); Detainee Classification System (2); Detainee Handbook (6); Detention Files (3); Disciplinary Policy (4); Emergency Plans (6); Environmental Health and Safety (2); Food Service (3); Funds and Personal Property (5); Issuance and Exchange of Clothing, Bedding, and Towels (3); Key and Lock Control (8); Medical Care (4); Population Counts (1); Post Orders (2); Recreation (1); Religious Practices (2); Security Inspections (4); Staff-Detainee Communication (4); Tool Control (6); Use of Force (3); Visitation (4); and Voluntary Work Program (1).

During the 2009 QAR, there were no recorded deficiencies in five of the standards reviewed, including: Detainee Grievance Procedures; Hunger Strikes; Suicide Prevention and Intervention; Telephone Access; and Terminal Illness, Advanced Directives, and Death.

On November 30, 2011, ICE Enforcement and Removal Operations (ERO), Detention Standards Compliance Unit contractor MGT of America, Inc., conducted an annual review of the ICE Performance Based National Detention Standards (PBNDS) at BTC. The facility received an overall rating of "Meets Standards," and was found in compliance with all 41 standards reviewed.

During this CI, ODO reviewed 23 PBNDS. Overall, ODO found BTC to be well-managed, and in compliance with the standards inspected relative to the concept of a Model Detainment Center. ODO verified BTC was in full compliance with 15 of the 23 PBNDS reviewed, while deficiencies were recorded in the following eight standards: Admission and Release (3 deficiencies); Environmental Health and Safety (3); Food Service (1); Grievance System (1); Hold Rooms in Detention Facilities (1); Medical Care (2); Telephone Access (1); and Transfer of Detainees (2). ODO noted two deficiencies were found which were similar to deficiencies identified during the 2009 ODO QAR, in the Admission and Release, and Medical Care standards.

This report includes descriptions of all deficiencies and refers to the specific, relevant ICE PBNDS. The report will be provided to ERO to develop corrective actions to resolve identified deficiencies. All deficiencies were discussed with BTC personnel on-site during the inspection, as well as during the closeout briefing conducted on March 1, 2012.

ERO staff informed ODO several measures are in place to avoid accepting detainees other than Level One detainees. One such measure involves meticulous classifications by ICE officers. The facility has requested a GEO classification officer position, which will ensure full coverage of classification duties if ICE personnel are unavailable. ODO found detainees, upon arrival at BTC, are not screened for security purposes through metal detectors. Additionally, detainees are not required to shower prior to entering their respective housing units. Detainee question and answer sessions with facility staff are not conducted with detainees following the orientation briefings. These deficiencies were discussed during the review and at the close-out briefing. BTC staff was receptive to ODO's findings, and agreed to incorporate corrective actions.

Medical and mental health screenings are performed by nursing staff at the time of intake. Available data indicates there were 7,641 intake health screenings conducted in 2011. There were 6,016 detainee contacts with a physician, and 84,561 detainee encounters with nursing staff. Screening for TB is performed as part of intake processing by way of low radiation digital chest X-rays. Chest X-ray results are returned within four hours of taking the X-ray, which ODO identifies as a best practice. Determination of the presence or absence of possible TB during intake supports infection control.

ODO identified one area of concern regarding medical practices. According to BTC policy, officers are trained to not only distribute over-the-counter medications, but also to determine when there is chronic use or abuse. Even if officers are trained, ODO considers it an unwise and potentially dangerous practice to assign this responsibility to non-medical personnel. As BTC has round-the-clock medical coverage, ODO recommends rescinding its policy allowing distribution of over-the-counter medications by correctional officers. A similar deficiency was noted during the 2009 ODO QAR.

ODO found that BTC provides limited health care service at the facility. As a result, medical care cases that cannot be sufficiently handled at BTC are promptly referred to a hospital. BTC has contracts for off-site medical care with North Broward Medical Center and Atlantic Shores Hospital. Facility staff also explained the adoption of a Model Detainment Center with a less restrictive environment for detainees eliminates the need for Special Management Units. BTC staff advised detainees housed at BTC and at other FOD/Miami detention facilities are aware of the privileges of being accommodated at BTC. The GEO transporting unit is on constant standby to potentially remove disruptive detainees from BTC to an alternative facility.

ODO noted the Sexual Abuse and Assault Prevention and Intervention (SAAPI) program at BTC as a best practice which could be applied in other ICE detention facilities. Information concerning the SAAPI program is posted in all dorms and at other locations throughout the facility. The information is available in both English and Spanish, and includes toll-free telephone numbers. Staff receives training on an annual basis. Interviews with facility staff

confirmed familiarity with the program and how to handle any information concerning sexual abuse. As part of the facility's SAAPI program, detainees are screened during the intake process for sexual abuse and victimization histories. Detainees are given a tri-fold brochure during the intake process with information and guidance for reporting any kind of sexual abuse or misconduct by other detainees or staff.

There have been no hunger strikes in the past year, and no deficiencies were noted in the 2009 QAR. ODO verified facility policy addresses all requirements of the PBNDS. A review of training records revealed all medical and detention staff received training regarding hunger strike procedures.

A review of suicide prevention and intervention found there were three attempted suicides and no completed suicides in 2011. BTC does not provide on-site suicide watches; however, detainees in need of suicide watches are transferred on an emergency basis to a community hospital or to another ICE facility. From the time of referral until the detainee's transfer, the detainee is held in the BTC Health Services Unit, under constant supervision. ODO was informed transfers take place within one to two hours. Staff received training on suicide prevention and intervention during orientation and within the past year.

BTC policies address terminal illness, fatal injury, and advance directives, and provide specific guidance in the event of a detainee's death. No detainee deaths have occurred at BTC, and no deficiencies were found in this standard.

ODO observed DOs conducting scheduled visitations on Tuesdays and Thursdays. During the scheduled visits, ICE officers met individually with every detainee with questions or concerns. The visits were held in the dining area, and detainees received individual attention from the ICE officers. ODO cites the positive impact of the thorough personalized contact with detainees as a model for Staff-Detainee Communication, which can be applied at other ICE detention facilities.

ODO noted one area of concern regarding BTC's food service. Detainees on kosher diets are given frozen meals which are heated one at a time for six minutes in the dining hall's one microwave oven. Depending upon the number of detainees on kosher diets, wait time for use of the microwave oven could extend through the allotted dining time. ODO recommends the facility take steps to ensure all detainees have ample time to heat and consume their meals.

BTC has a functioning grievance system which allows detainees to file formal and informal grievances. Grievance forms are available upon request, and detainees are able to appeal grievance decisions. ODO cited one deficiency regarding a lack of logbook documentation for informally-resolved grievances. However, the Grievance Officer maintains copies of informal and formal grievances, with the associated responses.

During the past calendar year, a total of 85 disciplinary hearings were held. According to facility staff, any incident involving detainee misconduct from minor to severe must undergo a disciplinary hearing process to determine whether to transfer the detainee to another facility. Detainees found guilty of any offense is transferred to another facility. Since the facility is a

residential MDC, the facility must ensure safe custody and security of a large population of detainees. The disciplinary hearings ensure the detainee has been provided a proper hearing before transferring to another facility. Translation and interpretation services were available to detainees involved in the discipline process. ODO verified disciplinary reports are investigated by a shift supervisor, and all evidence and documentation is reviewed by the Unit Disciplinary Committee or Institutional Disciplinary Panel.

ODO reviewed the Use of Force and Restraints PBNDS at BTC to determine if the facility authorizes staff to use necessary force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff, and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. ODO also conducted the review to determine if staff uses only the degree of force necessary to gain control of detainees, and if staff uses physical restraints to gain control of a dangerous detainee under specified conditions. This standard does not specifically address the use of restraints for medical or mental health purposes, which is addressed by the Medical Care PBNDS. Canine units, in facilities that have them, may be used for contraband detection; ODO conducted the review to determine if, in facilities that use canines, the canine units' use for force, control, or intimidation of detainees is prohibited. ODO toured the facility, interviewed staff, and reviewed policies and procedures.

Interviews with staff and a review of documentation indicated BTC did not have any calculated use of force incidents in 2011, and there have been none so far in 2012. A thorough review of the current Use of Force policy revealed clear guidance is provided for use of calculated rather than immediate force in most situations. If necessary, staff is authorized to use immediate force without a supervisor's presence or direction. Annual training is provided in the use of force team technique, and protective gear is readily available. BTC documents after-action reviews of force incidents using a Use of Force Summary & Review Form covering all aspects of the review process, including justification for the use of force and any noted discrepancies.

BTC has no chemical weapons or munitions on-site. Although BTC staff receives training in calculated use of force situations, they do not use cell extraction teams as BTC's housing areas are six-plus person rooms, and are not conducive to the cell extraction team method.

ODO has identified an area of concern with respect to the Use of Force and Restraints standard. BTC does not use four or five point restraints. Any detainee requiring this type of restraint is removed from the facility. The only restraints used are handcuffs, leg irons, and martin chains, all of which are classified as ambulatory restraints. There are no policies or procedures addressing application of these restraints, duration of use, physical checks on the detainee by a supervisor while restrained, removal of the restraints, or documentation of the reason for continuance in restraints. Interviews with staff yielded inconsistent responses to questions concerning ambulatory restraint procedures. ODO recommends development of policy and procedures addressing the use of ambulatory restraints.

# INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the PBNDS, as applicable. The PBNDS apply at BTC. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management. Inspection objectives are to evaluate the welfare, safety, and living conditions of detainees.

ODO reviewed the processes employed at BTC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS) and the ENFORCE Alien Booking Module (EABM) and Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at BTC.

## REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those PBNDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, or to ICE policy or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS or ICE policy or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR Office of Detention Oversight.

## INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Detention and Deportation Officer (Team Lead)	ODO, Headquarters
	Management Program Analyst	ODO, Headquarters
	Management Program Analyst	ODO, Headquarters
	Special Agent	ODO, Houston
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections

# OPERATIONAL ENVIRONMENT

## INTERNAL RELATIONS

ODO interviewed the BTC Warden, the Assistant Warden, Correctional Officers (CO), the ICE AFOD, an SDDO, an SIEA who also serves as the Contracting Officer's Technical Representative (COTR) at the facility, and the DSM. ERO management stated the staffing level for ICE officers, which includes (b)(7) full-time positions assigned to BTC, is adequate to support the facility. BTC and ICE staff stated morale is good and described their working relationship as excellent, with no current issues.

BTC staff expressed concerns with the level of experience with respect to the DSM and the application of the PBNDS, and ICE detention policies and procedures, to the facility. The DSM also told ODO that additional training would likely enhance the skills needed to best inform and coordinate with BTC staff.

## DETAINEE RELATIONS

ODO interviewed 28 (20 males and 8 females) randomly-selected detainees. All reported they have sufficient contact with facility staff and all know the names of their respective ERO immigration case officers. All received the facility and ICE National Detainee handbooks, in the individually applicable English or Spanish version. All detainees stated they know how to use the facility telephones and all fully understand how to gain access to, and use, the law library. All receive recreational opportunities each day and visitation by family is available.

A majority of the detainees stated the medical care was of good quality. Four of the 28 claimed it took too long to be seen by medical staff once sick request forms were submitted. ODO reviewed the medical records of the four detainees and determined adequate and timely medical care was provided.

All detainees stated hygiene supplies were issued during intake processing, and thereafter. All detainees stated the food was good; however, three detainees claimed their meals lacked variety and good taste.

In addition to the 28 detainees, ODO randomly interviewed 20 males and 5 females who had never filed a grievance at BTC to determine their respective overall understanding of the grievance system. All stated they are aware of the grievance process and currently have no reasons to complain about the facility. All are concerned about their departure dates from the facility and the status of their individual immigration cases.

## **ICE PERFORMANCE BASED NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 23 ICE PBNDS and found BTC fully compliant with the following 15 standards:

- Law Library and Legal Material
- Classification System
- Correspondence and Other Mail
- Detainee Handbook
- Disciplinary System
- Hunger Strikes
- Recreation
- Religious Practices
- Staff-Detainee Communication
- Staff Training
- Sexual Abuse and Assault Prevention and Intervention
- Suicide Prevention and Intervention
- Terminal Illness, Advance Directives, and Death
- Visitation
- Use of Force and Restraints

As these standards were compliant at the time of the review, synopses for these areas were not prepared for this report.

ODO found deficiencies in the following eight standards:

- Admission and Release
- Environmental Health and Safety
- Food Service
- Grievance System
- Hold Rooms in Detention Facilities
- Medical Care
- Telephone Access
- Transfer of Detainees

Findings for each of these standards are presented in the remainder of this report.

## **ADMISSION AND RELEASE (AR)**

ODO reviewed the Admission and Release PBNDS to determine if the facility protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. ODO reviewed detention files, forms, policies, procedures, intake processing, and the orientation video; and interviewed staff assigned to admission and release processing duties, as well as detainees.

ODO observed BTC intake processing officers conducting detainee interviews and completing questionnaires upon admission. BTC officers are not screening arriving detainees through the use of metal detectors (**Deficiency AR-1**). During the ODO review, BTC staff corrected this deficiency. The staff began using a new metal detector to screen arriving detainees prior to the conclusion of the CI.

Visual searches and pat-downs of detainees are conducted by BTC officers of the same gender. BTC policy states strip searches of detainees are only to be conducted by ICE/ERO personnel with ICE supervisory approval, if reasonable suspicion exists that a detainee may be concealing a weapon or other contraband. ODO determined that strip searches of detainees upon admission are not conducted at the facility.

Arriving detainees stated that they are provided with the choice of a shower during intake processing or in their assigned housing units (**Deficiency AR-2**). A similar deficiency was noted during the 2009 ODO QAR. Allowing detainees to shower during intake processing promotes good health at the facility and potentially prevents diseases from being introduced to the general population.

BTC policy requires detainees have the opportunity to ask questions and obtain answers from facility staff following the orientation video. ODO found that the required question and answer session is not taking place at BTC (**Deficiency AR-3**). A question and answer session allows detainees to gain a more thorough understanding of facility services, common practices and procedures.

ODO reviewed 30 active detention files to ensure all admission and release documents, including Forms I-203 Order To Detain or Release or I-203A, are maintained in the records and property files. ODO found all required forms and documents are maintained in detention files.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY AR-1**

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(2), the FOD must ensure all detainees shall be screened upon admission, ordinarily including: Screening with a metal detector.

**DEFICIENCY AR-2**

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(2), the FOD must ensure all detainees shower before entering his or her assigned unit. During the detainee's shower, an officer of the same gender shall remain in the immediate area.

**DEFICIENCY AR-3**

In accordance with the ICE PBNDS, Admission and Release, section (V)(F)(4), the FOD must ensure, following the orientation video, staff shall conduct a question-and-answer session. Staff shall respond to the best of their ability. Under no circumstances may staff give advice about a legal matter or recommend a professional service.

## **ENVIRONMENTAL HEALTH AND SAFETY (EH&S)**

ODO reviewed the Environmental Health and Safety PBNDS at BTC to determine if the facility protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. ODO toured the facility; interviewed staff; and reviewed policies and procedures, and documentation of inspections, hazardous chemical management and inventories, and fire drills.

Direct observation and staff interviews found BTC staff had a clear understanding of the proper handling of hazardous materials, the need for inventories, and proper storage and issuance procedures. A master file for Material Safety Data Sheets (MSDS) is maintained in the Safety Office, and MSDS are available throughout the facility. Employees receive training in flammable, toxic, and caustic materials during basic orientation and during in-service refresher training. The facility follows current Occupational Safety and Health Administration (OSHA) standards, as well as the National Fire Protection Association (NFPA) 101 Life Safety Codes.

ODO verified weekly and monthly fire inspections are completed, and fire protection equipment was observed strategically located throughout the facility. Documentation of annual inspections by the local fire marshal was available. Reports for water quality testing and pest control were current. Facility sanitation is maintained at a high level.

The facility has three emergency power generators. Preventive maintenance is performed by an external company, and facility staff checks the generators every other week as required by the standard. However, review of generator logs and staff interviews revealed the generators are tested every two weeks for a period of 15 to 20 minutes, rather than for one hour as required (**Deficiency EH&S-1**). Testing generators for one hour ensures there is sufficient time to reach operating temperature, verify the engine's ability to provide the required power over time, and identify any fuel and oil leaks.

Eye wash stations, which meet OSHA standards, are installed in designated areas throughout the facility where protective eye and face equipment is used. However, eye hazard warning signs are not consistently posted (**Deficiency EH&S-2**).

Emergency exit diagrams, signed by the local fire marshal, and exit signs were observed throughout the facility. Areas of safe refuge were not identified or explained on the diagrams (**Deficiency EH&S-3**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY EH&S-1**

In accordance with the ICE PBNDS, Environmental Health and Safety, section (V)(F), the FOD must ensure, at least every two weeks, emergency power generators are tested for one hour and the oil, water, hoses and belts of these generators are inspected for mechanical readiness to perform in an emergency situation.

**DEFICIENCY EH&S-2**

In accordance with the ICE PBNDS, Environmental Health and Safety, section (VI)(B), the FOD must ensure protective eye and face equipment is available where there is a reasonable probability of injury that can be prevented by such equipment. Areas of the facility where such injuries can occur shall be conspicuously marked with eye hazard warning signs.

**DEFICIENCY EH&S -3**

In accordance with the ICE PBNDS, Environmental Health and Safety, section (VII)(E), the FOD must ensure, in addition to a general area diagram, "Areas of Safe Refuge" are identified and explained on these diagrams. Diagram posting will be in accordance with applicable fire safety regulations of the jurisdiction.

## **FOOD SERVICE (FS)**

ODO reviewed the Food Service PBNDS at BTC to determine if the facility ensures detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. ODO interviewed staff, inspected storage areas, observed meal preparation and service, and reviewed policy and relevant documentation.

Meals are served in the facility dining hall. ODO verified food service personnel received medical clearances prior to working in food service. A registered dietician certified the menu is nutritionally complete, and religious and medical diets are provided in accordance with the standard. Inspection of the food service area revealed food temperatures were met, temperatures of the coolers and freezers were consistent, and utensils were controlled. No knives are used in the food service operation.

Sanitation levels for the food preparation, dishwashing, serving line area, and the kitchen overall were very high. ODO observed the feeding of the noon meal during the second day of the inspection. A random tray was chosen from the serving line and sampled. The food items were consistent with the menu, temperature requirements were met, and the sampled food was found to be tasty. All mandatory components of the standard were reviewed by ODO and found to be compliant with the requirements of the standard.

Upon inspection of the two dry storage areas, ODO found items and products were stored six inches off the floor; however, the items were stacked against and touching the walls (**Deficiency FS-1**). This deficiency was corrected during the inspection.

ODO notes one area of concern. Detainees on kosher diets are given frozen meals which are heated one at a time for six minutes in the dining hall's one microwave oven. Depending upon the number of detainees on kosher diets, wait time for use of the microwave oven could extend through the allotted dining time. ODO recommends the facility take steps to ensure all detainees have ample time to heat and consume their meals.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY FS-1**

In accordance with the ICE PBNDS, Food Service, section (V)(K)(3)(d), the FOD must ensure products are stored at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.

## GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System PBNDS at BTC to determine if the facility protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses relating to any aspect of his/her detention, including medical care. ODO interviewed staff, and reviewed logbooks, forms, detainee grievance policies and procedures, and the detainee handbook.

BTC has a grievance system that allows detainees to submit formal or emergency grievances, and provides detainees with at least one level of appeal. The grievance process may begin as an informal grievance where facility staff attempts to resolve the issue at the lowest possible level, in an orderly and timely manner. The informal grievance may be given either verbally or in writing. If the grievance is not resolved at this level, or if the detainee decides to skip the informal process, the detainee may proceed with submitting a formal grievance in writing. Grievance forms are available at the officer's station in each housing area.

Detainees who claim an issue is sensitive, or believe their safety or well-being could be jeopardized if others in the facility were apprised of the nature of the grievance, may seal the grievance in an envelope and submit it directly to the Facility Administrator. Otherwise, the detainee can place a grievance in a locked grievance drop box located in the housing area. Grievances are picked up on a daily basis by a designated BTC staff member and delivered to the Captain's office. Each written grievance is logged, and referred to the appropriate department personnel for resolution. The Captain may also review the grievance for resolution at any time. The department head officially meets with the detainee and attempts to resolve the issue. If a detainee agrees with a proposed resolution, the form is signed and a copy is placed in the detainee's detention file. This initial process is resolved within five days. If the detainee is not satisfied with the decision, he/she may file an appeal to the Facility Administrator. A Grievance Committee conducts a review of the initial findings within five working days of the appeal, and provides a written response to the detainee stating the decision and the reason(s) for the decision. The detainee may submit his/her grievance at any time to ICE. According to BTC staff, two appeals were filed between 2011 and 2012.

ODO interviewed (b)(7)e ICE and (b)(7)e BTC randomly-selected staff members who have daily contact with detainees, to determine their awareness of the grievance system. All staff members were able to describe the grievance process, including the informal, formal, and emergency grievance processes, as well as the appeal process. BTC officers stated they make a concerted effort to resolve all grievances informally, but do not discourage detainees from filing a formal grievance. All staff has been trained during an initial orientation and during on-the-job training to handle emergency grievances expeditiously, ensuring detainee's safety and welfare.

A review of the Grievance Log revealed grievances are logged with all pertinent information, including the nature of the grievance and date of resolution. Log numbers are assigned in chronological order for each grievance. The log is maintained in the Captain's office.

ODO reviewed the grievance log from July 2011 to February 2012, and noted 18 formal logged grievances. Seventeen grievances were resolved within five days and the remaining grievance was forwarded to ERO for resolution. Four grievances were medical care-related. All were referred to, and resolved by, the facility medical unit prior to ODO's arrival. Two grievances were appealed, of which one was withdrawn by the detainee. BTC management informed ODO that there has been no pattern of misuse of the grievance system by any detainees. A review of BTC documentation revealed the facility does not document informal grievances in detainee detention files, logs, or data systems to track such actions, as required (**Deficiency GS-1**).

Detainees are informed of the grievance system through the BTC orientation video and detainee handbook. ODO randomly interviewed 20 males and 5 females who had never filed a grievance at BTC to determine their respective overall understanding of the grievance system. All stated they are aware of the grievance process and currently have no reasons to complain about the facility.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY GS-1**

In accordance with the ICE PBNDS, Grievance System, section (V)(B), the FOD must ensure the facility documents the informal grievances in the detainee's Detention File and in any logs or data systems the facility has established to track such actions.

## HOLD ROOMS IN DETENTION FACILITIES (HR)

ODO reviewed the Hold Rooms in Detention Facilities PBNDS at BTC to determine if the facility ensures the safety, security, and comfort of detainees temporarily held in hold rooms waiting further processing. ODO also reviewed this standard to determine if the maximum aggregate time an individual may be confined in the facility's hold room is 12 hours. Hold rooms are used for detention of individuals awaiting removal, transfer, Executive Office of Immigration Review hearings, medical treatment, intra-facility movement, or other processing into or out of a facility. ODO interviewed staff and inspected the intake area.

BTC does not have an area designated as a hold room. However, BTC has a multi-occupancy waiting room in the intake area used to temporarily hold detainees waiting processing. Though not referred to as a hold room, ODO determined BTC's waiting room serves the purpose of a hold room as defined in the standard, and all requirements apply. Measuring 12 feet by 16 feet, the room qualifies as a small hold room adequately sized to hold up to 14 detainees. The room was well ventilated and well lit; however, the activating switches were not located outside the room in places accessible to staff only. ODO observed activating switches were in the room and covered with standard, removable plates. Benches provide sufficient seating for 14 detainees; however, they are moveable and not bolted to the floor or attached to the wall. The room is not equipped with a stainless steel, combination lavatory/toilet fixture, though there is one porcelain sink and toilet. Porcelain may be broken and is a security risk. The room does not have a floor drain to prevent accidental or intentional flooding. ODO observed (b)(7)e

(b)(7)e

(b)(7)e

**(Deficiency HR-1).**

ODO notes one area of concern. Whereas BTC has neither a secure hold room nor a Special Management Unit, there is no area to secure a detainee requiring a higher degree of restraint or supervision for a temporary period of time. In addition, no written procedures are in place to ensure consistent and appropriate action is taken in the event a detainee becomes unruly and combative, to the point where removal from the general population is necessary. Interviews with shift supervisors and senior executive staff revealed no consistency with respect to procedures that would be followed. To support staff and detainee safety, ODO recommends development of procedures addressing actions to be taken when a detainee must be temporarily secured.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY HR-1

In accordance with the ICE PBNDS, Hold Rooms in Detention Facilities, section (V)(A)(3-4)(6-9)(12), the FOD must ensure, based on the ICE/[ERO] Hold Room Design Guide, Hold Rooms shall be designed and constructed to comply with the following criteria:

3. Each Hold Room shall be well ventilated and well lit. All activating switches and controls shall be located outside the room, in places accessible to staff only.

4. Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture. Benches shall provide 18" of seat space per detainee and may be bolted to the floor or attached to the wall if the wall is of suitable construction.
6. Each Hold Room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990. Consistent with the International Plumbing Code:
  - Each small Hold Room (up to 14 detainees) shall have one combi-unit;
  - Each large Hold Rooms (15 to 49 detainees), at least two combination units. (The Hold Room Design Standards A-E, HDR Architecture, recommends a third combination unit for a Hold Room with 30 or more detainees, or one combination unit for every 15 detainees).
7. Each Hold Room shall have floor drain(s).
8. Hold-room walls shall be escape- and tamper-proof, for example, 8-inch, reinforced concrete masonry unit wall. Impact-resistant, steel-studded surfaces shall also meet this standard, especially in existing buildings that cannot support reinforced concrete. The walls shall extend and be built into the floor/room structure above. Ceilings shall also be escape- and tamper-proof, preferably 10 to 16 feet high, but no less than 9 feet, except in currently existing facilities with lower floor-to-floor heights.
9. Each Hold Room shall have two-inch thick, detention-grade, 14-gauge steel doors that swing outward, and the 14-gauge steel doorframes shall be grouted into the surrounding wall. Also required are tamper-resistant bolt locks, door-mounted with paracentric keys, jamb-mounted, with mogul keys.
12. The glazing shall meet or exceed the impact-resistant standard of glass-clad polycarbonate laminate. Window jambs shall be 14-gauge steel.

## MEDICAL CARE (MC)

ODO reviewed the Medical Care PBNDS at BTC to determine if the facility ensures detainees have access to emergent, urgent, or non-emergent medical, dental, and mental health care that are within the scope of services provided by the ICE Health Service Corps, so that their health care needs are met in a timely and efficient manner. ODO toured the medical clinic, reviewed policies and procedures, interviewed detainees, and examined 30 ICE detainee health files. ODO also observed sick call, intake screening, and initial health appraisals. Several medical staff were interviewed, to include the Health Services Administrator, Clinical Director, nursing staff, and correctional officers assigned to the Health Services Unit.

BTC is currently accredited by the American Correctional Association (ACA). Health care for the approximate 600 male and female detainees is provided 24 hours a day, seven days a week, by GEO Group Inc. Staffing includes a Health Services Administrator who is also a licensed Registered Nurse, (b)(7)e Licensed Registered Nurses (b)(7)e Licensed Practical Nurses, and (b)(7)e medical secretary/clerk. There is currently (b)(7)e Licensed Practical Nurse vacancy. Contract staff includes a physician who is on-site 40 hours a week, a physician assistant (PA) as needed, and an X-ray technician. Dental care is provided off-site on an as-needed basis. Contracts for off-site care are in place with the North Broward Medical Center and the Atlantic Shores Hospital.

The medical clinic is of adequate size and is sufficiently equipped to serve the detainee population. There are three examination rooms, two observation rooms, secure medication and medical records rooms, a nursing station, a supply storage room, a hazardous waste closet, and two offices. There are two detainee waiting rooms so male and female detainees can be separated, and each waiting area has access to restrooms and drinking water. Each waiting area also has a television that plays health wellness videos for detainees as they wait for their appointment.

Medical and mental health screenings are performed by nursing staff at the time of intake. Health records of 30 ICE detainees were reviewed, and all records included documentation of complete, thorough intake screenings performed upon arrival. Available data indicates there were 7,641 intake health screenings conducted in 2011. Screening for TB is performed as part of intake processing by way of low radiation digital chest X-rays, located in the receiving area. Chest X-ray results are returned within four hours of taking the X-ray, which ODO identifies as a best practice. Determination of the presence or absence of possible TB during intake supports infection control.

In all 30 records reviewed, ODO found physical examinations (PE) were completed within 14 days of arrival by trained Registered Nurses or the physician. PE's are performed in accordance with the PBNDS and the National Commission on Correctional Health Care standards, and ICE Health Service Corps Performance Improvement criteria were met. Initial assessments performed by a Registered Nurse were reviewed by the physician, and appropriate follow-up occurred.

Detainees request health care services by submitting written request forms, available in English and Spanish. The forms are deposited into a locked box outside the Health Services Unit. Non-medical staff does not handle detainees' medical request forms. The Health Services Unit is located directly across the hall from the detainee dining room, which gives detainees three opportunities each day to submit requests. ODO verified requests are triaged within 48 hours and, when indicated, a sick call appointment is provided either the same day or within 24 hours. Chronic care clinics are provided to detainees with chronic conditions and special needs. ICE detainees are not charged medical co-pays. Available data indicates, during 2011, there were 6,016 detainee contacts with the physician, and 84,561 detainee encounters with nursing staff.

ODO's review of (b)(7)(e) custody staff and (b)(7)(e) medical staff training records revealed all were certified in first aid and cardiopulmonary resuscitation (CPR). Initial or emergent mental health problems are addressed by the staff physician, as there are no licensed mental health providers at BTC. Detainees are referred to a psychiatrist in the local community when required. A review of records for ten detainees referred to the psychiatrist revealed none were seen by the psychiatrist within 14 days of the referral (**Deficiency MC-1**).

Medications are stored in a secure medication room that has a window leading directly to the BTC compound, through which medications are administered. There is a drinking fountain outside the window to ensure detainees swallow their medications. Prescribed medications for chronic conditions, such as heart disease, diabetes, and hypertension, are administered by trained medical staff. There are limited medications detainees are allowed to keep on person, such as inhalers and nitroglycerin. Though medical personnel are available at the facility round-the-clock, BTC policy states over-the-counter medications such as Ibuprofen, Tylenol, aspirin, Band-Aids, antacids, and throat lozenges are given to detainees by officers. Consistent with the PBNDS, the policy further states officers must be trained to perform this function; however, the HSA was able to produce documentation of training for only six of the total complement of BTC officers. No syllabus or lesson plan was produced for their training. ODO's review of the log used by officers documenting when detainees are given over-the-counter medications revealed officers other than the six who were trained gave medications to detainees. Further, ten randomly-selected officers' training records included no documentation of training. Though the medications are over-the-counter, these medications may be misused and abused. The medication may also be contraindicated by prescribed medications or the detainee's medical condition. Dispensing of these medications is neither reviewed by medical personnel nor documented in detainees' medical records (**Deficiency MC-2**). A similar deficiency was noted during the 2009 ODO QAR.

ODO further notes, according to BTC policy, officers are to be trained to not only distribute over-the-counter medications, but also to determine when there is chronic use or abuse. Even if officers were trained, ODO considers it an unwise and potentially dangerous practice to assign this responsibility to non-medical personnel. As BTC has round-the-clock medical coverage, ODO recommends rescinding its policy allowing distribution of over-the-counter medications by correctional officers.

## **STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS**

### **DEFICIENCY MC - 1**

In accordance with the ICE PBNDS, Medical Care, section (V)(K)(4), the FOD must ensure any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than fourteen days of the referral.

### **DEFICIENCY MC-2**

In accordance with the ICE PBNDS, Medical Care, section (V)(P), the FOD must ensure distribution of medication is in accordance with specific instructions and procedures established by the administrative health authority. Written records of all medication given to detainees shall be maintained.

- If medication must be delivered at a specific time when medical staff is not on duty, it may be distributed by detention officers who have received proper training by the administrative health authority.
- The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.
- Detainees may not deliver or administer medications to other detainees.

## **TELEPHONE ACCESS (TA)**

ODO reviewed the Telephone Access PBNDS at BTC to determine if the facility ensures detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies by providing them reasonable and equitable access to telephone services. ODO toured BTC, and interviewed ERO and facility staff as well as ICE detainees. ODO also reviewed Telephone Serviceability records maintained by BTC and ERO.

ODO found telephone equipment is maintained in proper working order. All 86 telephones were inspected daily, and needed repairs were completed promptly. Serviceability records, maintained by BTC and ERO, were available for review. ICE staff inspects the telephones weekly and documents that speed dial checks are performed.

The ratio of telephones to detainees is 1 to 8, exceeding the PBNDS requirement. At no time, during the inspection were detainees observed waiting to use a telephone. Although BTC is undergoing extensive construction, facility staff put forth great effort in ensuring the level of care provided to ICE detainees is not diminished.

ODO noted one area, a male dayroom, where telephone rules were not posted (**Deficiency TA-1**). The lack of notice of telephone rules in the dayroom was communicated to the BTC Program Manager, and was immediately corrected.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY TA-1**

In accordance with the ICE PBNDS, Telephone Access, section (V)(C), the FOD must ensure the facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them in a language they understand.

## TRANSFER OF DETAINEES (TD)

ODO reviewed the Transfer of Detainees PBNDS at BTC to determine if the facility ensures transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property. For detainee transfers outside of the Field Office Director's area of responsibility, ODO reviewed ICE Policy 11022.1, Detainee Transfers, to determine if ICE staff makes all notifications and provides all documents required by the policy. ODO reviewed policies and procedures, and interviewed staff regarding the transfer of detainees from one facility to another.

According to ERO staff, the majority of the detainees housed at BTC were processed at the Krome Service Processing Center (Krome SPC). Transfers to BTC are mainly from Krome SPC and the Glades County Detention Center, both located in the FOD/Miami's area of responsibility. Detainees are transferred to BTC for operational purposes, including eliminating overcrowding in some facilities, a change of court venue, and for legal representation. Detainees are transferred from BTC to other facilities for similar reasons, as well as for medical and disciplinary reasons. Staff interviews and detention file reviews confirmed, before a detainee is transferred, BTC returns all funds and property to each detainee.

The PBNDS requires a Detainee Transfer Checklist (Checklist) to be completed for every detainee processed for transfer. A properly executed Checklist provides comprehensive information and reasons for transfer, and alerts officers to any pertinent concerns, including safety or security issues. ERO staff is responsible for generating the Checklist and providing a copy to the receiving facility; however, BTC has a locally-generated Transfer Checklist, which is referred to as the Admission and Orientation Checklist. The Admission and Orientation Checklist does not cover all required information, and therefore cannot be considered an adequate alternative form.

ODO reviewed 30 detention files belonging to detainees who were transferred to BTC from other ICE facilities within the FOD/Miami's area of responsibility. All 30 files reviewed contained a copy of the BTC Admission and Orientation Checklist, but none contained the required ERO Checklist. ODO interviewed ICE staff to determine whether the Checklist and notification paperwork are completed during processing, and if the copies of the completed paperwork are maintained in the A-file, and corresponding detention file. ICE staff stated they have not always completed and provided the Detainee Notification form to detainees during transfer (**Deficiency TD-1**). Additionally, the Detainee Transfer Checklist has not always been completed and maintained in each detainee's A-File or detention file (**Deficiency TD-2**). ODO reiterated a properly executed Checklist ensures all required processing procedures have been completed prior to a transfer. The Checklist also provides pertinent information about the detainee to the receiving facility.

ICE and BTC staff also stated information about the transfer is not disclosed to detainees until immediately prior to leaving the sending facility, as a safety precaution. From interviews and

file reviews, ODO verified Form G-391, Official Detail form, and the Medical Transfer Summary forms are completed, and copies are maintained in all detention files.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY TD-1**

In accordance with the ICE PBNDS, Transfer of Detainees, section (V)(B), the FOD must ensure ICE/[ERO] shall make all necessary notifications when a detainee is transferred.

### **DEFICIENCY TD-2**

In accordance with the ICE PBNDS, Transfer of Detainees, section (V)(D), the FOD must ensure sending facility staff shall complete the attached Detainee Transfer Checklist to insure all procedures are completed. The sending facility staff shall place a copy of the checklist in the detainee's A-file or work folder. The records must accompany the detainee to the receiving facility. If any procedure cannot be completed prior to transfer, the detainee may be transferred only if the authorized receiving Field Office official has expressly waived that procedure and sending facility staff shall note any such waivers on the Checklist.