



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

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

**Broward Transitional Center
Pompano Beach, Florida**

July 9-11, 2019

**COMPLIANCE INSPECTION
of the
BROWARD TRANSITIONAL CENTER
Pompano Beach, Florida**

TABLE OF CONTENTS

OVERVIEW

Facility Overview 1
 Findings by Performance-Based National Detention Standards 2011
 Major Categories 2

COMPLIANCE INSPECTION PROCESS 3

DETAINEE RELATIONS 4

COMPLIANCE INSPECTION FINDINGS

SECURITY

Custody Classification System..... 6
 Funds and Personal Property 6
 Staff-Detainee Communication 6
 Use of Force and Restraints 7

CARE

Medical Care..... 7
 Medical Care (Women) 8

CONCLUSION..... 8

COMPLIANCE INSPECTION TEAM MEMBERS

	Inspections and Compliance Specialist (Team Lead)	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Broward Transitional Center (BTC) in Pompano Beach, Florida, from July 9 to 11, 2019.¹ BTC opened in 1998 and is owned and operated by the GEO Group. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BTC in 2002, under the oversight of the ERO Field Office Director (FOD) in Miami, FL (ERO Miami). The facility operates under the ICE Performance-Based National Detention Standards (PBNDS) 2011.

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. BTC's Warden is responsible for oversight of daily facility operations and is supported by █ personnel. The GEO Group provides food services and medical care. The facility is accredited by the American Correctional Association (ACA) and National Commission on Correctional Healthcare.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	700
Average ICE Detainee Population ³	667
Male Detainee Population (as of 07/09/2019)	523
Female Detainee Population (as of 07/09/2019)	101

ODO conducted its last inspection of the facility in 2016. During that inspection, ODO reviewed 16 standards under PBNDS 2011 and found BTC compliant with 11 of those standards. ODO found a total of six deficiencies in the remaining five standards: Custody Classification System (1); Funds and Personal Property (1); Staff-Detainee Classification (2); Food Service (1); and Grievance System (1).

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

² Data Source: ERO Facility List Report as of July 22, 2019.

³ *Ibid.*

FY 2019 FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	2
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	2
Sub-Total	5
Part 4 – Care	
Food Service	0
Disability Identification, Assessment, and Accommodation	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	5

⁴ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies”.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also acknowledges instances where the facility resolves deficiencies prior to completion of ODO’s inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 23 detainees, each of whom voluntarily agreed to participate. None of the detainees made allegations of abuse, discrimination, or mistreatment. Most detainees reported satisfaction with facility services, except for the concerns listed below.

Medical Care: One detainee stated he has Crohn's disease and that the facility's food is making him ill. He further stated that medical staff have not provided him appropriate treatment.

- **Action Taken:** ODO reviewed the detainee's medical record and found no indication that the detainee has Crohn's disease or requested a special diet. The medical record further shows that the detainee was prescribed Keflex to treat a lip infection; the physician noted that the Keflex was likely causing the detainee's abdominal discomfort. ODO confirmed that medical staff met with the detainee to discuss a course of treatment.

Medical Care: One detainee stated he has an enlarged prostate and that medical staff has not provided him medication.

- **Action Taken:** ODO reviewed the detainee's medical record, which shows that the detainee has chronic prostatitis. On April 3, 2019, the detainee was seen by a physician and was administered a prostate-specific antigen test. On May 17, 2019, the detainee was referred to a specialist for a prostate biopsy, which he received. The detainee was prescribed 500 mg of Tylenol two times per day, as a course of treatment for his diagnosis. ODO confirmed that medical staff met with the detainee to discuss the course of treatment.

Medical Care: One detainee stated he has high blood pressure and cholesterol and should be on a special diet.

- **Action Taken:** ODO reviewed the detainee's medical record and spoke with the Health Services Administrator (HSA). The medical record shows that on May 3, 2019, the detainee was placed on a Diet for Health (DFH) program and issued a blue special diet identification (ID) for meals. ODO confirmed that the detainee uses his ID to pick up his DFH meals.

Disability Identification, Assessment, and Accommodation: One detainee stated he had a hard time getting out of the shower because his crutches were mismatched and that his prosthetic liner was old, worn out, and in need of replacement.

- **Action Taken:** ODO reviewed the detainee's medical record and spoke with the Warden. The medical record shows that on July 9, 2019, the detainee was provided a replacement pair of matching crutches, a walker with rubber tips, and an additional grab bar outside of the shower. On July 10, 2019, medical staff fitted the detainee for a prosthetics liner.

Religious Practices: One detainee stated he put in a request for a bible but had not received a response.

- Action Taken: ODO discussed this issue with the Religious Program coordinator and determined that on July 8, 2019, the detainee submitted a request for an English bible. On July 10, 2019, the Religious Services Coordinator provided an English bible to the detainee.

Environmental Health and Safety: One detainee stated his dorm had a leaking sink.

- Action Taken: ODO discussed the issue with facility staff and was informed that on July 8, 2019, the facility placed a work order for the leaking sink. ODO confirmed that the leaking sink was fixed on July 10, 2019.

Sexual Abuse and Assault Prevention and Intervention: One detainee alleged she was sexually assaulted at the facility during the month prior to the inspection.

- Action Taken: ODO discussed the issue with the Warden and was informed that on May 25, 2019, the detainee alleged she was sexually assaulted in the bathroom by another detainee. The facility promptly initiated Prison Rape Elimination Act (PREA) protocols and referred the incident to the Broward County Sheriff's Office for investigation.

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed BTC's classification policy, along with 49 detainee files, and determined that ERO classifies all detainees at the facility. However, ODO found that 15 detainee files did not contain a Risk Classification Assessment (RCA) and that the detainees were housed in general population prior to review of their classification by an ERO supervisor (**Deficiency CCS-1⁶**).

- *Corrective Action:* Prior to completion of the inspection, ERO instituted a process in which the onsite Supervisory Detention and Deportation Officer will send a daily email to the Krome Service Processing Center (SPC) for detainee classifications pending supervisory approval. The ERO Assistant FOD assured ODO that all detainees will be classified at the Krome SPC prior to admission at BTC (**C-1**).

ODO reviewed 16 detainee files and found 13 of the detainees did not receive a reclassification assessment 60 to 90 days after their initial classification (**Deficiency CCS-2⁷**).

- *Corrective Action:* Prior to completion of the inspection, ERO instituted a process in which the facility POC will email ERO a list of detainees requiring reclassification assessments five days prior to the 60- to 90-day and 90- to 120-day deadline periods (**C-2**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO notes as an **Area of Concern** that while detainees are assigned a secured storage box to store personal property in the housing units, a number of detainees did not know how to use the attached combination lock, and either could not recall or were not provided the numeric combination for the lock.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed BTC's telephone serviceability tests for the three months prior to the inspection and found that the tests were not documented on a form provided by ERO or maintained by the field office for three years (**Deficiency SDC-1⁸**).

- *Corrective Action:* Prior to completion of the inspection, ERO provided a Telephone

⁶ "All detainees shall be classified upon arrival and before being admitted into the general population of the facility." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(A)(1).

⁷ "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified...Staff shall record whether a classification process is being conducted for an initial classification or subsequent reclassification: 1. The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H). **This is a repeat deficiency.**

⁸ "Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C). **This is a repeat deficiency.**

Serviceability Worksheet to the facility. Additionally, ERO Miami instituted a process in which the facility POC will email the field office every Monday with completed worksheets for the prior week (C-3).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed BTC's UOF policy and determined that the facility only requires audiovisual recordings of UOF incidents to be stored for a period of two years (**Deficiency UOF&R-1⁹**).

- *Corrective Action:* Prior to completion of the inspection, the BTC updated its UOF policy to comply with the standard and the Warden approved it on July 10, 2019 (C-4).

ODO interviewed a captain at the facility, as well as the compliance manager, and learned that there was one immediate UOF incident in the year preceding the inspection. ODO reviewed available documentation for the incident and found that an after-action review was never completed (**Deficiency UOF&R-2¹⁰**).

CARE

MEDICAL CARE (MC)

Best Practice: ODO notes that BTC has partnered with the AIDS Healthcare Foundation, a local resource, to provide medical care to detainees with the human immunodeficiency virus (HIV). ODO reviewed the medical records for four detainees and found that the BTC physician approved all recommended therapies from the foundation.

MEDICAL CARE (WOMEN) (MCW)

Best Practice: ODO notes that every female detainee that arrives at BTC is offered a gynecologic health evaluation by a gynecologist with Sun-Life OB/GYN, a local clinic that provides obstetrics and gynecologic care to detainees. ODO reviewed medical records and found that 83 detainees were referred to Sun-Life clinic during the year preceding the inspection.

⁹ "Each audiovisual record shall be catalogued and preserved until no longer needed, but shall be kept no less than six years after its last documented use. In the event of litigation, the facility shall retain the relevant audiovisual record a minimum of six months after the litigation has concluded or been resolved." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K).

¹⁰ "Follow-up (e.g., medical attention), documentation (e.g. audiovisual recording for calculated use of force), reporting and an after-action review are required for each incident involving use of force." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(A)(5).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 and found the facility compliant with 16 standards. ODO identified five deficiencies in the remaining three standards and noted one **Area of Concern** pertaining to a number of detainees unable to access their assigned secured storage box in the housing units. ODO notes that despite an increase in the number of standards reviewed, the facility reduced the overall number of deficiencies from six deficiencies in FY 2016 to five deficiencies in FY 2019. ODO commends facility staff for their responsiveness during the inspection and notes four instances where staff initiated corrective action. ODO also notes that the facility had no deficiencies in priority components and recommends ERO work with the facility to address the **Area of Concern** and remedy any outstanding deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Comparison	FY 2016 (PBNDS 2011)	FY 2019 (PBNDS 2011)
Standards Reviewed	16	19
Deficient Standards	5	3
Overall Number of Deficiencies	6	5
Deficient Priority Components	1	0
Repeat Deficiencies	N/A	2
Corrective Actions	4	4