



**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

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**Office of Detention Oversight  
Compliance Inspection**

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

**Krome North Service Processing Center  
Miami, Florida**

**February 4-6, 2020**

**COMPLIANCE INSPECTION**  
**of the**  
**KROME NORTH SERVICE PROCESSING CENTER**  
Miami, Florida

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Unit Chief	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	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 Krome North Service Processing Center (KNSPC) in Miami, Florida, from February 4 to 6, 2020.<sup>1</sup> The facility opened in 1979 and is owned and operated by the ICE Office of Enforcement and Removal Operations (ERO). ICE ERO began housing detainees at KNSPC in 1980 under the oversight of ERO's Field Office Director (FOD) in Miami (ERO Miami). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers (DOs) to the facility. An ERO Miami officer in charge handles daily facility operations and is supported by ██████ personnel. Dean Dairy Holding, Cisco Oaks Farm Food, and Bimbo Foods, Inc. provides food services, ICE Health Service Corps (IHSC) provides medical care, and Japlop Enterprises, Inc. provides commissary services at the facility. The facility is accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	611
Average ICE Detainee Population <sup>3</sup>	546
Male Detainee Population (as of 2/4/2020)	512
Female Detainee Population (as of 2/4/2020)	N/A

During its last inspection, in FY 2018, ODO found 5 deficiencies in the following areas: Admission and Release (1); Use of Force and Restraints (1); Medical Care (1); Grievance System (1); Disability Identification, Assessment, and Accommodation (1).

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<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of February 3, 2020.

<sup>3</sup> *Ibid.*

## 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 longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

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 highlights instances in which the facility resolves deficiencies prior to completion of the ODO 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	3
Custody Classification System	0
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	2
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	3
<b>Sub-Total</b>	<b>10</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>14</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 24 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Religious Practices:* One detainee stated he was Jewish and required a Kosher diet, but the facility ignored his request.

- Action Taken: ODO reviewed the detainee's detention file, spoke with the chaplain, and reviewed the facility medical and religious diet list. ODO determined the detainee requested a Kosher diet on Monday, February 3, 2020, the chaplain approved the diet request and responded to the detainee's request on Wednesday, February 4, 2020. The kitchen/food services staff added the detainee's name to the religious diet list. ODO confirmed with the food service administrator the detainee began receiving a Kosher diet on Wednesday, February 4, 2020.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed 25 detainee files and found two detainee files did not contain an Order to Detain or Release (Form I-203) were not signed by an ERO authorizing official and one detainee file did not have a Form I-203 (**Deficiency A&R-1<sup>6</sup>**).

Detainees were issued color-coded wrist bands and uniforms corresponding to their classification level. ODO found wristbands did not contain the housing or bed assignments nor the Baggage Check (Forms I-77) (**Deficiency A&R-2<sup>7</sup>**).

ODO found returned mattresses were not sanitized before being reissued to another detainee (**Deficiency A&R-3<sup>8</sup>**).

### FUNDS AND PERSONAL PROPERTY (F&PP)

Supervisory audits of the off-going and on-coming supervisors were conducted each shift; however, the audit reports did not contain the signatures of both supervisors (**Deficiency F&PP-1<sup>9</sup>**).

ODO reviewed the facility audit reports and confirmed that audits of baggage and non-valuable property were conducted weekly and documented; however, neither the time of the inventory nor the name of the officer conducting the inventory was indicated in the report (**Deficiency F&PP-2<sup>10</sup>**).

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<sup>6</sup> “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” See ICE PBNDS 2011, Standard, Admission & Release, Section (V)(E). **This is a Priority Component and a Repeat Deficiency.**

<sup>7</sup> “... The admissions processing officer shall:

i. *Print onto a color-coded wristband, if applicable, the detainee’s information, including but not limited to the following: name and A-number; housing and bunk assignment; and the form I-77 number.”*

See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E)(i).

<sup>8</sup> “Facility staff assigned to processing must complete certain procedures before any detainee’s release, removal, or transfer from the facility...

10. The detainee shall be permitted to change into his or her own clothing in a private part of the processing area, within earshot but not eyeshot.

The staff shall:...

d. set aside the plastic-covered or sheathed mattress for rinse and wipe-down with disinfectant or other solution prescribed by the medical department.”

See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(10)(d).

<sup>9</sup> “Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes. The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory. Any discrepancies shall be immediately reported to the Chief of Security, who shall follow facility procedure to ensure that all detainee funds and valuables are accounted for.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

<sup>10</sup> “... The facility’s inventory audit shall indicate the inventory’s date and time, and the name of the officer(s)



ODO noted the lack of securable storage in the housing units as an **Area of Concern**. Although detainees were provided with securable space, ODO's inspection of 30 lockers in three different housing units found that only three locks were operational. Further examination found that locks were non-operational due to embedded material such as plastic/paper by detainees.

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

KNSPC's SAAPI policies and protocols were not available on the facility website (**Deficiency SAAPI-1<sup>11</sup>**).

ODO found staff training material did not include instruction that sexual abuse and/or assault is never an acceptable consequence of detention; how to avoid inappropriate relationships with detainees; and working with vulnerable populations (**Deficiency SAAPI-2<sup>12</sup>**).

### **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO's review of the one calculated UOF audio-visual recording found staff did not properly audio-visually record the UOF incident in accordance with the standard. Problems with the audio-visual recording included: the team leader did not include the detainee name and description of the incident during the introduction; [REDACTED]; the team leader did not offer the detainee a last chance to cooperate; the calculated UOF incident was not recorded in its entirety; there was an unexplained interruption in the recording, prior to the team member introductions; the medical exam with close-ups of the detainee's body, focusing on the presence or absence of injuries was not recorded; and the debrief did not include a full discussion/analysis of the incident (**Deficiency UOF&R-1<sup>13</sup>**).

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*conducting the inventory. Any discrepancies shall be reported immediately to the facility administrator."*

*See ICE PNBDS 2011, Standard, Funds and Personal Property, Section (V)(J).*

<sup>11</sup> "Each facility shall also post its protocol on its website, if it has one, or otherwise make the protocol available to the public." *See ICE PNBDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(A).*

<sup>12</sup> "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all employees, and shall also be included in annual refresher training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include:

4. instruction that sexual abuse and/or assault is never an acceptable consequence of detention;...
6. how to avoid inappropriate relationships with detainees;
7. working with vulnerable populations and addressing their potential vulnerability in the general population."

*See ICE PNBDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(E)(4)(6) and (7).*

<sup>13</sup> "While ICE/ERO requires that all use-of-force incidents be documented and forwarded to ICE/ERO for review, for calculated use of force, it is required that the entire incident be audio visually recorded. The facility administrator or designee is responsible for ensuring that use of force incidents are audio-visually recorded. Staff shall be trained in the operation of audiovisual recording equipment. There shall be a sufficient number of cameras appropriately located and maintained in the facility. The audiovisual record and accompanying documentation shall be included in the investigation package for the after-action review described below. Calculated use-of-force incidents shall be audio visually-recorded in the following order:

- a. Introduction by the team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
- b. Faces of all team members shall briefly appear [REDACTED], one at a time, identified by name and title.

Additionally, ODO observed on the audio-visual recordings, [REDACTED] additional staff members, enter the cell without the required protective gear and assist the UOF team (**Deficiency UOF&R-2**<sup>14</sup>).

ODO's review of the UOF documentation found 10 out of 28 after-action reviews were not completed and submitted within the required timeframes outlined in the standard (**Deficiency UOF&R-3**<sup>15</sup>).

## CARE

### MEDICAL CARE (MC)

KNSPC redeveloped their behavioral health unit, which an ICE Health Service Corps mental health professional has managed as the program manager for the last six months. The unit consisted of individual and group therapy rooms, a clinical treatment room, dining room, and a day room, all decorated to promote positive wellbeing. Eight bedrooms with ample exposure to sunlight can accommodate up to 16 detainee participants. The program was developed to provide in-patient mental health services to those with subacute or chronic mental health conditions who cannot be placed in the general population but also do not require acute in-patient hospitalization. ODO cited this program as a **Best Practice**.

IHSC uses the electronic medical record, Clinical Works (eCW). ODO's review of the eCW found the following information was missing from detainees' medical records: signed refusal forms; general medical consent forms; and detainee transfer summaries. ODO observed a backlog of paper medical documents pending scanning, which resulted in incomplete detainee medical records **Deficiency MC-1**<sup>16</sup>.

The assistant health service administrator developed and initiated a schematic protocol for the

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- c. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance and issues use-of-force order.
  - d. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
  - e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries. If any, are to be described but not shown.
  - f. Debrief the incident with a full discussion/analysis/assessment of the incident." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(a-f).

<sup>14</sup> "When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force team techniques to prevent or diminish injury to staff or detainees and exposure to communicable disease.

[REDACTED] See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3).

<sup>15</sup> "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review. This four-member after-action review team shall convene on the workday after the incident. The after-action review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the detainee's release from restraints." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

**This is a Repeat Deficiency.**

<sup>16</sup> "The HSA shall maintain a complete health record on each detainee that is:

- a. Organized uniformly in accordance with appropriate accrediting body standards;
- b. Available to all practitioners and used by them for health care documentation."

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(BB)(1). **Priority Component.**

novel coronavirus screening, which focused on the country of origin, contacts, and symptoms. This document was made available to all nurses and providers to ensure rapid reporting of suspicious cases. ODO cited this prompt initiative to manage a global threat as a **Best Practice**.

ODO reviewed detainee chronic care files and found seven out of 18 detainee chronic care files did not have medical/psychiatric alerts flagged in the detainees' regular medical files (**Deficiency MC-2<sup>17</sup>**).

ODO reviewed the medical files of five detainees receiving psychotropic medication and verified each detainee signed a consent form prior to receiving their first dose. The consent form indicated medication side effects were discussed with the detainee; however, the description of the side effects was not listed on the consent form (**Deficiency MC-3<sup>18</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by printing side effects of each medication and stapling them to the consent form prior to signing (**C-1**).

## **ACTIVITIES**

### **VISITATION (V)**

ODO reviewed the facility's website and found it does not have the visitation dress code available to the public (**Deficiency V-1<sup>19</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 and found the facility compliant with 12 of those standards. ODO found 14 deficiencies in the remaining six standards. ODO identified one **Area of Concern** and noted one instance where facility staff initiated immediate corrective action during the inspection. ODO noted two best practices in medical care. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>17</sup> "Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent and file the form in the detainee's medical record." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(N). **This is a Priority Component.**

<sup>18</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(4). **This is a Repeat Deficiency.**

<sup>19</sup> "If the facility establishes and maintains a dress code for visitors, it shall be made available to the public, e.g., posted on the facility's website, telephone message and included in the detainee handbook." See ICE PBNDS 2011, Standard, Visitation, Section (V)(G).

<b>Compliance Inspection Results Compared</b>	<b>FY 2018 (PBNS 2011)</b>	<b>FY 2020 (PBNS 2011)</b>
Standards Reviewed	16	18
Deficient Standards	5	6
Overall Number of Deficiencies	5	14
Deficient Priority Components	1	3
Repeat Deficiencies	0	3
Corrective Actions	1	1