



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
Follow-Up Compliance Inspection**

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

**Broward Transitional Center
Pompano Beach, Florida**

June 28 – July 1, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
BROWARD TRANSITIONAL CENTER
Pompano Beach, Florida

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Broward Transitional Center (BTC) in Pompano Beach, Florida, from June 28 to July 1, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of the BTC from February 8 to 11, 2021. The facility opened in 1998 and is owned and operated by The GEO Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BTC in 2002 under the oversight of ERO’s Field Office Director in Miami (ERO Miami). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A BTC facility administrator handles daily facility operations and manages ██████ personnel. The GEO Group, Inc. provides food services and medical care, and Keefe Group provides commissary services at the facility. The facility received accreditation from the American Correctional Association in April 2021 and the National Commission on Correctional Health Care in March 2021. In March 2021, BTC was audited by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	██████
Average ICE Detainee Population ³	██████
Male Detainee Population (as of June 28, 2021)	██████
Female Detainee Population (as of June 28, 2021)	██████

During its last inspection, in Fiscal Year (FY) 2021, ODO found three deficiencies in the following areas: Facility Security and Control (1); Funds and Personal Property (1); and Telephone Access (1).

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

² Data Source: ERO Facility List Report as of June 21, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 – Activities	
Telephone Access	0
Sub-Total	0
Total Deficiencies	0

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

DETAINEE RELATIONS

ODO interviewed 12 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. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated she submitted a sick call request for a migraine headache and medical staff did not evaluate her until three days later. The detainee also stated she requested a dental visit on June 25, 2021, and medical staff did not evaluate her.

- Action Taken: ODO interviewed the health services administrator (HSA), who confirmed the detainee arrived at the facility on June 11, 2021, and a physician completed her physical examination on June 13, 2021. On June 13, 2021, the detainee submitted a sick call request for a migraine headache but denied any headache pain when examined by the physician. The physician instructed the detainee to return to medical if any issues arose. On June 27, 2021, medical staff examined the detainee for tooth pain, due to a sick call request placed the previous day. Medical staff prescribed Tylenol and Sensodyne toothpaste and scheduled her for a follow-up appointment with the physician for July 1, 2021. The physician examined the detainee on July 1, 2021 and referred her to an outside dentist. The facility had not yet received an appointment date from the outside dentist at the conclusion of the inspection.

Medical Care: One detainee stated he did not receive an eye operation.

- Action Taken: ODO interviewed the HSA, who confirmed the detainee's arrival to the facility on April 21, 2021, and a physician completed his physical examination on April 28, 2021. The physician found the detainee had a 30-year history of right eye blindness due to traumatic injury and sent the detainee to an external optometrist on the same day for new corrective lenses. ICE approved the order for corrective lenses on May 13, 2021. The facility had not received the ordered corrective lenses as of July 1, 2021.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

There were no findings during this inspection.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found zero deficiencies. ODO commends facility staff members for their responsiveness during this inspection. ODO has not received the uniform corrective action plan for ODO's last inspection of BTC in February 2021.

Compliance Inspection Results Compared	First FY 2021 (PBNS 2011) (Revised 2016)	Second FY 2021 (PBNS 2011) (Revised 2016)
Standards Reviewed	21	14
Deficient Standards	3	0
Overall Number of Deficiencies	3	0
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	1	0