



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

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

May 10-12, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
KROME NORTH SERVICE PROCESSING CENTER
Miami, Florida

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
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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 Krome North Service Processing Center (KNSPC) in Miami, Florida, from May 10 to 12, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of KNSPC from October 25 to 28, 2021. The facility opened in 1979 and is owned by ICE and operated by Akima Global Services (AGS). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KNSPC in 1980 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 an officer in charge, an assistant field office director, a detention service compliance officer, supervisory detention and deportation officers, and deportation officers to the facility. An AGS program manager oversees daily facility operations and manages █████ support personnel. AGS provides food services, ICE Health Services Corps (IHSC) provides medical care, and JAPLOP Enterprises, Inc. provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in April 2018 and the American Correctional Association in June 2018.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of May 10, 2022)	█████
Adult Female Population (as of May 10, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found three deficiencies in the following areas: Detention Files (1) and Personal Hygiene (2).

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

² Data Source: ERO Facility List as of May 9, 2022.

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/or 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.

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{4,5}	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	1
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention ⁶	1
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	3
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Personal Hygiene	2
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Sub-Total	0
Total Deficiencies	6

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

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁶ ODO identified and cited the deficiency under the Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard while performing detainee interviews; ODO did not review the SAAPI standard in its entirety.

DETAINEE RELATIONS

ODO interviewed 26 detainees, who each voluntarily agreed to participate. One detainee made an allegation of abuse by facility staff, which the detainee reported to KNSPC. Most detainees reported satisfaction with facility services except for the concerns listed below.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated an AGS officer touched him inappropriately during a pat search on March 28, 2022. The detainee stated he felt ERO Miami initially did not take the allegations seriously.

- Action Taken: ODO reviewed the facility's PREA Summary Investigation Report, the facility's PREA checklist, and witness statements, interviewed ERO Miami, and confirmed an AGS officer conducted a pat search of the detainee on March 28, 2022. After the search concluded, the detainee immediately reported the incident to another AGS officer, who immediately requested a supervisor. An AGS lieutenant responded, spoke with the detainee, and notified an AGS captain of the incident. The captain responded and offered the detainee protective custody, which the detainee declined. The captain interviewed the officers involved, compiled a PREA checklist of events, and reassigned the officer who conducted the pat search to the main gate post. The captain notified ERO Miami of the incident. ERO Miami interviewed the detainee and decided that the incident did not violate PREA. On March 29, 2022, the detainee submitted a sick call request indicating someone had touched him sexually and needed to see a psychologist. IHSC staff reported the incident and initiated the facility's PREA protocols. ERO Miami conducted another interview with the detainee and determined the incident violated PREA. ODO's review of the incident response showed staff did not refer the detainee for a medical examination and/or clinical assessment on March 28, 2022. ODO cited this as a deficiency in the *Sexual Abuse and Assault Prevention and Intervention* section of this report.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed KNSPC's front entrance visitor logbook and found in all entries the post officer did not require visitors to sign their names (**Deficiency FSC-26⁷**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed one sexual assault allegation and found KNSPC staff did not refer the detainee for a medical examination and/or clinical assessment for potential negative symptoms (**Deficiency**

⁷ "The post officer shall require the visitor to print and sign his/her name in the visitor logbook." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

SAAPI-112⁸).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed KNSPC did not keep a copy of each completed detainee request in the detainees' detention files. Specifically, ODO reviewed one detainee marriage request, via an email from the detainee's attorney, and found KNSPC did not place the completed request in the detainee's detention file (**Deficiency SDC-21⁹**).

CARE

MEDICAL CARE (MC)

ODO interviewed KNSPC's health services administrator, reviewed [REDACTED] detainee medical records, and found in [REDACTED] out of [REDACTED] records, no annual tuberculosis (TB) testing nor an annual chest X-ray (CXR), in accordance with Centers for Disease Control guidelines. Specifically, one detainee required an annual TB test or CXR by March 21, 2022; however, KNSPC released the detainee on April 7, 2022, without administering the annual test (**Deficiency MC-31¹⁰**).

PERSONAL HYGIENE (PH)

ODO observed and found in KNSPC's Housing Unit 8, the housing unit's toilets were not located in a reasonably private area. Specifically, Housing Unit 8 has five showers and four toilets in open areas that do not contain doors, half walls, partitions, nor curtains (**Deficiency PH-41¹¹**). **This is a repeat deficiency.**

ODO observed and found in KNSPC's Housing Unit 8, the housing unit's toilets were not located in a reasonably private area. Specifically, Housing Unit 8 has five showers and four toilets in open areas that do not contain doors, half walls, partitions, nor curtains, and does not prevent staff from viewing the detainees (**Deficiency PH-42¹²**). **This is a repeat deficiency.**

⁸ "Any detainee who alleges that he/she has been sexually assaulted shall be offered immediate protection and separation from the assailant and shall be referred for a medical examination and/or clinical assessment for potential negative symptoms." See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(J).

⁹ "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁰ "Annual or periodic TB testing shall be implemented in accordance with CDC guidelines; annual TB screening method should be appropriately selected with consideration given to the initial screening method conducted or documented during intake." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

¹¹ "Detainees shall be provided with a reasonably private environment in accordance with safety and security needs." See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E).

¹² "Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement." See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 13 of those standards. ODO found seven deficiencies in the remaining five standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Miami work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of KNSPC in October 2021.

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	23	18
Deficient Standards	2	4
Overall Number of Deficiencies	3	6
Repeat Deficiencies	0	2
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A