



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-144**

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

**Broward Transitional Center
Pompano Beach, Florida**


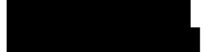
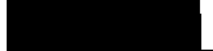
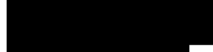
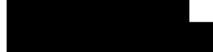
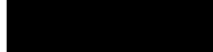
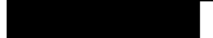


June 13-15, 2023

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Assistant Team Lead	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Unit Chief	ODO

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 13 to 15, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of BTC from December 13 to 15, 2022. The facility opened in 1998 and is owned and operated by The GEO Group, Inc. (GEO). 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).

[REDACTED] A BTC facility administrator oversees daily operations and manages support personnel. GEO provides food services and medical care, and The Keefe Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in December 2020 and the National Commission on Correctional Health Care in March 2021. In March 2021, BTC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 13, 2023)	[REDACTED]
Adult Female Population (as of June 13, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found two deficiencies in the following areas: Tool Control (1) and Transportation (by Land) (1).

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

² Data Source: ERO Facility List as of June 12, 2023.

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 may 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 uniform corrective action plan (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
Transportation (By Land)	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
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	1

⁴ For greater detail on ODO's findings, see the *Follow-up 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.

DETAINEE RELATIONS

ODO interviewed 27 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.

Medical Care: One detainee stated he is not receiving medical care for his back pain.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee's medical file, and found medical staff treated the detainee for back pain on May 5, 2023. According to a nursing assessment protocol, medical staff issued the detainee Tylenol (325 mg) and instructed him to take 2 tablets by mouth for 5 days. On May 8, 2023, a facility medical doctor examined the detainee during a follow-up appointment and ordered a urinalysis to check for any urinary tract infections. The detainee denied any back pain at the time of the exam.

Medical Care: One detainee stated he is not receiving medical treatment for a burn injury he sustained while working in the kitchen at his previous detention facility.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical file, and found BTC medical staff authorized over-the-counter medication for the detainee's burn wound during intake at BTC. On May 16, 2023, a facility medical doctor examined the detainee for a follow-up visit and prescribed Silvadene burn cream for 7 days. The detainee has submitted no additional requests.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed the training files for all facility employees and found in █ out of █ training files, the employee did not have documented annual, comprehensive suicide training. Specifically, the employee's last documented suicide prevention training occurred on October 18, 2015 (**Deficiency SSHSPI-8⁶**). **This is a priority component.**

⁶ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

CONCLUSION

During this follow-up compliance inspection, ODO assessed the facility’s compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found one deficiency in the remaining standard. Since BTC’s last full inspection in December 2022, the facility’s overall compliance has remained high. BTC went from two deficient standards and two deficiencies in December 2022, to one deficient standard and one deficiency during this most recent inspection. ODO received the UCAP for ODO’s last inspection of BTC in December 2022, and ERO Miami staff’s oversight of the facility helped ensure the facility’s overall compliance with PBNDS 2011 (Revised 2016) standards. ODO recommends ERO Miami continue to work with the facility to ensure the facility maintains their high-level of compliance with PBNDS 2011 (Revised 2016) standards.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	19
Deficient Standards	2	1
Overall Number of Deficiencies	2	1
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A