

**U.S. Department of Homeland Security** 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

December 13-17, 2021

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

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## **COMPLIANCE INSPECTION TEAM MEMBERS**



Acting Team Lead Inspections and Compliance Specialist Inspections and Compliance Specialist Contractor Contractor Contractor Contractor ODO ODO ODO Creative Corrections Creative Corrections Creative Corrections 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 December 13 to 17, 2021.<sup>1</sup> 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 August 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 (DOs) and a detention services manager to the facility. A facility administrator handles daily operations and manages support personnel. The GEO Group provides food services and medical care, and Keefe 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 December 2020, BTC was audited by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Qua	ntity
ICE Bed Capacity <sup>2</sup>		
Average ICE Population <sup>3</sup>		
Adult Male Population (as of December 13, 2021)		
Adult Female Population (as of December 13, 2021)		

During its last inspection, in Fiscal Year (FY) 2021, ODO found no deficiencies.

<sup>&</sup>lt;sup>1</sup> This facility holds both male and female detainees with low and medium-low security classification levels for periods greater than 72 hours.

<sup>&</sup>lt;sup>2</sup> Data Source: ERO Facility List as of December 13, 2021.

<sup>&</sup>lt;sup>3</sup> Ibid.

# **COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as "deficiencies." ODO highlights instances when 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 its decision-making to better allocate resources across the agency's entire detention inventory.

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.

<sup>&</sup>lt;sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

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

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	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
Funds and Personal Property	0
Hold Rooms <sup>7</sup>	0
Post Orders	1
Searches of Detainees	2
Sexual Abuse and Assault Prevention and Intervention	0
Use of Force and Restraints	0
Sub-Total	3
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	1
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Legal Rights Group Presentations	0

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

<sup>&</sup>lt;sup>6</sup> 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 inspections.

<sup>&</sup>lt;sup>7</sup> The Hold Rooms standard was inspected since BTC did not maintain a Special Management Unit.

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Sub-Total	0	
Part 7 - Administration and Management		
Detainee Transfers	0	
Detention Files	0	
Interviews and Tours	0	
Sub-Total	0	
Total Deficiencies	4	

## **DETAINEE RELATIONS**

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee exhibited signs of mental health issues during the interview, and ODO immediately referred him to both ERO Miami and the facility medical staff for follow-up care. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Admission and Release: Five detainees stated they did not receive the ICE National Detainee Handbook nor the facility's site-specific handbook upon admission to the facility.

• <u>Action Taken</u>: ODO reviewed the signed receipts and found the detainees received both handbooks. On December 14, 2021, the facility's compliance administrator confirmed that facility staff reissued both handbooks. The detainees did not require the language line and reported their satisfaction with the staff's follow-up actions.

*Staff-Detainee Communication:* One detainee stated he met with his DO about his immigration case on December 7, 2021. On December 10, 2021, he submitted an ICE request about his release date but received no response.

• <u>Action Taken</u>: ODO confirmed ERO Miami spoke with the detainee by phone and met with him in-person on December 14, 2021, to discuss his release date and to answer any additional questions. The detainee stated his satisfaction with the answers he received.

*Significant Self-harm and Suicide Prevention and Intervention:* One detainee stated around November 23, 2021, he thought about self-harm and disclosed a plan to hang himself. These thoughts increased in severity when he thought about his possible deportation back to Honduras. Additionally, he informed ODO of his hospitalization for depression for a few days while in ICE custody.

• <u>Action Taken</u>: ODO immediately notified the facility's leadership and ERO Miami about the detainee's suicidal thoughts, reviewed the detainee's medical file, and found the detainee reported no prior mental health disorders or suicidal thoughts during the intake process and subsequent 14-day physical exam. On July 27, 2021, the detainee requested to see the facility mental health provider after submitting a sick call request. On July 28,

2021, a licensed clinical social worker (LCSW) met with him, and during his visit, the detainee expressed sadness over the trauma he previously experienced in Honduras but stated he had no suicidal thoughts. The LCSW provided chronic care visits to address the detainee's depression on the following dates: August 2, 2021; September 3, 2021; October 4, 2021; October 10, 2021; November 2, 2021; and November 11, 2021. During each visit, the detainee received counseling and expressed no suicidal thoughts nor plans for suicide. After each visit, the detainee stated he felt better after talking to the LCSW and incorporating the LCSW's recommended coping strategies. On November 16, 2021, the detainee voiced suicidal thoughts and submitted a sick call request to see a mental health provider. The detainee stated he felt disturbed because of his past trauma and fear of deportation to Honduras. The facility medical staff immediately assessed the detainee and sent him to an off-site behavioral health hospital. On November 16, 2021, the detainee arrived at the hospital, and the hospital admitted him the next day. On November 25, 2021, the hospital discharged the detainee, and he returned to the facility with updated medications. The detainee stated he felt much better after the hospitalization. The medical doctor and LCSW evaluated the detainee upon his return to BTC and confirmed he posed no threat in returning to the general population and had no current suicidal thoughts.

Following ODO's interview, the facility's medical staff immediately assessed the detainee, and sent him to the off-site behavioral health hospital for follow-up treatment. The hospital admitted the detainee, provided treatment, and kept him until medical staff evaluated him as medically stable. The detainee returned to BTC on December 23, 2021.

## **COMPLIANCE INSPECTION FINDINGS**

#### **SECURITY**

#### POST ORDERS (PO)

ODO reviewed the facility's PO program and found the facility's POs did not state the duty hours for each facility post (**Deficiency PO-10**<sup>8</sup>).

#### **SEARCHES OF DETAINEES (SD)**

ODO reviewed the facility's SD policy and found the facility did not have written policy and procedures for searches of detainee housing and work areas (**Deficiency SD-1**<sup>9</sup>).

<sup>&</sup>lt;sup>8</sup> "The chief security officer shall supervise the preparation of all post orders, which shall: ...
2. specifically state the duty hours for each post."

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(C)(2).

<sup>&</sup>lt;sup>9</sup> "All facilities shall have written policy and procedures consistent with this standard for the following:
1. searches of detainee housing and work areas;"

See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(A)(1).

ODO reviewed the facility's SD policy and found the facility did not have written policy and procedures for strip searches, body cavity searches, nor x-rays (**Deficiency SD-2**<sup>10</sup>).

#### ACTIVITIES

#### **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO reviewed the facility's detainee handbook and found it did not inform detainees that staff are not to open, inspect, nor read their outgoing special correspondence and/or legal mail. Specifically, the detainee handbook only notified detainees that the facility may open incoming special correspondence or legal mail in a detainee's presence, inspect it for contraband, but not read it (**Deficiency COM-19**<sup>11</sup>).

#### CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found four deficiencies in the remaining three standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required for ODO's last inspection of BTC which occurred in June 2021.

Compliance Inspection Results Compared	FY 2021 (PBNDS 2011) (Revised 2016)	FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	14	24
Deficient Standards	0	3
Overall Number of Deficiencies	0	4
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

2. body searches, including pat searches ("pat downs"), strip searches, body cavity searches and x-rays;" See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(A)(2).

<sup>&</sup>lt;sup>10</sup> "All facilities shall have written policy and procedures consistent with this standard for the following: ...

<sup>&</sup>lt;sup>11</sup> "At a minimum, the notification shall specify: ...

<sup>5.</sup> That incoming special correspondence or legal mail may only be opened in the detainee's presence, and may be inspected for contraband, but not read, and that outgoing special correspondence or legal mail shall not be opened, inspected or read;"

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence Other Mail, Section (V)(C)(5).