



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
Compliance Inspection
2024-001-216**

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

**Broward Transitional Center
Pompano Beach, Florida**


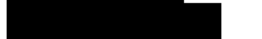
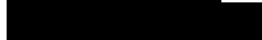
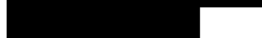
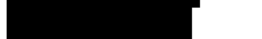
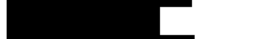
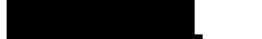
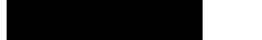
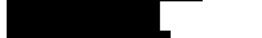
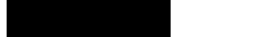
December 12-14, 2023

COMPLIANCE INSPECTION
of the
BROWARD TRANSITIONAL CENTER
Pompano Beach, Florida

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Section Chief	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	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 Broward Transitional Center (BTC) in Pompano Beach, Florida, from December 12 to 14, 2023.¹ 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]

[REDACTED] A BTC facility administrator handles daily operations and manages [REDACTED] 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 December 12, 2023)	[REDACTED]
Adult Female Population (as of December 12, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 2 deficiencies in the following areas: Transportation (by Land) (1) and Tool Control (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 Custody Management Division Authorized Facility List as of December 11, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	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
Population Counts	0
Post Orders	2
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	2
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	3

DETAINEE RELATIONS

ODO interviewed 39 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 was not satisfied with the facility’s response to his request for a medical specialist appointment.

- **Action Taken:** ODO interviewed the health services administrator (HSA), reviewed the detainee’s medical record, and found the detainee complained of genital irritation at the walk-in clinic on June 27, 2023. A nurse practitioner at the walk-in clinic examined him and referred him to a facility physician. On June 30, 2023, the facility physician examined the detainee, diagnosed phimosis,⁷ prescribed Cortisone (1%), and scheduled a urology appointment for July 28, 2023. The detainee declined his scheduled urology appointment on the day of the appointment and signed a refusal form. On November 3, 2023, the detainee again complained of the same issue at the walk-in clinic, and the facility physician referred and scheduled the detainee for a urology appointment on November 8, 2023. The detainee again refused his scheduled urology appointment on the day of the appointment and signed a refusal form. On November 20, 2023, the detainee complained of the same issue, and the HSA confirmed the detainee’s next scheduled urology appointment for December 15, 2023.

Medical Care: One detainee stated his concern over medical staff’s examination of his heart surgery scar only once in 8 months, instead of the prescribed requirement for every 2 months.

- **Action Taken:** ODO interviewed the chronic clinic registered nurse, reviewed the detainee’s medical record, and found the detainee disclosed his heart surgery during his initial intake examination on April 3, 2023. On April 4, 2023, a facility physician examined the detainee for his 14-day physical and noted normal functioning of the detainee’s heart and his documented heart surgery in June 2022. The physician ordered

⁷ Phimosis is defined as the inability to retract the skin (foreskin or prepuce) covering the head (glans) of the penis.

lipid lab tests and prescribed the following medications: aspirin (81 mg); omeprazole (20 mg); metoprolol (25 gm); and simvastatin (10 mg). On April 11, 2023, an advanced practice registered nurse (APRN) examined the detainee on a follow-up appointment, prescribed an exercise regimen, and informed the detainee of his normal lab test results. On April 24, 2023, the APRN examined the detainee for a chronic-care follow-up appointment. ODO found the detainee's medical record documented monthly follow-up visits for chronic care relating to open heart surgery. The HSA stated an outside cardiologist used a two-dimensional echocardiogram to examine the detainee on October 10, 2023, with facility medical staff still awaiting the results. The facility did not examine the detainee as per ODO's request since medical staff already scheduled the detainee for a cardiology appointment on the same day as the ODO interview. ODO found no gaps in the detainee's chronic care regarding his heart condition. On December 27, 2023, ODO followed up with the facility for an update on the detainee's status, and the HSA stated an outside cardiologist performed an echocardiogram on December 12, 2023, and found no irregularities. The facility physician discussed the results with the detainee, and the cardiologist also will review the results with the detainee in a follow-up appointment.

Medical Care: One detainee stated she has not received the results of her breast exam completed in September 2023.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical record, and found the detainee submitted a sick call request for intermittent breast pain on September 7, 2023. On September 8, 2023, a licensed practical nurse examined the detainee and referred her to a facility physician. On September 11, 2023, an APRN examined the detainee, prescribed ibuprofen (400 mg) and scheduled a mammogram appointment. On September 21, 2023, medical staff received the results of the detainee's mammogram, showing simple cysts with no indications of malignancy. On October 2, 2023, medical staff explained the mammogram results via an interpreter to the detainee and informed her of the need for ongoing medical care. On October 23, 2023, an ultrasound of the right breast revealed no changes from the previous examination. On November 7 and 15, 2023, medical staff met with the detainee to answer any additional questions and concerns regarding the mammogram and ultrasound results. On December 6, 2023, medical staff received the results of a subsequent ultrasound of the detainee's left breast, revealing a 6-millimeter complex cyst but with no apparent malignancy. On December 12, 2023, medical staff discussed the results of the examination with the detainee, and the detainee acknowledged understanding. The detainee's next appointment with the chronic care clinic is scheduled for December 26, 2023.

Staff-Detainee Communication: One detainee stated he could not communicate on the facility's tablet system in Mandarin Chinese.

- Action Taken: ODO interviewed the facility program manager (PM) and found the tablet's initial application screen to access a detainee's profile does not have a Mandarin option. ODO confirmed the PM met with the detainee on December 12, 2023, to demonstrate the tablet's login procedure, language selection, and access to other programs. The PM also demonstrated submitting a request in a detainee's native language and verified the detainee received Mandarin translations of the ICE National Detainee Handbook and facility-specific detainee handbook.

COMPLIANCE INSPECTION FINDINGS

SECURITY

POST ORDERS (PO)

ODO observed 20 facility PO classification folders and found in 19 out of 20 folders, no policies relevant to the post (**Deficiency PO-18⁸**).

ODO reviewed the Armed Transport Officer PO and found it did not describe nor explain circumstances and conditions authorizing the use of firearms (**Deficiency PO-23⁹**).

CARE

FOOD SERVICE (FS)

ODO conducted an inspection of the facility's FS areas and found the facility's fire-suppression system did not have a functionally audible alarm connected to the control room's annunciator panel (**Deficiency FS-408¹⁰**).

⁸ "The post orders for each post shall be issued in a six-part classification folder and shall be organized as follows:

...

Section 5: ICE/ERO detention standards and policies and facility practices relevant to the post."
See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(D).

⁹ "In addition to the above requirements for all post orders, post orders for armed and perimeter-access post assignments shall describe and explain: ...

2. Circumstances and conditions under which use of firearms is authorized."
See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F)(2).

¹⁰ "An approved, fixed fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 27 of those standards. ODO found three deficiencies in the remaining two standards. Since BTC’s last full inspection in December 2022, the facility has maintained a high-level of compliance with the PBNDS 2011 (Revised 2016). BTC went from 2 deficient standards and 2 deficiencies in December 2022, to 2 deficient standards and 3 deficiencies during this most recent inspection. ODO did not review PO during the December 2022 inspection as it was not an FY 2023 core standard, and this standard accounted for 2 out of the 3 deficiencies found during this most recent inspection. ODO received the uniform corrective action plan for ODO’s last full inspection of BTC in December 2022, which likely resolved the deficiencies ODO previously identified. ODO recommends ERO Miami continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	29
Deficient Standards	2	2
Overall Number of Deficiencies	2	3
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior