



**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

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**Office of Detention Oversight  
Compliance Inspection**

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

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

**December 14-17, 2020**

**COMPLIANCE INSPECTION**  
**of the**  
**KROME NORTH SERVICE PROCESSING CENTER**  
Miami, Florida

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## 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 compliance inspection of the Krome North Service Processing Center (KNSPC) in Miami, Florida, from December 14 to 17, 2020.<sup>1</sup> The facility opened in 1979 and is owned and operated by Office of Enforcement and Removal Operations (ERO). ICE ERO began housing detainees at KNSPC in 1980 under the oversight of ERO’s Field Office Director (FOD) 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. An ERO Miami officer in charge handles daily facility operations and is supported by [REDACTED] personnel. Akima Global Services provides food services, ICE Health Service Corps (IHSC) provides medical care, and Japlop Enterprises, Inc. provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2018. In June 2017, KNSPC 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 Detainee Bed Capacity <sup>2</sup>	611
Average ICE Detainee Population <sup>3</sup>	[REDACTED]
Male Detainee Population (as of 12/14/2020)	[REDACTED]
Female Detainee Population (as of 12/14/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 14 deficiencies in the following areas: Admission and Release (3); Funds and Personal Property (2); Sexual Abuse and Assault Prevention and Intervention (2); Use of Force and Restraints (3); Medical Care (3); and Visitation (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of December 14, 2020.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

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

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>5</sup></b>	<b>Deficiencies</b>
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>3</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *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 he had head and chest pain and the facility's medical staff had not provided him with proper treatment. Additionally, he stated he injured fingers on both of his hands while playing basketball, and although he was in pain, the facility's medical staff told him the injury would heal on its own.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's medical staff. ODO found nothing in the detainee's medical record to indicate he had complained of head nor chest pain to the facility's medical staff. The detainee had complained about heartburn in November 2020, and the facility's medical staff evaluated and treated his condition. At the request of ODO, the facility's medical staff evaluated the detainee for head and chest pain on December 16, 2020. A nurse practitioner evaluated his condition, performed an electrocardiogram, and diagnosed the detainee with chest pain, unspecified. The facility's medical staff submitted a request for a cardiologist to evaluate the detainee and the request was pending at the conclusion of the inspection.

Additionally, the facility's medical staff evaluated the detainee for a sporting injury to his left hand on December 7, 2020. A nurse practitioner completed the initial evaluation and sent the detainee to Larkin Community Hospital to further evaluate his left hand. The physician at Larkin Community Hospital diagnosed the detainee with a sprain of his left wrist and hand. The hospital issued a brace for the detainee to wear on his left wrist and hand and prescribed him ibuprofen 600 mg., to take twice per day. The facility moved the detainee to a lower bunk, instructed him to avoid strenuous exercise, and recommended he wear a splint on his left middle finger for 3 to 4-weeks, until his symptoms resolved. ODO found nothing to indicate the detainee complained to the facility's medical staff about an injury to fingers on either of his hands. The facility's medical staff instructed the detainee to submit a sick-call request should he need further evaluation.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee detention files, the detainees' risk classification assessments, and found the facility had not completed a reclassification within 60 to 90-days of one detainee's initial classification (**Deficiency CCS-51<sup>6</sup>**). During the inspection, the facility completed the detainee's reclassification and provided a copy of the reclassification to ODO.

ODO reviewed the facility's classification procedures and found the facility issued blue uniforms to low-custody detainees, orange uniforms to medium-custody detainees, and red uniforms to high-custody detainees. ODO noted the facility using the same colored uniform for both medium-low and medium-high detainees as an **Area of Concern**.

### SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's SMU control center log, the facility's security check scanner reports, and found staff logged detainee observations exceeding ██████████ in 8 out of 24 entries reviewed (**Deficiency SMU-126<sup>7</sup>**).

### USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed 10 immediate UOF packets and found the after-action review (AAR) team convened on the second workday following the UOF incident in 7 out of 10 UOF packets reviewed (**Deficiency UOF&R-155<sup>8</sup>**).

*Corrective Action:* Prior to the inspection beginning, the compliance supervisory detention and deportation officer (SDDO) identified the facility's AAR team had not been convening on the workday following a UOF incident. The facility's AAR team convened the workday following the UOF incident for the three UOF incidents occurring after the compliance SDDO identified the deficiency. The compliance SDDO issued a memorandum dated December 17, 2020, which outlined the procedure for the AAR team to convene on the workday following a UOF incident (**C-1**).

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<sup>6</sup> "The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(1).

<sup>7</sup> "Detainees in SMU shall be personally observed and logged at least every ██████████ on an irregular schedule." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(M).

<sup>8</sup> "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review. This four-member after-action review team shall convene on the workday after the incident." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).



## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed the medical staffing plan and noted an **Area of Concern**. Specifically, the facility had [REDACTED] vacant positions on the medical department roster, which included [REDACTED].

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found three deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where the facility's staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (PBNS 2011)</b>	<b>FY 2021 (PBNS 2011) (Revised 2016)</b>
Standards Reviewed	18	19
Deficient Standards	6	3
Overall Number of Deficiencies	14	3
Repeat Deficiencies	3	0
Areas of Concern	0	2
Corrective Actions	1	1