



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
Unannounced Follow-Up
Compliance Inspection
2023-005-152**

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

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

September 19-21, 2023

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

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Section Chief	ODO

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Krome North Service Processing Center (KNSPC) in Miami, Florida, from September 19 to 21, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of KNSPC from March 21 to 23, 2023. The facility opened in 1979 and is owned by the ICE Office of Enforcement and Removal Operations (ERO) and operated by Akima Global Services (AGS). ICE 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).

[REDACTED]

[REDACTED] A program manager handles daily facility operations and manages [REDACTED] support personnel. AGS provides food services, ICE Health Service Corps 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 June 2022 and the American Correctional Association in February 2023. In January 2022, 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 19, 2023)	[REDACTED]
Adult Female Population (as of September 19, 2023)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2023, ODO found two deficiencies in the following areas: Key and Lock Control (1) and Visitation (1).

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

² Data Source: ERO Facility List as of September 18, 2023.

³ *Ibid.*

UNANNOUNCED 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.⁴

While unannounced 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 uniformed 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.

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 Systems	0
Facility Security and Control Special	0
Funds and Personal Property	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	1
Part 4 - Care	
Food Service	0
Medical Care	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	
Visitation	0
Sub-Total	0
Total Deficiencies	2

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

⁶ 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 31 detainees, who each voluntarily agreed to participate. ODO attempted to interview an additional 10 detainees; however, all 10 detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed two calculated use of force (UOF) files, dated June 25, 2023, and September 11, 2023, along with the accompanying after-action review and audio-visual (AV) recordings, and found the two recordings did not include all required elements. Specifically, the faces of all team members in the first AV recording did not briefly appear with helmets removed and uncovered heads during the assignment introduction, and in the second AV recording, the captain did not conduct a debrief of the incident with a full assessment of the incident. Additionally, in both AV recordings, staff did not film a close-up of the detainees' bodies during the medical exam, focusing on the presence or absence of injuries (**Deficiency UOFR-73⁷**).

CARE

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

ODO reviewed watch logs of █ detainees placed on suicide watch and found the facility does not document consistent continuous monitoring of detainees every 15 minutes. Specifically, ODO found in █ out of █ files, facility staff documented continuous monitoring between 16 and 20 minutes (**Deficiency SSHPI-34⁸**). **This is a priority component.**

“Calculated use-of-force incidents shall be audio-visually-recorded in the following order: ...

b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.

e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.

f. Debrief the incident with a full discussion/analysis/assessment of the incident.”

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2)(b)(e)(f).

⁸ “The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.”

See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility’s compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found two deficiencies in the remaining two standards. Since KNSPC’s last full inspection in March 2023, the facility has maintained a high level of compliance with the standards. KNSPC remained at two deficient standards with two deficiencies during this most recent inspection. ODO received the completed UCAP for ODO’s last inspection in March 2023, which likely contributed to the continued high-level compliance and no repeat deficiencies. 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 2023 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	17
Deficient Standards	2	2
Overall Number of Deficiencies	2	2
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A