

### **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 2024-001-320

# Enforcement and Removal Operations ERO Miami Field Office

Krome North Service Processing Center Miami, Florida

March 26-28, 2024

# COMPLIANCE INSPECTION of the KROME NORTH SERVICE PROCESSING CENTER

Miami, 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
Section Chief	ODO
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 Krome North Service Processing Center (KNSPC) in Miami, Florida, from March 26 to 28, 2024. The facility opened in 1979 and is owned by ICE and operated by Akima Global Services. The ICE Office of Enforcement and Removal Operations (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).

An ERO Miami AFOD handles daily facility operations and manages personnel. Akima Global Services provides food services, ICE Health Services 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 July 2023, KNSPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) but was not DHS PREA certified.

Capacity and Population Statistics	Quantity	
ICE Bed Capacity. <sup>2</sup>		
Average ICE Population. <sup>3</sup>		
Adult Male Population (as of March 26, 2024)		
Adult Female Population (as of March 26, 2024)		
Adult Transgender Population (as of March 26, 2024)		

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 2 deficiencies in the following areas: Key and Lock Control (1) and Visitation (1).

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

<sup>&</sup>lt;sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of March 25, 2024.

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

<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 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		
Searches of Detainees	0		
Sexual Abuse and Assault Prevention and Intervention	0		
Special Management Units	0		
Staff-Detainee Communication	0		
Use of Force and Restraints	0		
Sub-Total	0		
Part 4 - Care	•		
Food Service	0		
Hunger Strikes	3		
Medical Care	2		
Medical Care (Women)	0		
Personal Hygiene	0		
Significant Self-harm and Suicide Prevention and Intervention	0		
Sub-Total	5		
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		
Sub-Total	0		
Part 6 - Justice			
Grievance System	0		
Law Libraries and Legal Materials	0		

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<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 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 7 - Administration and Management		
Detention Files	0	
Detainee Transfers	0	
Sub-Total	0	
Total Deficiencies	5	

#### DETAINEE RELATIONS

ODO interviewed 30 detainees, who each voluntarily agreed to participate. One detainee alleged another detainee sexually abused him on multiple occasions and ODO followed-up with ERO Miami staff to ensure the allegation was reported. Most detainees reported satisfaction with facility services except for the concern listed below.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated another detainee sexually abused him on multiple occasions.

• Action Taken: On March 26, 2024, ODO interviewed the detainee who stated another detainee sexually abused or harassed him on at least 2 occasions in February 2024. The detainee stated he called the PREA hotline number around February 20-21, 2024, and spoke with a PREA response specialist. The detainee stated he also spoke with an ICE investigator on the same day. The detainee stated the facility investigated the allegation and he believed the investigation concluded on approximately March 5, 2024. The detainee stated the ICE investigator informed him of the results of the investigation, which was the allegation was unsubstantiated. On March 27, 2024, ODO confirmed the facility reported the incident to the ICE Joint Intake Center (Case #202405968). ODO confirmed with ERO Miami the facility moved the detainee (complainant) to a different housing unit, concluded the investigation, and closed the case.

### COMPLIANCE INSPECTION FINDINGS

### **CARE**

#### **HUNGER STRIKES (HS)**

ODO reviewed detention staff and medical staff training records and found in out of medical staff records, no documented annual hunger strike training for staff members employed since July 15, 2016, February 20, 2020, and July 27, 2022 (Deficiency HS-1.<sup>7</sup>).

ODO reviewed the medical records of detainees who participated in hunger strikes during the review period and found in out of records, no documented urinalysis in the medical staff's

<sup>&</sup>lt;sup>7</sup> "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(A).

initial evaluations (Deficiency HS-108).

ODO reviewed detention files of five detainees on hunger strikes during the review period and found in five out of five files, no notation of when the detainee ended the hunger strike (**Deficiency HS-20**.9).

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

ODO reviewed medical staff credential files and found in out of files, no documentation for primary-source verification of licenses (**Deficiency MC-101**.10).

ODO reviewed peer reviews for independently licensed medical professional records and found in out of peer reviews, annual reviews last dated October 25, 2020, and January 23, 2022 (Deficiency MC-292.11).

### CONCLUSION

During this compliance inspection, ODO assessed the facility's compliance with 26 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 24 of those standards. ODO found five deficiencies in the remaining two standards. Since KNSPC's last full inspection in March 2023, the facility's overall compliance with the PBNDS 2011 (Revised 2016) has trended downward. KNSPC went from 2 deficient standards and 2 deficiencies in March 2023 to two deficient standards and five deficiencies during this most recent inspection. ODO did not inspect the HS standard during the FY 2023 full inspection, but that standard accounted for 3 out of 5 deficiencies for this most recent inspection. ODO has not received the UCAP for ODO's last inspection of KNSPC in September 2023. ODO recommends ERO Miami continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(1)(c).

<sup>&</sup>lt;sup>8</sup> "During the initial evaluation of a detainee on a hunger strike, medical staff shall: ...

c. perform urinalysis."

<sup>&</sup>lt;sup>9</sup> "A notation shall be made in the detention file when the detainee has ended the hunger strike." *See* ICE PBNDS 2011, Standard, Hunger Strikes, Section (V)(C)(8).

<sup>&</sup>lt;sup>10</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

<sup>&</sup>quot;The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews shall be conducted at least annually." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(EE)(3).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	26
Deficient Standards	2	2
Overall Number of Deficiencies	2	5
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior. <sup>12</sup>

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<sup>&</sup>lt;sup>12</sup> ODO revised their rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as "Superior" will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.