



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
Krome North Service Processing Center
Miami, Florida**

January 30 – February 1, 2018

**COMPLIANCE INSPECTION
for the
KROME NORTH SERVICE PROCESSING CENTER
MIAMI, FL**

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(b) (6), (b) (7)(C)	Contractor	Creative Corrections
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Krome North Service Processing Center (KNSPC) in Miami, Florida from January 30 to February 1, 2018¹. The KNSPC opened in 1979 and is owned and operated by the U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO). ERO began housing detainees at KNSPC in 1980, under oversight of the ERO Field Office Director (FOD) in Plantation, Florida. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are assigned to the facility. An Assistant Field Office Director is responsible for oversight of daily facility operations and is supported by (b) (7)(F) personnel. Akima Global Services (AGS) provides food services, and medical care is provided by the ICE Health Service Corps. The facility is accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	611
Average ICE Detainee Population ³	█
Male Detainee Population (as of 4/16/2018)	█
Female Detainee Population	N/A

In FY 2015, ODO conducted an inspection of KNSPC and found 8 deficiencies in the following areas: Admission and Release (1) deficiency, Environmental Health and Safety (2), Medical Care (3), and Use of Force and Restraints (2). A deficient priority component was found under the Use of Force and Restraints standard.

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 Report as of April 16, 2018.

³ *Ibid.*

FY 2017 FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	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	2
Part 4 - Care	
Disability, Identification, Assessment and Accommodation	1
Food Service	0
Medical Care	1
Medical Care (Women) N/A	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	1
Law Libraries and Legal Materials	0
Sub-Total	1
Total Deficiencies	5

⁴ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

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 (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008, or 2011 as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

After each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

Thirty (30) detainees voluntarily agreed to be interviewed by ODO. Most detainees reported satisfaction with facility services apart from the concerns listed below.

Admission and Release: Nine detainees stated they never received the detainee handbook.

- Action Taken: ODO reviewed the detainee files and found each detainee signed for a handbook during intake. At ODO's request staff provided instruction to the detainees on accessing the handbook via the Keefe Kiosk system which is available in each housing unit.

Staff Detainee Communications: Four detainees stated they never see their ICE officer and do not know how to contact them.

- Action Taken: ODO spoke with ICE personnel, confirmed all housing posters include phone numbers for individual ICE officers, and verified a signup sheet is readily available for detainees to sign up to speak with officers or their case manager during scheduled visits. ERO staff also indicated the Supervisory Detention and Deportation Officer (SDDO) and Assistant Field Office Director (AFOD) walk through the facility daily to speak with detainees. ODO informed detainees of the various ways they could get in touch with ICE personnel.

Law Library: One detainee stated he requested a legal publication from the Library Officer, and his request was denied. The detainee stated the Library Officer told the detainee to submit his request directly to ICE staff.

- Action Taken: ODO interviewed ERO staff who explained all requests must be submitted to the recreation officer, who then forwards requests to ICE for review. Once ICE approves the purchase, the facility may acquire the materials using a discretionary fund. Only material deemed inappropriate is denied; however, to date the facility has never denied any request. ODO reviewed the detainee file and found no requests or grievances seeking outside legal publications. ODO asked staff to follow-up with the detainee to ensure he understands how to submit his request.

Medical Care: Six detainees expressed concern about medical issues:

The first detainee stated he was diagnosed with cancer, and KNSPC medical staff refused him treatment because the previous facility where he was housed did not forward his medical file.

- Action Taken: ODO spoke with the Health Services Administrator (HSA) and reviewed the detainee's medical file. The detainee arrived at KNSPC on January 6, 2018 and reported a history of bladder cancer, nodules on both lungs, and a mass on his lumbar spine. He stated he completed chemotherapy in March 2017. Staff requested his medical records from his previous detention location, but they had not been received by the conclusion of the inspection. ODO confirmed staff scheduled an appointment with a local oncologist to evaluate the detainee. Per ODO's request, staff informed the detainee he would be seen by an oncologist but was not provided with the date of the appointment for security reasons.

The second male detainee stated he was being forced to take anti depression medication.

- Action Taken: ODO reviewed the detainee's records and interviewed medical staff about his claim confirming he has been prescribed an anti-depressant by a psychiatrist and sees a psychologist weekly. However, staff indicated the detainee has refused to take the medication on 51 occasions (ODO confirmed all refusals have been documented as required). The facility is not forcing the detainee to take the medication; however, because the psychiatrist's order has not expired facility policy mandates the medication be offered as prescribed. ODO confirmed the detainee would be seen by the psychiatrist within the next 7 days.

The third detainee stated he needed teeth extracted, but dental staff only prescribed pain medication.

- Action Taken: ODO spoke with the HSA and reviewed the detainee's medical file. The detainee was evaluated by the dentist on January 16, 2018 and was found to have three bad molars, one of which was impacted. The detainee was offered extraction under local anesthesia, which he refused because he wanted general anesthesia. The detainee signed a refusal and indicated he would have it taken care of when released.

The fourth detainee stated he has a hernia and needs medical care to resolve the condition. He claimed to have spoken with the nurse about a month ago about the hernia and has not heard anything further regarding treatment.

- Action Taken: ODO spoke with the HSA and reviewed the detainee's medical file and found the detainee arrived at the facility on June 1, 2017 and indicated a history of hernia. During his physical exam on June 2, 2017, the detainee did not complain of having any hernia related pain. The following day the detainee was hospitalized in the local community for mental health treatment and returned to the facility 14 days later. He was later transferred to another facility on September 7, 2017 and returned to KNSPC on November 11, 2017. The detainee did not complain of hernia-related pain during intake assessments conducted either upon return to KNSPC nor during a recent sick call exam on January 25, 2018 related to congestion. ODO found no record of the detainee seeking treatment for hernia and recommends the facility ensure the detainee understands how to submit a sick call request related to this concern.

The sixth detainee stated he needs dentures and is awaiting a response from medical.

- Action Taken: The medical Grievance Officer (GO) explained to ODO that he placed an order for the detainee to receive dentures a few weeks ago; however, the Medical Administrator denied the request. During the inspection, the GO met with the detainee and advised him to submit a formal grievance to the facility Administrator/Field Office Director.

The seventh detainee stated he needs back and knee braces and is awaiting a response from medical.

- Action Taken: ODO met with the medical GO who was aware of the detainee's concerns as he was accommodated with a wheelchair to alleviate prolonged standing. The GO also indicated he recently submitted a purchase order for medical supplies including walking casts, as well as knee and back braces.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO's review of 40 active files found the required Order to Detain or Release was missing in one file and not signed by an ERO authorizing official in two other files (**Deficiency AR-1**⁶).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by having the Officer in Charge (OIC) sign the two orders missing signatures and the missing form was recovered and added to the file (**C-1**).

USE OF FORCE AND RESTRAINTS (UOF&R)

Based on staff interviews and documentation, ODO determined there were fifteen (15) immediate and no calculated use of force incidents involving detainees during the year preceding the inspection. ODO's review of documentation confirmed the detainees were medically examined after the incidents. After-action reviews were conducted; however, ODO's review of documentation found two of fifteen (15) reviews were not completed and submitted within the timeframes outlined in the standard (**Deficiency UOF-1**⁷). One after-action report was completed 8 working days following the incident and another was completed five working days following the incident.

CARE

DISABILITY, IDENTIFICATION, ASSESSMENT and ACCOMMODATION (DIA&A)

The PBNDS requires the facility to notify detainees of its DIA&A policy through the orientation program and the detainee handbook. ODO's review found the facility's orientation program does not inform detainees about the disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility had none of these requirements in place (**Deficiency DIA&A-1**⁸).

MEDICAL CARE (MC)

ODO reviewed seven randomly-selected medical records for detainees receiving psychotropic medication and verified detainees sign a consent form to receive psychotropic medication. The

⁶ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E). **This is a priority component.**

⁷ "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. The after-action review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the detainee's release from restraints." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

⁸ "The facility orientation program required by standard 2.1, 'Admission and Release,' and the detainee handbook required by standard 6.1, 'Detainee Handbook,' shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(J).

consent form utilized at KNSPC indicates medication side effects are discussed with the detainee; however, the description of the side effects is not listed on the consent form (**Deficiency MC-1**⁹).

JUSTICE

GRIEVANCE SYSTEM (GS)

Medical grievances and emergency medical grievances are received and processed by the ICE IHSC medical personnel. Envelopes labeled “medical” are provided to detainees so the forms can be placed in a sealed envelope. The designated medical personnel act on the grievance and provide a written response to the detainee within five days of receipt. Detainee medical grievances are logged on an Excel Spreadsheet that is password protected and accessible only to authorized medical personnel. The original medical grievance forms with the final disposition are kept in a binder in the medical unit. KNSPC does not maintain a copy of medical grievances in the detainee’s medical file, as directed by the standard (**Deficiency GS-1**¹⁰).

CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with 16 standards under the under the PBNDS 2011 finding the facility compliant with eleven (11) standards. ODO found five (5) deficiencies in the remaining five (5) standards. ODO identified one instance where the facility initiated corrective action during the inspection. This was ODO’s fifth oversight inspection of this facility and KNSPC continues to show marked improvements in performance since ODO’s first inspection of the facility in 2008 where well over 35 deficiencies were found. ODO recommends ERO work with the facility to remedy any deficiencies which remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2015 (PNDS 2011)	FY 2018 (PNDS 2011)
Standards Reviewed	16	16
Deficient Standards	4	5
Overall Number of Deficiencies	8	5
Deficient Priority Components	1	1
Corrective Action	NA	1

⁹ “Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication’s side effects, shall be obtained.” *See* ICE PBNDS 2011, Standard, Medical Care, Section (AA)(4).

¹⁰ “A copy of the grievance disposition shall be placed in the detainee’s medical file and provided to the detainee within five days.” *See* ICE PBNDS 2011, Standard, Grievance System, Section (V)(D).