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Office of Professional Responsibility

Broward Transitional Center Compliance Inspection 2025-001-034

December 17-19, 2024



U.S. Immigration and Customs Enforcement

Unclassified



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 2025-001-034

Enforcement and Removal Operations ERO Miami Field Office

Broward Transitional Center Pompano Beach, Florida

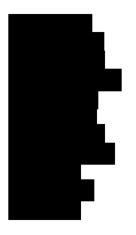
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COMPLIANCE INSPECTION of the BROWARD TRANSITIONAL CENTER Pompano Beach, Florida

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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Contractor	Creative Corrections
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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 Broward Transitional Center (BTC) in Pompano Beach, Florida, from December 17 to 19, 2024.¹ The facility opened in 1998 and is owned and operated by 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).

A BTC facility administrator handles daily operations and manages support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in March 2021 and the American Correctional Association in March 2023. In October 2023, BTS was audited by 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	
Average ICE Population ³	
Adult Male Population (as of December 17, 2024)	
Adult Female Population (as of December 17, 2024)	

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 3 deficiencies in the following areas: Food Service (1) and Post Orders (2).

¹ This facility holds 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 17, 2024. 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	1
Transportation (by Land)	0
Sub-Total	1
Part 2 - Security	•
Admission and Release	0
Custody Classification System	0
Contraband	0
Facility Security and Control ⁷	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Tool Control	0
Use of Force and Restraints	0
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 - Activities	

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.

⁷ The Facility Security and Control standard was added during the inspection due to an escape attempt on December 13, 2024, and was not reviewed in its entirety. The facility was found to be in compliance with the relevant components reviewed under this standard.

Recreation	0	
Visitation	0	
Sub-Total	0	
Part 6 - Justice		
Detainee Handbook	0	
Grievance System	0	
Legal Rights Group Presentations	0	
Sub-Total	0	
Part 7 - Administration and Management		
Interview and Tours	0	
Staff Training	0	
Sub-Total	0	
Total Deficiencies	2	

DETAINEE RELATIONS

ODO interviewed 32 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services..

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed the video attorney visitation (VAV) booths, interviewed the safety manager, and found the VAV booths completely blocked the overhead fire suppression sprinkler system (Deficiency EHS-106.⁸). This is a repeat deficiency and a priority component.

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 25 detainee requests to ERO Miami and found in 5 out of 25 requests, ERO responded between 4 and 7 business days after the requests were submitted (**Deficiency SDC-16**.⁹).

⁸ "Every facility shall develop a written fire prevention, control and evacuation plan that includes the following: ... f. Installation of fire protection equipment throughout the facility, in accordance with NFPA codes;"

See ICE PBNDS 2011(Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(3)(f). ⁹ "In Facilities with ICE/ERO Onsite Presence:

a. The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." See ICE PBNDS 2011(Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

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 two deficiencies in the remaining two standards. Since BTC's last rated inspection in December 2023, the facility's level of compliance with PBNDS 2011 (Revised 2016) has remained consistent. BTC went from 2 deficient standards and 3 deficiencies in December 2023, to 2 deficient standards and 2 deficiencies during this most recent inspection; however, ODO cited EHS-106 as a repeat deficiency, which is also a priority component. ODO received the facility's completed uniform corrective action plan for its last inspection in June 2024, but the corrective action identified for deficiency EHS-106 has not been completed, resulting in the repeat deficiency. 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 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	29
Deficient Standards	2	2
Overall Number of Deficiencies	3	2
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good



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