

### 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 2024-005-308

Enforcement and Removal Operations ERO Miami Field Office

Broward Transitional Center Pompano Beach, Florida

June 11-13, 2024

# UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION of the

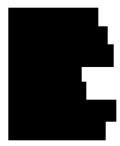
### **BROWARD TRANSITIONAL CENTER**

Pompano Beach, Florida

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# UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead ODO
Senior Inspections and Compliance Specialist ODO
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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 an unannounced follow-up compliance inspection of the Broward Transitional Center (BTC) in Pompano Beach, Florida, from June 11 to 13, 2024. This inspection focused on the standards found deficient during ODO's last inspection of BTC from December 12 to 14, 2023. The facility opened in 1998 and is owned and operated by The 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 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
American Correctional Association in December 2020, Department of Homeland Security (DHS)
Prison Rape Elimination Act (PREA) in December 2020, and National Commission on
Correctional Health Care in March 2021. In March 2021, BTC was audited for DHS PREA and
was 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 June 11, 2024)		
Adult Female Population (as of June 11, 2024)		_

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

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<sup>&</sup>lt;sup>1</sup> This facility holds male and female detainees with low and medium-low 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 June 10, 2024.

<sup>&</sup>lt;sup>3</sup> Ibid.

## UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.<sup>4</sup>

While 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 uniform 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.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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>5,6,7</sup>	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Post Orders	0
Staff Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	1
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	2

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<sup>&</sup>lt;sup>5</sup> For greater detail on ODO's findings, see the *Unannounced Follow-Up 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.

<sup>&</sup>lt;sup>7</sup> During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

### **DETAINEE RELATIONS**

ODO interviewed 25 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 25 detainees reported satisfaction with facility services.

### UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### **SAFETY**

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO observed the video attorney visitation (VAV) booths, interviewed the safety manager, and found the facility did not develop a written fire prevention, control, and evacuation plan that included installation of fire protection equipment throughout the facility in accordance with National Fire Protection Association codes. ODO also found the VAV booths completely blocked the overhead fire suppression sprinkler system (Deficiency EHS-1068). This is a priority component.

### **SECURITY**

### **USE OF FORCE AND RESTRAINTS (UOFR)**

ODO reviewed the after action-review report for an immediate use of force (IUOF) incident from June 2024, and found the four-member after-action review team did not convene on the next workday after the incident (**Deficiency UOFR-155**.9).

### CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found two deficiencies in the remaining two standards. Since BTC's last full inspection in December 2023, the facility has maintained a steady level of compliance with the PBNDS 2011 (Revised 2016). BTC went from 2 deficient standards and 3 deficiencies in December 2023, to 2 deficient standards and 2 deficiencies, of which 1 was a priority component deficiency, during this inspection. ODO received the UCAP for ODO's last full inspection of BTC in December 2023, which likely resolved the previous deficiencies. ODO recommends ERO Miami continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

 <sup>8 &</sup>quot;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)(a-h).
 9 "This four-member after-action review team shall convene on the workday after the incident." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	18
Deficient Standards	2	2
Overall Number of Deficiencies	3	2
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A