

# Office of Professional Responsibility

## Krome North Service Processing Center Inspection 2024-002-424

September 10–12, 2024



U.S. Immigration  
and Customs  
Enforcement



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2024-002-424**

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

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

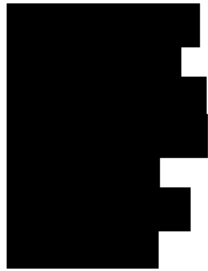
**September 10-12, 2024**

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

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## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
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 follow-up compliance inspection of the Krome North Service Processing Center (KNSPC) in Miami, Florida, from September 10 to 12, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of KNSPC from March 26 to 28, 2024. The facility opened in 1979 and is owned 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).

[REDACTED] A program manager handles daily facility operations and manages support personnel. Akima Global Services 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 July 2023, KNSPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) but was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of September 10, 2024)	[REDACTED]
Adult Female Population (as of September 10, 2024)	[REDACTED]
Transgender Population (as of September 10, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 5 deficiencies in the following areas: Hunger Strikes (3) and Medical Care (2).

<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>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of August 12, 2024.

<sup>3</sup> *Ibid.*

## FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual 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. 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. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.<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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which 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 the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

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<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
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	3
<b>Sub-Total</b>	<b>4</b>
<b>Part 4 - Care</b>	
Food Service	2
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

<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.

## DETAINEE RELATIONS

ODO interviewed 20 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 except for one concern listed below.

*Personal Hygiene:* One transgender detainee stated the facility did not provide reasonable time to shower in the housing unit. She said the facility allowed her to shower before count for privacy; however, now she must shower at the in-processing section because of detainee complaints. She said showering at the in-processing section has been unreasonable because the facility does not give her sufficient time to shower. The time varies when they can accommodate her, or she is told they are too busy.

- Action Taken: ODO informed ERO staff of the detainee’s complaint and reviewed emails and housing unit logbooks. In June 2024, the facility implemented a policy to allow transgender detainees to shower at the in-processing section; however, ODO found housing unit staff recorded times for escorting the detainee to the in-processing section, but in-processing staff did not record the detainee’s arrival or departure times. Thus, how long the detainee showered was unknown. ODO confirmed the detainee used the showers at the in-processing area in the past and requested staff explain the shower policy to the detainee. The detainee acknowledged the explanation staff provided.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed six shakedown logbooks and found no recorded time of the shakedowns (**Deficiency FSC-122<sup>7</sup>**).

ODO observed the second perimeter fence was removed due to ongoing construction and did not have a temporary perimeter fence in place. ERO estimated the perimeter fence will be re-installed by November 2024. ODO cites the fence removal as an **Area of Concern**.

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

ODO reviewed two calculated UOFR incidents, interviewed the facility’s assistant project manager, and found the following deficiencies:

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<sup>7</sup> “Each housing unit, including the SMU, shall document cell and area searches in a search log that registers the date, time and findings, including location where contraband was found, type of contraband and the searching officers’ names.” See ICE PBNDS 2011(Revised 2016), Standard, Facility Security and Control, Section (V)(F)(3)(b).



- No documented preauthorization consultation with medical staff (**Deficiency UOFR-18<sup>8</sup>**);
- No documentation of staff seeking the assistance of qualified health personnel to immediately examine the detainee and treat any injuries upon gaining control of the detainee in one out of two incidents (**Deficiency UOFR-59<sup>9</sup>**); and
- One out of two audio visual recordings were incomplete. Specifically, the recording started while the UOF team was moving the detainee and ended when the detainee was placed in a restrain chair and moved to another location (**Deficiency UOFR-73<sup>10</sup>**).

## CARE

### FOOD SERVICE (FS)

ODO toured the facility kitchen and observed one industrial dough mixer and found a mold-like substance and food residue on the attachment arm (**Deficiency FS-340<sup>11</sup>**).

Additionally, ODO observed one meat slicer and found no anti-restart device (**Deficiency FS-402<sup>12</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found six deficiencies in the remaining three standards. Since KNSPC's last full inspection in March

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<sup>8</sup> "Calculated use of force requires supervisor preauthorization consultation with medical staff to determine if the detainee has medical issues requiring specific precautions." See ICE PBNDS 2011(Revised 2016), Standard, Use of Force and Restraints, Section (V)(B)(15).

<sup>9</sup> "Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately:  
2. Examine the detainee and immediately treat any injuries."

See ICE PBNDS 2011(Revised 2016), Standard, Use of Force and Restraints, Section (V)(H)(2).

<sup>10</sup> "Calculated use-of-force incidents shall be audio visually recorded in the following order:

- a. Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
- b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
- c. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance and issues use-of-force order.
- d. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
- 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)(a-f).

<sup>11</sup> "Upkeep of equipment surfaces shall contribute to cleanliness and sanitation." See ICE PBNDS 2011(Revised 2016), Standard, Food Service, Section (V)(J)(7)(c)(2).

<sup>12</sup> "4) Meat saws, slicers and grinders shall be equipped with anti-restart devices." See ICE PBNDS 2011(Revised 2016), Standard, Food Service, Section (V)(J)(12)(c)(4).

2024, the facility’s compliance with PBNDS 2011 (Revised 2016) has trended downward. KNSPC went from 2 deficient standards and 5 deficiencies in March 2024 to 3 deficient standards and 6 deficiencies during this follow-up compliance inspection. KNSPC completed its UCAP for its last inspection in March 2024, which likely resolved the previous deficiencies ODO identified. ODO recommends ERO Miami continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	26	17
Deficient Standards	2	3
Overall Number of Deficiencies	5	6
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	N/A



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