

February 10, 2021

TO: [REDACTED]  
Assistant Director for Detention Management

FROM: [REDACTED]  
Lead Compliance Inspector  
The Nakamoto Group, Inc.

SUBJECT: **Annual Inspection of the Krome Special Processing Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Krome Special Processing Center (SPC) in Miami, Florida during the period of February 8-10, 2021. This is an SPC.

The annual inspection was performed under the guidance of [REDACTED], Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

### **Type of Inspection**

This is a scheduled annual inspection that is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a rating of Meets Standards during the February 2020 annual inspection.

### **Inspection Summary**

The Krome SPC is currently accredited by:

- The American Correctional Association (ACA) - Yes
- The National Commission on Correctional Health Care (NCCHC) - Yes
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - Yes

### **Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2020 and 2021 PBNDS annual inspections:



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<b>2020 Annual Inspection</b>	
Meets Standards	41
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	1

<b>2021 Annual Inspection</b>	
Meets Standards	40
Does Not Meet Standards	1
Repeat Finding	0
Not Applicable	2

The inspection team identified twenty-five (25) deficient components in the following thirteen (13) standards:

Emergency Plans – 1  
Key and Lock Control – 1  
Searches of Detainees – 1  
Sexual Abuse and Assault Prevention and Intervention – 1, which is a priority component  
Use of Force and Restraints – 3; of which one is a priority component  
Hunger Strikes – 1  
Medical Care – 1, which is a priority component  
Significant Self-Harm and Suicide Prevention and Intervention – 3; of which one is a priority component  
Disability Identification Assessment and Accommodation – 2  
Visitation – 2; which are both priority components  
Detainee Handbook – 1  
Grievance System – 2; of which one is a priority component  
Staff Training – 6; standard rated Does Not Meet Standard

### **Facility Snapshot/Description**

The Krome Service Process Center (SPC) is owned and operated by U.S. Immigration and Customs Enforcement. The facility is located in Miami, Florida. [REDACTED]

[REDACTED] The facility does not house female detainees. None of the detainees identified as transgender during this inspection. [REDACTED]

The facility was built in 1979. It is a stand-alone one-story facility that is surrounded by two fourteen-foot-high chain link fences supplemented with razor ribbon on top and bottom; there is a paved walkway between the two fences. A path around the entire perimeter is routinely patrolled by an unarmed officer. Surveillance cameras offer visibility around the perimeter, into the housing units, the common areas, and interior movement corridors. All exterior building doors are under constant camera surveillance and are controlled by central control staff. The facility is equipped with a 400+ surveillance camera network that is monitored 24 hours a day.

There are twelve individual general population housing units configured into individual celled housing units and dormitory settings. The health care unit has twenty beds used for patient treatment, isolation, and/or observation. There is one special management unit (SMU) for housing administrative and disciplinary segregation status detainees; it contains 28 two-bed cells. There were two detainees housed in the SMU during the inspection. The facility has dedicated portions of its housing units to serve as COVID-19 wings; they were occupied during the inspection with a daily changing population as conditions and populations dictated.



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Each general population living area has a common dayroom that is equipped with a television, fixed table/chair units for detainees to eat their meals (which supplants as the central dining room during COVID-19 conditions), play games, and gather for conversation. There are electronic tablets in each housing unit for detainees to file grievances, submit detainee requests, check commissary account balances, make telephone calls, receive and send emails, conduct video-visits, view the LexisNexis collection, order commissary, review all posted announcements, schedules, information bulletins, review both handbooks, send text messages, and access fee-based entertainment programs. Detainees are provided daily indoor and outdoor recreation.

Inspectors interviewed eight detainees; seven from general population and one from the special management unit. Two interviews required the use of an interpreter service. Sign-up sheets were posted in the housing units prior to the start of the inspection. All interested candidates were interviewed. Overall detainees were satisfied with their safety, treatment by staff, living conditions, food, their medical treatment, recreational opportunities, law library access, mail, and commissary privileges. Those that filed a grievance were aware of the OIG resource but none of them used the service. All detainees stated they received the handbooks.

There were general comments about the detainees not being able to see their ICE/ERO officer in the housing unit. This situation was discussed with the SDDO. Current COVID-19 mandates discourage staff from frequently entering the housing units. Detainee communication is currently carried out through face-to-face conversations with the detainees who have requested a meeting with their case management officer, in an open table setting in the visitation area. Detainees are escorted to the venue and are seen individually or as a group. No further action was necessary. ICE/ERO staff are on-site daily.

The facility is maintaining an average level of cleanliness and sanitation.

Medical services are provided by ICE Health Service Corp. Contract detention and food services are managed by Akima Global Services. Maintenance operations are provided by an outside contractual company. Detainee telephone and tablet services are provided by Talton Communications. ICE detainees are not charged medical co-pays.

### **Areas of Concern/Significant Observations**

The facility is providing the following optimal levels of service, as described in the standards in 5.4 - Recreation, special management unit (SMU) detainees in administrative segregation status are provided outdoor recreation daily for two hours, and SMU detainees in disciplinary segregation status are provided outdoor recreation daily for one hour; 5.6 - Telephone Access, the housing units are providing telephones at a ratio of one phone for every ten detainees; and 6.3 - Law Libraries and Legal Materials, detainees are provided law library access hours for more than fifteen hours per week;

The inspection was conducted as a hybrid inspection, with three inspectors on-site and two working remotely. The remote inspectors sometimes relied upon photographs and/or videos to validate the observation of their standards. There were seven priority components rated Does Not Meet Standard. Several non-priority components were rated Does Not Meet Standard due to an abatement of annual training from April to September 2020, due to COVID-19 conditions and imposed restrictions. The Staff Training standard is rated as Does Not Meet Standard due to no annual training provided between April to September 2020. Due to seven priority deficiencies and the failure of the Staff Training standard, the recommended rating for the facility inspection is Does Not Meet Standards. Details are as follows:

## 2.11 – Sexual Abuse and Assault Prevention and Intervention

**Component 4: PRIORITY:** Training on the facility's SAAPI Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and addresses all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training.

**Finding:** Not all employees, volunteers, and contract personnel received annual training on the facility's SAAPI program during this inspection period.

**Recommendation:** Provide all employees, volunteers, and contract personnel the required annual training on the SAAPI program.

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## 2.15 - Use of Force and Restraints

**Component 11: PRIORITY:** All use of force incidents are documented and reviewed. Staff prepares a use of form that identifies the detainee(s), staff, and others involved, describes the incident, and describes the location of strikes if intermediate force weapons are used. All calculated use-of-force incidents are properly audiovisually documented and forwarded for review. Use-of-force documentation at a minimum shall include the medical examination through the conclusion of the incident. All calculated use of force incidents must be audio-visually recorded from the beginning of the incident to its conclusion.

**Finding:** A review of calculated use-of-force audiovisual recordings verified that a calculated use-of-force incident was not documented as outlined in the component. The audiovisual recording of the event in its entirety from the beginning of the incident to its conclusion was not complete. The medical examination of the detainee and the team debriefing were not included in the audiovisual recording. The facility failed to audio-visually record an incident in its entirety.

**Recommendation:** Document all use-of-force incidents as required by the standard, which includes, but not limited to, audiovisually recording the entire incident from the beginning of the incident to its conclusion, and include the post-incident medical examination and team debriefing.

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## 4.3 - Medical Care

**Component 50: PRIORITY:** Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:

- Responding to health-related situations within four (4) minutes;
- Recognizing of signs of potential health emergencies and the required responses;
- Administering first aid, AED, and cardiopulmonary resuscitation (CPR);
- Obtaining emergency medical assistance through the facility plan and its required procedures;
- Recognizing signs and symptoms of mental illness and suicide risk;
- The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.



**Finding:** Not all staff received annual training on the following required topics:

- four-minute response to a health-related situation
- recognizing signs of potential health emergencies and required responses
- first aid, AED, and CPR
- obtaining emergency medical assistance through the facility's required procedure
- recognizing signs and symptoms of mental illness and suicide risk
- facility plan and procedures for providing emergency medical care, including the safe and secure transfer of detainees when required

**Recommendation:** Provide all detention and health care personnel with the required annual training as specified in the standard.

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#### 4.6 - Significant Self-Harm and Suicide Prevention and Intervention

**Component 3: PRIORITY:** All facility staff who interact with and/or are responsible for detainees are trained, during orientation and at least annually on the facility's Suicide Prevention and Intervention Program, to include:

- Why the environments of detention facilities are conducive to suicidal behavior;
- Standard first aid training, cardiopulmonary resuscitation (CPR) training, and training in the use of emergency equipment;
- Liability issues associated with detainee suicide;
- Recognizing verbal and behavioral cues that indicate potential suicide;
- Demographic, cultural, and precipitating factors of suicidal behavior;
- Responding to suicidal and depressed detainees;
- Communication between correctional and health care personnel;
- Necessary referral procedures;
- Housing observation and suicide-watch procedures;
- Follow-up monitoring of detainees who have attempted suicide; and
- Reporting and written documentation procedures.

**Finding:** Not all staff who interact with detainees on the facility's suicide prevention and intervention program received the annual training during this inspection period.

**Recommendation:** Provide all facility staff with annual training on the facility's Suicide Prevention and Intervention Program.

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#### 5.7 - Visitation

**Component 5: PRIORITY:** General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.



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**Finding:** Currently, all general visitation occurs on a fee-based video-visit format through the housing units' tablets. There is no accommodation extended for a no-charge video-visit. Special visit accommodations are made for hardship circumstances, per the visitation captain, but that does not include a free video-visit. Currently, general visits are not limited in duration, but a one-hour video-visit is cost-prohibitive to most detainees. The number of visitors, the length of a visit, and the format of a visit adhere to the constraints of space, security, and staff availability, and the current mandate enacted by ICE directive in March 2020, which stated all on-site general visitation is to be halted until further notice.

**Recommendation:** Provide an accommodation for a non-contact and/or video-visit that is safe and does not charge a fee.

**Component 9: PRIORITY:** The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.

**Finding:** Written visitation rules limit general family visits to one hour. Currently, general visits are not limited in duration, but a one-hour video-visit would be cost-prohibitive to most detainees. The number of visitors, the length of a visit, and the format of a visit adhere to the constraints of space, security, and staff availability, and the current mandate enacted by ICE directive in March 2020, which stated all on-site general visitation is to be halted until further notice.

**Recommendation:** Provide an accommodation for a non-contact and/or video-visit that is safe and does not charge a fee.

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## 6.2 - Grievance System

**Component 11: PRIORITY:** Each facility shall maintain a Detainee Grievance Log. The documentation shall include the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file.

**Finding:** A review of the non-medical grievance log and interviews with the SDDO and ICE GO revealed the disposition of the grievance is provided to the detainee electronically and copied to the detainee only upon their request. A copy of the non-medical grievance disposition is not placed in the detainee's detention file.

**Recommendation:** Ensure a paper copy of a detainee's non-medical grievance disposition is placed in their detention file.

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## 7.3 - Staff Training – Does Not Meet Standard

**Policy:** This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

**Finding:** Annual training was not provided to all facility employees, as required by the standard.

**Recommendation:** Provide annual training to all facility employees, as required by the standard.

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### **Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Does Not Meet Standards. The facility does not comply with all of the ICE Performance-Based National Detention Standards (PBNDS) 2011 for Over 72-hour facilities. One (1) standard was rated as Does Not Meet Standard and two (2) standards were Not Applicable (N/A). All remaining forty (40) standards were found to Meet Standards.

### **LCI Assurance Statement**

The findings of compliance and noncompliance are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. A call-in out-brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – [REDACTED]

[REDACTED]

[REDACTED], Lead Compliance Inspector

Printed Name of LCI

February 10, 2021

Date