



# **OIDO INSPECTION**

## **Broward Transitional Center**

OIDO-23-014  
March 12, 2024



OIDO is an independent  
office within the Department  
of Homeland Security.



March 12, 2024

MEMORANDUM FOR: Patrick Lechleitner  
Deputy Director and Senior Official  
Performing the Duties of the Director  
U.S. Immigration and Customs Enforcement

FROM: David D. Gersten  
Acting Ombudsman  
Office of the Immigration Detention Ombudsman

SUBJECT: OIDO-23-014  
Broward Transitional Center  
December 6-8, 2022

Attached is the Office of the Immigration Detention Ombudsman's updated final report based on its inspection of Broward Transitional Center (BTC) in Pompano Beach, Florida on December 6-8, 2022. We reviewed the facility's performance and compliance with the 2011 Performance-Based National Detention Standards as revised in 2016 (2011 PBNDS) and contract terms.

The report contains two recommendations aimed at improving BTC and its compliance with the 2011 PBNDS and contract terms. Your office concurred with both recommendations. Based on the information provided in your responses to the report, we consider recommendation 1(a) addressed and open pending further action and recommendations 1(b), 1(c), and 2 addressed and closed.

Attachment



**OIDO INSPECTION  
OF  
BROWARD TRANSITIONAL CENTER**  
Pompano Beach, Florida

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## **Executive Summary**

In December 2022, the Office of the Immigration Detention Ombudsman (OIDO) conducted an unannounced inspection of the Broward Transitional Center in Pompano Beach, Florida. This inspection was conducted to primarily examine and follow-up on issues noted during three previous inspections of the facility. OIDO reviewed the facility's compliance with specific criteria related to the following areas: facility security, post orders, staff-detainee communication, food service, medical staffing, peer review, and credentialing, telephone access, grievance system, staff training, and COVID-19 protocols.

OIDO's inspection led to 10 findings categorized as follows: eight areas of compliance, one area of non-compliance, and one area of concern. Specifically, the facility had one violation, or instance of non-compliance with standards, in that health services personnel did not complete mandatory orientation and annual training. Additionally, OIDO found one area of concern in that the facility's credentialing policy and procedures lacked clear guidance for requirements to conduct a National Practitioner Data Bank Query for the Allied Health Professionals during the biannual recredentialing process.

OIDO made two recommendations designed to improve operations and conditions at the facility to meet ICE detention standards and contract terms.

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## Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight (DO) Division conducts independent, objective, and credible inspections of Immigration and Customs Enforcement (ICE) facilities throughout the United States. During its inspections, OIDO often completes follow-up assessments to determine whether a facility has taken corrective action to resolve violations or concerns identified during a prior inspection. OIDO also reviews, examines, and makes recommendations to address

In December 2022, OIDO conducted an unannounced inspection of the Broward Transitional Center (BTC) to review the facility's performance and compliance with applicable standards, the 2011 Performance-Based National Detention Standards, as revised in 2016 (hereinafter referred to as the 2011 PBNDS). As outlined below, in several cases OIDO followed up on deficiencies noted in previous inspections.

## Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency's detention system.<sup>1</sup> In addition, ICE uses the coronavirus disease 2019 (COVID-19) Pandemic Response Requirements (PRR) to assist detention facility operators in sustaining operations while mitigating risk to the safety and wellbeing of detainees due to COVID-19.<sup>2</sup>

The GEO Group, Inc., (GEO) owns and operates BTC, a private ICE detention center. The facility opened in 1998 and is located in Pompano Beach, Florida. ICE ERO began housing detainees at this facility in August 2002 under the oversight of ERO's Field Office Director in Miami. The facility operates under the 2011 PBNDS, as revised in 2016. GEO provides food services and medical care, and Keefe Commissary Network provides commissary services.<sup>3</sup>

The facility consists of a two-story building. It is designed and constructed to blend in with the community setting, and to provide privacy, separation by gender, and full support space for the residents and staff. The facility features a kitchen building, expanded medical clinic, and courtroom areas as well as a 14,000 square foot office building for client use. The maximum capacity at Broward Transitional Center is 700 detainees. The average daily population for fiscal year 2022 was 364.<sup>4</sup> The detainee population was 481 on December 6, 2022.

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<sup>1</sup> ICE currently has four detention standards in use at adult detention facilities throughout the United States. These include: 2000 National Detention Standards, 2008 Performance-Based National Detention Standards, 2011 Performance-Based National Detention Standards, and 2019 National Detention Standards.

<sup>2</sup> See <https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities.pdf>.

<sup>3</sup> See [Keefe Commissary Network | Keefe Group](#).

<sup>4</sup> See [ICE FY 2022 Detention Statistics](#).

The facility was accredited by the American Correctional Association in December 2020 and the National Commission on Correctional Health Care in March 2021. The facility was also audited and certified under the DHS Prison Rape Elimination Act (PREA) in December 2020.

OIDO notes that the following recent compliance and follow-up inspections had been conducted at BTC prior to OIDO's inspection. In October 2021, the Nakamoto Group, Inc. conducted a compliance inspection.<sup>5</sup> This inspection resulted in a facility rating of "Meets Standards" and did not note any deficiencies. In December 2021, ICE Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection and assessed BTC's compliance with 21 PBNDS standards.<sup>6</sup> OPR ODO found four deficiencies in the following areas: one in post orders, two in searches of detainees, and one in correspondence and other mail. In July 2022, OPR ODO completed a follow-up inspection and assessed compliance with 18 PBNDS standards.<sup>7</sup> In that follow-up inspection, OPR ODO found a total of six deficiencies in the following areas: two in the grievance system; one in post orders; two in searches of detainees; and one in staff-detainee communication. Two of these deficiencies, in the areas of post orders and searches of detainees, were repeat deficiencies from the December 2021 inspection.

At the time of inspection, OIDO's Case Management Division had one case manager assigned to the facility.

## Objective, Scope, and Methodology

OIDO conducted an unannounced inspection of BTC in December 2022 primarily to examine issues that ICE OPR ODO found during its two prior inspections in December 2021 and July 2022. OIDO's objective was to assess the facility's performance and its compliance with the 2011 PBNDS. Specifically, OIDO reviewed the following areas: facility security, staff-detainee communication, food service, medical care, telephone access, the grievance system, and COVID-19 protocols.

Eleven personnel executed the inspection, including eight inspectors and three medical experts. The inspection team conducted interviews with ICE ERO employees, facility staff, and detainees, made direct observations of facility conditions and operations, and reviewed documentary evidence, including but not limited to, facility policies and procedures, reports and records, and logbooks.

## Results of Inspection

OIDO's inspection led to several findings. The inspection results are divided into three sections: areas of compliance, area of non-compliance, and area of concern. OIDO found that BTC complied with specific standards in eight areas reviewed. The facility had one violation in that the facility health services personnel did not complete mandatory orientation and annual training. Additionally, OIDO found one area of concern in that the facility's credentialing policy and procedures lacked clear guidance for requirements to conduct a National Practitioner Data Bank

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<sup>5</sup> See [Nakamoto Inspection October 19-21, 2021](#).

<sup>6</sup> See [ICE OPR ODO Compliance Inspection December 13-17, 2021](#).

<sup>7</sup> See [ICE OPR ODO Follow-up Compliance Inspection July 12-14, 2022](#).

(NPDB) Query for the Allied Health Professionals during the biannual recredentialing process.

## **A. Areas of Compliance**

### ***The Facility Complied with Standards for Post Orders***

The 2011 PBNDS section 2.9 on post orders requires each officer to have current written post orders that specifically apply to the assigned posts, with step-by-step procedures written in sufficient detail to guide an officer assigned to that post for the first time. Signed and dated records shall be maintained to show that assigned officers acknowledge that they have read and understood the post orders. Post orders shall be formally reviewed annually and updated as needed. Post orders shall be kept secured and away from an area accessible to detainee.

OIDO reviewed 21 post orders, verifying that there was one post order for each security post. OIDO found that each post order reflected the dates it had been revised and the dates it had been annually reviewed, demonstrating that annual reviews and updates had been completed as required. The facility administrator had signed all post orders during an annual review conducted on September 26, 2022. OIDO selected seven of the 21 post orders for a more in-depth review and found that each followed the proper format.<sup>8</sup>

OIDO found that the Intake/Processing and Housing Officer post orders and logbooks were kept secure in locked drawers. Officers had signed both post orders, confirming that they had read and understood the orders. OIDO reviewed the Housing Officer logbook and found that officers had recorded pertinent information about detainee activity and that the shift lieutenant had completed rounds and signed the logbook on a regular basis, as the standard requires.

### ***The Facility Complied with Standards for Staff-Detainee Communication***

The 2011 PBNDS section 2.13 on staff-detainee communication states that ICE detainees shall have frequent opportunities for informal access and interaction with key ICE ERO Field Office staff. The local supplement to the detainee handbook shall include contact information for the ICE ERO Field Office and the scheduled hours and days ICE ERO staff will be available. This same information must be posted in living areas of the facility. Further, ICE ERO Field Office staff shall directly observe facility operations and conditions of confinement.

OIDO reviewed the local supplement to the detainee handbook and found that it was available in English and Spanish. The Classification Manager (CM) stated that detainees received a print copy of the handbook upon arrival. The supplement included information about how detainees could communicate formally or informally with facility staff and ICE ERO officers, including processes for submitting written questions, requests, or concerns. The supplement also included information about the ICE ERO visitation schedule and contact information for the local ICE Office.

OIDO reviewed copies of the ICE ERO visit schedule for October, November, and December 2022, which showed that ICE ERO officers were scheduled to visit the facility Tuesday – Thursday during those months. OIDO also reviewed copies of the BTC Detainee Visit List for November 1,

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<sup>8</sup> These included the following post orders: General, Housing Officer/Male Unit, Intake Release, Roving/Escort/Compound Office, Courtroom Officer, Medical Officer, and Kitchen Dining Hall.

2, 8, 22, 29, and 30, 2022; the documents included information about the issues discussed and included detainee and ICE ERO Deportation Officer remarks. OIDO interviewed five detainees; each indicated that they saw ICE ERO officers making rounds and could engage them in conversation. Finally, OIDO reviewed 13 Facility Liaison Visit Checklists for the period from September 13 – December 5, 2022. The checklists documented ICE ERO observation and documentation of facility operations and conditions of confinement.

The 2011 PBNDS section 2.13 also requires that the facility provide communication assistance to detainees with disabilities and those who are limited in their English proficiency. Facilities should use bilingual staff or qualified interpretation and translation services to communicate with detainees with limited English proficiency.

While inspecting the facility, OIDO observed flyers, including the ERO Language Services Resource Flyer, Language Access Toolkit, and I Speak Posters, posted throughout the facility. These flyers contained instructions on how to seek assistance from staff to gain access to the Language Line.

OIDO also reviewed copies of several forms completed during detainee intake, including the Detainee Tablet Issue and Return form, Detainee Orientation Acknowledgement Form, and New Intake Detainee Orientation Sign in Log. OIDO reviewed 15 of each of these forms with various dates between July 26 and December 1, 2022. The forms documented when a translator was used to communicate with a newly arrived detainee.

### ***The Facility Complied with Standards for Food Service***

The 2011 PBNDS section 4.1 on food service requires that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. In addition, an independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.

Further, the standard requires that all containers of toxic, flammable, or caustic materials be prominently and distinctively labeled for easy content identification. All toxic, flammable, and caustic materials must be segregated from food products and stored in a locked and labeled cabinet or room. The food service administrator shall obtain and file for reference Material Safety Data Sheets on all flammable, toxic and caustic substances used in the facility as required by standard “1.2 Environmental Health and Safety.”

The food service staff consists of: Food Service Manager, six cook supervisors, and 36 detainees. At the time of the inspection, there was one vacant position for a clerk. The candidate for the clerk position was pending a background check. Once completed, the food service department will be fully staffed.

OIDO reviewed inspection reports for the following areas: food, environmental service, fire, and pest control. First, OIDO found that the State of Florida Department of Health conducted quarterly food service inspections of the facility. OIDO reviewed the last two reports dated May 26 and September 22, 2022, and found that no deficiencies had been noted. Second, OIDO reviewed the ICE OPR ODO Follow-up Compliance Inspection from July 12-14, 2022, for compliance with



food service standards and found that no deficiencies had been noted.<sup>9</sup> Third, OIDO reviewed three of the facility's weekly sanitation checklists dated November 16, 23, and 30, 2022 and found that staff were conducting inspections on a regular basis. Fourth, OIDO reviewed the monthly environmental health and safety inspection for food service dated November 20, 2022, that the Fire Safety manager conducted and found that no deficiencies had been noted. Finally, OIDO reviewed the service inspection reports for pest control the Florida Pest Control conducted on November 4 and 18, 2022, which showed that a mosquito program maintenance and pest control maintenance had been completed, respectively.

There are three food service shifts, and 12 detainees are assigned to each shift for a total of 36 detainees daily. OIDO randomly reviewed 18 out of 36 detainee training files to determine if they had medical clearance and proper training to work in the food service department. All detainee files had medical clearance and training for the following areas: hazardous communications training (chemical), kitchen worker rules and regulations, sanitation practices in food handling, hand washing procedures, sanitary rules, equipment safety, equipment/tool/machinery initial training, kitchen workers skills checklist, offender kitchen worker orientation checklist, detainee safety training, detainee voluntary work program job description, and voluntary facility activities program assignments and special detail acknowledgement. The Food Service Manager reported that English and Spanish documents were made available for training and language interpretation services were used if the detainee spoke a language other than English or Spanish.

Further, OIDO reviewed the food service employee training sign-in sheet for January 28, 2022, and found that the cook supervisors had been trained on that date in the following areas: food service personnel responsibilities, basic public health food protection practices, proper insect and pest control, personal hygiene, and prevention and temperature/time control.

OIDO reviewed the daily production forms for 30 days, from November 6 – December 5, 2022. These forms included: daily cleaning list, opening and closing checklist, production service record/cook worksheet, the quality and meal evaluation of tray line services and waste monitoring form, and the food service worker's hygiene checklist/temperature log. OIDO found that the forms were completed daily and documented adherence to sanitation, hygiene, and food safety practices.

OIDO reviewed copies of adult meal cycle menus, which were certified by the dietician on May 13, 2022, as well as copies of common fare, medical, and kosher diets, which the dietician also approved. The Food Service Manager reported that the Food Services Department is notified by email about special diet requests, and detainees are provided with color-coded identification badges to show their chosen dietary plan.

OIDO observed staff and detainees preparing and serving lunch. All staff wore proper food service uniforms, hair nets, rubber gloves, aprons, and beard guards; the cook supervisor took food temperatures; and the dining area, drink dispensers, ice machine, and tables were cleaned during the food service preparation. OIDO completed a walk-through inspection of the food services areas during the inspection, observing conditions the following areas for cleanliness and sanitation: meal preparation tables, ovens, kettles, pot and pan storage, serving line, three manual wash sinks, dish machine, cooler, freezer, dry storage, chemical storage, restrooms, and detainee dining areas.

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<sup>9</sup> See [ICE OPR ODO Follow-Up Compliance Inspection of Broward County Transitional Center July 12-14-, 2022](#).

OIDO found that all the inspected areas in the kitchen were clean and properly sanitized. Further, OIDO observed that only authorized personnel were allowed in the food preparation, storage, or utensil cleaning areas.

Finally, OIDO inspected the chemical storage room and found that all 18 chemicals reviewed were listed on the master index, properly inventoried, and properly stored in accordance with section 4.1 of the PBNDS.

### ***The Facility Health Services Staffing Level Complied with Health Care Standards***

The 2011 PBNDS section 4.3 on medical care requires all facilities to provide medical staff and sufficient support personnel to provide detainees with access to appropriate and necessary medical, dental, and mental health care, including emergency services. Further, facilities are to provide health care services by a sufficient number of appropriately trained and qualified medical staff. Per the health care portion of the facility staffing plan, medical care is authorized for 20 full-time equivalents (FTEs) as the target for health services staffing. OIDO found that the contractor filled 16 out of the 20 health services FTEs at the time of OIDO's inspection. The remaining four health services positions were filled by per diem nursing staff, resulting in a 100 percent fill rate.

### ***The Facility Complied with Requirements for Conducting Peer Review of its Licensed Independent Practitioners***

The 2011 PBNDS section 4.3 on medical care requires that the Health Services Administrator (HSA) implement an intra-organizational, external peer review program for all Licensed Independent Practitioners (LIP) and that the review be conducted at least annually. OIDO reviewed credential folders for 11 medical staff and found that 10 of the 11 files contained current peer review documents. The one staff member who did not have a peer review was in a position that did not require a peer review.

### ***The Facility Complied with Requirements to Provide Detainees with Access to Telephone Services***

The 2011 PBNDS section 5.6 on telephone access ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies by providing them with reasonable and equitable access to telephone services.

OIDO observed that telephone books with language services, pro bono attorneys, and consulate numbers were attached to the telephones for detainee reference. The CM advised that staff members conduct daily checks of telephones to ensure that they are working properly. OIDO reviewed the facility's Daily Telephone Serviceability Worksheets from November 14-27, 2022; these worksheets showed that staff had made test calls each day to a sample of consulate and free legal assistance numbers to ensure that the telephone are working properly. The entries for the week reviewed showed that all calls were successfully completed. Further, OIDO reviewed Detainee Daily Phone Checklists for November 14-27, 2022; the checklists showed that all telephones checked were operational.

### ***The Facility Complied with Standards for Establishing and Informing Detainees about Grievance Policies***

The 2011 PBNDS section 6.2 on the grievance system states that each facility should have a written policy and procedures for detainees filing both informal and formal grievances. The written policy should establish, in part, reasonable time limits for processing, investigating, and responding to grievances and providing written responses to detainees who filed formal grievances, including the basis for the decision. Facilities must inform detainees about the facility's informal and formal grievances system in a language or manner they understand.

OIDO reviewed the facility's non-medical grievance policy and procedure, BTC-1-07, Grievance Procedures, which provides staff with definitions and information about what grievances detainees may file, procedures to log and adjudicate grievances, processing timeframes, and handling of allegations of staff misconduct. The policy requires that informal and formal grievances must be responded to within five days of receipt.

OIDO reviewed a sample of 18 non-medical grievances from January 2021 to determine if the BTC responded to non-medical grievances within the five days of receipt timeframe.<sup>10</sup> OIDO found that one detainee grievance out of the 18 reviewed was not responded to within five days; the detainee received a response on the seventh day.

In January 2022, BTC began receiving non-medical grievances electronically through tablets. OIDO reviewed a sample of 12 out of 89 non-medical grievances logged from September to December 2022. OIDO found that most grievances received a response on the same business day or within three business days of receipt.

OIDO also reviewed the facility's medical grievance policy and found that it set forth procedures for detainees to follow either an informal or formal medical grievance process. The policy states that detainees can file grievances in written format or via electronic tablets. Detainees choosing to submit written medical grievances can do so by placing them in the secure lock box located in the hallway outside the medical unit. If a detainee decides to file an appeal to their medical grievance, the appeal is adjudicated by medical professionals within the medical unit that were not named in the grievance.

Finally, OIDO reviewed the local supplement to the National Detainee Handbook, which is provided to detainees upon arrival to the facility. The handbook included information about steps to take to file informal and formal (both medical and non-medical) and emergency grievances. It specified that detainees could submit written grievances and detailed where they could be submitted, either in the appropriate grievance lock box or via the electronic tablet. During its inspection, OIDO observed secure lockboxes for detainees to submit written grievances located in the main hallway of each housing unit.

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<sup>10</sup> OIDO selected every fifth grievance logged during the month of January 2021, making a total of 18 grievances reviewed.

### ***The Facility Complied with Requirements for COVID-19 Screening, Offering Vaccines, and Assigning the Facility COVID-19 Operational Status***

The ICE ERO COVID-19 PRR<sup>11</sup> states that each facility will, on a weekly basis, determine its COVID-19 operational status based on the Centers for Disease Control and Prevention’s Guidance on Prevention and Management of Coronavirus Disease 2019 in Correctional and Detention Facilities, released on May 3, 2022.<sup>12</sup> Facilities must use four measures that, in combination, will assign a specific response level to the facility. Once the values are determined, the facility will follow the PRR decision matrix to determine the facility operational status for the week: red, yellow, or green. The facility will maintain a weekly record of their status.

During OIDO’s inspection, the facility was operating under the yellow status. For this status, the PRR requires, among other things, that the facility test all detainees for COVID-19 upon intake, regardless of vaccination status, as well as screen detainees, staff, and visitors for symptoms and close contact with COVID-19-positive individuals. In addition, the PRR requires all detention facilities to ensure that ICE detainees are offered the COVID-19 vaccine in accordance with state priorities and guidance.

OIDO reviewed the facility’s weekly COVID-19 operational status log, which showed the values of the four measures used to determine and assign the specific operational status for the week. The HAS reported that she completes and submits the COVID-19 operational status determination worksheet each week to the facility administrator and ICE ERO Field Office Director’s Office. The HSA indicated that the facility operated under the yellow status even when it could have been at the green level per the PRR decision matrix. She further stated that the facility administration chose to operate under the yellow status even when not required to in order to maintain a heightened alert for COVID-19 and keep consistent processes.

At the facility entrance, OIDO observed a custody officer requiring staff, visitors, and vendors to complete the COVID-19 screening form and record their temperatures prior to being allowed into the facility. OIDO observed staff, visitors, vendors, and detainees wearing well-fitting masks while in the facility.

OIDO reviewed 14 randomly chosen detainee medical records from four different logs: four from the detainee high risk factor log, two from the vaccination log, three from the new intake detainees on quarantine list, and five from the detainee alpha roster dated December 6, 2022. OIDO found that all detainee medical records reviewed showed that COVID-19 temperature and symptom screening had been completed within 12 hours of the detainee’s arrival at the facility. OIDO also found that all detainee medical records reviewed showed that a COVID-19 test had been completed within 12 hours of the detainee’s arrival to the facility. All records contained the intake COVID-19 test result. Finally, OIDO found that all 14 detainee medical records reviewed included completed immunization consent/declination forms documenting whether the detainee wanted to receive the COVID-19 vaccine. While all 14 of the records showed that the detainees had declined to receive the vaccine, the facility’s vaccination log reflected that the vaccine had been

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<sup>11</sup> OIDO used [PRR Version 10.0 dated November 1, 2022](#), during its inspection of BTC.

<sup>12</sup> See [Guidance on prevention and management of coronavirus disease 2019 \(COVID-19\) in correctional and detention facilities \(cdc.gov\)](#).

administered to other detainees.

## **B. Area of Non-Compliance**

### ***The Facility Health Services Personnel Did Not Complete Mandatory Orientation and Annual Training***

The 2011 PBNDS section 7.3 on staff training requires the facility to provide appropriate initial orientation and annual training to all employees. The standard identifies the minimum requirements for initial orientation and annual employee training based on specific job requirements. Furthermore, the PBNDS requires formal certificates of completion to be issued to the employee and kept in the appropriate facility files.

OIDO reviewed the health services staff training files to determine whether staff had completed orientation and annual training in the following 14 areas: hunger strike; cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), and emergency first aid; emergency plan; suicide prevention and intervention; medical grievances; occupational exposure; infection control to include personal protective equipment; bio-hazardous waste disposal instructions; an overview of the detention operations instructions; PREA; medication administration; and alcohol/substance withdrawal. OIDO found that the average compliance rate for orientation training among BTC health care staff was 54 percent, and the average compliance rate for 2022 annual training was 79 percent.

During its inspection, OIDO found that while the tracking of staff training may be a complicated and cumbersome task, the facility does not have a robust, standardized method to track and monitor completion of required courses. GEO had moved paper documents related to staff training from the facility into an offsite storage. Staff sign-in sheets from 2019 and earlier were included in that move. While some of the data included in the staff sign-in sheets had been entered into an electronic database, other data was not transferred, resulting in missing information in the collected orientation data. As a result, many of the staff that started in 2019 or prior had missing orientation training data, leaving many gaps in the health care staff training compliance audit.

In addition, the 2011 PBNDS section 4.6, Significant Self-harm and Suicide Prevention and Intervention, requires that all facility staff members who interact with and/or are responsible for detainees receive comprehensive training initially during orientation and repeated at least annually, on effective methods for identifying significant self-harm, as well as suicide prevention and intervention with detainees. Initial suicide prevention training should consist of a minimum of eight hours of instruction, and subsequent annual training should consist of a minimum of two hours of refresher training. Upon reviewing the medical staff training transcripts and sign-in training sheets for medical staff included in the training audit, OIDO identified that GEO Group Suicide Prevention Training is 2.5 hours for both orientation and annual training, which does not meet the 8-hour PBNDS standard requirement for orientation training.

The contract between ICE and GEO<sup>13</sup> governing services at BTC states: “All training shall be conducted in accordance with PBNDS 2011, Standard 7.3 “Staff Training.” Within subsection

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<sup>13</sup> The contract period of performance is September 1, 2021, to August 31, 2026.

(S)(1), General Training Requirements, subsection (a) lists Basic Training Subjects; and provides “required training may include but not be limited to the following: (2) Counseling Techniques/Suicide Prevention and Intervention\*<sup>14</sup> 2 HRS.” During the inspection, the OIDO Medical Advisor identified that the GEO Suicide Prevention Training was 2.5 hours for both orientation and annual training, which does not meet the 8-hour requirement for orientation training but does meet what is the contract language. While the contract states training shall be conducted in accordance with PBNDS 2011 (with 2016 revisions), the language in the contract related to suicide prevention orientation training does not align with the PBNDS requirement.

Since the purpose of both the Staff Training and the Significant Self-harm and Suicide Prevention and Intervention detention standards are to ensure that facility staff and contractors are competent in their assigned duties by requiring that they receive initial orientation and ongoing training, it is essential that facility staff complete required training to protect the health and wellbeing of ICE detainees.

### **C. Area of Concern**

#### ***The Facility’s Credentialing Policy and Procedures Lacked Clear Guidance for Requirements to Conduct a National Practitioner Data Bank Query for the Allied Health Professionals During the Biannual Recredentialing Process***

The 2011 PBNDS section 4.3 on medical care requires health care personnel to perform duties only within areas for which they are credentialed by training, licensure, certification, job descriptions, and/or other authorizations. All personnel must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. In addition, the contract between ICE and GEO for the detention and care of detainees at BTC, Section C, Performance Work Statement, Detention Services, IV, Personnel and Staffing, section N provides that the “Contractor shall maintain a system of personnel files and make all personnel files available to the CO [Contracting Officer] and the COR [Contracting Officer’s Representative] upon request. These files shall be maintained and current for the duration of the employee’s tenure under the contract. The files shall contain verification of training and experience as well as credentials for all the staff.”

The GEO Correctional Health Services Credentialing and License Verification Policy 402 states that credentials must be re-evaluated, verified, and approved every two years. Section A further provides that the Corporate Credentialing Administrator will query the National Practitioner Data Bank (NPDB)<sup>15</sup> during the recredentialing process of the LIPs, Nurse Practitioners, and Physician Assistants. Section B, which applies to the Allied Health Professionals (AHP),<sup>16</sup> states that AHPs “will be credentialed by the HSA and documentation will be maintained in the individual’s

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<sup>14</sup> In the Contract training section referenced, an asterisk (\*) is placed beside critical training subjects.

<sup>15</sup> The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state to state without disclosure or discovery of previous damaging performance.

<sup>16</sup> This includes registered nurses, licensed practical nurses, licensed vocational nurses, certified medical assistants, and Accredited Record Technicians.

personnel file.” In addition, Section B requires that the HSA/designee verify the license/registration/certification from the primary source at the time of hire and periodically throughout the provider’s employment to ensure that they are current and in good standing. Section C, Credentialing Information, provides that each licensed provider, including but not limited to Doctor of Medicine, Doctor of Osteopathic Medicine, Doctor of Dental Surgery, Doctor of Dental Medicine, Physician Assistants, Nurse Practitioner (NPs), Doctor of Optometry, Registered Nurse (RNs), Licensed Practical Nurse (LPNs), Licensed Vocational Nurse (LVNs), psychologists and Licensed Clinical Social Worker will be responsible for keeping their license, certification, and/or credentials current and for providing verification of renewal to their supervisor.

During the inspection, OIDO found that the HSA and Human Resource Manager maintained separate files that contained health care staff credentialing documents. The HSA kept a credential file for each staff member, and the Human Resource Manager maintained two to three personnel files for each health care staff member.

OIDO reviewed 11 credentialing and personnel files for health care staff, including four RNs, three LPNs, one HSA, one medical doctor, one Licensed Clinical Social Worker, and one Advance Practice Registered Nurse (APRN). OIDO found that all files reviewed contained a primary source verification for a current state issued professional license, a current Basic Life Support certification, and a job description. The medical doctor had a current Drug Enforcement Administration (DEA) certificate in his credentialing folder, and the three LIPs who required a clinical privilege form had documentation to reflect full and current reappointment privileges in their credentialing folders.

However, OIDO found that eight out of the 11 health care staff credentialing files were missing primary source verification for the staff member’s degree. After the onsite inspection, the HSA provided the degree primary source verification (PSV) for the eight medical staff who were missing this information during the onsite inspection. Of these, the PSV for the degree for the APRN and HSA were completed and dated on December 14, 2022, after the inspection.

OIDO also found that four of the 11 health care staff did not have current queries from the NPDB; specifically, NPDB queries for two RNs were last completed on January 22, 2020, and September 5, 2019; an NPDB query for one LPN was completed on November 20, 2020; and the HSA/RN’s NPDB query was completed on June 7, 2018, respectively. The HSA reported that the nursing staff did not have current NPDB query reports in their credentialing files because GEO only required the NPDB for AHPs (i.e., RN, LPN/LVN, etc.) upon hiring only and not for recredentialing.

Maintaining complete and well-organized health care personnel files is critical to ensuring that personnel maintain current licensures, certifications, and/or training required to perform their duties and meet position description requirements. OIDO found that the guidance in the GEO Correctional Health Services Credentialing and License Verification Policy 402 and Procedure 402-A lacked clarity on recredentialing documents required for AHPs. Specifically, it failed to mention or require the facility to conduct a biannual NPDB query for their AHPs. NPDB information is intended to be used in combination with information from other sources and should not be used as the sole source of verification of professional credentials. While there is no

regulatory guidance requiring an NPDB to be completed for AHPs beyond their initial hiring, periodic and/or continuous NPDB queries allow the employer to receive new or updated report notifications, 365 days a year, related to medical malpractice payments and certain adverse actions which aids with informed decision-making and risk mitigation.

## Conclusion

OIDO's inspection led to several findings. BTC complied with specific standards in eight areas reviewed, had one violation, and one area of concern. Specifically, facility health services personnel did not complete mandatory orientation and annual training. Further, OIDO found one area of concern in that the facility's credentialing policy and procedures lacked clear guidance for requirements to conduct NPDB queries for their AHPs during the biannual recredentialing process.

OIDO made two recommendations designed to improve operations at the facility and meet ICE detention standards. It is essential that BTC comply with the 2011 PBNDS to ensure the health, safety, and rights of detainees. ICE must ensure that BTC complies with the detention standards, takes meaningful action to address the deficiency, and gives serious consideration to addressing the area of concern.

## Recommendations

**Recommendation 1:** Regarding staff orientation and training, the facility should:

- (a) perform a contract review with ICE to review the Performance Work Statement, page 48, to ensure that the contract language includes the 8-hour initial training on effective methods for identifying significant self-harm, as well as suicide prevention and intervention with detainees, as a minimum standard to meet the requirements in PBNDS.
- (b) ensure that the completion date of orientation training is incorporated into the training electronic system of record that accurately captures staff with a hire date of 2019 or prior.
- (c) provide certificates of completion as outlined in the PBNDS to include those certificates in both the staff and employee's training files to track training completion. The staff member should be provided with a copy of the certificate for his or her records.

**Recommendation 2:** Regarding medical care, the corporate credentialing policy and procedure should clarify and include guidance requiring the facility to conduct a NPDB query for AHPs during the biannual recredentialing process.

## Response from Inspected Component and OIDO Analysis

On August 22, 2023, ICE submitted a formal response to OIDO's recommendations in its draft report based on its inspection of BTC. OIDO analyzed and integrated the response into its final report, which it issued to ICE on November 6, 2023. After the final report was issued, ICE submitted a subsequent response dated January 30, 2024; this response is available in its entirety in Appendix A. OIDO updated its analysis to reflect ICE's newest response; below is the summary of ICE's response and OIDO's analysis thereof.



ICE officials concurred with both recommendations and identified corrective actions to address the issues identified during the OIDO inspection. OIDO considers recommendation 1(a) addressed and open pending further action and recommendations 1(b), 1(c), and 2 addressed and closed.

**Component Response to Recommendation 1(a):** Regarding self-harm and suicide prevention and intervention training, ICE concurs with the recommendation. ICE indicated BTC conducts a 29.5-hour initial training and a 16-hour annual training that covers identifying significant self-harm as well as suicide prevention and intervention with detained noncitizens. ICE provided a list of training courses that include these topics. ICE will work with the contract team to ensure the “Counseling Techniques/Suicide Prevention and Intervention” PBNDS 8-hour requirement is incorporated into the next contract renewal. ICE estimates that this will occur by August of 2024.

**OIDO Analysis:** OIDO finds these actions to be responsive to the recommendation and considers this matter addressed and open. OIDO will close this part of the recommendation once ICE provides documentation demonstrating these actions have been implemented.

**Component Response to Recommendation 1(b):** Regarding capturing staff training completion dates, ICE concurs with this recommendation. ICE indicated that GEO uses an electronic learning management system (LMS) that captures staff training completion dates, which they began using in 2014. Additionally, each employee has a New Employee Orientation test in their file that indicates a completion date if they were hired prior to 2014.

In 2014, GEO started using an electronic learning management system that captures employee training completion dates. Upon completing a training, GEO’s LMS sends an email to employees that includes the completion date of orientation training for all employees hired. This information is also shown on employees’ electronic transcript. ICE submitted documentation demonstrating the electronic employee training files at the facility include the completion date of orientation training for employees hired prior to 2019.

**OIDO Analysis:** OIDO finds these actions to be responsive to the recommendation and considers this matter addressed and closed.

**Component Response to Recommendation 1(c):** Regarding certificates of training completion, ICE concurs with this recommendation. ICE indicated that the Learning Management System can provide a transcript (Course Enrollment Completion Report) of courses taken, including completion dates. GEO has a Human Resources (HR) policy that describes the procedure to obtain any record from a staff member’s file; the training file is an extension of HR personnel files.

GEO uses an electronic learning management system that captures staff training completion through direct email notification to the employee and logs training completion through an electronic transcript, which meet the intent of the standard. ICE provided a sample transcript as well as a copy of an auto-generated email sent to the employees upon training completion.

**OIDO Analysis:** OIDO finds these actions to be responsive to the recommendation and considers this matter addressed and closed.

**Component Response to Recommendation 2:** Regarding updating the corporate credentialing policy and procedure, ICE concurs with this recommendation. ICE indicated the Health Services



Administrator created a new local operating procedure that was approved by the GEO corporate health services department and states the NPDB Report will be conducted on initial hire only for nurses. An NPDB query for AHPs will be conducted annually. ICE provided a copy of the Local Operating Procedure.

**OIDO Analysis:** OIDO finds these actions to be responsive to the recommendations and considers the matter addressed and closed.

## Appendix A: Component Response

*Enforcement and Removal Operations*

U.S. Department of Homeland Security  
500 12th Street, SW  
Washington, DC 20536



**U.S. Immigration  
and Customs  
Enforcement**

MEMORANDUM FOR: David D. Gersten  
Acting Ombudsman  
Office of the Immigration Detention Ombudsman

FROM: Daniel A. Bible DANIEL A BIBLE Digitally signed by DANIEL A BIBLE  
Date: 2024.01.30 16:30:40 -0500  
Executive Associate Director  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement

SUBJECT: Response to the Office of the Immigration Detention  
Ombudsman's Draft Report, Broward Transitional Center,  
December 6-8, 2022 (Case No. 22-001061)

### Purpose

This memorandum is in response to the Department of Homeland Security's (DHS) Office of the Immigration Detention Ombudsman's (OIDO) July 20, 2023 draft report, *OIDO Case No. 22-001061 Broward Transitional Center December 6-8, 2022*.

### ICE Response to OIDO's Analysis on Recommendations

**Recommendation 1:** Regarding staff orientation and training, the facility should:

- (a) perform a contract review with ICE to review the Performance Work Statement, page 48, to ensure that the contract language includes the 8-hour initial training on effective methods for identifying significant self-harm, as well as suicide prevention and intervention with detainees, as a minimum standard to meet the requirements in PBNDS.
- (b) ensure that the completion date of orientation training is incorporated into the training electronic system of record that accurately captures staff with a hire date of 2019 or prior.
- (c) provide certificates of completion as outlined in the PBNDS to include those certificates in both the staff and employee's training files to track training completion. The staff member should be provided with a copy of the certificate for his or her records.

**Recommendation 2:** Regarding medical care, the corporate credentialing policy and procedure should clarify and include guidance requiring the facility to conduct a NPDB query for AHPs during the biannual recredentialing process.

[www.ice.gov](http://www.ice.gov)

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### **Response from Inspected Component and OIDO Analysis**

ICE officials concurred with both recommendations and identified corrective actions to address the issues identified during the OIDO inspection. OIDO considers Recommendation 1 unaddressed and open, and Recommendation 2 addressed and closed. Below is a summary of ICE's response and OIDO's analysis thereof.

**Component Response to Recommendation 1(a):** Regarding self-harm and suicide prevention and intervention training, ICE concurs with the recommendation. ICE indicated BTC conducts a 29.5-hour initial training and a 16-hour annual training that covers identifying significant self-harm as well as suicide prevention and intervention with detained noncitizens. ICE provided a list of training courses that include these topics.

**OIDO Analysis:** OIDO finds ICE's response to recommendation 1(a) to be incomplete. Although ICE indicated the facility covers components of suicide prevention and intervention topics in other trainings, the contractual Performance Work Statement still indicates the "Counseling Techniques/Suicide Prevention and Intervention" is only a 2-hour training instead of the PBNDS 8-hour requirement. OIDO will close this recommendation when ICE completes a contract review of the Performance Work Statement to ensure the language aligns with the PBNDS. OIDO considers the recommendation unaddressed and open.

**Component Updated Response to Recommendation 1(a):** ICE concurs. ICE will work with the contract team to ensure the "Counseling Techniques/Suicide Prevention and Intervention" PBNDS 8-hour requirement is incorporated into the next contract renewal. ICE estimates that this will occur by August of 2024.

ICE recommends this recommendation be closed.

**Component Response to Recommendation 1(b):** Regarding capturing staff training completion dates, ICE concurs with this recommendation. ICE indicated that GEO uses an electronic learning management system (LMS) that captures staff training completion dates, which they began using in 2014. Additionally, each employee has a New Employee Orientation test in their file that indicates a completion date if they were hired prior to 2014.

**OIDO Analysis:** OIDO considers ICE's response to recommendation 1(b) incomplete. OIDO was informed during its onsite inspection that the training records and sign-in sheets for any employee who was hired prior to 2020 were in paper form and stored offsite. OIDO was not able to view these records, and the data had not been transferred into the electronic learning management system. OIDO will close this recommendation when ICE provides documentation demonstrating the electronic employee training files at the facility include the completion date of orientation training for employees hired prior to 2019. OIDO considers this part of the recommendation unaddressed and open.

**Component Updated Response to Recommendation 1(b):** ICE concurs. In 2014, GEO started using an electronic learning management system that captures employee training completion

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dates. Upon completing a training, GEO's LMS sends an e-mail to employees that includes the completion date of orientation training for all employees hired. The information is also shown on employees' electronic transcript. Please refer to the attached *Recommendation 1b* document demonstrating the electronic employee training files at the facility include the completion date of orientation training for employees hired prior to 2019.

ICE recommends this recommendation be closed.

**Component Response to Recommendation 1(c):** Regarding certificates of training completion, ICE concurs with this recommendation. ICE indicated that the Learning Management System can provide a transcript (Course Enrollment Completion Report) of courses taken, including completion dates. GEO has a Human Resources (HR) policy which describes the procedure to obtain any record from a staff member's file; the training file is an extension of HR personnel files.

**OIDO Analysis:** OIDO considers ICE's response to recommendation 1(c) incomplete. ICE indicated that the Learning Management System can provide a transcript of courses including completion dates. However, a transcript does not fulfill the requirements of PBNDS 7.3, which states that formal certificates of completion shall be issued. OIDO will close this recommendation when ICE provides documentation demonstrating the facility issued formal certificates of completion for orientation and annual training. OIDO considers this part of the recommendation unaddressed and open.

**Component Updated Response to Recommendation 1(c):** GEO uses an electronic learning management system that captures staff training completion through direct email notification to the employee and also logs training completion through an electronic transcript, which meet the intent of the standard. ICE is providing a sample transcript as well as a copy of an auto-generated email sent to the employee upon training completion. Please refer to the attached *Recommendation 1b* and *Recommendation 1c* documents. Please note the "Date Completed" column is the date the training status was pulled from the system and is not the actual training date.

ICE requests this recommendation be closed.

**Component Response to Recommendation 2:** Regarding updating the corporate credentialing policy and procedure, ICE concurs with this recommendation. ICE indicated the Health Services Administrator created a new local operating procedure that was approved by the GEO corporate health services department and states the NPDB Report will be conducted for nurses on the initial hire only. An NPDB query for AHPs will be conducted annually. ICE provided a copy of the Local Operating Procedure.

**OIDO Analysis:** OIDO finds these actions to be responsive to the recommendations and considers the matter addressed and closed.

## Additional Information and Copies

To view any of our other reports,  
please visit:  
[www.dhs.gov/OIDO](http://www.dhs.gov/OIDO).

For further information or questions, please contact the Office  
of the Immigration Detention Ombudsman at:  
[detentionombudsman@hq.dhs.gov](mailto:detentionombudsman@hq.dhs.gov).

