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FINAL REPORT

Results of an Unannounced Inspection of ICE's Krome North Service Processing Center in Miami, Florida

DHS OIG HIGHLIGHTS

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September 11, 2026

Why We Did This Inspection

In accordance with the *Department of Homeland Security Appropriations Act*, 2024 (Pub. L. No. 118-47), we conduct unannounced inspections of immigration detention facilities to ensure compliance with detention standards. From May 28 to 29, 2025, we conducted an in-person, unannounced inspection of Krome to evaluate its compliance with U.S. Immigration and Customs Enforcement (ICE) detention standards.

What We Recommend

We made nine recommendations to improve ICE's oversight of detention facility management and operations at Krome.

OIG Access

ICE provided timely responses to our requests for information and did not delay or deny access to information we requested.

What We Found

During our unannounced inspection of the Krome North Processing Center (Krome) in Miami, Florida, the facility was 25 percent over its maximum capacity. On the first day of our visit, there were 1,102 detainees at Krome, which had a maximum capacity of 882. This led to several issues, including overcrowded intake hold rooms and housing units, detainees being held in intake for more than 12 hours, and in one extended intake facility, the comingling of detainees of different risk classifications. Housing detainees in crowded conditions for extended periods of time jeopardizes the safe and orderly operations within the facility. **We found several areas of non-compliance with detention standards.** Specifically, we found Krome staff did not:

- provide the minimum required number of operational toilets, sinks, and showers;
- complete all classification forms within 12 hours;
- use de-escalation or conflict avoidance techniques in two use-of-force incidents;
- thaw food properly or store perishable foods at required temperatures;
- provide responses to all detainee requests within 3 business days;
- provide Special Management Unit detainees with outdoor recreational equipment; and
- have an adequate system for maintaining medical grievances, a Continuous Quality Improvement program, or a staff plan to meet the demands of an increasing detainee population.

We found Krome staff did comply with standards related to the availability of a law library, legal materials, and attorney visitation rooms.

ICE's Response

ICE concurred with all 9 recommendations. We consider recommendations 1, 3, and 9 resolved and closed and recommendations 2, 4, 5, 6, 7, and 8 resolved and open.

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Abbreviations

ICE	U.S. Immigration and Customs Enforcement
Krome	Krome North Service Processing Center
NCCHC	National Commission on Correctional Health Care
PBNDS 2011	*Performance-Based National Detention Standards 2011*
SMU	Special Management Unit

Background

U.S. Immigration and Customs Enforcement (ICE) houses detainees at approximately 222 facilities nationwide; the conditions and practices at those facilities can vary greatly. ICE must comply with detention standards and establish an environment that protects the health, safety, and rights of detainees. As mandated by Congress,[1] the Department of Homeland Security Office of Inspector General (OIG) conducts unannounced inspections of immigration detention facilities to ensure compliance with these detention standards.

We conducted an unannounced inspection of Krome North Service Processing Center (Krome) in Miami, Florida, from May 28 to 29, 2025. ICE owns Krome, and the Miami ICE Field Office is responsible for ensuring Krome complies with the *Performance-Based National Detention Standards 2011*, as revised in 2016 (PBNDS 2011). Staff at Krome consist of:

- ICE officers who work with detainees on their individual cases;
- Akima Global Services, LLC contract employees,[2] who operate the day-to-day activities of housing the detainees; and
- ICE Health Service Corps medical professionals who administer the medical program at Krome.

On the first day of our inspection, Krome held 1,102 male detainees. We previously inspected Krome in June 2023 and reported on multiple areas of non-compliance.[3] In response to reports of an increasing detainee population, overcrowding, and deteriorating housing conditions, we again inspected Krome and followed up on previously identified areas of non-compliance.

Our team of inspectors conducted a walkthrough of the facility and inspected areas including intake areas, housing units, the Special Management Unit (SMU), and food service areas. We collected and analyzed documentation related to facility capacity, staffing, intake processes, uses of force, special management logs, and detainee diets. We also interviewed staff (ICE and contractors), and detainees at the facility. Our medical inspectors visually inspected all areas

[1] Joint Explanatory Statement Accompanying H.R. 2882, *Further Consolidated Appropriations Act*, 2024, Div. C, *Department of Homeland Security Appropriations Act*, 2024 (Pub. L. No. 118-47), extended to fiscal year 2025 by *Full-Year Continuing Appropriations and Extensions Act*, 2025 (Pub. L. No. 119–4).

[2] In August 2024, ICE renewed its contract with Akima Global Services, LLC to provide detention and transportations services to Krome.

[3] OIG-24-21, *Results of an Unannounced Inspection of ICE's Krome North Service Processing Center in Miami, Florida*, Apr. 16, 2024. We found Krome did not comply with use-of-force standards for several incidents as well as standards related to sick calls, medical vacancies, grievances, access to legal resources, SMUs, and accounting for items assigned to detainees. We made eight recommendations to improve care of detainees at the facility, all of which are closed.

where Krome medical staff provided health services, reviewed relevant documents and health records, and interviewed key health services team members.

Results of Inspection

Key Finding 1: Krome's Hold Rooms and Housing Units Were Over Capacity

Krome held more detainees in its intake hold rooms than the posted capacity and for longer than 12 hours.[4] Overcrowded conditions for long periods may jeopardize detainee safety, security and comfort. We observed 6 of the 14 (43 percent) rooms ICE used to hold detainees in intake exceeded the posted capacity (see Table 1). Because of the large influx of detainees at the time of our inspection, Krome was also using other areas not typically used as hold rooms within the intake area to hold detainees as they were awaiting admission processing. For example, we observed that two visitation rooms were holding detainees going through the intake process.

Table 1: Hold Rooms Over Capacity at Krome on May 29, 2025

Hold Room	Posted Capacity	Population	Percent Over Capacity
Processing Group 3	25	26	4%
Processing Group 5	25	36	44%
Processing Group 6	25	33	32%
Visitation Room 1	25	27	8%
Visitation Room 2	25	39	56%
Intake Hold 2	25	27	8%

Source: DHS OIG Analysis

Due to Krome exceeding the posted capacity in its intake hold rooms, detainees had to stand or lie on the floor (see Figures 1 and 2).

[4] PBNDS 2011 (Revised 2016), Standard 2.6, *Hold Rooms in Detention Facilities*, Section I.

Figures 1 and 2. Overcrowded Intake Hold Rooms

Source: DHS OIG Photos

In addition to overcrowded intake hold rooms, we also found detainees were in the hold rooms for more than 12 hours.[5] On May 28, 2025, we observed detainees inside traditional intake hold rooms. The intake processing sheets taped to the outside of these rooms were dated May 26, 2025, indicating the detainees had been inside the rooms for longer than the 12-hour maximum. An intake officer confirmed they house detainees for more than 12 hours. Krome staff stated the intake process is lengthy because of medical screening requirements (e.g., taking X-rays to check for cases of tuberculosis) and staffing shortages (e.g., having no full-time X-ray technician). Additionally, detainees only have one opportunity to shower and brush their teeth in the hold rooms, regardless of the duration of their stay.

Housing units were also overcrowded. On the first day of our inspection, 1,102 detainees were held at the facility — 25 percent over the maximum capacity of 882. Housing detainees in crowded conditions for several weeks jeopardizes safe and orderly operations within the facility. We observed this overcrowding during our walkthroughs of the housing units. Five of the 11 (45 percent) housing units were over the posted capacity during our inspection (see Table 2).

[5] PBNDS 2011 (Revised 2016), Standard 2.6, *Hold Rooms in Detention Facilities*, Section I.

Table 2. Housing Unit Over Capacity at Krome on May 29, 2025

Housing Unit	Posted Capacity	Population	Percent Over Capacity
Unit 14A	48	76	58%
Unit 14B	46	68	48%
Unit 8: Pod 1	66	70	6%
Unit 8: Pod 4	60	76	27%
Unit 8: Pod 6	60	66	10%

Source: DHS OIG Analysis

Due to Krome exceeding housing unit capacities, detainees had to sleep on temporary cots instead of permanent beds (see Figure 3). The average length of stay for detainees at the time of our visit was 33 days.

Figure 3. Detainees Sleeping on Cots in Housing Unit 14

Source: DHS OIG photo

Several housing units did not have enough operational toilets, sinks, and showers to accommodate the number of detainees.[6] Of the 11 housing units with detainees, we found:

- 6 units were non-compliant in their toilet and/or urinal to population ratio;
- 2 units were non-compliant in their sink-to-population ratio; and
- 2 units were non-compliant in their shower-to-population ratio.

This non-compliance occurred because several toilets and showers were not operational or broken, causing detainees to share a limited number of operational facilities.

Recommendation 1: Ensure Krome complies with hold room standards by not:

(a) Exceeding hold room capacities; nor

(b) Keeping detainees in hold rooms for longer than 12 hours.

Recommendation 2: Ensure Krome complies with facility coordination standards by:

(a) Not exceeding housing unit capacities;

(b) Repairing all broken showers, toilets, sinks, and urinals; and

(c) Maintaining proper detainee-to-hygiene facility ratios.

Key Finding 2: Krome Did Not Comply with Custody Classification System Standards

We observed comingling of detainees in Building 9 (see Figure 4), a large tent-like housing structure extending the intake area that was constructed after our inspection in fiscal year 2023.[7] **Because Krome allowed comingling of detainees with different classification levels, the facility potentially placed staff and detainees' safety at risk.** During the intake process, detainees are classified as part of the risk assessment process so they can be properly separated before being admitted into general population housing. However, with overcrowding in the rooms used to hold detainees awaiting the intake process and in the general population housing areas, Krome uses Building 9 to house detainees until staff have both completed intake processing and a bed

[6] PBNDS 2011 (Revised 2016), Standard 4.5, *Personal Hygiene*, Section V.E.1., 2., and 3.
[7] PBNDS 2011 (Revised 2016), Standard 2.2, *Custody Classification System*, Section V.F.

in general population housing is available, leading to detainees who are classified differently comingling in a common area.

We observed detainees classified as low risk (based on blue-colored wristband) and medium low risk (based on yellow-colored wristband) comingled with detainees classified as high risk (based on red-colored wristband) (see Figure 4) in Building 9.[8] Grouping detainees with comparable histories together and isolating those at each classification level from all others, reduces non-criminal and nonviolent detainees' exposure to physical and psychological danger. Krome risks the safety of staff and detainees when they do not comply with these separation requirements.

Figures 4. Detainees of Different Classification Levels Comingled

Source: DHS OIG photo

While reviewing detainee files, OIG staff also found incomplete classification forms.[9] Incomplete classification forms may lead to detainees in general housing with unconfirmed, unapproved, or incorrect classification levels, increasing the risk of violence and disruption to facility order. We found that facility staff had not completed all initial security evaluation sections of the custody

[8] PBNDS 2011 (Revised 2016), Standard 2.2, *Custody Classification System*, V.F.1.
[9] PBNDS 2011 (Revised 2016), Standard 2.2, *Custody Classification System*, V.D. and G.

classification worksheet, and some forms were missing supervisory approval or disapproval of the security evaluation and determination of a final housing assignment. Krome staff stated the increase in incoming and outgoing detainees, along with not having enough staff to process all classification requirements or paperwork, resulted in staff occasionally not completing the full classification process.

Recommendation 3: Ensure Krome adheres to classification standards that prohibit the comingling of detainees of different classification levels in any area of the facility.

Recommendation 4: Ensure Krome completes classification forms in accordance with classification standards.

Key Finding 3: Krome Did Not Comply with Food Service Standards

Krome staff did not thaw food properly, leading to potential foodborne illnesses and potentially hazardous conditions for detainees and staff.[10] While inspecting the kitchen, we observed raw chicken improperly thawing in three large vats:

- One vat had chicken submerged in water with constantly running water pouring over the side of the vat and onto the floor (see Figure 5) and walkways.[11]
- The two other vats had chicken submerged in water without constantly running water; the chicken was not in its original container, uncovered, and unprotected from contamination (see Figure 6).

[10] PBNDS 2011 (Revised 2016), Standard 4.1, *Food Service,* Section V.F.4.
[11] PBNDS 2011 (Revised 2016), Standard 4.1, *Food Service*, Section V.F.7.

Figures 5 and 6. Vat Filled with Raw Chicken Had Water Overflowing onto the Floor (Figure 5) and Two Uncovered Vats Filled with Uncovered Raw Chicken (Figure 6)

Source: DHS OIG photo

Krome staff did not store perishable foods at required temperatures or in appropriate locations. Perishable foods could spoil or rot in high temperatures, putting staff and detainees at risk of foodborne illnesses if served. We observed two freezer gauges reading 20 degrees Fahrenheit, 20 degrees over maximum safety temperatures.[12]

We also found food service staff did not immediately store required frozen foods in an appropriate location. We observed a pallet of food and juice boxes outside the facility in direct

[12] PBNDS 2011 (Revised 2016), Standard 4.1, *Food Service*, Section V.K.3.e.

sunlight with the requirement "Keep Frozen" on the boxes (see Figures 7 and 8). Krome staff said the boxes were delivered around 9 a.m. We inspected the boxes at approximately 11:30 a.m., and the temperature that day was between 82 and 90 degrees Fahrenheit.

Figures 7 and 8. Pallet of Food Marked "Keep Frozen" Left Outside in High Heat and Direct Sunlight for Over Two Hours

Source: DHS OIG photo

Recommendation 5: Ensure Krome complies with food service standards by:

(a) Requiring food service staff to follow all sanitary, hygienic, and hazardous food handling standards;

(b) Developing and implementing a procedure for promptly storing food at the required temperatures upon receipt; and

(c) Consistently maintaining facility freezers within the required temperature ranges.

Key Finding 4: Krome Did Not Comply with Use-of-Force Standards

We found Krome staff did not comply with all use-of-force policies and techniques in two of the five incidents we reviewed.[13] Our findings during this inspection were similar to the findings in our 2023 inspection report of Krome, which documented inappropriate uses of force, specifically with oleoresin capsicum spray[14] and the use of choke holds.[15]

Krome's staff reported 44 use-of-force incidents from November 29, 2024, through May 28, 2025. We reviewed video footage and after-action reviews from a judgmental sample of 5 of the 44 incidents; in both non-compliant incidents, the facility's own after-action reviews stated that staff could have used de-escalation and conflict avoidance but did not.[16]

- In the first noncompliant incident, the after-action review stated the officers could have used de-escalation and conflict avoidance techniques other than oleoresin capsicum spray "as the detainee was inside a POD with other detainees nearby and offering no resistance." Krome staff did not seek a medical evaluation, as required, for the detainee immediately following the use-of-force incident. Instead, Krome transferred the detainee out of the facility. Also, staff did not document all detainees involved in the incident. The after-action review describes staff actions against only two of the three detainees involved in the incident.[17] The review identified the need for alternate confrontation avoidance techniques and instructed the officer who deployed the oleoresin capsicum spray to attend remedial training on use of force.

- In the second noncompliant incident, while searching a cell for contraband, an officer inappropriately used a choke hold. Such a technique is only unauthorized when deadly force would be authorized, which circumstances at issue did not warrant because the detainee did not pose an imminent danger of death or serious physical injury to the officer or to another person.[18] The review identified this violation and instructed the officer to attend remedial training on use of force.

[13] PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section I.
[14] Also known as pepper spray, oleoresin capsicum spray is a chemical compound that irritates the eyes to cause tears, pain, and temporary blindness.
[15] OIG-24-21, *Results of an Unannounced Inspection of ICE's Krome North Service Processing Center in Miami, Florida*, Apr. 16, 2024.
[16] PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section II.2.
[17] PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section V.O.2.
[18] PBNDS 2011 (Revised 2016), Standard 2.15, *Use of Force and Restraints*, Section V.E.1. and V.B.16.

Recommendation 6: Ensure Krome complies with use-of-force standards, including the application of appropriate de-escalation techniques, immediate medical evaluation after any use-of-force incident, and completion of documentation pertaining to all involved detainees.

Key Finding 5: Krome Did Not Comply with All Medical Standards

Medical professionals supporting the inspection team found Krome staff complied with standards related to:

- clinical preventive services
- medication services
- pharmaceutical services
- chronic care
- mental health services

They also found improvements in the facility's sick call responses since our prior inspection[19] which revealed wait times of 5 to 7 days for detainees with non-urgent sick call requests. Since then, the medical team initiated an "open sick call" program, where detainees can sign up for care by adding their names to a list generated daily in each housing area. We confirmed that this new procedure expedites the sick call process and improves the timeliness of the sick call. Wait times are now within 2 to 3 days, which meets the facility's sick-call policy.

Krome's staff, however, did not comply with medical standards in other areas:

- **The facility's medical personnel were neither placing medical grievances in detainee medical files nor keeping a chronological log to track medical grievances as required by PBNDS 2011.**[20] This was also observed in our previous FY 2023 unannounced inspection where we reported that medical grievances were not being logged and filed in accordance with standards, which caused improper recordkeeping of detainee files.
- **Krome did not have a system for internal review for quality assurance or a continuous quality improvement program.**[21] The medical inspectors also found that Krome had not

[19] OIG-24-21, *Results of an Unannounced Inspection of ICE's Krome North Service Processing Center in Miami, Florida*, Apr. 16, 2024.
[20] PBNDS 2011 (Revised 2016), Standard 6.2, *Grievance System*, Section V.C.4.
[21] PBNDS 2011 (Revised 2016), Standard 4.3, *Medical Care*, Section V.EE.2; *see* National Commission on Correctional Health Care, *Standards for Health Services in Jails*, 2018.

staffed the position responsible for implementing and maintaining the continuous quality improvement program since April 2024. By not having a continuous quality improvement program, the facility has lost a valuable means to measure the quality of care being provided to detainees and is not in compliance with standards.

- **Krome did not have a full medical staff.**[22] During our FY 2023 unannounced inspection,[23] we also reported that Krome had several medical staffing vacancies that delayed health services related to dental exams and created administrative backlogs of medical records being scanned. The recent influx of detainees at Krome added to the challenge of meeting the increased demands for the facility's medical team, such as delays in providing timely health care. For example, the Health Services Administrator position has been vacant since February 2025, leaving the Assistant Health Services Administrator to serve in an acting capacity while managing a substantially increased workload. Staff also reported that the facility has only one dental assistant — an inadequate level for Krome's detainee population size — and that the medical department recently lost eight nurses. At the time of our inspection, medical staff vacancies totaled 15, including:
    - one Health Services Administrator
    - one administrative assistant
    - two assistant nurse managers
    - five behavioral health staff
    - one medical assistant
    - two medical record technicians
    - two psychology providers
    - one secretary

Without appropriate and consistent medical staffing, Krome staff will continue to struggle with covering all administrative tasks and meeting the required medical service standards of an increasing detainee population.

[22] PBNDS 2011 (Revised 2016), Standard 4.3, *Medical Care*, Section V.B.
[23] OIG-24-21, *Results of an Unannounced Inspection of ICE's Krome North Service Processing Center in Miami, Florida*, Apr. 16, 2024.

Recommendation 7: Ensure Krome complies with medical standards by:

(a) Ensuring medical personnel have a proper record keeping system that includes maintaining a medical grievance log and ensuring medical grievances are being appropriately placed into detainee files;

(b) Assigning a designee to the role of Facility Health Program Manager to implement and maintain a Continuous Quality Improvement Program; and

(c) Hiring additional medical staff for the facility to meet the demands of a rising detainee population.

Key Finding 6: Krome Did Not Comply with Staff-Detainee Communication Standards

Krome staff did not respond to all detainee requests in a timely manner, and facility staff did not always provide complete responses.[24] Without timely responses from ICE and facility staff, detainees may face undue delays in resolving questions or concerns. We reviewed 30 requests to ICE and 30 requests to the facility from November 29, 2024, through May 28, 2025.

- In 7 of the 30 requests (23 percent) from detainees to ICE, ICE staff did not reply within 3 business days.
- In 4 of the 30 requests (13 percent) from detainees to facility staff, staff did not reply within 3 business days.

In addition, the requests to facility staff also included 5 responses (17 percent) that marked a request as "complete" but did not include a response or indicate further processing.

Recommendation 8: Ensure Krome staff reply to detainee requests within 3 business days and in a manner that fully addresses each detainee request.

[24] PBNDS 2011 (Revised 2016), Standard 2.13, *Staff-Detainee Communication,* Section V.B.1.a. and 2.a. and f.

Key Finding 7: Krome Did Not Comply with SMU Standards

Recreational space for detainees held in SMU was an empty outdoor area with no exercise equipment (see Figure 9).[25] Lack of access to appropriate recreation may negatively affect physical and mental health. In contrast, the general population had access to an open courtyard where we observed detainees using recreation equipment to play basketball and volleyball. Detainees in SMU were denied comparable recreational amenities.[26] Krome staff confirmed that SMU detainees were permitted only to walk around the designated outdoor area and were not provided any recreational equipment, as required.

Recommendation 9: Ensure Krome complies with recreation and SMU standards by providing all SMU detainees with access to outdoor recreation equipment comparable to that afforded detainees in the general population.

[25] PBNDS 2011 (Revised 2016), Standard 2.12, *Special Management Unit,* Section II.14.
[26] Detainees in SMU shall be afforded basic living conditions that approximate those provided to the general population. PBNDS 2011 (Revised 2016), Standard 2.12, *Special Management Unit,* Section II.11.

Figure 9. SMU Outdoor Recreation Area, Observed on May 28, 2025

Source: DHS OIG photo

Key Finding 8: Krome Staff Complied with Inspected Standards for Law Library, Legal Materials, and Attorney Visitation

Krome staff complied with inspected requirements related to law library, legal information and materials, and attorney visitation rooms.[27] We observed Krome's law library had computers and USB drives that Krome staff individually assigned to detainees to save their legal work.[28] In addition to computers and USB drives, the facility provided, and we observed, updated computer software, a legal attorney pro-bono list, writing utensils, paper, typewriters, legal books, folders, and a sign directing detainees not to save their legal work on the computers.[29] We also observed sound-proof virtual attorney visitation rooms; each room had a chair, desk,

[27] PBNDS 2011 (Revised 2016), Standard 6.3, *Law Libraries and Legal Material*, Section II.1, 7, and V.D.
[28] PBNDS 2011 (Revised 2016), Standard 6.3, *Law Libraries and Legal Material*, Section V.D.
[29] PBNDS 2011 (Revised 2016), Standard 6.3, *Law Libraries and Legal Material, Section* II.1.

computer, and a telephone.[30] These were improvements from our previous report which identified unsecure means of saving legal work and insufficient spaces to meet with attorneys.[31]

[30] PBNDS 2011 (Revised 2016), Standard 6.3, *Law Libraries and Legal Material*, Section II.7.
[31] OIG-24-21, *Results of an Unannounced Inspection of ICE's Krome North Service Processing Center in Miami, Florida*, Apr. 16, 2024.

Appendix A:
Objective, Scope, and Methodology

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Pub. L. No. 107−296) by amendment to the *Inspector General Act of 1978*.

Our objective was to determine whether the Krome North Processing Center in Miami, Florida, complied with select standards outlined in PBNDS 2011 and the NCCHC's *Standards for Health Services in Jails* (2018).

Our inspection publication was significantly delayed by three government shutdowns in FY 2026 which collectively spanned 7 months of the year, totaling 123 days.

As mandated by Congress, we conduct unannounced inspections of immigration detention facilities to ensure compliance with detention standards. We analyze various factors to determine which facilities to inspect. We review OIG Hotline complaints, prior inspection reports, and past and future inspection schedules of other ICE and DHS inspection organizations. We also consider requests, input, and information from Congress, the DHS Office of Civil Rights and Civil Liberties, and media outlets to determine which facilities may pose the greatest risks to the health and safety of detainees. Finally, to ensure we review facilities with both large and small detainee populations in geographically diverse locations, we consider facility type (e.g., service processing centers, contract detention facilities, and intergovernmental service agreement facilities) and applicable standards.

We limited our scope to the PBNDS 2011 for health, safety, grievances, classification, use of segregation, use of force, legal access, and staff training. In addition to PBNDS 2011, our medical contractors also used the NCCHC's *Standards for Health Services in Jails* (2018) when reviewing medical-related policies and procedures at the facility.

Before our inspection, we reviewed relevant background information for Krome, including:

- OIG Hotline complaints;
- previous DHS OIG recommendations to Krome;
- media articles; and
- congressional correspondence to DHS expressing interest in Krome.

We conducted our unannounced in-person inspection of Krome from May 28 to 29, 2025. During the inspection we:

- conducted an in-person walk-through of the facility;
- inspected areas of the facility that detainees use, including the intake processing areas; medical facilities; residential areas, including sleeping, showering, and toilet facilities; legal services areas; and kitchen and dining areas;
- reviewed the facility's compliance with key requirements of PBNDS 2011, as revised in 2016 for classification, segregation, access to legal services, access to medical care, food services, and requests;
- reviewed a small, judgmental sample of use-of-force incidents; to include video review, after action reviews and reports, and remedial and disciplinary recommendations;
- interviewed ICE and contracted staff members, including those responsible for medical care, classification, segregation, intake, and use of force;
- interviewed detainees housed at the facility; and
- reviewed documentary evidence, including medical files, detainee files, use-of-force videos, detainee requests, and communication logs.

We conducted this inspection under the authority of the *Inspector General Act of 1978*, 5 U.S.C. §§ 401–424, and according to the *Quality Standards for Inspection and Evaluation*, issued by the Council of the Inspectors General on Integrity and Efficiency.

DHS OIG's Access to DHS Information

During this inspection, ICE provided timely responses to our requests for information and did not delay or deny access to information we requested.

Appendix B:
Recommendations, Management Comments, and OIG Analysis

ICE provided written comments in response to the draft report and concurred with all nine recommendations. Appendix C contains ICE's management comments to the draft report in their entirety. ICE also provided technical comments to the draft report, which we have incorporated as appropriate. Further, ICE affirmed they had no sensitivity concerns. We consider recommendations 1, 3, and 9 resolved and closed. We consider recommendations 2, 4, 5, 6, 7, and 8 resolved and open. A summary of ICE's response and our analysis follow.

Recommendation 1: We recommend the Executive Associate Director of Enforcement and Removal Operations ensure Krome complies with hold room standards by not:

a) Exceeding hold room capacities; nor

b) Keeping detainees in hold rooms for longer than 12 hours.

ICE Response to Recommendation 1: Concur. ICE stated that they have a temporary structure, known as Building 9, that has been used as an extension of processing. Building 9 serves as a temporary housing facility which has alleviated the 12-hour limit violations and instances of hold rooms exceeding capacity. To improve oversight, Krome implemented additional inspection measures, including Captain and Lieutenant Dual Weekend Processing Inspection Forms and a Processing Supervisor Daily Inspection Form and Checklist. These measures are used to ensure that no detainee is confined in a hold room for more than 12 hours and the population does not exceed hold room capacity.

OIG Analysis: We consider these actions responsive to the intent of the recommendation, which is resolved and closed. ICE provided pictures of the facility's intake hold room sheets that showed the hold rooms did not exceed the maximum capacity.

Recommendation 2: We recommend the Executive Associate Director of Enforcement and Removal Operations ensure that Krome complies with facility coordination standards by:

a) Not exceeding housing unit capacities;

b) Repairing all broken showers, toilets, sinks, and urinals; and

c) Maintaining proper detainee-to-hygiene facility ratios.

ICE Response to Recommendation 2: Concur. A temporary structure, Building 9, provides additional bed space. Maintenance requests were generated for all non-functional showers, toilets, sinks, and urinals. With the build-out of Building 9, the facility ratios returned to those within PBNDS 2011 standards.

OIG Analysis: We consider these actions partially responsive to the intent of the recommendation, which is resolved and open. ICE provided a work order request document that has all work order requests dating back to March 13, 2025, including requests for repairs to sinks, urinals, and toilets. However, there are no work order requests for showers and few show completion of work. We will close the recommendation when the work orders from 2025 have been completed, and the facility can show the current status of work orders.

Recommendation 3: We recommend the Executive Associate Director of Enforcement and Removal Operations ensure Krome adheres to classification standards that prohibit the comingling of detainees of different classification levels in any area of the facility.

ICE Response to Recommendation 3: Concur. Krome implemented measures to prevent the commingling of incompatible detainee classification levels. Any detainee commingling is identified and immediately corrected on site. ICE stated it has transitioned Building 9 into a temporary housing unit and divided it into two areas, one that houses low classification detainees, and another that houses low and medium low detainees. Since only low and medium low detainees are housed in Building 9, detainees of classifications that cannot be comingled are not comingled.

OIG Analysis: We consider these actions responsive to the intent of the recommendation, which is resolved and closed.

Recommendation 4: We recommend the Executive Associate Director of Enforcement and Removal Operations ensure Krome completes classification forms in accordance with classification standards.

ICE Response to Recommendation 4: Concur. The detainee custody classification process, including completion of pertinent documents, is closely monitored and managed through increased contractor Processing Supervisor oversight and oversight by on-duty ICE Supervisory Detention and Deportation Officers.

OIG Analysis: We consider these actions responsive to the intent of the recommendation, which is resolved and open. ICE provided pictures of completed classification forms with detainee and officer signatures. We will close the recommendation when ICE provides a description of how it increased contractor Processing Supervisor oversight and oversight by on-duty ICE Supervisory Detention and Deportation Officers.

Recommendation 5: We recommend the Executive Associate Director of Enforcement and Removal Operations ensure Krome complies with food service standards by:

a) Requiring food service staff to follow all sanitary, hygienic, and hazardous food handling standards;

b) Developing and implementing a procedure for promptly storing food at the required temperatures upon receipt; and

c) Consistently maintaining facility freezers within the required temperature ranges.

ICE Response to Recommendation 5: Concur. Kitchen findings are immediately corrected on site. To improve oversight, Krome implemented additional inspection processes, including a Cafeteria Supervisor Daily Inspection Checklist, to be completed at the onset of each shift. The checklist includes monitoring refrigerator temperatures, logging large freezer temperatures, ensuring freezer and refrigerator cleanliness, and maintaining proper hot food temperatures. The Food Service Supervisor implemented a plan of action on June 2, 2025, to ensure staff members are briefed, trained, and held accountable for understanding the importance of keeping internal and external refrigerator doors closed to maintain required temperature ranges, expediting the storage of temperature-sensitive refrigerated food items, and ensuring floors are clean and wet floor signs are used as appropriate. Freezer findings are also immediately corrected on site. On January 24, 2026, Krome opened a new cafeteria food service facility with improved accommodations, equipment, and processes.

OIG Analysis: We consider these actions responsive to the intent of the recommendation, which is resolved and open. ICE provided the facility's cafeteria Supervisor Daily Inspection Checklist. However, ICE did not provide documentation of the supervisor plan of action. We will close the recommendation when ICE provides evidence of the supervisor plan of action.

Recommendation 6: We recommend the Executive Associate Director of Enforcement and Removal Operations ensure Krome complies with use-of-force standards, including the application of appropriate de-escalation techniques, immediate medical evaluation after any use-of-force incident, and completion of documentation pertaining to all involved detainees.

ICE Response to Recommendation 6: Concur. The contractor's Captain, who is a subject matter expert in use of force, has been assigned to review and manage use of force incident reporting, including ensuring that timely post-use-of-force physicals and evaluations are conducted and documented. A use of force review panel, consisting of an ICE ERO Supervisory Detention and Deportation Officer, the contractor management, and IHSC leadership, conducts secondary reviews of all use of force incidents. In cases involving improper use of techniques, misuse, or lack of de-escalation techniques, the manager coordinates use of force refresher training for the employee. Amended processes have been established to ensure timely annual use of force refresher training, with enhanced emphasis on de-escalation techniques and confrontation avoidance. De-escalation curriculum is provided for all staff members. Immediately following a use of force incident, IHSC medical staff evaluate all parties involved.

OIG Analysis: We consider these actions partially responsive to the intent of the recommendation, which is resolved and open. ICE provided training curriculum for de-escalation techniques. It did not provide evidence of:

- de-escalation training to staff members,
- amended processes established to ensure timely annual use of force refresher training, and
- evidence to support medical staff evaluates all parties involved in use of force incidents.

We will close the recommendation when ICE provides sufficient evidence that it provided de-escalation and annual use of force refresher training to staff members, and of processes for immediate medical evaluation for individuals involved in use of force incidents.

Recommendation 7: We recommend the Executive Associate Director of Enforcement and Removal Operations ensure Krome complies with medical standards by:

a) Ensuring medical personnel have a proper record keeping system that includes maintaining a medical grievance log and ensuring medical grievances are being appropriately placed into detainee files;

b) Assigning a designee to the role of Facility Health Program Manager to implement and maintain a Continuous Quality Improvement Program; and

c) Hiring additional medical staff for the facility to meet the demands of a rising detainee population.

ICE Response to Recommendation 7: Concur. Medical grievance logs are now completed and maintained to ensure medical grievances are appropriately documented and placed in detainee files. A Facility Health Program Manager was hired for Krome and completed the U.S. Public Health Service Commissioned Corps Officer Basic Course on June 12, 2026. The Facility Health Program Manager reported to Krome SPC on June 15, 2026, and began implementing and maintaining a Continuous Quality Improvement Program, with ongoing remote and on-site Facility Health Program Manager support from other facilities. ICE also hired additional medical staff to meet the demands of the detainee population. In addition, the permanent Health Services Administrator was hired with an entry-on-duty date of May 4, 2026.

OIG Analysis: We consider these actions partially responsive to the recommendation, which is resolved and open. ICE was responsive in providing a grievance log showing the required detainee information and a staffing document showing it hired additional medical staff. However, ICE did not provide documentation that they have hired a Facility Health Program Manager. We will close the recommendation when ICE provides support the facility employs a Facility Health Program Manager.

Recommendation 8: We recommend the Executive Associate Director of Enforcement and Removal Operations ensure Krome staff reply to detainee requests within 3 business days and in a manner that fully addresses each detainee request.

ICE Response to Recommendation 8: Concur. The contractor established a Grievance Officer position to manage detainee grievances and requests, in accordance with PBNDS 2011 standards related to staff-detainee communication. The contractor also assigned a manager to conduct secondary reviews and provide oversight of detainee grievances and requests.

OIG Analysis: We consider these actions responsive to the intent of the recommendation, which is resolved and open. The documentation ICE provided includes medical grievance logs from 2023-2026. However, ICE did not provide a log of non-medical requests. We will close the recommendation when ICE provides documentation for non-medical requests.

Recommendation 9: We recommend the Executive Associate Director of Enforcement and Removal Operations ensure Krome complies with recreation and SMU standards by providing all SMU detainees with access to outdoor recreation equipment comparable to that afforded detainees in the general population.

ICE Response to Recommendation 9: Concur. The Special Management Unit (SMU) at Krome houses detainees in one of three statuses at any given time: Disciplinary Segregation, Protective Custody, and Medical Observation. Krome ensures compliance with ICE PBNDS 2011 by providing the required time for outdoor recreation, weather permitting. When weather limits outdoor recreation, the SMU provides access to an indoor dayroom for recreational use. SMU detainees are provided with recreational equipment, including balls, comparable to equipment available to detainees in the general population.

OIG Analysis: We consider these actions responsive to the intent of the recommendation, which is resolved and closed. ICE provided pictures of the facility's outdoor recreation equipment that included basketballs, volleyballs, and kick balls.

Appendix C:
ICE Comments on the Draft Report

ICE's formal management response begins on the next page.

Office of the Chief Financial Officer

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

U.S. Immigration and Customs Enforcement

BY ELECTRONIC SUBMISSION

August 12, 2026

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.
Inspector General

FROM: David Dalenberg
(A)Deputy Chief Financial Officer and
Senior Component Accountable Official
U.S. Immigration and Customs Enforcement

DAVID D DALENBERG Digitally signed by DAVID D DALENBERG Date: 2026.08.12 15:14:07 -04'00'

SUBJECT: Management Response to Draft Report: " Results of an Unannounced Inspection of Krome Detention Facility in Miami, Florida "
(Project No. 25-004-ISP-ICE(c))

Thank you for the opportunity to comment on this draft report. U.S. Immigration and Customs Enforcement (ICE) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

ICE leadership is pleased to note OIG's positive recognition that Krome Detention Facility (Krome) in Miami, Florida complied with the standards outlined in ICE Performance-Based National Detention Standards (PBNDS 2011[1], as revised in December 2016, for availability of a law library, legal materials, and attorney visitation rooms. ICE remains committed to achieving industry-leading detention standards in providing safety, security, and a humane environment for noncitizens entrusted to its care.

The draft report contains nine recommendations with which ICE concurs. Attached find our detailed response to each recommendation. ICE previously submitted technical comments addressing several accuracy, contextual, and other issues under a separate cover for OIG's consideration, as appropriate.

[1] Performance-Based National Detention Standards 2011, *revised* 2016. See: https://www.ice.gov/detain/detention-management/2011.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Attachment

Attachment: Management Response to Recommendations Contained in 25-004-ISP-ICE(c)

OIG recommended the Executive Associate Director of Enforcement and Removal Operations direct the Miami Field Office, responsible for Krome, to:

Recommendation 1: Ensure Krome complies with hold room standards by not:
(a) Exceeding hold room capacities; nor
(b) Keeping detainees in hold rooms for longer than 12 hours.

Response: Concur. To ensure compliance with the ICE ERO Performance-Based National Detention Standards 2011, revised 2016 (PBNDS 2011), and the American Correctional Association Performance-Based Standards for Adult Local Detention Facilities, 4th Edition, (ACA 4-ALDF) Krome implemented corrective measures to prevent exceeding hold room capacities and to prevent violations of the 12-hour hold room limit.

Building 9, a temporary structure, has been used as an extension of Processing. The structure serves as a temporary housing facility with a maximum capacity of 120 beds, and an emergency capacity of 250 with approval. Building 9 provides detainees with beds, wash basins, bathing facilities, and toilets, and has alleviated 12-hour limit violations and instances of hold rooms exceeding capacity.

To improve oversight, Krome implemented additional inspection measures, including Captain and Lieutenant Dual Weekend Processing Inspection Forms and a Processing Supervisor Daily Inspection Form and Checklist. These measures are used to ensure that no detainee is confined in a hold room for more than 12 hours and the population does not exceed hold room capacity. Detainees are safe, secure, and appropriately accommodated while temporarily confined in hold rooms.

Krome also established a Processing Rover Post to manage and monitor all hold rooms.

On August 10, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation have been addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 2: Ensure that Krome complies with facility condition standards by:
(a) Not exceeding housing unit capacities;
(b) Repairing all broken showers, toilets, sinks, and urinals; and
(c) Maintaining proper detainee to hygiene facility ratios.

Response: Concur. To ensure compliance with ICE PBNDS 2011, and ACA 4-ALDF, Krome implemented corrective measures to prevent exceeding housing unit capacities, ensure detainee restroom and bathing facilities are functional, and maintain proper detainee-to-hygiene facility ratios.

A temporary structure, building 9, provides additional bed space. Maintenance requests were generated for all non-functional showers, toilets, sinks, and urinals. With the build-out of Building 9, the facility ratios returned to those within PBNDS 2011 standards.

On August 10, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation have been addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 3: Ensure Krome adheres to classification standards that prohibit the comingling of detainees of different classification levels in any area of the facility.

Response: Concur. To ensure compliance with ICE PBNDS 2011 and ACA 4-ALDF, Krome implemented measures to prevent the commingling of incompatible detainee classification levels. Any detainee commingling identified is immediately corrected on site.

On August 10, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation have been addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 4: Ensure Krome completes classification forms in accordance with classification standards.

Response: Concur. To ensure compliance with ICE PBNDS 2011 and ACA 4-ALDF, Krome implemented measures to ensure proper completion of detainee custody classification forms.

The detainee custody classification process, including completion of pertinent documents, is closely monitored and managed through increased contractor Processing Supervisor oversight and oversight by on-duty ICE Supervisory Detention and Deportation Officers.

On August 10, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation have been addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 5: Ensure Krome complies with food service standards:

(a) Requiring food service staff to follow all sanitary, hygienic, and hazardous food handling standards;
(b) Developing and implementing a procedure for promptly storing food at the required temperatures upon receipt; and
(c) Consistently maintaining facility freezers within the required temperature ranges.

Response: Concur. To ensure compliance with ICE PBNDS 2011 and ACA 4-ALDF, Krome implemented corrective measures to strengthen food service operations and compliance with applicable standards.

Kitchen findings are immediately corrected on site. To improve oversight, Krome implemented additional inspection processes, including a Cafeteria Supervisor Daily Inspection Checklist, to be completed at the onset of each shift. The checklist includes monitoring refrigerator temperatures, logging large freezer temperatures, ensuring freezer and refrigerator cleanliness, and maintaining proper hot food temperatures.

The Food Service Supervisor implemented a plan of action on June 2, 2025, to ensure staff members are briefed, trained, and held accountable for understanding the importance of keeping internal and external refrigerator doors closed to maintain required temperature ranges, expediting the storage of temperature-sensitive refrigerated food items, and ensuring floors are clean and wet floor signs are used as appropriate. Freezer findings are also immediately corrected on site.

On January 24, 2026, Krome SPC opened a new cafeteria food service facility with improved accommodations, equipment, and processes.

On August 10, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation have been addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 6: Ensure Krome complies with use of force standards, including the application of appropriate de-escalation techniques, immediate medical evaluation after any use-of-force incident, and completion of documentation pertaining to all involved detainees.

Response: Concur. To ensure compliance with the PBNDS 2011 and ACA 4-ALDF, Krome implemented measures to strengthen compliance with use of force standards.

The contractor's Captain, who is a subject matter expert in use of force, has been assigned to review and manage use of force incident reporting, including ensuring that timely post-use-of-force physicals and evaluations are conducted and documented.

A use of force review panel, consisting of an ICE ERO Supervisory Detention and Deportation Officer, the contractor management, and IHSC leadership, conducts secondary reviews of all use of force incidents. In cases involving improper use of techniques, misuse, or lack of de-escalation techniques, the manager coordinates use of force refresher training for the employee. Amended processes have been established to ensure timely annual use of force refresher training, with enhanced emphasis on de-escalation techniques and confrontation avoidance. De-escalation curriculum is provided for all staff members. Immediately following a use of force incident, IHSC medical staff evaluates all parties involved.

On August 10, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation have been addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 7: Comply with medical standards by:

(a) Ensuring medical personnel have a proper record keeping system that includes maintaining a medical grievance log and ensuring medical grievances are being appropriately placed into detainee files;
(b) Assigning a designee to the role of Facility Health Program Manager to implement and maintain a Continuous Quality Improvement Program; and
(c) Hiring additional medical staff for the facility to meet the demands of a rising detainee population.

Response: Concur. ICE has implemented corrective actions to ensure compliance with applicable medical standards. Medical grievance logs are now completed and maintained to ensure medical grievances are appropriately documented and placed in detainee files.

A Facility Health Program Manager was hired for Krome and completed the U.S. Public Health Service Commissioned Corps Officer Basic Course on June 12, 2026. The Facility Health Program Manager reported to Krome SPC on June 15, 2026, and began implementing and maintaining a Continuous Quality Improvement Program, with ongoing remote and on-site Facility Health Program Manager support from other facilities.

ICE also hired additional medical staff to meet the demands of the detainee population. In addition, the permanent Health Services Administrator was hired with an entry-on-duty date of May 4, 2026.

On August 10, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation have been addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 8: Ensure that Krome staff reply to detainee requests within the business days and in a manner that fully addresses each detainee request

Response: Concur. To ensure compliance with ICE PBNDS 2011 and ACA 4-ALDF, the contractor implemented measures to strengthen staff-detainee communication. The contractor established a Grievance Officer position to manage detainee grievances and requests, in accordance with PBNDS 2011 and ACA standards related to staff-detainee communication. The contractor also assigned a manager to conduct secondary reviews and provide oversight of detainee grievances and requests.

On August 10, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation have been addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 9: Ensure Krome complies with recreation and SMU standards by providing all SMU detainees with access to outdoor recreation equipment comparable to that afforded detainees in the general population.

Response: Concur. The Special Management Unit (SMU) at Krome houses detainees in one of three status at any given time: Disciplinary Segregation, Protective Custody, and Medical Observation. Krome ensures compliance with ICE PBNDS 2011 and ACA 4-ALDF, by providing the required time for outdoor recreation, weather permitting. When weather limits outdoor recreation, the SMU provides access to an indoor dayroom for recreational use. SMU detainees are provided recreational equipment, including balls, comparable to equipment available to detainees in the general population.

On August 10, 2026, ICE provided the OIG with documentation demonstrating that all aspects of this recommendation have been addressed. ICE requests that the OIG consider this recommendation resolved and closed, as implemented.

Appendix D:
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