

**A. Type of Facility Reviewed**

ICE Service Processing Center  
 ICE Contract Detention Facility  
 ICE Intergovernmental Service Agreement

**B. Current Inspection**

Type of Inspection  
 Field Office  HQ Inspection  
 Date[s] of Facility Review  
**05/30/2018 - 06/01/2018**

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
**04/18/2017 - 04/20/2017**  
 Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
**Baker County Detention Center**  
 Address (Street and Name)  
**1 Sheriff's Office Drive**  
 City, State and Zip Code  
**Macleenny, FL 32063**  
 County  
**Baker**  
 Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
 [Redacted]  
 Telephone # (Include Area Code)  
 [Redacted]  
 Field Office / Sub-Office (List Office with oversight responsibilities)  
**Miami, FL / Jacksonville, FL**  
 Distance from Field Office  
**375 miles / 45 miles**

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
 [Redacted] / **LCI/Detainee Rights / Nakamoto Group**  
 Name of Team Member / Title / Duty Location  
 [Redacted] / **Medical SME / Nakamoto Group**  
 Name of Team Member / Title / Duty Location  
 [Redacted] / **Safety SME / Nakamoto Group**  
 Name of Team Member / Title / Duty Location  
 [Redacted] / **Security SME / Nakamoto Group**  
 Name of Team Member / Title / Duty Location  
 [Redacted] / **Medical SME / Nakamoto Group**

**F. CDF/IGSA Information Only**

Contract Number \_\_\_\_\_ Date of Contract or IGSA \_\_\_\_\_  
 Basic Rates per Man-Day \_\_\_\_\_  
 Other Charges: (If None, Indicate N/A)  
 \_\_\_\_\_

Estimated Man-days Per Year:  
 [Redacted]

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
 Check box if facility has no accreditation[s]

**H. Problems / Complaints (Copies must be attached)**

The Facility is under Court Order or Class Action Finding  
 Court Order  Class Action Order  
 The Facility has Significant Litigation Pending  
 Major Litigation  Life/Safety Issues  
 Check if None.

**I. Facility History**

Date Built  
 [Redacted]  
 Date Last Remodeled or Upgraded  
 [Redacted]  
 Date New Construction / Bed space Added  
 [Redacted]  
 Future Construction Planned  
 [Redacted]  [Redacted] Date: [Redacted]  
 Current Bed space \_\_\_\_\_ Future Bed space (# New Beds only)  
 Number: [Redacted] Date: [Redacted]

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
 [Redacted]  
 Total ICE Man-days for Previous 12 months  
 [Redacted]

**K. Classification Level (ICE SPCs and CDFs Only)**

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

**L. Facility Capacity**

	Rated	Operational	Emergency
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**M. Average Daily Population**

	ICE	USMS	Other
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**N. Facility Staffing Level**

Security: [Redacted] Support: [Redacted]

**Significant Incident Summary Worksheet**

For Nakamoto to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	7P / 1S	4P	9P / 1S	3P / 2S
	With Weapon	1	1	0	0
	Without Weapon	7	3	10	5
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	1P
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		5	4	4	6
Disturbances <sup>4</sup>		0	0	3	0
Number of Times Chemical Agents Used		3	1	3	3
Number of Times Special Reaction Team Deployed/Used		0	0	1	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	7V	2V	4V	6V
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C	C	C	C
Offender / Detainee Medical Referrals as a result of injuries sustained.		4	0	7	2
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	46	9	38	29
	# Resolved in favor of Offender/Detainee	26	1	8	4
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	A
	Number	0	0	0	1
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	43	31	21	31
	# Psychiatric Cases referred for Outside Care	2	0	0	0

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders  
<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting  
<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"  
<sup>4</sup> Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large-scale incidents.

DHS/ICE Detention Standards Review Summary Report				
1. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable
<b>Legal Access Standards</b>				
1. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Detainee Services</b>				
5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Voluntary Work Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Health Services</b>				
18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security and Control</b>				
22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.



**LCI Review Assurance Statement**

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name) [REDACTED]	[REDACTED] <i>Signature</i>
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 6/1/2018

Team Members	
Print Name, Title, & Duty Location [REDACTED], Safety SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.

- Recommended Rating:**
- Superior
  - Good
  - Acceptable
  - Deficient
  - At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Detention Standards Review Summary Report. The standard was rated as Meets Standard for this inspection. There were seven allegations of sexual assault or abuse during the inspection period involving ICE detainees. Two of the allegations occurred at another facility and were referred to that facility for investigation. Of the remaining five allegations, three were against staff. Two of the allegations were for inappropriate touching which were determined to be unfounded. The remaining allegation against staff was made by a female detainee against four staff for attempted rape in the housing pod. The allegation was found unsubstantiated. The two remaining allegations involved improper touching. One was determined to be unfounded and the other was unsubstantiated. Documentation of facility practice was reviewed and confirmed that all allegations were reported, investigated and completed within the requirements of the standard.

There was one non-ICE detainee death during the inspection period. On 12/31/2017, a 55-year-old white male died of natural causes. The facility reported one ICE detainee suicide attempt during this inspection period. On 12/26/2017, a 55-year-old white female threatened to jump from the second tier in the housing unit. Staff responded to the area and the female was "talked down" and placed in a restraint chair for transfer to the medical department. Medical staff reported no injuries and the detainee was placed on suicide watch. There were no escapes or hunger strikes during the inspection period.



The facility does not use canines. The facility does not have Tasers on their equipment inventory. Chemical agents will be deployed on ICE detainees if necessary. The facility reported forty-eight physical responses to detainee resistance during the inspection period. The facility reports every application of handcuffs or directional escorting as a use of force incident. All incidents were immediate uses-of-force. With the exception of one incident, review of reports indicated that force was applied within guidelines of the standard. The one use of force deemed inappropriate resulted in additional training. The medical evaluations were timely and minor injuries were treated. Oleoresin Capsicum (OC)/pepper spray was applied several times and decontamination was immediate in all cases. Review of all uses of force incidents are completed as required by the standard.

The statistics on the incident summary worksheet represent only the ICE detainee population.