



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

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**Office of Detention Oversight  
Compliance Inspection**

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

**Baker County Detention Center  
Macclenny, Florida**

**August 6-8, 2019**

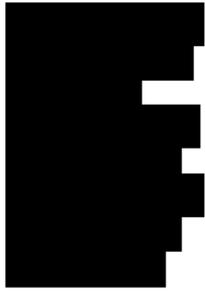
**COMPLIANCE INSPECTION  
of the  
BAKER COUNTY DETENTION CENTER  
Macclenny, Florida**

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## COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

ODO

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Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Baker County Detention Center (BCDC) in Macclenny, Florida (FL), from August 6 to 8, 2019.<sup>1</sup> The facility opened in 2009 and is owned by Baker County Correctional Management and operated by Baker County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCDC in 2009 under the oversight of ERO's Field Office Director (FOD) in Miami (ERO Miami). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned Deportation Officers (DOs) to the facility. A lieutenant handles daily facility operations and is supported by █ personnel. Trinity Service Group provides food services, Southern Correctional Medicine provides medical care, and Keefe provides commissary services at the facility. The facility holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	296
Average ICE Detainee Population <sup>3</sup>	267
Male Detainee Population (as of 8/6/2019)	254
Female Detainee Population (as of 8/6/2019)	32

During its last inspection, in Fiscal Year (FY) 2017, ODO found five deficiencies in the following areas: Funds and Personal Property (1); Detainee Searches (1); and Medical Care (3).

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<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of July 29, 2019.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	4
Detainee Classification System	2
Detainee Grievance System	0
Food Service	0
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	1
Use of Force	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 3 – Health Services</b>	
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>10</b>

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

## DETAINEE RELATIONS

ODO interviewed 17 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated she was told she had thyroid cancer and needs to know more about her medical treatment.

- Action Taken: ODO reviewed the detainee's medical records and spoke with medical staff. The detainee arrived at BCDC on December 12, 2018, and her medical records indicate she underwent a computerized axial tomography (CAT) scan on July 23, 2019, that revealed a large mass arising from the right thyroid lobe. She was referred for evaluation at University of Florida Health Jacksonville (UF Health) on August 6, 2019 at which point UF Health medical staff recommended an oncologist evaluation. On August 7, 2019, BCDC medical staff requested, through the ICE Health Service Corps field medical coordinator (FMC), authorization to make the oncology appointment, was still awaiting a response at the time of the inspection. ODO learned from BCDC staff, on August 7, 2019, that ERO Miami had scheduled the detainee to be transferred to another facility. ODO recommended to ERO Miami the transfer be postponed pending completion of the requested oncologist evaluation. ERO Miami postponed the transfer and prior to the completion of the inspection, medical staff informed ODO the detainee had been scheduled for an appointment with an oncologist in Jacksonville on August 14, 2019. ODO requested medical staff follow-up with the detainee and provide her an updated status on her condition and pending appointment with the oncologist.

*Medical Care:* One detainee stated the facility was not providing proper medical treatment for his gout.

- Action Taken: ODO reviewed the detainee's medical record and spoke with medical staff who confirmed the diagnosis of gout. Medical staff informed ODO that treated gout typically remains silent between acute episodes but that the detainee is currently treated daily with 500 mg of Allopurinol, a drug prescribed to reduce uric acid formation, which is the cause of gout. Medical records indicate the detainee is compliant with his medication prescription. Additionally, the last acute episode for the detainee occurred on July 1, 2019, and he received an injection of a corticosteroid (Methylprednisolone), which is used for relief in acute gout attacks. ODO found the detainee was evaluated by the BCDC physician on August 7, 2019. On August 8, 2019, medical staff followed up with the detainee and provided additional counseling regarding his condition and treatment plan.

*Medical Care:* One detainee stated the facility was not providing proper medical treatment for recurrent rectal bleeding and nausea.

- Action Taken: ODO reviewed the detainee's medical records and spoke with medical staff. ODO found facility medical staff responded to the detainee's sick call requests and evaluated the detainee for episodes of rectal bleeding and nausea on five occasions. On July 17, 2019, a nurse practitioner diagnosed the detainee, who was previously

diagnosed with hypothyroidism, with external hemorrhoids. The detainee is currently prescribed stool softeners, a fiber supplement, rectal suppositories, rectal cleaning pads, and an acid reflux reducer. ODO requested medical staff provide follow-up counseling to the detainee regarding the medical condition and treatment plan.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (A&R)

ODO reviewed 33 detainee detention files and found 22 Orders to Detain or Release (Form I-203) were not signed by an ERO authorizing official or were missing from the detention file (**Deficiency A&R-1<sup>6</sup>**).

ODO reviewed BCDC's orientation policy and found the local ERO office had not approved BCDC's orientation procedures (**Deficiency A&R-2<sup>7</sup>**).

*Corrective Action:* Prior to completion of the inspection, corrective action was taken by the Assistant Field Office Director (AFOD), who issued a memorandum approving the orientation procedures used at BCDC (**C-1**).

Additionally, ODO reviewed orientation documentation and found 8 of 33 detainee detention files did not contain documentation indicating the detainee acknowledged receipt of the ICE National Detainee Handbook and the facility handbook (**Deficiency A&R-3<sup>8</sup>**).

ODO reviewed BCDC's release policy and found the local ERO office has not approved BCDC's release procedures. Related to release procedures, ODO reviewed ten released detainee detention files and found five files did not contain a signed Form I-203, authorizing the detainee's release from custody. Additionally, ODO determined BCDC staff does not fingerprint detainees when being released (**Deficiency A&R-4<sup>9</sup>**).

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed BCDC's classification procedures and found all detainees are classified by ERO Miami prior to their arrival, using an ICE Risk Classification Assessment (RCA). The BCDC classification officer informed ODO that BCDC staff receive only the Form I-203 and/or the Record of Persons and Property Transferred (Form I-216), which provide minimal information and are insufficient for facility staff to review the classification of detainees (**Deficiency DCS-**

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<sup>6</sup> "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

<sup>7</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>8</sup> "Upon admission every detainee will receive a detainee handbook." See ICE NDS 2000, Standard, Admission and Release, Section (III)(K).

<sup>9</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding etc. INS will approved [sic] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). Note: The NDS outline is erroneous; the cited section should be (III)(L).

1<sup>10</sup>).

ODO observed the female detainee housing unit and found female detainees of mixed classification levels housed together. The housing unit does not have physical separation for female detainees of low and medium-low, non-criminal and non-violent detainees, from medium-high and high-level detainees with a history of violence (**Deficiency DCS-2<sup>11</sup>**).

ODO reviewed reclassification documentation and notes as an **Area of Concern** that four of five detainees returned to general population from the special management unit (SMU) were not reclassified within 24 hours of their release from the SMU.

## **SECURITY AND CONTROL**

### **ENVIRONMENTAL HEALTH AND SAFETY (EH&S)**

ODO inspected the facility's barbering operation and found barbering equipment is not appropriately disinfected between detainee use (**Deficiency EH&S-1<sup>12</sup>**).

ODO inspected the housing units and observed the tables used for detainees' meals are not sanitized before and after each meal. Additionally, ODO observed mold in the shower area of housing unit [REDACTED] (**Deficiency EH&S-2<sup>13</sup>**).

ODO reviewed the facility's pest control service work orders and found Turner Pest Control of

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<sup>10</sup> "...INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees. ...

#### Examples of Acceptable Forms and Information

1. I-221 – Order to Show Cause (OSC/WA) and Notice of Hearing, with bond conditions (charging documents for aliens in deportation proceedings);
2. I-862 – Notice to Appear (charging document for aliens in removal proceedings);
3. I-110 and I-122 – Notice to Applicant for Admission, Detained for Hearing before Immigration Judge (charging documents for aliens in exclusion proceedings);
4. For I-213 – Record of Deportable Alien;
5. All conviction documents relating to charges on Form I-221, I-862, I-110/122, or I-213 above;
6. Criminal History (Rap Sheet) – NCIC/CII/TII, etc.; and
7. Any other official record or observation that is verifiable and can be justified under review by official means."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(D)(1) through (7).

<sup>11</sup> "The classification system shall assign detainees to the least restrictive housing unit consistent with facility safety and security. By grouping detainees with comparable records together and isolating those at one classification level from all others, the system reduces noncriminal and nonviolent detainees' exposure to physical and psychological danger. This system identifies and isolates the detainees whose histories indicate the characteristics of the hardened criminal, the category most likely to intimidate, threaten, or prey on the vulnerable. When it becomes necessary to house detainees of different classification levels the following guidelines shall be followed:

1. Level three detainees will not be housed with level one detainees."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F)(1).

<sup>12</sup> "Between detainees, all hair care tools coming in contact with the detainees will be cleaned and effectively disinfected." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(3).

<sup>13</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

Jacksonville, FL, treats the BCDC at least monthly. ODO notes as an **Area of Concern** that drain flies were observed in the shower area of housing unit [REDACTED] during the inspection.

Additionally, ODO notes as an **Area of Concern** that the shower curtains in the shower area of housing unit [REDACTED] were hung using string and tape, not with a proper shower curtain rod.

ODO observed there was no hot water in the lower cells of housing units [REDACTED] and [REDACTED], and the water pressure in the lower cells of housing unit [REDACTED] was low in the showers, washbasins, and toilets. ODO notes these personal hygiene limitations as an **Area of Concern**.

### **SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)**

ODO's review of the detainee detention files for 30 detainees who had been placed in administrative segregation revealed that a supervisor did complete 72-hour and 14-day reviews for each case; however, a supervisor did not conduct the other required weekly reviews within the first month, nor 30-day reviews after the first month (**Deficiency SMU AS-1<sup>14</sup>**).

### **SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)**

ODO's review of the detainee detention files for 15 detainees who had been placed in disciplinary segregation revealed that a supervisor did not conduct the required weekly reviews, with the exception of the 14-day review, as well as a 72-hour review, which is not required by the SMU DS standard (**Deficiency SMU DS-1<sup>15</sup>**).

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<sup>14</sup> "All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below. *In SPCs/CDFs, a supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. The Administrative Segregation Review Form (I-885) will be used for the review. If the detainee has been segregated for the detainee's protection, but not at the detainee's request, the signature of the OIC or Assistant OIC is required on the I-885 to authorize continued detention. A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification.*" See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

<sup>15</sup> "All facilities shall implement written procedures for the regular review of all disciplinary-segregation cases, consistent with the procedures specified below.  
*In SPCs/CDFs:*

1. *The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary segregation every seven days to determine whether the detainee:*
  - a. *abides by all rules and regulations; and,*
  - b. *is provided showers, meals, recreation, and other basic living standards, in accordance with section III.D., below."*

See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C)(1)(a) and (b).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with 12 of those standards. ODO found 10 deficiencies in the remaining 5 standards. Although ODO identified an increase in the number of deficiencies during this inspection, 10 deficiencies is half the FY 2018 average of 20 deficiencies per facility inspected. Additionally, given the availability of detention officers on-site, several of these findings should be able to be quickly addressed. ODO noted three **Areas of Concern** involving sanitation practices at the facility. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2017 (NDS 2000)</b>	<b>FY 2019 (NDS 2000)</b>
Standards Reviewed	16	17
Deficient Standards	3	5
Overall Number of Deficiencies	3	10
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	0	0
Corrective Actions	1	1