



**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**

**Wakulla County Jail  
Crawfordville, Florida**

**December 17-19, 2019**

**COMPLIANCE INSPECTION  
of the  
WAKULLA COUNTY JAIL  
Crawfordville, Florida**

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## COMPLIANCE INSPECTION TEAM MEMBERS



Lead Inspections and Compliance Specialist  
Management and Program Analyst  
Contractor  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections  
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 Wakulla County Jail (WCJ) in Crawfordville, Florida, from December 17 to 19, 2019.<sup>1</sup> The facility opened in 1991 and is owned by Wakulla County and operated by the Wakulla County Sheriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCJ in 1991 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 not assigned onsite Deportation Officers (DOs) or a Detention Services Manager to the facility. The WCJ warden handles daily facility operations and is supported by █ personnel. Eagle Food Service provides food services and Armor Correctional Health Services provides medical care at the facility. The facility is accredited by the Florida Corrections Accreditation Commission.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	As Needed
Average ICE Detainee Population <sup>3</sup>	97
Male Detainee Population (as of 12/17/2019)	99
Female Detainee Population (as of 12/17/2019)	0

During its last inspection, in FY 2016, ODO found 22 deficiencies in the following areas: Access to Legal Material (2); Detainee Grievance Procedures (2); Food Service (7); Funds and Personal Property (1); Staff-Detainee Communication (3); Telephone Access (4); Environmental Health and Safety (2); Special Management Unit (Disciplinary Segregation) (1)

<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 December 16, 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	1
Detainee Grievance System	0
Food Service	1
Funds and Personal Property	2
Recreation	0
Religious Practices	0
Staff-Detainee Communication	3
Telephone Access	2
Visitation	0
<b>Sub-Total</b>	<b>13</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	5
<b>Sub-Total</b>	<b>8</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>21</b>

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

## DETAINEE RELATIONS

ODO interviewed 21 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 he has a fractured left ankle and needs surgery to correct the issue.

- Action Taken: ODO reviewed the detainee's medical record and spoke with medical staff. ODO learned the detainee transferred to the facility with a fractured left ankle and in January 2020 was scheduled to see a specialist for examination and evaluation prior to surgery.

*Staff-Detainee Communication:* Four detainees complained officers of the opposite gender do not announce themselves before entering the housing units.

- Action Taken: ODO observed facility and ERO staff as they visited the housing units and had to remind staff to announce themselves before entering opposite gender housing units.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (A&R)

ODO interviewed facility staff and the Supervisory Detention and Deportation Officer and learned the Report of Detainee's Missing Property (Form I-387) is not completed when a newly arrived detainee claims their property has been lost (**Deficiency AR-1<sup>6</sup>**).

ODO found the facility's orientation procedures were not approved by ERO (**Deficiency AR-2<sup>7</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by providing a memorandum, dated December 19, 2019, from the Assistant Field Office Director (AFOD) approving the orientation procedures (**C-1**).

ODO reviewed 25 detainee detention files and found one file did not contain an Order to Detain or Release (I-203 or I-203a). Also, ODO found for 19 out of 25 files, the I-203 did not bear the signature of the ERO authorizing official (**Deficiency AR-3<sup>8</sup>**).

ODO found the facility's release procedures were not approved by ERO (**Deficiency AR-4<sup>9</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by providing a memorandum, dated December 19, 2019, from the AFOD approving the release procedures (**C-2**).

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the detainee roster and classification files and found a detainee classified as medium-high, due to an assaultive offense, was housed with low level detainees (**Deficiency DCS-1<sup>10</sup>**).

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<sup>6</sup> "The Officer shall complete a Form I-387, "Report of Detainee's Missing Property" when any newly arrived detainee claims his property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS." See ICE NDS 2000, Standard, Admissions and Release, Section (III)(I).

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

<sup>8</sup> "An order to detain or release (Form I-203 or 203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admissions and Release, Section (III)(H).

<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, Admissions and Release, Section (III)(J) [sic].

<sup>10</sup> "When it becomes necessary to house detainees of different classification levels the following guidelines shall be followed: 3. Under no circumstance will a level two detainee with a history of assaultive or combative behavior be placed in a level one housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F)(3).



*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by moving the detainee to an appropriate housing unit (C-3).

## **FOOD SERVICE (FS)**

ODO observed two garbage containers without covers in the kitchen and learned there were no covers available for the containers (**Deficiency FS-1<sup>11</sup>**).

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO found the housing units do not have a designated area for storing detainees' personal property (**Deficiency F&PP-1<sup>12</sup>**).

ODO reviewed the facility's detainee handbook and found the handbook does not notify detainees of the rules for storing or mailing property not allowed in their possession nor the procedures for filing a claim for lost or damaged property (**Deficiency F&PP 2<sup>13</sup>**).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO found, while DOs conduct [REDACTED] detainee visits, the FOD has not developed procedures for documenting the visits (**Deficiency SDC-1<sup>14</sup>**).

ODO found, while the ICE Officer in Charge, Assistant Officer in Charge, and designated department heads conduct regular unannounced visits to the detainee housing and living areas, the facility has not developed policy and procedures to document the visits (**Deficiency SDC-2<sup>15</sup>**).

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<sup>11</sup> "All facilities shall meet the following environmental standards: j. Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect- and rodent proof. The facility shall comply with all applicable regulations (local, state, and federal) on refuse-handling and disposal." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(j).

<sup>12</sup> "Each housing area will designate an area for storing detainees' personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(4).

<sup>13</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: 3. The rules for storing mailing property not allowed in their possession; 5. The procedures for filing a claim for lost or damage property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(3)(5).

<sup>14</sup> "The ICE Field Office Director shall devise a written schedule and procedure for [REDACTED] detainee visits by District ICE deportation staff..." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section, (III)(A)(2)(b).

<sup>15</sup> "Policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and informally observing living and working conditions..." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section, (III)(A)(1).

ODO found the Department of Homeland Security (DHS), Office of the Inspector General (OIG), Hotline posters were not conspicuously posted in all housing units (**Deficiency SDC-3<sup>16</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility imitated corrective action by posting the DHS OIG Hotline posters in all housing units (**C-4**).

## **TELEPHONE ACCESS (TA)**

ODO found, while ERO staff interview a sample of detainees regarding the serviceability of telephones on a weekly basis, ERO staff does not verify serviceability of all telephones, by conducting random calls to pre-programmed numbers posted on the pro-bono/consulate list (**Deficiency TA-1<sup>17</sup>**).

[REDACTED] (**Deficiency TA-2<sup>18</sup>**).

## **SECURITY AND CONTROL**

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

ODO reviewed fire drill documentation and found the facility had not consistently conducted nor documented [REDACTED] fire drills in each department (**Deficiency EH&S-1<sup>19</sup>**).

ODO inspected the barbershop and found hair trimmings on the clippers stored in a cabinet. (**Deficiency EH&S-2<sup>20</sup>**).

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<sup>16</sup> “Each Field Office Director shall ensure that the attached document regarding the OIG Hotline is conspicuously posted in all units housing ICE detainees. This applies to all Service Processing Centers, Contract Detention Facilities and Inter-Governmental Service Agreement facilities.” See Change Notice National Detention Standards Staff-Detainee Communication Standard, dated June 15, 2007.

<sup>17</sup> “Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list. ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access. The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis.” See Change Notice Detainee Telephone Services, dated April 4, 2007. **This is a Repeat Deficiency.**

<sup>19</sup> “[REDACTED] fire drills will be conducted and documented separately in each department.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

<sup>20</sup> “Between detainees all hair care tools coming into contact with the detainees will be cleaned and effectively disinfected. Hair care tools come into contact with the detainees’ scalp and skin, and when reused without disinfection, provide excellent means for transfer of ringworm or other skin and scalp diseases. Clippers may be treated for pathogenic organisms and fungi by an approved bacterial and fungicidal process. Ultraviolet lights may only be used for maintain tools after sterilization.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(3).

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

ODO found the facility had not implemented written procedures for the regular review of disciplinary segregation cases (**Deficiency SMU DS-1<sup>21</sup>**).

## **USE OF FORCE (UOF)**

ODO found the facility uses [REDACTED] that has not been approved by ERO (**Deficiency UOF-1<sup>22</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by providing a memorandum, dated December 19, 2019, from the AFOD approving the use of [REDACTED] (C-5).

ODO requested to inspect the UOF protective equipment and learned the facility [REDACTED] during calculated UOF incidents (**Deficiency UOF-2<sup>23</sup>**).

ODO reviewed 20 detention files of detainees involved in UOF incidents and found the facility had not placed a copy of the UOF report in six of the files (**Deficiency UOF-3<sup>24</sup>**).

ODO found the facility's UOF form had not been approved by ERO (**Deficiency UOF-4<sup>25</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by providing a memorandum, dated December 19, 2019, from the AFOD approving the UOF form (C-6).

ODO found the facility's After-Action Review procedures had not been approved by ERO (**Deficiency UOF-5<sup>26</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by providing a memorandum, dated December 19, 2019, from the AFOD approving the After-Action Review procedures (C-7).

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<sup>21</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases..." See ICE NDS 2000, Standard, Special Management Unit, Disciplinary Segregation, Section (III)(C).

<sup>22</sup> "Deviations from the following list of restraint equipment are prohibited: 9. Any other INS-approved restraint device." See ICE NDS 2000, Standard, Use of Force, Section (III)(C)(9).

<sup>23</sup> "Use-of-Force Team members and others participating in calculated use of force shall: [REDACTED]." See ICE NDS 2000, Standard, Use of Force, Section (III)(D)(2)(a).

<sup>24</sup> "Staff shall prepare detailed documentation of all incidents involving the use of force, [REDACTED] [REDACTED] Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)

<sup>25</sup> "All facilities shall have a form to document all uses of force. INS shall approve of all use of force forms." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(1).

<sup>26</sup> "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with eight of those standards. ODO found 21 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection and notes there were seven instances where staff initiated immediate corrective action during the inspection.

Although the facility is not contractually obligated to comply with the ICE Performance-Based National Detention Standards 2011 (Revised 2016), Sexual Abuse and Assault Prevention and Intervention standard, ODO notes an **Area of Concern** regarding the lack of privacy for detainees using the restroom in the open bay housing units. There was no privacy barrier between the sink and toilet areas nor were there shower curtains<sup>27</sup>. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2016 (NDS 2000)	FY 2020 (NDS 2000)
Standards Reviewed	15	17
Deficient Standards	8	9
Overall Number of Deficiencies	22	21
Deficient Priority Components	0	0
Repeat Deficiencies	0	1
Corrective Actions	6	7

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detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

<sup>27</sup> "Detainees shall be able to shower, perform bodily function, and change clothing without being viewed by staff of the opposite gender...." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (IV)(D)(1)(f).