



**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**

**January 11-14, 2021**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

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## 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 January 11 to 14, 2021.<sup>1</sup> The facility opened in 1991 and is owned by the Wakulla County Government and operated by the Wakulla County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WCJ in January 1999 under the oversight of ERO's Field Office Director in Miami (ERO Miami). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers (DO) nor a detention services manager to the facility. A WCJ facility administrator handles daily facility operations and is supported by █ personnel. Eagle Food Services provides food services, Southern Correctional Medicine (SCM) provides medical care, and Stewart Candy Company provides commissary services at WCJ. WCJ was accredited by the Florida Corrections Accreditation Commission in October 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	81
Average ICE Detainee Population <sup>3</sup>	█
Male Detainee Population (as of 1/11/2021)	█
Female Detainee Population (as of 1/11/2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 21 deficiencies in the following areas: Admission and Release (4); Detainee Classification System (1); Food Service (1); Funds & Personal Property (2); Staff-Detainee Communication (3); Telephone Access (2); Environmental Health & Safety (2); Special Management Unit (Disciplinary Segregation) (1); and Use of Force (5).

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

<sup>2</sup> Data Source: ERO Facility List Report as of December 28, 2020.

<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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5&amp;6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	4
<b>Sub-Total</b>	<b>4</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	5
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	11
<b>Sub-Total</b>	<b>19</b>
<b>Part 4 – Care</b>	
Food Service	4
Hunger Strikes	1
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>7</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>32</b>

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

<sup>6</sup> Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee exhibited signs of mental health issues during the interview and ODO immediately referred him to both ERO Miami and WCJ medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Environmental Health and Safety:* Two detainees complained of plumbing problems in their housing unit, resulting in back splash in the toilets after flushing and handwashing sinks did not dispense hot water unless the shower was being used.

Action Taken: ODO notified the maintenance supervisor and reviewed work orders submitted on January 13, 2021. One work order revealed WCJ repaired the sinks and recorded water temperature at 105 degrees Fahrenheit. Another work order revealed WCJ maintenance staff inspected the toilets and found them to be operating properly.

*Admission and Release:* One detainee stated he did not receive a t-shirt, underwear, or toothpaste upon admission to WCJ.

Action Taken: ODO reviewed the detainee's Inmate Issue/Service Statement Form dated January 4, 2021, and found the detainee signed for the receipt of three t-shirts, three boxers, and toothpaste, among other items upon admission to WCJ. On January 12, 2021, ODO verified WCJ issued the weekly replacements of personal hygiene and laundry items in the housing units to all detainees.

*Admission and Release:* Eleven out of twelve detainees stated they did not receive the ICE National Detainee handbook, the WCJ detainee handbook, or both.

Action Taken: ODO contacted the WCJ admissions lieutenant, who provided copies of the Classification Interview Form and Inmate Issue/Service Statement Form for the eleven detainees. All eleven detainees signed both forms stating they acknowledged how to access the ICE National Detainee and WCJ local detainee handbooks on the housing unit kiosks. ODO confirmed kiosks were operational in all detainee housing units.

*Food Service:* Eight out of twelve detainees alleged the meals served were cold or of poor-quality, and the portions were small. Additionally, one detainee stated food trays were moldy and unclean.

Action Taken: ODO interviewed the WCJ food service administrator (FSA), observed photographs, and reviewed the 35-day cycle menus with the corresponding nutritional adequacy report dated October 16, 2019. ODO verified hot food temperature recordings were compliant, and photographs demonstrated the food portions appeared adequate, and served on food trays void of visible mold and filth. ODO's further review of the nutritional adequacy report revealed a registered dietitian did not conduct the required annual nutritional analysis and is annotated as a deficiency in the Compliance Inspection Findings section of this report.

*Food Service:* One detainee stated he requested a religious diet for his Muslim religious beliefs and the WCJ chaplain denied his request. The detainee added he believed halal and kosher diets were interchangeable per his religious beliefs.

Action Taken: ODO interviewed the FSA, chaplain, and reviewed food service documentation. On December 2, 2020, the detainee submitted a written request for a religious diet due to his Muslim beliefs and the chaplain approved the common fare menu the same day. On January 9, 2021, the detainee submitted a written request for a halal diet, and the chaplain approved a kosher diet on January 11, 2021. On January 12, 2021, the chaplain explained the common fare menu and kosher menu to the detainee and confirmed the detainee's understanding of both menus.

*Medical Care:* One detainee stated he suffers continuous pain in his back and ankle from an injury he suffered before his arrival to WCJ on September 11, 2020 and was not satisfied with the treatment of ibuprofen he was receiving.

Action Taken: ODO spoke with the WCJ health services administrator (HSA) and reviewed the detainee's medical record. The detainee arrived to WCJ on September 11, 2020, with no complaints of back or ankle pain. On September 14, 2020, a nurse practitioner (NP) evaluated the detainee for a hernia. On the same day, the NP prescribed nonsteroidal anti-inflammatory (NSAID) medication for pain and issued a lower bunk pass even though the detainee did not report any complaints of back or ankle pain. On September 18, 2020, the detainee had his comprehensive physical examination and there were no findings noted regarding back or ankle pain. On October 6, 2020, and October 27, 2020, the NP saw the detainee for unrelated concerns in the clinic and he did not report any complaints of back or ankle pain.

On December 15, 2020, during his chronic care visit with the NP, the detainee complained of ankle pain. The NP adjusted his medications for his chronic medical conditions and scheduled a follow-up appointment for January 19, 2021. On December 28, 2020, the detainee submitted a sick call request for chest and back pain but refused his sick call appointment on the same day and signed a medical refusal form. On January 2, 2021, the detainee submitted another sick call request for ankle pain. He was evaluated by the WCJ nursing staff and prescribed a ten-day course of NSAID medication to be taken twice daily as needed for pain, and he was advised to follow-up in sick call if symptoms continued or worsened. From January 2, 2021, to January 11, 2021, the detainee took his NSAID medication 9 out of 20 scheduled times and he had not returned to sick call.

*Medical Care:* One detainee stated he requested medical care for a liver problem but had not received treatment because it required special authorization from ERO Miami.

Action Taken: ODO spoke with the HSA and reviewed the detainee's medical record. The detainee arrived to WCJ on September 11, 2020, and reported a recent diagnosis of hepatitis B. On September 14, 2020, the detainee was referred to the chronic care clinic and evaluated by the NP. The NP ordered laboratory tests, submitted a referral to a gastroenterologist (GI), and scheduled a follow-up chronic care appointment in three months. WCJ medical staff had submitted an authorization



form for the detainee's liver problem to ERO Miami and the chief medical director, which was denied on September 22, 2020, because the detainee's laboratory liver enzymes studies were within normal limits. On November 3, 2020, the NP saw the detainee in the chronic care clinic. He was asymptomatic, and the NP advised the detainee of his normal laboratory results and the ERO Miami's denial to see a GI doctor. The detainee was scheduled for his next chronic care clinic visit and laboratory studies on February 4, 2021.

*Medical Care:* One detainee stated he received medical treatment for throat pain and an ear infection, still had pain, and was not satisfied with the treatment provided.

Action Taken: ODO spoke with the HSA and reviewed the detainee's medical record. On November 13, 2020, the detainee submitted a sick call request for ear irritation and a possible foreign object in the ear canal. The WCJ nursing staff evaluated the detainee the same day, and found the tympanic membrane was intact and no foreign objects were in his ear canal. The NP prescribed an NSAID twice daily for pain as needed for five days. The WCJ nursing staff notified the on-call NP of the detainee's medication, and additionally, advised the detainee to apply warm compresses to his ear twice daily for seven days. The detainee took the NSAID medication on November 13, 2020, and November 14, 2020, and declined his other doses. WCJ offered sick call daily and the detainee had not returned to sick call.

*Medical Care:* One detainee exhibited signs of mental health issues and ODO immediately referred the detainee to the WCJ medical staff for follow-up. The detainee additionally stated he receives heart pills, blood thinner, and high blood pressure medicine, but was scheduled to undergo additional testing with his personal medical provider before his detention.

Action Taken: ODO prematurely ended the interview in order to immediately notify WCJ and ERO Miami staff for a mental health evaluation. ODO spoke with the HSA and reviewed the detainee's medical record. The detainee arrived to WCJ on December 2, 2020, on medications and the following diagnoses: major depressive disorder with psychotic features, high blood pressure, and a history of an abnormal heart rhythm. He was currently medication compliant and taking two anti-psychotic medications, two medications for his blood pressure, and two medications for his heart. On December 8, 2020, an NP evaluated the detainee in the chronic care clinic and scheduled a follow-up visit for January 20, 2021. The NP requested his past medical records from the detainee's personal pharmacy and his cardiologist. The detainee signed a release of information form; however, the detainee could not recall the cardiologist's name and WCJ could not find out the cardiologist's identity. The NP recorded the detainee's vital signs on multiple occasions, and the most recent readings occurred on January 9, 2021, and all vital signs were stable and within normal limits. The NP did not order baseline laboratory tests or an electrocardiogram while waiting for the detainee's cardiology records; however, on January 13, 2021, the HSA contacted the NP and gave the NP a verbal order to obtain the diagnostic tests prior to the detainee's chronic care appointment on January 20, 2021.

Regarding the detainee's mental health, the detainee received an initial evaluation on December 8, 2020, by a licensed mental health counselor (LMHC) with a follow-up

visit on December 10, 2020, with a psychiatric NP. The LMHC additionally evaluated the detainee again on January 11, 2021, per the request of ODO following the detainee's interview. All evaluations by the LMHC concluded the detainee was stable; however, even though he hears voices, the voices do not encourage him to hurt himself. The LMHC determined the detainee was not suicidal, nor wanted to harm himself.

*Medical Care:* One detainee stated he was not satisfied with the medical treatment he was receiving for an ear infection, and one day he received the wrong pill.

Action Taken: ODO spoke with the HSA and reviewed the detainee's medical record. On November 21, 2020, the detainee submitted a sick call request and was evaluated by the WCJ nursing staff for complaints of sinus pressure. Using nursing protocols, he was prescribed Tylenol, an over-the-counter antihistamine, and a referral was submitted to the NP. On November 24, 2020, the NP saw the detainee and diagnosed him with a sinus infection. The NP then prescribed an antibiotic, a more effective antihistamine to be taken twice daily for 90-days, and a medication to treat gastrointestinal reflux, which was diagnosed during the appointment. Between November 30, 2020, and December 30, 2020, the detainee refused his medications on 18 occasions. He completed refusal forms and stated he did not need the medication, nor did he want to get out of bed, which was the reason behind the medication refusal. WCJ conducted the medical pill line twice daily and sick call seven days a week, and the detainee had not returned to sick call. ODO did not find any evidence of the detainee's claim he received the wrong medication nor documentation the detainee filed a grievance for his concerns.

*Religious Practices:* One detainee stated he was not able to practice his Rastafarian religion freely since he could not accomplish one of the steps, which involved chanting.

Action Taken: ODO reviewed WCJ policy and spoke with the WCJ chaplain, who stated he had not received a request from the detainee nor was he aware of the detainee's desire to practice his Rastafarian religion. On January 12, 2021, the chaplain informed the detainee that WCJ had designated areas to accommodate religious chanting and the detainee needed to submit a written request for the specific religious accommodation he desired.

*Religious Practices:* Another detainee stated he could practice his religion freely, but there were no religious services available for Muslims.

Action Taken: ODO reviewed WCJ policies and spoke with the WCJ chaplain, who stated WCJ ceased all religious services in March 2020, due to COVID-19 precautionary measures. The chaplain did not have an estimated date for religious services to resume. On January 12, 2021, the chaplain explained to the detainee why WCJ was not conducting religious services.

*Special Management Unit:* One detainee stated WCJ placed him in segregation for three hours and did not serve him his evening meal because a WCJ officer mistakenly misidentified his

wristband.

Action Taken: ODO interviewed the WCJ captain and reviewed the detainee's detention file. The detainee arrived to WCJ on November 13, 2020 and was placed in the intake quarantine area with other new detainees, pending a negative COVID-19 test per intake screening procedures. The captain stated during the serving of food in the intake quarantine area, WCJ required detainees to present their issued wrist bands to a WCJ correctional officer (CO) for positive identification. The captain stated during the evening meal on November 13, 2020, the detainee refused to present his identification wristband because the detainee claimed the officers already knew who he was. After further vocal objection by the detainee, the CO moved him to an adjacent holding cell while staff completed feeding the remainder of the detainees in the quarantine area. Upon completion of feeding the other detainees, the CO verbally counseled the detainee about his behavior, returned the detainee to the quarantine unit, and served him his food tray. ODO found no documentation the detainee filed a grievance as a result of his alleged concerns, and WCJ released the detainee to the general population on November 15, 2020.

*Visitation:* One detainee stated WCJ did not allow visitors under 12-years of age so he could receive visits from his young children.

Action Taken: ODO reviewed WCJ's visitation policy, detainee request forms, and spoke with the ERO Miami Assistant Field Office Director (AFOD). The AFOD explained the detainee did not submit a request for minors to visit or facility transfer; however, ERO Miami had accommodated these situations in the past by transferring detainees to an ICE facility with minors' visitation policies, upon request. The AFOD stated non-mission critical transfers were currently limited due to COVID-19 precautionary measures. However, on January 13, 2020, a DO provided the detainee with an explanation and instructions on how to submit his requests in writing for his young children to visit.

*Telephone Access:* One detainee stated he did not receive his telephone password upon admission to WCJ.

Action Taken: ODO interviewed the WCJ captain and reviewed WCJ intake records. On December 22, 2020, upon admission to WCJ, the detainee initialed the Inmate Activity/Contact Report Form acknowledging WCJ activated his phone service and he received his telephone access password. ODO attempted to follow-up with the detainee, but WCJ released him from custody on January 12, 2021.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO interviewed a WCJ lieutenant and reviewed the [REDACTED] and found the index did not include a comprehensive list of emergency phone numbers (**Deficiency EH&S-10<sup>7</sup>**).

ODO interviewed the WCJ captain and reviewed WCJ's Emergency Plans policy 6.01 and found WCJ's written plans did not include procedures to ensure the safety and security of detainees with disabilities during an emergency response (**Deficiency EH&S-25<sup>8</sup>**).

ODO reviewed photographs of the WCJ barbershop and the posted cleaning schedule and found WCJ did not clean nor disinfect hair care tools prior to each use. The hair care tools contained visible hair debris (**Deficiency EH&S-48<sup>9</sup>**).

ODO interviewed the WCJ captain, HSA, and a WCJ lieutenant and found WCJ did not design nor establish a housekeeping plan to ensure a high level of environmental sanitation in consultation with the HSA (**Deficiency EH&S-59<sup>10</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and interviewed the WCJ intake supervisor and found one file, which documented identity documents on the property inventory form, did not contain copies of the detainee's identity documents (**Deficiency A&R-12<sup>11</sup>**).

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<sup>7</sup> "...The [REDACTED] will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

<sup>8</sup> "The facility will develop written plans and procedures for handling emergency situations reasonably likely to occur. Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response..." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

<sup>9</sup> "Sanitation of barber operations is of the utmost concern due to the possible transfer of diseases through direct contact or by the tools, implements, and supplies including the towels, combs, and clippers..."

d. All hair care tools which come in contact with detainees will be cleaned and disinfected prior to each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(d).

<sup>10</sup> "...The facility, in consultation with the HSA and the Environmental Health and Safety officer or equivalent, shall establish a housekeeping plan to ensure a high level of environmental sanitation. and shall consult with the HSA or equivalent in designing this program." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

<sup>11</sup> "...Identity documents, such as passports, birth certificates, etc., will be copied for the detention file..." See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

ODO reviewed 12 detainee detention files and found 4 out of 12 files contained missing or incomplete Order to Detain Forms (Forms I-203) (**Deficiency A&R-18<sup>12</sup>**).

### **FACILITY SECURITY AND CONTROL (FS&C)**

ODO interviewed the WCJ captain and reviewed WCJ's Control of Contraband policy 6.21 and determined WCJ did not have a written policy that specified how to secure the Special Management Unit from contraband (**Deficiency FS&C-29<sup>13</sup>**).

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

ODO interviewed the WCJ intake supervisor and reviewed 12 detainee detention files and found one file, which documented identity documents on the property inventory form, did not contain copies of the detainee's identity documents (**Deficiency F&PP-10<sup>14</sup>**).

ODO reviewed 12 detainee detention files and found all twelve did not include a forwarding address for detainees with personal property (**Deficiency F&PP-15<sup>15</sup>**).

ODO reviewed four quarterly audit logs for detainee funds and property and found the property audits did not record the time of the inventory (**Deficiency F&PP-20<sup>16</sup>**).

ODO reviewed 12 detainee detention files and found one file for a detainee who was due funds at the time of his release did not contain a signed receipt for funds received (**Deficiency F&PP-24<sup>17</sup>**).

ODO reviewed the WCJ detainee handbook and found it did not notify detainees they could request a copy of their identify documents, nor the procedure for filing a claim for lost or damaged property (**Deficiency F&PP-34<sup>18</sup>**).

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<sup>12</sup> "Official documentation from ICE/ERO (e.g. Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee..." *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(F).

<sup>13</sup> "Every facility will establish written policy and procedures to secure the SMU from contraband." *See* ICE NDS 2019, Standard, Facility Security and Control, Section (II)(H)(2).

<sup>14</sup> "Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file..." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(B)(2).

<sup>15</sup> "Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(C)(1).

<sup>16</sup> "...The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory..." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>17</sup> "...After a property check, the detainee will then sign a receipt indicating his or her receipt of all funds due him..." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(E).

<sup>18</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including:

2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files;...

5. The procedures for filing a claim for lost or damaged property."

*See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2) and (5).

## SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed WCJ's SAAPI policies and procedures and determined WCJ's written policy did not reflect the unique characteristics of the facility, including the availability of specialized community-based services and rape crisis/trauma units in local medical centers, clinics, and hospitals (**Deficiency SAAPI-1<sup>19</sup>**).

ODO reviewed WCJ's SAAPI policy and procedures and found WCJ's written policy did not include procedures for the immediate reporting of sexual abuse allegations to ERO Miami and a method by which WCJ staff can report outside the chain of command. Additionally, the written SAAPI policy did not identify a method to receive third-party reports of sexual abuse and assault or how to provide information to the public regarding reporting sexual abuse and assault on behalf of a detainee (**Deficiency SAAPI-5<sup>20</sup>**).

ODO reviewed WCJ's SAAPI policy and procedures and determined WCJ's written policy did not include coordination with ERO Miami to ensure WCJ completed an administrative or criminal investigation for all allegations of sexual abuse and assault (**Deficiency SAAPI-9<sup>21</sup>**).

ODO reviewed WCJ's SAAPI policy and procedures and determined WCJ's policy did not include written procedures for coordination with ICE OPR as related to the investigation and discipline of assailants (**Deficiency SAAPI-11<sup>22</sup>**).

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<sup>19</sup> "The facility's policy and procedures shall reflect the unique characteristics of the facility, including factors such as the availability of specialized community-based services, including rape crisis/trauma units in local medical centers, clinics, and hospitals..." See ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(A).

<sup>20</sup> "...The facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum:

a. Procedures for immediate reporting of sexual abuse and assault allegations through the facility's chain of command, from the reporting official to the highest facility official, including also procedures for notifying ICE/ERO (this notification must be sent directly to the FOD) and a method by which staff can report outside the chain of command;...

e. A method to receive third-party reports of sexual abuse and assault in its facility, with information made available to the public regarding how to report sexual abuse and assault on behalf of a detainee."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(A)(2)(a) and (e).

<sup>21</sup> "...The facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum:

a. Coordinating with ICE/ERO and other appropriate investigative agencies to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and assault."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(A)(5)(a).

<sup>22</sup> "...The facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum:

c. Procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(A)(5)(c).

ODO reviewed WCJ's SAAPI policy and procedures and determined WCJ's written policy did not include the requirement to cooperate with all ERO Miami audits and monitoring of WCJ's facility compliance (**Deficiency SAAPI-13<sup>23</sup>**).

ODO reviewed WCJ's written SAAPI policy and procedures and found they were not reviewed nor approved by ERO Miami (**Deficiency SAAPI-14<sup>24</sup>**).

ODO interviewed the WCJ prevention of sexual assault (PSA) compliance manager and reviewed WCJ's SAAPI policy and procedures and determined WCJ did not ensure its SAAPI written policy and procedures were in full compliance with NDS 2019 within 90-days of the adoption of the standard (**Deficiency SAAPI-15<sup>25</sup>**).

ODO reviewed WCJ's website and interviewed the PSA compliance manager and found WCJ did not post WCJ's SAAPI protocols on the WCJ website (**Deficiency SAAPI-16<sup>26</sup>**).

ODO reviewed WCJ's SAAPI policy, reviewed staff training records, and interviewed the PSA compliance manager, and determined WCJ did not conduct SAAPI refresher training biannually (**Deficiency SAAPI-26<sup>27</sup>**).

ODO interviewed the PSA compliance manager and reviewed WCJ's SAAPI investigator training records and content and determined WCJ's administrative investigators received additional specialized training through ERO Miami. However, the training did not cover various investigative components, including interviewing sexual abuse and assault victims; sexual abuse and assault evidence collection in confinement settings; the criteria and evidence required for administrative action or prosecutorial referral; and information about effective cross-agency coordination in the investigation process (**Deficiency SAAPI-36<sup>28</sup>**).

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<sup>23</sup> "...The facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum:

7. the facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards."

*See* ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(A)(7).

<sup>24</sup> "...The facility's written policy and procedures must be reviewed and approved by ICE/ERO..." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(A).

<sup>25</sup> "...The facility administrator shall ensure that, within 90-days of the adoption of this detention standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines..." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(A).

<sup>26</sup> "...Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(A).

<sup>27</sup> "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter..." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(E).

<sup>28</sup> "...In addition to the general training provided to all facility employees, the facility shall provide specialized training on sexual abuse and assault and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse and assault. This training must cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process..." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(E).

ODO reviewed WCJ's training records and found WCJ trained medical staff in procedures for examining and treating victims of sexual abuse; however, ERO Miami did not review nor approve WCJ's medical staff training procedures (**Deficiency SA-API-39<sup>29</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO reviewed the nutritional adequacy report dated October 16, 2019, and master cycle menus dated August 1, 2020, and found WCJ did not conduct the complete nutritional analysis annually (**Deficiency FS-32<sup>30</sup>**).

ODO reviewed five regular menus dated August 1, 2020, and the nutritional adequacy report dated Oct 16, 2019, and found the WCJ dietician did not certify the menus before implementation (**Deficiency FS-33<sup>31</sup>**).

ODO interviewed the FSA and reviewed the 35-day common fare menus and found protein options were not always no-flesh. Specifically, protein options included turkey, chicken, and beef (**Deficiency FS-58<sup>32</sup>**).

ODO reviewed five common fare menus, interviewed the FSA, and found the common fare menus were based on a 35-day cycle rather than the 14-day cycle required by the standard. Additionally, the common fare menus did not include special menus for the ten Federal holidays. (**Deficiency FS-60<sup>33</sup>**).

### **HUNGER STRIKES (HS)**

ODO reviewed training files for all WCJ health services staff and ████ COs and found ████ COs did not receive annual training on the referral and management of a detainee placed on a hunger strike (**Deficiency HS-1<sup>34</sup>**).

ODO reviewed WCJ's Hunger Strike policy 13.10, dated October 15, 2009, and SCM's Hunger Strike policy, dated February 1, 2020, and found conflicting information in the policies. In WCJ's

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<sup>29</sup> "...Facility medical staff shall be trained in procedures for examining and treating victims of sexual abuse in facilities where medical staff may be assigned these activities. This training shall be subject to the review and approval of ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Intervention and Prevention, Section (II)(E).

<sup>30</sup> "A registered dietitian shall conduct an annual complete nutritional analysis of every master-cycle menu planned by the FSA..." See ICE NDS 2019, Standard, Food Service, Section (II)(D)(2).

<sup>31</sup> "...Menus must be certified by the dietician before implementation..." See ICE NDS 2019, Standard, Food Service, Section (II)(D)(2).

<sup>32</sup> "...Common fare represents a no-flesh protein option, offering vegetables, starches, and other foods that are not seasoned with flesh, and must be provided whenever an entrée containing flesh is offered as part of a meal..." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

<sup>33</sup> "...The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays..." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

<sup>34</sup> "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).



policy pertaining to the release of detainees from a hunger strike, any WCJ medical staff may release a detainee from a hunger strike; however, SCM's policy stated a hunger strike is ended when the detainee declares he is no longer on hunger strike and has eaten. NDS 2019 states only a physician may release a detainee from hunger strike. Additionally, WCJ's policy addressed all requirements of NDS 2019 regarding the initial evaluation of a detainee placed on hunger strike; however, SCM policy did not require the collection of a urinalysis or a height measurement. WCJ did not house any detainees on a hunger strike during this inspection period; however, ODO identified the inconsistency between WCJ and SCM policies as an **Area of Concern**.

## **MEDICAL CARE (MC)**

ODO reviewed twelve detainee medical files and found WCJ completed initial comprehensive health assessments upon the detainee's arrival within 14-days by a trained registered nurse (RN). In accordance with the standard, a WCJ provider reviewed the physical assessments conducted by the RN; however, the provider did not review the documents within a reasonable time period, ideally one to seven days post-assessment. Instead, the WCJ provider signed off on the physicals between 18-159 days after the RN completed the assessment. The delayed review time could potentially result in a delay of medical care. Even though the standard did not specify a time frame for post-assessment reviews ODO identified this as an **Area of Concern**.

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)**

ODO reviewed training files for all WCJ health services staff and █ COs and found █ COs did not receive annual refresher training on suicide prevention (**Deficiency SSH&SPI-2<sup>35</sup>**).

ODO reviewed the medical file of one detainee placed on suicide watch and found a mental health provider did not provide welfare checks every █ while the detainee was on suicide watch. Instead, a licensed practical nurse performed the welfare checks (**Deficiency SSH&SPI-22<sup>36</sup>**).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO reviewed photographs and interviewed the WCJ captain and determined the listings of embassies and consulates supplied by ERO Miami and provided by WCJ to detainees were dated 2019 and not current (**Deficiency TA-12<sup>37</sup>**).

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<sup>35</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter..." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

<sup>36</sup> "...A mental health provider will perform welfare checks every █ s..." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>37</sup> "...ICE/ERO headquarters shall maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and embassies, and the Department of Homeland Security's (DHS) Office of the Inspector General (OIG), and the ICE/ERO DRIL..." See ICE NDS 2019, Standard, Telephone Access, Section (II)(E).

ODO reviewed photographs of pro bono listings provided to detainees and found ERO Miami did not provide WCJ with current pro bono legal service information (**Deficiency TA-13<sup>38</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2019 and found the facility in compliance with nine of those standards. ODO found 32 deficiencies in the remaining nine standards. Furthermore, ODO cited two Areas of Concern, one in the Hunger Strikes section and the other in the Medical Care section.

Of particular concern, ODO found a substantial number of SAAPI deficiencies pertaining to: no written policies or procedures for community services; no sexual abuse and assault reporting to ERO Miami, outside the chain of command, or third-parties; no coordination with ERO Miami and ICE OPR for all allegations of sexual abuse and assault; no cooperation with all ERO Miami audits and monitoring of WCJ’s facility compliance; non-compliance with NDS 2019 within 90-days of the adoption of the standard; no SAAPI protocols on the WCJ’s website; no refresher or complete investigative training amongst some WCJ staff; and ERO Miami did not review nor approve medical staff training procedures.

ODO recommends ERO Miami work with WCJ to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000)</b>	<b>FY 2021 (NDS 2019)</b>
Standards Reviewed	17	18
Deficient Standards	9	9
Overall Number of Deficiencies	21	32
Repeat Deficiencies	1	N/A
Areas of Concern	1	2
Corrective Actions	7	0

<sup>38</sup> “...All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information...” See ICE NDS 2019, Standard, Telephone Access, Section (II)(E).