



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

**Office of Detention Oversight
Compliance Inspection
2024-001-002**

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

**Baker County Sheriff's Office
MacClenny, Florida**

October 17-19, 2023

COMPLIANCE INSPECTION
of the
BAKER COUNTY SHERIFF’S OFFICE
MacClenny, Florida

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
COMPLIANCE INSPECTION FINDINGS	7
CARE	7
HUNGER STRIKES.....	7
MEDICAL CARE.....	7
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	8
CONCLUSION	9

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 Baker County Sheriff's Office (BCSO) in MacClenny, Florida, from October 17 to 19, 2023.¹ The facility opened in 2009 and is owned by Baker County Correctional Management Corporation and operated by the Baker County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCSO in 2009 under the oversight of ERO's Field Office Director in Miami (ERO Miami). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A facility captain handles daily operations and manages [REDACTED] support personnel. Trinity Services provides food services, Armor Medical Group provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of October 17, 2023)	[REDACTED]
Adult Female Population (as of October 17, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 5 deficiencies in the following areas: Medical Care (1); Significant Self-Harm and Suicide Prevention and Intervention (1); Transportation by Land (2); and Use of Force and Restraints (1).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of October 16, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Staff Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	1
Medical Care	4
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	3
Sub-Total	8
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	8

DETAINEE RELATIONS

ODO interviewed 30 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 concern listed below.

Medical Care: One detainee stated her concern over inconsistent distribution of her medication for her anxiety and diabetes.

- Action Taken: On October 25, 2023, ODO contacted facility medical staff, reviewed the detainee’s medical file, and found valid prescriptions for Metformin (500 mg) and Mirtazapine (15 mg). Medical staff stated the detainee has an 88 percent compliance rating for her evening dosages and a 39 percent compliance for her morning dosages. Medical staff also noted the detainee takes both medications in the evening but neglects her morning medication dosage on a regular basis. The detainee’s medical record confirms her refusals for her prescribed Metformin morning doses. Medical staff met with the detainee and explained the importance of taking her medication as prescribed.

COMPLIANCE INSPECTION FINDINGS

CARE

HUNGER STRIKES (HS)

ODO interviewed facility medical staff, reviewed [redacted] security officer training files, and found in [redacted] out of [redacted] training files, no documented annual hunger strike training in the past calendar year, to include 1 training file with no hunger strike training during orientation for July 2023 (**Deficiency HS-1**⁷).

MEDICAL CARE (MC)

ODO interviewed facility medical staff, reviewed [redacted] detainee medical files, and found [redacted] out of [redacted] files, medical staff did not complete a health, mental health, nor dental screening within the required time. Specifically, ODO found a health care practitioner completed an initial screening 16 hours after the detainee’s arrival (**Deficiency MC-12**⁸). **This is a priority component.**

⁷ “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).

⁸ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner

ODO reviewed █ detainee medical files and found the facility placed █ out of █ detainees in general population without first completing a tuberculosis screening (**Deficiency MC-18⁹**). **This is a priority component.**

ODO reviewed the medical files of █ detainees' facility medical staff prescribed psychotropic medications and found in █ out of █ files; facility medical staff did not obtain separate documented informed consent forms that included a description of the medications' side effects prior to administering (**Deficiency MC-93¹⁰**). **This is a priority component.**

ODO reviewed █ detainee medical files and found in █ out of █ medical files; medical staff did not provide the detainee with a detailed medical care summary upon release from ERO Miami custody (**Deficiency MC-111¹¹**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed █ security officer training files and found staff did not receive comprehensive suicide prevention training during orientation and subsequent refresher training at least annually. Specifically, ODO found in █ out of █ training files, no documented annual comprehensive suicide prevention training in the past year and █ security officer did not receive comprehensive suicide prevention training during orientation in July 2023 (**Deficiency SSHSPI-2¹²**). **This is a priority component.**

ODO reviewed █ detainee medical files and found in █ out of █ files, a health care practitioner conducted an initial mental health screening of a detainee 16 hours after arriving at the facility (**Deficiency SSHSPI-5¹³**). **This is a priority component.**

ODO reviewed the facility's suicide watch logs of █ detainees placed on constant observation during the inspection period and found in █ out of █ logs, 17 instances in which facility staff

or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities." See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

⁹ "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹⁰ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

¹¹ "Upon removal or release from ICE/ERO custody, the detainee shall be provided medication (in quantities specified below), referrals to community-based providers as medically appropriate, and a detailed medical care summary." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(3)(b).

¹² "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).

¹³ "All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

documented observations between 17 and 137 minutes (**Deficiency SSHSPI-21¹⁴**). **This is a repeat deficiency and a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under NDS 2019 and found the facility in compliance with 21 of those standards. ODO found eight deficiencies in the remaining three standards. Since BCSO’s last full compliance inspection in October 2022, the facility has maintained consistent performance. BCSO went from 4 deficient standards and 5 deficiencies in October 2022 to 3 deficient standards and 8 deficiencies during the most recent full compliance inspection, which includes 6 priority components and a repeat deficiency for suicide watch logs. ODO received completed uniform corrective action plans (UCAPs) for the compliance inspection in October 2022 and the follow-up inspection in April 2023, which likely resolved most deficiencies ODO identified. However, the corrective actions documented on the UCAPs for the SSHSPI repeat deficiency for observations exceeding 15 minutes does not appear to be sufficient to prevent the recurrence of this deficiency. ODO recommends ERO Miami provide additional oversight in this area continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 (NDS 2019)	FY 2024 (NDS 2019)
Standards Reviewed	19	24
Deficient Standards	4	3
Overall Number of Deficiencies	5	8
Priority Component Deficiencies	1	6
Repeat Deficiencies	1	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good ¹⁵

¹⁴ “The monitoring must be documented every 15 minutes or more frequently if necessary.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

¹⁵ ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.