



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

**Office of Detention Oversight
Compliance Inspection**

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

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

June 16-19, 2020

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

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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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 June 16 to 19, 2020.¹ 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 BCSO 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 does not have any staff permanently assigned to the facility. A lieutenant handles daily facility operations and is supported by █ personnel. Trinity Food Service provides food services, Southern Correctional Medicine provides medical care, and Keefe provides commissary services at the facility. The facility holds no accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	As Needed
Average ICE Detainee Population ³	247
Male Detainee Population (as of 6/16/2020)	190
Female Detainee Population (as of 6/16/2020)	14

During its last inspection, in FY 2019, ODO found 10 deficiencies in the following areas: Admission and Release (4); Detainee Classification System (2); Environmental Health and Safety (2); Special Management Unit-Administrative Segregation (1); and Special Management Unit-Disciplinary Segregation (1).

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

² Data Source: ERO Facility List Report as of May 26, 2020.

³ *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.⁴

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, and detainees, 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	1
Detainee Grievance System	0
Food Service	0
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	0
Visitation	1
Sub-Total	4
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	3
Use of Force	1
Sub-Total	6
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBNS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	11

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, each of whom 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Issuance of Clothing Bedding and Towels: Three male detainees complained since they arrived in the facility, they have not been issued any socks or t-shirts; blankets had not been changed in three weeks; and drinking water was not continuously provided in the cooler for detainees. The detainees reported the cooler is removed at approximately 6:00 am and may be returned with water at 1:00 pm.

- Action Taken: During the inspection, the facility responded to the detainee's complaints with the following: "Bedding/Laundry are exchanged twice weekly on Tuesdays and Fridays. Coolers are picked up at approximately 2:00 am daily and returned to each housing unit at approximately 5:00 am for breakfast."

Environmental Health and Safety: Two female detainees complained the facility provides one roll of toilet paper for the unit on Wednesdays each week, which is not adequate to serve the needs of a population of the 14 females.

- Action Taken: During the inspection, the facility responded to the detainees' complaint with the following: "Standard supplies are passed out every Wednesday to the female housing unit. The exchange for toilet paper is two empty rolls for two new rolls. If females need additional toilet paper or other supplies, the procedure is, they submit a request to the security officer in the housing unit, then the supplies are provided."

Medical Care: One male detainee complained he is diabetic, has high blood pressure, and his feet are swollen. The detainee said the food he is served is not for a diabetic. His tray consists mostly of starches, white rice, breaded chicken patty, and white bread. Also, the facility has not posted a Diabetic Menu. He reported not being given proper medical treatment to address his medical conditions.

- Action Taken: During the inspection, the medical unit responded to the detainee's complaint with the following: "Upon review of the detainee's chart, it was revealed that he did not submit any sick calls to the medical unit. The detainee had labs completed on June 16, 2020, and was scheduled to be seen by the provider⁶ on June 18, 2020, for follow up with lab work as well as chronic care. He was ordered to be placed on a diabetic diet, in which food service coordinated the menu from the list of patient names provided by medical. As a result, the kitchen staff was provided with a copy of the diabetic order for the detainee. Medical has complied 100% with all medications ordered for the detainee."

⁶ The provider can consist of the physician, physician assistant or nurse practitioner.

Medical Care: One male detainee complained he is diabetic, he has a pain in his throat, and it hurts whenever he swallows. He submitted several sick call requests, was seen by the medical staff and was prescribed Ibuprofen, which does not provide any relief. He reported not receiving proper medical treatment for his throat condition.

- Action Taken: During the inspection, the medical unit responded to the detainee's complaints with the following: "On June 5, 2020, the detainee was seen in chronic care clinic by the provider with no complaints of throat pain. On June 9, 2020, he was seen in sick call with complaint of a sore throat and was ordered Tylenol 325mg to be taking two tablets, twice daily (taken as needed) for five days, and instructed to follow up with medical, if symptoms worsen. On June 13, 2020, he was seen again for the same complaint and referred for further evaluation. The detainee was then seen on June 16, 2020, and received the following orders: Tylenol 500mg twice daily for 14 days; increase Pantopazole to 40mg for 30 days; start antacids four times a day (as needed) for 30 days; start Tessalon pearls 100mg three times a day for pharyngitis; a start diabetic diet; a lower bunk pass for 14 days; and obtain Helicobacter pylori test and follow up in one week."

Medical Care: One male detainee complained he was diagnosed with having an irregular heartbeat as a child. He has been experiencing continuous pain in his chest and submitted a sick call request about a week ago and had not been called by the medical staff.

- Action Taken: During the inspection, the medical unit responded to the detainee's complaint with the following: "The detainee arrived into the facility on May 1, 2020. A review of his file revealed there were no indications of cardiac issues on the transfer summary sent with the detainee. During the intake, he denied having any cardiac issues. However, he voiced having a history of an appendectomy at the age of 19 years and a mental health history with no homicidal or suicidal ideations. Upon further review there were no complaints of chest pain or acute distress noted in the detainee's medical file. The detainee placed a sick call on May 14, 2020, related to skin issues. He was seen in sick call on May 15, 2020, at which time the nurse documented that the advanced registered nurse practitioner also assessed the detainee's skin. He was prescribed triple antibiotic ointment and instructed to return to medical, if symptoms worsen. On May 16, 2020, medical contacted security due to the detainee's complaint of continuous chest pain. He was assessed by the nurse and the provider. An EKG was performed, and the results were normal findings. The detainee requested to see medical on May 20, 2020, due to symptoms worsening. He was seen and assessed on May 20, 2020, when the nursing staff notified the provider, and antibiotic treatment was initiated. A follow-up appointment was scheduled with the provider on May 28, 2020, which the detainee refused. He was rescheduled and seen on June 4, 2020, by the medical provider." The medical staff provided the nurse's and provider's assessments to ODO.

Medical Care: One male detainee stated he has Asthma and cannot receive the proper medical treatment for his condition. He reported having a burning sensation whenever urinating and having blood in his stool. The detainee also stated he has a broken denture and made an appointment to have it repaired. He reported the medical unit has not called him.

- Action Taken: During the inspection, the medical unit responded to the detainee's complaint with the following: "The detainee denied a history of asthma upon intake and

voiced a history of hypertension. It was noted on his transfer summary that he has a history of hypertension and hyperlipidemia. Upon review of the detainee's medical chart by ODO, he was seen by medical on several occasions, by both the sick call nurses and the provider, with no complaints of shortness of breath or burning during urination. The detainee complained of rectal bleeding on June 14, 2020, and was assessed by the nurse and given hemorrhoid ointment. He also complained of dental pain on June 14, 2020, while being seen by the nurse. The nurse noted he had broken teeth in her assessment, administered Motrin and oral gel per protocol, then referred him to see the provider for a dental consultation. The provider scheduled a dental consultation visit for the detainee for June 17, 2020." The provider's assessment was provided to ODO for documentation.

Medical Care: One male detainee complained he has high blood pressure and needs medication to help him to defecate. He reported being told by medical staff they ran out of the medication four days ago and he urgently needed the medication.

- Action Taken: During the inspection, the medical unit responded to the detainee's complaint with the following: "The detainee was seen in sick call May 24, 2020, for constipation and received a 5-day order for Milk of Magnesia 30ml to be taken daily (taken as needed) and instructed to follow up in sick call, if needed. It was noted he refused to see the provider on May 28, 2020, June 1, 2020, June 8, 2020, and June 15, 2020. He currently has an active order for Colace 100mg to be taken twice daily. Also, he is currently taking Norvasc and Hydrochlorothiazide for his blood pressure and remains compliant. His lab orders were scheduled on June 23, 2020. The detainee is scheduled to follow up with the provider in chronic care and lab follow-up on June 30, 2020."

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files and found each contained an Order to Detain or Release, Form I-203 or I-203a; however, one of the 12 files was missing the appropriate official signature. (**Deficiency A&R-1⁷**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 12 detainee files and found four out of the 12 files did not have specific first-line supervisor approval for each detainee's classification. A general signature sheet was utilized and signed by a supervisor notating a review of all file information had been conducted. A review of the classification assessment is listed as one of several items on this checklist. As of April 28, 2020, a new form was established that specifically notated classification assessments be reviewed by a supervisor. ODO recommended the supervisor sign or initial the actual classification assessment form to eliminate any question or confusion of a supervisor's review (**Deficiency DCS-1⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the ICE SDC log, preserved in an electronic spreadsheet, and found the log did not include the detainee A-number, nationality, officer logging the request, staff response, nor action (**Deficiency SDC-1⁹**).

VISITATION (V)

ODO reviewed the facility's visitation policy and found mandatory information regarding pre-representation meetings and Notice of Entry of Appearance as Attorney or Accredited Representative, Form G-28, requirements were not present (**Deficiency V-1¹⁰**).

⁷ "An Order to Detain or Release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(H). **This is a repeat deficiency.**

⁸ "3. The first-line supervisor will review and approve each detainee's classification." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

⁹ "All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain:

- c. A-number;
- d. Nationality;
- e. Officer logging the request;
- f. the date that the request, with staff response and action, is returned to the detainee."

See ICE NDS 2000, Standard, Staff- Detainee Communication, Section (III)(B)(2).

¹⁰ "The facility's written legal visitation policy shall be available upon request. The site-specific policy shall specify visitation hours, procedures and standards, including, but not limited to, telephone inquiries; dress code; legal assistants working under the supervision of an attorney; pre-representational meetings; Form G-28 requirements;

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed documentation and interviewed the facility manager and found the drawing of emergency keys and the time required to get to the location are not included on the fire drill form. The facility manager stated he would ensure this requirement is included on all future fire drills. **(Deficiency EH&S-1¹¹)**.

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed six files for detainees who were on SMU-AS status during the year preceding the inspection. ODO found two out of six detainees were on SMU-AS status for more than seven days, which neither the 72-hour nor 7-day reviews were conducted **(Deficiency SMU AS-1¹²)**.

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO reviewed six files for detainees who were on SMU-DS status during the year preceding the inspection. Five detainees were in disciplinary segregation unit for more than seven days. ODO found weekly interviews were not conducted for three out of the five detainees in the unit longer than seven days; 7-day reviews were not completed; and the supervisor did not complete Disciplinary Segregation Form, I-8877, for each detainee. **(Deficiency SMU DS-1¹³)**.

identification and search of legal representatives; identification of visitors; materials provided to detainees by legal representatives; confidential group legal meetings; and detainee sign-up.” See ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

¹¹ “Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of [REDACTED] for drawing keys and unlocking emergency doors.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹² “All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below.

[OPTIONAL] 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.

[OPTIONAL] 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). **This is a repeat deficiency.**

¹³ “All facilities shall implement written procedures for the regular review of all disciplinary-segregation cases, consistent with the procedures specified below.

[OPTIONAL] 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.

The weekly review(s) will include an interview with the detainee. The SDEO shall document his/her findings after

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by providing ODO documentation that verified as of January 2020, procedures were implemented; 7-day reviews were documented; and supervisory participation in the reviews were documented (C-1).

ODO reviewed six files for detainees who were on SMU-DS status during the year preceding the inspection. Five detainees were on SMU-DS status for more than seven days. ODO found 7-day reviews and interviews were not conducted for three out of the five detainees to determine whether the detainee had abided by all the rules and regulations (**Deficiency SMU DS-2¹⁴**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by providing documentation that showed as of January 2020, the supervisor reviewed the status of all detainees in DS and completed the appropriate documentation every seven days (C-2).

ODO reviewed six files for detainees who were on SMU-DS status during the year preceding the inspection. Five detainees were on SMU-DS status for more than seven days. ODO found 7-day reviews and interviews were not conducted for three out of the five detainees to determine whether the detainees were provided showers, meals, recreation, and other basic living standards (**Deficiency SMU DS-3¹⁵**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by providing ODO documentation that showed as of January 2020, procedures were implemented; 7-day reviews were documented; and supervisory participation in the reviews were documented (C-3).

every review, by completing a Disciplinary Segregation Review Form (I-887).

2. The SDEO may recommend the detainee's early release from the SMU upon finding that time in disciplinary segregation is no longer necessary to regulate the detainee's behavior.

3. An early-release recommendation must have OIC approval before the detainee can be returned to the general population.

4. The SDEO may shorten, but not extend, the original sanction.

5. All review documents shall be placed in the detainee's detention file.

6. Provided institutional security is not compromised, the detainee shall receive at each formal review, a written copy of the reviewing officer's decision and the basis for this finding."

See ICE NDS 2000, Standard, Special Management Unit (Administrative Disciplinary), Section (III)(C). **This is a repeat deficiency.**

¹⁴ "1. The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary segregation very seven days to determine whether the detainee:

a. abides by all rules and regulations;

See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C)(1)(a). **This is a repeat deficiency.**

¹⁵ "[OPTIONAL] 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:

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)(b). **This is a repeat deficiency.**

USE OF FORCE (UOF)

ODO reviewed 12 immediate UOF packets and found the After-Action Review Report showed signatures indicating the team's review were completed; however, there was no documentation showing the date the After-Action Review team met and completed the review. Accordingly, it could not be determined if the review was completed within two working days of the detainee's release from restraints (**Deficiency UOF-1¹⁶**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 12 detainee health records and found 12 out of 12 initial dental screenings were conducted by nursing staff and not by a physician, physician's assistant, or nurse practitioner. Although the registered nurses were trained in the process of conducting dental screenings, the standard requires the screening be conducted by the physician, physician's assistant, or nurse practitioner in the absence of a dentist (**Deficiency MC-1¹⁷**).

CONCLUSION

During the inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000 and found the facility in compliance with nine of those standards. ODO found 11 deficiencies in the remaining 9 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were three instances where staff initiated immediate corrective action during the inspection.

ODO notes that in Detainee Classification first-line supervisors do not routinely sign approval for detainees' classification. ODO also noted in the SMU-AS and SMU-DS, there were four repeat deficiencies pertaining to supervisor's not conducting the 7-day interviews of detainees who were assigned to those units.

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

¹⁶ "The after-action report is due within two working days of the detainee's removal from restraints." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

¹⁷ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

Compliance Inspection Results Compared	FY 2019 (NDS 2000)	FY 2020 (NDS 2000)
Standards Reviewed	17	18
Deficient Standards	5	9
Overall Number of Deficiencies	10	11
Deficient Priority Components	0	0
Repeat Deficiencies	N/A	5
Corrective Actions	1	3