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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2023-004-112

Enforcement and Removal Operations
ERO Miami Field Office

Baker County Sheriff's Office
Macclenny, Florida

April 25-27, 2023

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
BAKER COUNTY SHERIFF’S OFFICE
Macclenny, Florida

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**UNANNOUNCED FOLLOW-UP 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 an unannounced, follow-up compliance inspection of the Baker County Sheriff's Office (BCSO) in Macclenny, Florida, from April 25 to 27, 2023.¹ This inspection focused on the standards found deficient during ODO's last inspection of BCSO from October 18 to 20, 2022. 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.

ERO has a detention service manager and deportation officers assigned full-time to the facility and they are on-site daily, Monday through Friday, from 8 a.m. to 4 p.m. A lieutenant handles daily facility 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 April 25, 2023)	[REDACTED]
Adult Female Population (as of April 25, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found five 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 Facility List as of April 10, 2023.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.⁴

While unannounced follow-up inspections are intended to focus on previously-identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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
Transportation by Land	0
Sub-Total	0
Part 2 - Security	
Admission and Release	2
Custody Classification System	2
Facility Security and Control	0
Funds and Personal Property	1
Special Management Unit	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	5
Part 4 - Care	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Telephone Access	2
Sub-Total	2
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	9

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 22 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 facility medical staff did not provide him with medication for his high blood pressure and diabetes and his prescribed foot cream did not help to relieve his condition.

- Action Taken: ODO interviewed the health services administrator (HSA) and confirmed a licensed practical nurse (LPN) conducted an initial exam of the detainee on March 16, 2023, and noted his remark of being HIV positive and not taking any medication. On March 27, 2023, a registered nurse (RN) completed the detainee's 14-day physical, noting no issues. Finding no HIV status stated in the transfer paperwork, the RN ordered lab work to confirm the detainee's disclosure. On April 4, 2023, a nurse practitioner (NP) reviewed and found the lab results confirmed the detainee as HIV positive. On April 11, 2023, the detainee refused to see medical for a scheduled follow-up. On April 24, 2023, the NP examined the detainee, reviewed the lab results with him, and prescribed Biktarvy with three daily dosages of 50, 200, and 25 mg, for 90 days. On the same day, the detainee complained of athlete's foot, and the NP prescribed Tolnaftate, twice per day. The HSA also noted normal blood pressure and blood sugar levels from the lab results. On April 25, 2023, the NP examined the detainee, per ODO's request, found normal blood test results and blood pressure readings confirmed the detainee was not diabetic and did not have high blood pressure. The NP then reviewed the detainee's prescribed medications with him.

Medical Care: One detainee stated medical staff did not prescribe sufficient medication to relieve her back pain.

- Action Taken: ODO interviewed the HSA and confirmed an LPN completed the initial examination, noting the detainee wore a back brace for a back injury from last year. The LPN provided a special needs form for the back brace, approved a lower bunk, and continued a prescription of ibuprofen (800 mg), three times per day. On May 6, 2022, an RN completed the 14-day physical, noting no additional back-related issues. On June 24, 2022, the LPN examined the detainee for chronic pain during sick call and prescribed Tylenol (325 mg), once per day. On July 5, 2022, the detainee requested stronger medication during sick call, and the LPN prescribed Tylenol (325 mg) twice per day. On July 11, 2022, the LPN examined the detainee after she complained the Tylenol was ineffective, and prescribed ibuprofen(400mg) twice per day, as needed, for 5 days. On July 16, 2022, the LPN examined the detainee for a chronic back pain follow-up and prescribed Tylenol (650 mg) twice per day, as needed. On August 15, 2022, an outside neurosurgeon examined the detainee per a referral. The neurosurgeon recommended terminating use of the back brace and starting range-of-motion exercises. On September 20, 2022, the facility completely stopped the detainee's use of the back

brace and placed it in the detainee's property. The HSA noted the neurosurgeon did not recommend surgery, and the facility did not schedule any procedures relating to the detainee's chronic back pain. On April 25, 2022, a physician examined the detainee, at ODO's request, and noted the detainee's complaints of constipation and chronic back pain. The physician educated the detainee on regularly taking her medication to benefit from it. The physician prescribed prednisone (50 mg) for 5 days, and a lactulose stool softener (15 mL), as needed. The HSA noted the detainee took her medication only 44% of the time in the morning and 81% of the time at night for the month of April.

Medical Care: One detainee stated medical staff did not answer multiple sick call requests for knee pain.

- Action Taken: ODO interviewed the facility HSA, reviewed the detainee's medical record, and found an RN evaluated the detainee upon arrival on April 11, 2023, and noted no complaints of knee pain. On April 14, 2023, the RN evaluated the detainee for knee pain during sick call and noted a dry, scabbed area on the right knee with no drainage nor any sign of infection. The RN also noted the detainee had full range of motion and made no complaints of pain during motion. The nurse prescribed Motrin (400 mg), twice daily, as needed for 5 days, and educated the detainee on using translation services to return to sick call if symptoms persist more than 7 days. ODO found the detainee did not submit any sick call request since April 13, 2023. On April 26, 2023, an RN evaluated the detainee for the unresolved right knee pain. The RN confirmed full range of motion in all joints with pain in the right knee. The RN scheduled an X-ray for the right knee, prescribed ibuprofen (800 mg), 2 tablets per day, for 30 days to alleviate pain, and educated him on elevating the knee to help with pain medication. The facility nurse scheduled a follow-up appointment in 1 week.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee files and found in [REDACTED] out of [REDACTED] files, facility staff did not issue detainees an ICE National Detainee Handbook, and in [REDACTED] out of [REDACTED] files, facility staff did not issue detainees a facility handbook (**Deficiency AR-26**⁷).

ODO reviewed detainee files, observed the release process of five detainees, and found facility staff did not complete fingerprinting prior to release (**Deficiency AR-28**⁸).

⁷ "Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook." See ICE NDS 2019, Standard, Admission and Release, Section (II)(I).

⁸ "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."

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee files and found in █ out of █ files, facility staff did not classify detainees upon arrival, before admission into the general population. Specifically, facility staff admitted the detainee into general population 8 hours and 30 minutes prior to classification (**Deficiency CCS-2⁹**).

ODO reviewed █ detainee files and found in █ out of █ files, facility staff did not complete the initial classification process nor the initial housing assignment within 12 hours of admission to the facility. Specifically, facility staff completed the initial housing assignments between 12 hours and 36 minutes to 16 hours and 40 minutes of admission to the facility (**Deficiency CCS-4¹⁰**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's Inmate/Detainee Property Disposal Log and found facility staff did not report nor surrender to ERO Miami all abandoned or unclaimed detainee property. Specifically, ODO found two instances where facility staff incinerated/destroyed abandoned property (**Deficiency FPP-33¹¹**).

CARE

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

ODO reviewed the facility's suicide watch logs of five detainees placed on suicide watch during the inspection period and found in three out of five logs, six instances where facility staff documented monitoring entries between 17 and 236 minutes (**Deficiency SSHPI-21¹²**). **This is a repeat deficiency and a priority component.**

and reclaiming facility-issued clothing, bedding, etc." *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

⁹ "The classification system shall ensure:

1. All detainees are classified upon arrival, before being admitted into the general population."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(1).

¹⁰ "The classification system shall ensure: ...

2. All officers assigned to classification duties shall be trained in the facility's classification process. The initial classification process and initial housing assignment should be completed within 12 hours of admission to the facility."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

¹¹ "Facilities shall report and surrender to ICE/ERO all detainee property that is abandoned or unclaimed." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(G).

¹² "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).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO observed nine detainee housing units and found in one out of nine units, facility staff did not post telephone access rules (**Deficiency TA-4**¹³).

ODO observed nine housing units and found in nine out of nine units, ERO Miami did not provide the facility with current pro bono legal service information (**Deficiency TA-13**¹⁴).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance log and found in 15 out of 47 grievances, facility staff did not address grievances within 5 business days. Specifically, ODO found the grievance officer did not answer 10 out of 15 grievances and answered the remaining 5 grievances between 6 and 13 business days (**Deficiency GS-15**¹⁵).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found nine deficiencies in the remaining six standards. Since BCSO's last full inspection in October 2022, the facility's overall compliance has trended down. BCSO went from four deficient standards and five deficiencies in October 2022 to six deficient standards and nine deficiencies during this unannounced follow-up inspection, which includes a repeat and priority component deficiency for failing to document suicide watch monitoring every 15 minutes. ODO did not review the Facility Security and Control, Grievance System, Telephone Access, and Staff-Detainee Communication standards during the October 2022 inspection as they were not FY 2023 core standards, and these standards accounted for three out of nine deficiencies found during this most recent inspection. ODO has received a completed UCAP for the full inspection in October 2022, which likely resolved five out of six previous deficiencies; however, the corrective action taken for suicide watch monitoring appears to be insufficient to prevent future occurrences of this issue. ODO recommends ERO continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

¹³ "The facility shall provide telephone access rules in the facility handbook and shall post these rules where detainees may easily see them." *See* ICE NDS 2019, Standard, Telephone Access, Section (II)(B).

¹⁴ "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).

¹⁵ "Barring extraordinary circumstances, grievances shall be addressed within five business days." *See* ICE NDS 2019, Standard, Grievance System, Section (II)(A)(2)(a).

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2023 Follow-Up Inspection (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	4	6
Overall Number of Deficiencies	5	9
Priority Component Deficiencies	1	1
Repeat Deficiencies	1	1
Areas Of Concern	3	0
Corrective Actions	0	0
Facility Rating	Superior	N/A