



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
Follow-Up Compliance Inspection
2024-002-278**

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

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

April 23-25, 2024

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
CARE	7
FOOD SERVICE	7
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	7
CONCLUSION	7

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
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FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.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.

While 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 the full and follow-up inspection 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
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	2
Sub-Total	3
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	3

⁵ For greater detail on ODO's findings, see the *Follow-up 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.

DETAINEE RELATIONS

ODO interviewed 27 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 27 detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

FOOD SERVICE (FS)

ODO interviewed the facility's environment health and safety coordinator, reviewed the inspection documents on the fixed fire suppression system in the FS department, and found June 29, 2023, was the last inspection of the facility's fixed fire suppression system (**Deficiency FS-112⁷**).

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

ODO reviewed the suicide watch logs for █ detainees placed on constant monitoring (one-to-one) during the inspection period and found in █ out of █ suicide watch logs, 133 instances where clinical staff documented monitoring of the detainees between 16 and 40 minutes (**Deficiency SSHSPI-21⁸**). **This is a repeat deficiency and a priority component.**

ODO reviewed the suicide watch logs for █ detainees placed on close observation during the inspection period and found in █ out of █ suicide watch logs, 20 instances where clinical staff documented monitoring of the detainees between 16 and 68 minutes (**Deficiency SSHSPI-27⁹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found three deficiencies in the remaining two standards. Since BCSO's last full compliance inspection in October 2022, the facility's performance trended upward. BCSO went from 3 deficient standards and 8 deficiencies in October 2023 to 2 deficient standards and 3 deficiencies during this follow-up compliance inspection, which includes 1 priority component and 1 repeat deficiency for suicide watch logs. ODO received a completed UCAP for the facility's last ODO inspection in April 2024, which likely resolved most of the previously cited deficiencies. However, the corrective action documented on the UCAP for SSHSPI-21 did not prevent the recurrence of this deficiency. ODO

⁷ "A qualified contractor shall inspect the system every six months." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

⁸ "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).

⁹ "The monitoring shall consist of staggered checks at intervals not to exceed 15 minutes (e.g., every 5, 10, 7 minutes) and be documented." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

recommends ERO Miami continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	24	16
Deficient Standards	3	2
Overall Number of Deficiencies	8	3
Priority Component Deficiencies	6	1
Repeat Deficiencies	1	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A