

Office of Professional Responsibility

**Baker County Sheriff's Office
Inspection 2025-004-003**

October 22-24, 2024



U.S. Immigration
and Customs
Enforcement



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
Unannounced Compliance Inspection
2025-004-003**

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

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

October 22-24, 2024

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
UNANNOUNCED COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
UNANNOUNCED COMPLIANCE INSPECTION FINDINGS	8
SAFETY.....	8
ENVIRONMENTAL HEALTH AND SAFETY	8
CARE	9
FOOD SERVICE	9
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	9
ACTIVITIES.....	9
VISITATION.....	9
JUSTICE.....	10
GRIEVANCE SYSTEM.....	10
CONCLUSION	10

COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	9
Transportation by Land	0
Sub-Total	9
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	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 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Recreation	0
Visitation	1
Sub-Total	1
Part 6 - Justice	
Detainee Handbook	0
Grievance System	1
Legal Rights Group Presentations	0
Sub-Total	1
Total Deficiencies	13

⁵ For greater detail on ODO's findings, see the *Unannounced 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.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed 26 detainees who each voluntarily agreed to participate. ODO attempted to interview nine additional detainees, but all nine detainees declined ODO's request for an interview. 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 the facility's medical staff did not provide her with treatment for her migraine headaches and breast pain.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the facility health services administrator (HSA), and found the detainee submitted a sick call request for a lump in her breast, as well as blood discharging from her breasts on July 7, 2024. BCSO medical staff evaluated the detainee on the same day and scheduled her for a bilateral breast ultrasound on July 16, 2024. The health care provider (HCP) reviewed the ultrasound results with the detainee on July 19, 2024, documented benign cysts in the detainee's right breast, and ordered magnetic resonance imaging (MRI) at an off-site imaging center. During the review, the detainee also complained of migraine headaches, where the HCP prescribed Excedrin (250 mg), twice a day, as needed for 3 months. On August 16, 2024, the detainee refused a 30-day follow up appointment with the HCP. On September 5, 2024, the detainee submitted an ICE grievance, complaining of blood discharging from her breasts and the medical staff refusing to treat her. On September 7, 2024, ERO Miami responded and instructed her to request a sick call for evaluation. On September 12, 2024, the detainee received an MRI at an outside imaging center. The HCP reviewed the radiologist's notes regarding the benign cysts and recommended a focused ultrasound. The detainee refused two follow-up appointments on September 17 and 24, 2024, to review the MRI results with the HCP. On October 1, 2024, the detainee submitted a second ICE grievance regarding BCSO medical staff and pain in her breasts. The HCP met with the detainee the same day, reviewed the MRI results, submitted a referral for a focused ultrasound, and scheduled a 30-day follow up appointment with the detainee. On October 10, 2024, ERO Miami staff acknowledged her concerns and informed her they would follow up with BCSO. On November 22, 2024, ODO confirmed with ERO Miami staff the detainee received the focused ultrasound at an off-site healthcare center on November 13, 2024. However, the detainee refused her November 21, 2024, follow-up appointment with the HCP to review the ultrasound results. ODO cited the delay in ERO Miami's response to the second grievance filed as a deficiency in the *Grievance System* section of this report.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility coordinator, toured the facility, observed 13 chemicals in the main warehouse storage areas, and found the following deficiencies:

- No perpetual inventory for the following 10 out of 13 chemicals: All-Brite Delimer, All-Brite Vanish, All-Brite X-Brite 22-Floor Finish, All-Brite Formula “K” Degreaser, Spartan Detergent X, Spartan Color Safe Bleach, Spartan Disinfectant Wipes, Everwipe Surface Cleaning Wipes, Fresh Scent Shampoo and Body Wash, and Soft & Clean Hand Soap Lotion (**Deficiency EHS-3⁸**);
- No inventory records for the hazardous substances listed in Deficiency EHS-3 (**Deficiency EHS-4⁹**);
- No Safety Data Sheets (SDSs) for the hazardous substances listed in Deficiency EHS-3 (**Deficiency EHS-5¹⁰**);
- No ready and continuous access to SDSs for the hazardous substances listed in Deficiency EHS-3 (**Deficiency EHS-6¹¹**);
- No master index of all hazardous substances in the facility, including their locations and a master file of SDSs (**Deficiency EHS-8¹²**);
- No documentation of reviews maintained in an SDS master file (**Deficiency EHS-9¹³**); and
- No inventory records for the hazardous substances listed in Deficiency EHS-3 before, during, and after each use (**Deficiency EHS-16¹⁴**).

ODO toured 8 housing units and found graffiti and build-up of dirt on the walls under the telephones and sides of the vending machines in 8 out of 8 housing unit common areas and discolored and stained walls, soap scum, and rusted vents in 30 out of 95 showers (**Deficiency**

⁸ “Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ “Inventory records will be maintained for each substance.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ “In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs).” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹¹ “The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹² “The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of SDSs. Documentation of reviews will be maintained in the SDS master file.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹³ “Documentation of reviews will be maintained in the SDS master file.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁴ “Inventory records for a hazardous substance must be kept current before, during, and after each use.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

EHS-58¹⁵).

ODO toured 8 housing units and found in 30 out of 95 showers, discolored and stained walls, soap scum, and rusted vents (**Deficiency EHS-64¹⁶**).

CARE

FOOD SERVICE (FS)

ODO inspected the FS serving line, observed temperature readings of the cold pasta salad, and found the internal temperature to be 83.5 degrees Fahrenheit (**Deficiency FS-19¹⁷**). **This is a priority component.**

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

ODO interviewed the facility's HSA, reviewed the suicide watch log for 7 detainees placed on close observation, and found in 1 out of 7 suicide watch logs, 4 instances where clinical staff documented monitoring of the detainee between 18 and 26 minutes (**Deficiency SSHSPI-27¹⁸**). **This is a repeat deficiency.**

ACTIVITIES

VISITATION (V)

ODO reviewed the detainee tablet, toured 8 housing units, and found in 8 out of 8 units, the facility's most current list of pro bono legal service providers posted was dated October 2023 and the most current list uploaded in the detainee tablets was dated April 2024 (**Deficiency V-69¹⁹**).

Corrective Action: Prior to the conclusion of the inspection, the field office initiated corrective action. On October 23, 2024, ERO Miami provided the facility with the current pro bono list. The facility's compliance manager uploaded the October 2024 pro bono list to the detainee tablets, removed the October 2023 postings in all housing units, and emailed facility staff to inform detainees of the change (**C-1**).

¹⁵ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

¹⁶ "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹⁷ "The following procedures apply to the display, service, and transportation of food to mainline and satellite food service areas: ...

b. Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 135 degrees F and foods that require refrigeration maintained at 41 degrees F or below."

See ICE NDS 2019, Standard, Food Service, Section (II)(C)(2)(b).

¹⁸ "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).

¹⁹ "The facility shall post the current list in detainee housing units and other appropriate areas." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(13).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 25 detainee grievances submitted to ERO Miami staff from May 2024 through October 2024, and found in 1 grievance submitted on October 1, 2024, ERO Miami staff did not respond until October 10, 2024 (**Deficiency GS-15**²⁰).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found 13 deficiencies in the remaining 5 standards. Since BCSO’s last full inspection in October 2023, the facility’s compliance with NDS 2019 has trended downward. BCSO went from 8 deficiencies and 3 deficient standards in October 2023 to 14 deficiencies and 5 deficient standards during this most recent full inspection, which includes 1 priority component and a repeat deficiency for suicide watch logs. BCSO completed its UCAP for its last inspection in April 2024, which likely resolved most deficiencies except for the SSHSPI repeat deficiency for observations exceeding 15 minutes. ODO recommends ERO Miami continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	21
Deficient Standards	3	5
Overall Number of Deficiencies	8	13
Priority Component Deficiencies	6	1
Repeat Deficiencies	1	1
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Good	Acceptable/Adequate

²⁰ “Barring extraordinary circumstances, grievances shall be addressed within five business days.” See ICE NDS 2019, Standard, Grievance System, Section (II)(A)(2)(a).



U.S. Immigration
and Customs
Enforcement

Office of Professional Responsibility

