# Office of Professional Responsibility

## Baker County Sheriff's Office

## Inspection 2026-001-151

**July 7-9, 2026**

U.S. Immigration and Customs Enforcement

# INSPECTION
# of the
# BAKER COUNTY SHERIFF'S OFFICE
Macclenny, Florida

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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 inspection of the Baker County Sheriff's Office (BCSO) in Macclenny, Florida, from July 7 to 9, 2026.[1] The facility opened in 2009 and is owned by Baker County and operated by Baker County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCSO in 2000 under the oversight of ERO's Field Office Director in Miami (ERO Miami). The facility is a non-dedicated ICE detention facility and operates under National Detention Standards (NDS) 2019.

ERO has deportations officers and a detention service manager assigned full-time to the facility. They are on-site daily, Monday through Friday, from 8 a.m. to 4 p.m. A captain handles daily facility operations and manages (b)(7)(e) support personnel. Trinity Services provides food services, Armor Medical Group provides medical care, and Keefe Commissary provides commissary services at the facility. In May 2023, BCSO was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was found DHS PREA compliant.

| Capacity and Population Statistics | Quantity |
|---|---|
| ICE Bed Capacity[2] | (b)(7)(e) |
| Average ICE Population[3] | (b)(7)(e) |
| Adult Male Population (as of July 7, 2026) | (b)(7)(e) |
| Adult Female Population (as of July 7, 2026) | (b)(7)(e) |

During its last inspection, in Fiscal Year (FY) 2025, ODO found 13 deficiencies in the following areas: Environmental Health and Safety (9); Food Service (1); Grievance System (1); Significant Self-Harm and Suicide Prevention and Intervention (1); and Visitation (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 July 2, 2026.
[3] *Ibid.*

# INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshals Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[4]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares summary of these findings with ERO management officials. Thereafter, ODO provides ICE leadership with a final report to: (i) assist ERO in developing and initiating a uniform corrective action plan (UCAP); 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] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

# FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

| NDS 2019 Standards Inspected[5] | Deficiencies |
|---|---|
| **Part 1 - Safety** | |
| Environmental Health and Safety | 1 |
| Transportation by Land | 0 |
| **Sub-Total** | **1** |
| **Part 2 - Security** | |
| Admission and Release | 0 |
| Custody Classification System | 0 |
| Facility Security and Control | 0 |
| Funds and Personal Property | 0 |
| Hold Rooms in Detention Facilities | 0 |
| Post Orders | 0 |
| Searches of Detainees | 0 |
| Use of Force and Restraints | 1 |
| Special Management Units | 0 |
| Staff-Detainee Communication | 0 |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| **Sub-Total** | **1** |
| **Part 3 - Order** | |
| Disciplinary System | 0 |
| **Sub-Total** | **0** |
| **Part 4 - Care** | |
| Food Service | 0 |
| Hunger Strikes | 0 |
| Medical Care | 0 |
| Personal Hygiene | 0 |
| Significant Self-Harm and Suicide Prevention and Intervention | 1 |
| Terminal Illness and Death | 0 |
| Disability Identification, Assessment, and Accommodation | 0 |
| **Sub-Total** | **1** |
| **Part 5 - Activities** | |
| Correspondence and Other Mail | 0 |
| Recreation | 0 |
| Religious Practices | 0 |
| Telephone Access | 0 |
| Visitation | 0 |
| Voluntary Work Program | 0 |

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

| | |
|---|---|
| **Sub-Total** | **0** |
| **Part 6 - Justice** | |
| Detainee Handbook | 0 |
| Grievance System | 0 |
| Law Libraries and Legal Material | 0 |
| Legal Rights Group Presentations | 0 |
| **Sub-Total** | **0** |
| **Part 7 - Administration and Management** | |
| Detention Files | 0 |
| Detainee Transfers | 0 |
| **Sub-Total** | **0** |
| **Total Deficiencies** | **3** |

# DETAINEE RELATIONS

ODO interviewed 29 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 two concerns listed below.

*Admission and Release:* Two detainees stated they were unable to order commissary or use the phone because their personal identification numbers did not work.

- Action Taken: On July 9, 2026, ODO spoke to a booking officer who reset the detainee's commissary and telephone account. ODO followed up with the detainees and observed the detainees set up their accounts and confirmed they were able to order commissary and use the phone.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee reported that her bunk is in the common area of housing unit B-1. She stated that during the day, she can use the restroom in any open dorm, but at night, she must use the restroom in Dorm A or Dorm B. She stated that she feels uncomfortable in housing unit B-1 because she has observed other detainees touching each other in a manner that made her uncomfortable.

- Action Taken: On July 7, 2026, immediately after the detainee reported her concerns, ODO stopped the interview and notified the facility. The facility moved the detainee from housing unit B-1 to housing unit B-3. ODO shared the detainee's report with two ICE detention officers, and emailed the information to the Assistant Field Office Director and the OPR Integrity Coordination Center. On July 9, 2026, ODO followed up with a facility lieutenant. The lieutenant provided a copy of the incident report and stated that, based on the preliminary investigation, the incident did not rise to the level of a PREA allegation. That same day, ODO followed up with the detainee and the detainee stated that she was moved to housing unit B-3 and was comfortable there.

# INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected the facility's central warehouse, and found liquids labeled "Flammable" or "Combustible" stored on pallets on the top rack of shelving, rather than in a flammable storage cabinet or room. Specifically, 1,056 units of flammable/combustible Ashtel Smart Care liquid hand sanitizer were not stored as prescribed on the label **(Deficiency EHS-17[6])**.

## SECURITY

### USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed 17 immediate use of force files (IUOF) and found in 14 out of 17 files the facility review team did not submit its reports to the facility administrator within five working days of the incident. Specifically, the after-action reviews were submitted between 9 and 34 working days after the IUOF **(Deficiency UOFR-90[7])**.

## CARE

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

ODO reviewed eight suicide watch records for detainees placed on constant monitoring and found in three out of eight records, monitoring was not documented properly. Specifically, there were 4 instances ranging from 2 to 8 minutes past the 15-minute requirement **(Deficiency SSHSPI-21[8])**. **This is a priority component**.

# CONCLUSION

During this inspection, ODO assessed the facility's compliance with 33 standards under NDS 2019 and found the facility in compliance with 30 of those standards. ODO found three deficiencies in three standards, including one priority component. Since BCSO's last inspection in October 2024, the facility's compliance with NDS 2019 has trended upwards. BCSO went from 5 deficient standards and 13 deficiencies in October 2024 to 3 deficient standards and 3 deficiencies during this most recent inspection. ODO did not receive a UCAP for its last inspection of BCSO in October 2024, so ODO could not assess what impact a UCAP would have had on the facility's

[6] "Any liquid or aerosol labeled "Flammable" or "Combustible" must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(d).

[7] "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

[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).

overall compliance with NDS 2019. ODO recommends ERO Miami continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

| Inspection Results Compared | FY 2025 NDS 2019 | FY 2026 NDS 2019 |
|---|---|---|
| Standards Reviewed | 21 | 33 |
| Deficient Standards | 5 | 3 |
| Overall Number of Deficiencies | 13 | 3 |
| Priority Component Deficiencies | 1 | 1 |
| Repeat Deficiencies | 1 | 0 |
| Areas Of Concern | 0 | 0 |
| Corrective Actions | 1 | 0 |
| Facility Rating | Acceptable/Adequate | Good |

U.S. Immigration and Customs Enforcement

# Office of Professional Responsibility