



July 28, 2021

TO: [REDACTED]  
Assistant Director Custody Management

FROM: [REDACTED]  
Lead Compliance Inspector  
The Nakamoto Group, Inc.

SUBJECT: **Annual Inspection of the Folkston ICE Processing Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) of the Folkston ICE Processing Center in Folkston, Georgia during the period of July 26-28, 2021. This is a DIGSA.

The annual inspection was performed under the guidance of [REDACTED] Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Safety	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Detainee Rights	[REDACTED]
Medical Care	[REDACTED]

**Type of Inspection**

This is a scheduled annual inspection to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a rating of Meets Standards during the October 2020 annual inspection.

**Inspection Summary**

The Folkston ICE Processing Center is currently accredited by:

- The American Correctional Association (ACA) - Yes
- The National Commission on Correctional Health Care (NCCHC) - Yes
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - Yes

**Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the October 2020 and July 2021 PBNDS annual inspections:



<i>October 2020 Annual Inspection</i>	
Meets Standards	40
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	2

<i>July 2021 Annual Inspection</i>	
Meets Standards	40
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	2

The inspection team identified two (2) deficient components in the following one (1) standard:

Visitation – 2, both priority components

### **Facility Snapshot/Description**

The Folkston ICE Processing Center is located on the north side of Folkston, Georgia. The facility is owned and operated by The Geo Group, Inc (detention contractor). The facility is a DIGSA with an annex located adjacent to the main facility. Both sections of the compound are encircled by independent fencing.

[REDACTED]

The facility was built in 2008. The complex is comprised of three separate single story buildings; two are housing units and one support services center. The secure outer perimeter of the compound is designed with two twelve-foot chain link fences with rows of razor ribbon affixed to the interior side of the exterior fence. Between the fences a movement detection system (shaker fence) and microwave sensors have been installed. The facility is encircled by a perimeter road that is irregularly patrolled by an unarmed officer in a vehicle 24 hours a day. Surveillance cameras offer visibility around the entire perimeter, into the housing units, the common areas, and interior movement corridors. All exterior building doors and interior movement corridor doors are controlled by central control staff and are under constant camera surveillance through a 133 surveillance camera network that is monitored 24 hours a day.

The facility has thirteen individual housing units managed by direct supervision. Utility officers perform escort duties; all movement is escorted. The housing units are all two-tier designs configured into dormitory or two-bed cells arrangements. The housing units range in size from sixteen to 64 beds. Twelve of the housing units are for general population and one unit serves as the special management unit (SMU); it contains sixteen cells populated with thirty beds. There were no ICE detainees in the SMU during the inspection. One housing unit (A5) currently serves as a COVID-19 quarantine/isolation unit where newly admitted detainees and existing detainees are housed until negative testing results/protocols are complete. During the inspection there were no active COVID-19 cases in the facility. The health care unit is not an infirmary but does have five one-bed cells for treatment and/or observation.

This facility relies on paper logbooks to document all staff and detainee functions. All deputies and medical staff carry a radio. The facility does not currently offer on-site visitation due to COVID-19 conditions except for legal visits. Only a remote video-visit format is permissible for general visitation. It is a fee-based system. No accommodations have been established to permit indigent detainees the opportunity to participate in general visitation.

Each housing unit has a common dayroom equipped with three televisions, individual telephone stations, a bank of electronic tablets, and fixed table/chair units for detainees to eat their meals, play games, and gather for conversation. Information not included on the tablets, including consulate numbers, legal ser-



vices postings, etc. is posted on the housing units' bulletin boards. Tablets are available to detainees at a ratio of one tablet for eight detainees. Tablets provide detainees the ability to retrieve the facility handbook in several languages; access commissary account balances; submit ICE/facility requests; retrieve all program/activity schedules; send/receive personal emails; telephone services; participate in video-visits; play electronic games; and read books. Dayrooms are accessible from 6:00 a.m. to 12:00 p.m. (midnight) on Mondays to Fridays and from 6:00 a.m. to 2:00 a.m. on weekends and holidays. Detainees are provided daily indoor and outdoor recreation. The facility is maintaining an above average level of sanitation.

The inspectors conducted 27 confidential detainee interviews during the inspection; eleven required an interpreter. Their length of stay in the facility ranged from fifteen days to eleven months. All of the detainees stated they felt safe at the facility and had not been threatened or mistreated by staff or other detainees. Recreation time was satisfactory. Overall, the detainees were very content with their living conditions, the cleanliness of the facility, the food, medical care, and responsiveness from facility staff. Most of the detainees were aware of OIG services but had not attempted to contact with office.

On 07/27/2021 the facility endured a work walk-off (dietary) and an alleged hunger strike by a combined small group of twenty to 25 detainees. The main complaints voiced were the inability of ICE/ERO to provide them information on the status of their cases, and the fact that recent transfer-outs from the facility were detainees that had been there the shortest amount of time. In two of the housing units large gatherings of detainees had assembled to reiterate their ICE/ERO concerns. In one of the housing units two inspectors entered to listen to their comments, but were not in a position to offer solutions or answers. In the other housing unit, ICE/ERO staff (one SDDO and three DOs) responded to the scene to field questions and address the agitation. The entire incident lasted approximately ninety minutes. The facility administrator was briefed on what the inspectors heard and witnessed. On 07/28/2021 a tour of the same two housing units was conducted. Detainees registered no lingering issues to the previous day's earnest complaints.

ICE/ERO has an on-site presence at this facility five days per week: one SDDO and four DOs. They have posted a weekly tour schedule for the housing units; however, documentation to show adherence to the schedule could not be established throughout the inspection period. Candid conversations with facility administrative staff and housing unit officers revealed a dubious opinion of a routine ICE/ERO presence in the housing units. It appears accountable detainee contact is implied but not consistently disclosed.

There were no deaths, suicide attempts, escapes, hunger strikes, or calculated uses of force reported during this inspection period.

Medical, dental, mental health and maintenance services are provided by The Geo Group, Inc. employees. Detainee telephone and tablet services are provided by Talton Communication. Kiosk services are provided by the Keefe Group. Detainees are not charged co-pays for medical, mental health, or dental care services.

### **Areas of Concern/Significant Observations**

The facility is providing the following optimal levels of service, as described in the standards in: 2.12 – Special Management Units (SMU), detainees in the SMU in disciplinary segregation status receive a daily recreation period of one hour per day, and SMU administrative segregation status detainees receive two hours of daily recreation per day; 2.15 – Use of Force and Restraints, use of force audiovisual records are retained by the facility for at least one year after litigation or any investigation has concluded or been resolved; 4.3 – Medical Care, the facility is accredited by ACA and NCCHC; 4.6 – Significant Self-Harm and Suicide Prevention and Intervention, prevention/treatment and therapeutic aftercare for suicidal detainees or detainees at risk for self-harm are within NCCHC standards; 4.7 – Terminal Illness, Advance



Directives and Death, medical care for terminally ill detainees are within NCCHC standards; 5.4 - Recreation, special management unit (SMU) detainees in administrative segregation status are provided outdoor recreation daily for two hours, and SMU detainees in disciplinary segregation status are provided outdoor recreation daily for one hour; 5.6 - Telephone Access, the housing units are providing telephones at a ratio of one phone for every ten detainees; and 6.3 - Law Libraries and Legal Materials, detainees are provided law library access hours for more than fifteen hours per week.

This was a hybrid inspection in which some inspectors worked remotely. Remote inspectors were unable to personally observe practices and procedures within the facility and relied upon photographs and/or videos to validate the observation of many standards. There were two priority components rated Does Not Meet Standard. Details are described as follows.

## 5.7 - Visitation

**Component 5: PRIORITY:** General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.

**Finding:** General visitation has been suspended during this inspection period due to COVID-19. Video visits are available to detainees using the tablets in the housing units. There is a charge for the visits. Indigent detainees do not have access to visits.

**Recommendation:** Provide an accommodation for a contact/non-contact and/or video-visit that is safe and does not charge a fee.

**Component 9: PRIORITY:** The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.

**Finding:** Normally detainees are permitted a minimum of one hour for a visit. Special consideration is given to individuals who have traveled along distance or who have unusual circumstances. On-site general visitation has been suspended during this inspection period due to COVID-19. Detainees may visit using the tablets in the housing units for a fee. No accommodation is made for indigent detainees

**Recommendation:** Provide an accommodation for a contact/non-contact and/or video-visit that is safe and does not charge a fee.

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## Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011 for Over 72-hour facilities. No (0) standards were rated as Does Not Meet Standard and two (2) standards were Not Applicable (N/A). All remaining forty (40) standards were found to Meet Standards.



The Nakamoto Group, Inc.

**LCI Assurance Statement**

The findings of compliance and non-compliance are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team (one SME via conference call) the following were present:

- ICE Officials [REDACTED]
- Facility Staff – [REDACTED]

[REDACTED] Lead Compliance Inspector July 28, 2021  
Printed Name of LCI Date

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