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Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Atlanta Field Office
Folkston ICE Processing Center
Folkston, Georgia

April 24 - 26, 2018

**COMPLIANCE INSPECTION
for the
FOLKSTON ICE PROCESSING CENTER
Folkston, Georgia**

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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Folkston ICE Processing Center (FIPC), in Folkston, Georgia from April 24-26, 2018.¹ FIPC opened in 2009 and is owned and operated by The GEO Group, Inc. The Office of Enforcement and Removal Operations (ERO) began housing detainees at FIPC in January 2017 under the oversight of ERO's Field Office Director (FOD) in Atlanta. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO Deportation Officers (DO) are detailed to the facility; however, there is no assigned Detention Services Manager (DSM). A warden is responsible for daily facility operations and is supported by (b) (7)(E) personnel. The GEO Group, Inc. provides food services and medical care at FIPC. The facility holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	780
Average ICE Detainee Population ³	604
Male Detainee Population (as of 04/24/2018)	686
Female Detainee Population (as of 04/24/2018)	N/A

This is ODO's first compliance inspection of FIPC.

¹ This facility holds male detainees with low, medium low, medium high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List Report as of April 23, 2018.

³ *Ibid.*

Findings by PBNDS 2011 Major Categories

PBNDS 2008 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	2
Custody Classification System	1
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	6
Staff-Detainee Communication	3
Use of Force and Restraints	2
Sub-Total	14
Part 4 – Care	
Disability Identification, Assessment, and Accommodation	1
Food Service	0
Hunger Strikes	2
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 – Activities	
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Detainee Handbook	2
Grievance System	3
Law Libraries and Legal Material	0
Sub-Total	5
Total Deficiencies	22

⁴ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the *Inspection Findings* section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to (i) assist ERO in developing and initiating corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

Twenty detainees voluntarily agreed to be interviewed by ODO. Interview participation was voluntary and none of the detainees made any allegations of abuse, discrimination, or mistreatment. Most detainees reported satisfaction with facility services with the exception of three detainees who expressed concerns regarding *Medical Care* as listed below.

One detainee claimed he did not understand how to request medical (dental) care.

- Action Taken: ODO observed FIPC medical request forms, which are available in both English and Spanish, are maintained on the wall of the housing unit and were readily available to detainees. ODO showed the detainee where to retrieve the form and provided instruction on how to complete it during the interview. The detainee completed the form and then submitted the request in the appropriate drop box. After assisting the detainee, ODO observed several other detainees retrieve and complete requests. ODO informed facility and ERO staff that detainees do not appear to understand this process and recommended it be explained to detainees currently residing at the facility and better emphasized during the orientation process for newly arriving detainees.

A second detainee claimed he was concerned with his ongoing medical care, particularly as it relates to his prescribed diet.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the food service manager. ODO confirmed the detainee previously engaged medical staff about his diet and had been treated accordingly. However, prior to completion of the inspection, the facility doctor submitted a treatment authorization request (TAR) for an outside medical assessment based on the detainee's chronic medical condition. ODO also engaged the field office medical coordinator regarding the TAR and confirmed HQ IHSC was actively monitoring its progress. Following the inspection, ODO learned the detainee was transferred to another ICE facility, and HQ IHSC continued to monitor the TAR.

One detainee claimed he had a medical condition requiring outside treatment and although the facility doctor told him he would be seen by someone outside the facility, he did not know the date and felt it would be a long wait time.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility physician and the Health Services Administrator. The detainee received an ultrasound on April 9, 2018 and was later scheduled for a biopsy of the affected area on April 30, 2018. Finally, the detainee was scheduled for an outside consultation with a related specialist on May 30, 2018. ODO also engaged HQ IHSC and confirmed all TARS have been entered into the system and approved. IHSC placed the detainee on a medical hold which prohibits his transfer to another facility and is actively monitoring his condition.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed admission and orientation procedures. In addition to the issuance of detainee handbooks, the Know Your Rights video by the American Bar Association is played in the holding cells and in the housing units, providing information on immigration proceedings, defenses, and appeals in both English and Spanish; however, FIPC does not have a facility-specific orientation video, and the facility's orientation procedures were not approved by ERO (**Deficiency A&R-1**⁶).

Based on staff interviews and documentation review, FIPC's release procedures were not approved by the local ICE/ERO Field Office (**Deficiency A&R-2**⁷).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 40 randomly-selected detainee files and found the initial classification completed was based on objective information received from ERO and was approved by a supervisor. Subsequent classification reviews were completed and approved by the classification supervisor within required timelines; however, a review of 12 files of detainees housed in the Special Management Unit during the prior year found four detainees did not have a special reclassification assessment within 24 hours before leaving the Special Management Unit (**Deficiency CCS-1**⁸).

SPECIAL MANAGEMENT UNITS (SMU)

During the inspection, ODO observed 30 detainees on hunger strike were moved from housing unit B-5 to housing unit B-3 and locked in their cells except for two hours daily (one hour for indoor recreation and one hour of outdoor recreation). The detainees were removed from the general population and their privileges were restricted (access to the dayroom, television, recreation and telephone access throughout the day). A facility memo referred to this placement as "elevated observation status." It is ODO's determination that these detainees were essentially placed in administrative segregation, and no written order was completed prior to this designation. Additionally, a review of 25 detention files for detainees placed in administrative segregation during the year preceding the inspection found eight detention files did not have a written order placing the detainee in administrative segregation (**Deficiency SMU-1**⁹).

⁶ "All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in CDFs and IGSAs must be approved in advance by the local ICE/ERO Field Office. At SPCs, CDFs, and dedicated IGSAs, the facility administrator shall produce an orientation video that covers the required topics listed below and shall screen it for every detainee." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

⁷ "ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

⁸ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(3).

⁹ "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable. In such cases, an order shall be prepared as soon as possible." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2). **Priority Component.**

Corrective Action: During the inspection, the facility released the detainees from their “elevated observation status” by leaving their cell doors open during the day thereby restoring normal general population privileges (C-1).

In reviewing SMU documentation, ODO found the following:

- Six files were missing the date and time of release from administrative segregation (**Deficiency SMU-2¹⁰**).
- Three files lacked documentation showing 72-hour reviews were completed (**Deficiency SMU-3¹¹**).
- Three files lacked the date and time of release from disciplinary segregation (**Deficiency SMU-4¹²**).
- Three files lacked a housing unit record/location (**Deficiency SMU-5¹³**).
- Seven detention files lacked documentation of medical staff evaluation prior to placement in administrative segregation (**Deficiency SMU-6¹⁴**).

STAFF-DETAINEE COMMUNICATION (SDC)

ERO staff conducts morning and afternoon SDC visits with detainees Monday thru Friday in all housing units. While general ERO contact information is contained in the local handbook, ODO found that the scheduled hours and days ERO staff is available, was not posted in the housing units (**Deficiency SDC-1¹⁵**).

Corrective Action: ODO spoke with the SDDO and AFOD who informed ODO the schedule was not posted because they conduct daily visits. Nevertheless, the ERO Field Office posted contact information and schedules in all housing units (C-2).

ODO reviewed five detainee files to ensure copies of the requests noted in the ICE request log were maintained in the detention files. Three of five ICE requests were missing from their

¹⁰ “When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee’s detention file.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(h).

¹¹ “A supervisor shall conduct a review within 72 hours of the detainee’s placement in administrative segregation to determine whether segregation is still warranted.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(a).

¹² “When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee’s detention file.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(B)(2)(c).

¹³ “Upon a detainee’s release from the SMU, the releasing officer shall attach that detainee’s entire housing unit record to either the administrative segregation order or disciplinary segregation order and forward it to the Chief of Security or equivalent for inclusion into the detainee’s detention file.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(D)(3)(D).

¹⁴ “Detainees must be evaluated by a medical professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement).” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(P).

¹⁵ “The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or ‘pods’) of the facilities. Posted contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

respective detention files and had been logged as returned to the detainees two weeks prior to the inspection (**Deficiency SDC-2**¹⁶).

Corrective Action: The SDDO found copies of the ICE requests in the administrative processing area, awaiting their placement in the detention files. The copies were then placed into the respective detainee detention files (**C-3**).

During a tour of detainee housing units ODO observed postings with detainee alien numbers (A#), full names, and housing assignments were maintained on bulletin boards in full view each unit. These postings are intended to inform detainees when they have a medical appointment, asylum interview, and/or legal visit; however, posting the detainee's full name and A# is a privacy violation and is against DHS policy (**Deficiency SDC-3**¹⁷). ODO also observed the facility posted a "pill call" list which listed the detainee's full name and first three digits of their assigned A# in all housing units.

Recommendation: ODO recommends the facility revise the medical and legal visitation appointment postings to include only a partial detainee name and first three digits of the A#. Additionally, ODO recommends the facility only post the information for a given housing unit in that unit, rather than a generalized list of all appointments for the day in all housing units (**R-1**). ODO notes 8 C.F.R. § 208.6 generally prohibits the disclosure of information contained in or pertaining to asylum applications. Therefore, an alternative means for notifying detainees of asylum interviews should also be implemented.

USE OF FORCE AND RESTRAINTS (UOF&R)

Based on staff interviews and documentation review, ODO determined there were 12 immediate and one calculated use of force incidents in the year preceding the inspection. The audiovisual recordings of the single calculated and one of the immediate uses of force incidents were not available for review as part of the after-action review (**Deficiency UOF&R-1**¹⁸).

Corrective Action: A fixed camera in the dormitory showed an officer appear to record the entire calculated use of force event with a handheld camera. When the disc of the recording was presented to the after-action review team, there was no video present on the disc. (b) (7) new handheld cameras were purchased by the facility following these two events and there have been no issues with audiovisual recording since then (**C-4**).

¹⁶ "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁷ "The Federal Records Act (FRA) process seeks to minimize the collection of information. DHS also places a special emphasis on reducing the use of sensitive PII, when practicable and possible, including Social Security numbers (SSN) and Alien Registration Numbers (A-Numbers). See U.S. Department of Homeland Security Memorandum Number: 2017-01 DHS Privacy Policy Regarding Collection, Use, Retention, and Dissemination of Personally Identifiable Information, Dated April 25, 2017, Section (IV)(A)(iv).

¹⁸ "The facility administrator or designee is responsible for ensuring that use of force incidents are audio visually recorded. Staff shall be trained in the operation of audiovisual recording equipment. There shall be a sufficient number of cameras appropriately located and maintained in the facility. The audiovisual record and accompanying documentation shall be included in the investigation package for the after-action review described below." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2). **Priority Component.**

For two immediate use of force incidents, after regaining control of the situation, procedures applicable to calculated use of force incidents, specifically video close-ups documenting the presence or absence of injuries were not conducted (**Deficiency UOF&R-2¹⁹**).

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the methods used by the facility to communicate with detainees who may have significant hearing impairments. The facility utilizes computer tablets equipped with LanguageLine InSight Video Interpreting®, which allows for one-touch access to trained professional video interpreters for various sign languages including American and Spanish Sign Language as well as audio-only interpretation services. The facility keeps these tablets in medical, intake, processing, and administrative areas. Additionally, the tablets are portable and can be taken to the detainee housing units for immediate access to interpretation services. ODO sites the use of the tablets as a **Best Practice**.

ODO reviewed the ICE National Detainee Handbook, dated April 2016, and FIPC’s local supplement handbook, dated 2017, and determined neither publication informs the detainees about ICE’s or FIPC’s disability accommodations policy. Additionally, ODO toured all detainee housing units and determined the facility has not posted documents to inform detainees about the facility’s disability accommodations policy and how to request reasonable accommodations (**Deficiency DIA&A-1²⁰**).

HUNGER STRIKES (HS)

ODO observed a declared hunger strike involving 31 detainees during the inspection. One detainee on hunger strike was placed in a single occupancy observation room in the medical department without a documented reason noted in the detainee’s medical record. Additionally, the observation of the detainee was not reviewed every 72-hours as required by the standard (**Deficiency HS-1²¹**).

ODO reviewed medical records of the 31 detainees participating in the hunger strike. An initial hunger strike evaluation by medical staff consisted of measuring each detainee’s height, weight, and vital signs; however, urinalysis or examination of the general physical condition of each detainee was not conducted (**Deficiency HS-2²²**). ODO noted that the FIPC hunger strike policy

¹⁹ “When an immediate threat to the safety of the detainee, other persons, or property makes a delayed response impracticable, staff shall activate a video camera and start recording the incident as quickly as possible. After regaining control of the situation, staff shall follow the procedures applicable to calculated use-of-force incidents.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O)(3).

²⁰ “The facility orientation program required by standard 2.1, “Admission and Release,” and the detainee handbook required by standard 6.1, “Detainee Handbook,” shall notify and inform detainees about the facility’s disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office.” See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

²¹ “Medical personnel shall document the reasons for placing a detainee in a single occupancy observation room. This decision shall be reviewed every 72 hours.” See ICE PBNDS 2011, Standard, Hunger Strikes, Section (V)(B)(2).

²² “During the initial evaluation of a detainee on a hunger strike, medical staff shall:
c. perform urinalysis;

also requires a urinalysis, as well as additional laboratory tests such as a complete blood cell count, chemistry panel, and a physical examination to be conducted. This evaluation was completed five days after this group of detainees was determined to be on a hunger strike.

MEDICAL CARE (MC)

Medication services are managed by a full time Doctor of Pharmacy. Bulk stock medications are stored in the pharmacy and prescribed medications are dispensed to detainees by use of a pass-through window in the pharmacy. All medications are prepared by the pharmacist. The pharmacist has a Doctor of Pharmacy degree and provides medication counseling for detainees, meets with detainees who refuse medication, and offers consultation to care providers about choice and appropriate use of medications. A Pharmacy and Therapeutics Committee has been established and meets with the pharmacist on a regular basis, and the committee studies the effectiveness of medications prescribed at FIPC. This pharmacist can also identify medications from foreign countries in the possession of detainees as they arrive and identify their equivalent in this country so that medication services to detainees is not interrupted or delayed. ODO sites the pharmacy operation as a **Best Practice**.

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed the content of the local handbook and found it was missing procedures for requesting interpretive services and the contact information for the ICE/ERO Field Office was incorrect: the Broward Transitional Center in Florida was listed instead of the Atlanta Field Office (**Deficiency DH-1**²³).

Corrective Action: Pending a formal re-print of the local handbook, the facility issued a memorandum listing the procedures for requesting interpretive services as well as the contact information for the Atlanta Field Office. This memorandum was posted in all housing units (**C-5**).

GRIEVANCE SYSTEM (GS)

Based on staff interviews and documentation review, all grievances receive appropriate review, and procedures are in place to ensure detainees are free of reprisal for submitting a grievance; however, written procedures do not address urgent access to legal counsel and the law library (**Deficiency GS-1**²⁴).

e. examine general physical condition.” See ICE PBNDS 2011, Standard, Hunger Strikes, Section (V)(C)(1)(c) and (e).

²³ “While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of: ...

3. procedures for requesting interpretive services for effective communication; ...

15. contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.”

See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B). **Priority Component**.

²⁴ “Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to health, safety or welfare. Written procedures shall also cover urgent access to legal counsel and the law library.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(2).

ODO reviewed the grievance log for the 12 months preceding the inspection. Detainees are not consistently provided written or oral responses within five days; instead, ODO found grievances are routinely responded to in six or seven days (**Deficiency GS-2²⁵**).

ODO’s review of the grievance log found the grievance log contained all required elements except for the basis of the grievance appeal board (GAB) decision (**Deficiency GS-3²⁶**).

Corrective Action: The facility revised their grievance log to include a column for noting the basis of the GAB decision (**C-6**).

CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with seventeen (17) standards under the PBNDS 2011. The facility was fully compliant with eight (8) standards; however, ODO found twenty-two (22) deficiencies in the remaining nine (9) standards. Three (3) of those deficiencies were priority components. ODO also noted an Area of Concern regarding the posting of personally identifiable information in public spaces within the housing areas.

On a positive note, ODO commends FIPC for two Best Practices related to its communication practices with detainees with significant hearing impairments as well as the facility’s Pharmacy and Therapeutics Committee, which actively manages and assesses the effectiveness of facility provided medication. ODO recommends ERO work with the facility to remedy all remaining deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (PBNDS 2011)
Standards Reviewed	17
Deficient Standards	9
Overall Number of Deficiencies	22
Deficient Priority Components	3
Corrective Action	6

²⁵ “Detainee shall be provided with a written or oral response within five days of receipt of the grievance.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

²⁶ “The appellate reviewer shall note the grievance log with the following information: basis of the GAB decision;” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(3)(c).