



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Atlanta Field Office

Folkston ICE Processing Center and Annex
Folkston, Georgia

December 10-12, 2019

COMPLIANCE INSPECTION
of the
FOLKSTON ICE PROCESSING CENTER AND ANNEX
Folkston, Georgia

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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 a compliance inspection of the Folkston ICE Processing Center (FIPC) and Annex in Folkston, Georgia, from December 10 to 12, 2019.¹ The facility opened in 2016 and is owned and operated by The Geo Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FIPC in 2017 and at the Annex in 2018 under the oversight of ERO's Field Office Director (FOD) in Atlanta (ERO Atlanta). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. An FIPC Warden handles daily facility operations of both the main facility and Annex and is supported by █████ personnel. GEO provides food services and medical care, and Keefe provides commissary services at the facility. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1,118
Average ICE Detainee Population ³	823
Male Detainee Population (as of 12/10/2019) ⁴	741
Female Detainee Population (as of 12/10/2019)	N/A

During its last inspection, in FY 2018⁵, ODO found 22 deficiencies in the following areas: Admission and Release (2); Custody Classification System (1); Detainee Handbook (2); Disability Identification, Assessment, and Accommodation (1); Grievance System (3); Hunger Strikes (2); Special Management Units (6); Staff-Detainee Communication (3); and Use of Force and Restraints (2).

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

² Data Source: ERO Facility List Report as of April 1, 2019.

³ *Ibid.*

⁴ On the first day of inspection, there were 517 detainees housed at the FIPC and 224 at the Annex.

⁵ During the FY 2018 inspection, ODO audited only the main facility since the Annex was not yet operational.

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 longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁶

ODO identifies violations of 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 in which 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.

Upon completion of each 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 corrective action plans; 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.

⁶ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 Standards Inspected ⁷	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	5
Custody Classification System	1
Facility Security and Control ⁸	1
Funds and Personal Property	4
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	3
Sub-Total	15
Part 4 – Care	
Food Service	4
Medical Care	3
Personal Hygiene	2
Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	9
Part 5 – Activities	
Recreation	2
Religious Practices	4
Telephone Access	3
Visitation	2
Sub-Total	11
Part 6 – Justice	
Grievance System	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	38

⁷ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁸ ODO did not inspect against the Facility Security and Control and Personal Hygiene standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 20 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee alleged a sexual assault during his interview and was immediately escorted to an FIPC staff supervisor to initiate Sexual Abuse and Assault Prevention and Intervention protocols. Most detainees reported satisfaction with facility services except for the concerns listed below.

Sexual Abuse and Assault Prevention and Intervention: One detainee alleged another detainee placed his genitals on the victim's hand the night before he was interviewed by ODO and stated he had not informed anyone of the incident.

- Action Taken: ODO immediately escorted the detainee from his housing unit to an FIPC staff supervisor to initiate SAAPI protocols. ODO observed the detainee being promptly escorted to medical, where he received medical care and support services information. After medical cleared the detainee to be interviewed, the facility Prison Rape Elimination Act (PREA) compliance manager, who is a certified PREA investigator, conducted an interview with the detainee, relocated the detainee to another pod and referred the incident to the OPR Joint Intake Center. ODO observed all appropriate actions taken by the facility staff and noted no issues or areas of concern regarding the handling of the SAAPI incident.

Religious Practices: Two detainees (one Catholic, one Islamic) complained about not receiving appropriate religious accommodations.

- Action Taken: ODO reviewed the facility's records and found FIPC does not have a Catholic priest, nor an Imam or other Islamic volunteer, who visits the facility. In the case of the Islamic leader or volunteers, the facility has not done any research or outreach to acquire one. Additionally, facility staff have not reached out to local Catholic resources; for more information, see the Religious Practices section of the report below.

Medical Care: The following detainees expressed concerns about medical care:

One detainee stated he has an aortic aneurysm and was supposed to receive surgery. He also stated that cells are locked from [REDACTED] until [REDACTED] his emergency call box is not functioning. Additionally, he stated that an officer is not posted in the pod at all times, so he was unsure how long it would take for help to arrive if a medical emergency occurred.

- Action Taken: ODO reviewed the detainee's medical file and determined the detainee has a documented aortic aneurysm. From May to August 2019, he received a cardiology consultation and had numerous evaluations by the nurses, nurse practitioners (NPs), and physician for multiple complaints; he was also seen in the chronic care clinic. On December 2, 2019, he received another cardiology consultation, which resulted in the recommendation to monitor his condition while tests were pending but not for surgery. The detainee had a follow-up visit with cardiology scheduled for February 2020. ODO tested several call buttons in the

Annex and noted that none of the tested boxes appeared to work, including the one in the detainee's cell. ODO addressed this concern with ERO Atlanta and facility staff, who asked the detainee if he wanted to relocate to another pod with working call boxes. The detainee declined the offer and remained in his cell. Both ERO and facility staff were aware of the on-going staffing issues at the facility and the lack of direct staff-on-detainee supervision during nights. Both stated a Contract Deficiency Report with ERO was open and pending resolution; for more information, see the Facility Security and Control section of the report below.

The second detainee complained about the waiting time for an MRI and follow-up on medical treatment.

- Action Taken: ODO reviewed the detainee's medical record and noted that an MRI for his right knee was ordered October 31, 2019, and it was performed on December 2, 2019. On December 3, 2019, based on the MRI results, medical ordered a consultation with an orthopedic surgeon. As of ODO's inspection, FIPC received approval for the off-site appointment and was waiting for the specialist to confirm an appointment date. The detainee continued to receive previously approved medication and care pending an appointment with the specialist.

The last detainee stated facility medical staff prescribed medication for his ulcers, but he believed he needed additional pills.

- Action Taken: ODO reviewed the detainee's medical record with senior facility medical staff, which showed that the detainee told staff he used antacids for ulcers. The detainee continued to use antacids and submitted his first request for additional medication on September 19, 2019, about one month after his arrival. A nurse practitioner (NP) prescribed Prilosec for acid reflux. He was seen again on October 25, 2019, and his treatment was continued. On November 8, 2019, he was evaluated by an NP, treatment was continued, and a stool specimen was collected to test for a bacterial infection, which was negative. On November 21, 2019, the detainee told an NP the Prilosec was working; the medication was continued. On December 11, 2019, medical staff spoke with the detainee and informed him he was receiving adequate treatment and additional medication was not necessary. The detainee was satisfied with the follow-up and resolution provided by the facility.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

Exit and evacuation diagrams in English and Spanish are posted throughout the facility with identified evacuation routes, fire control equipment locations, and “You are Here” markers. However, the FIPC and Annex diagrams do not identify or explain “Areas of Safe Refuge” (**Deficiency EH&S-1⁹**).

ODO inspected the barbershop and observed neck duster brushes being used in all pods of the FIPC and Annex, in contravention of the standard (**Deficiency EH&S-2¹⁰**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO observed the initial FIPC and Annex admission process and noticed that detainees are not fingerprinted and identifying marks such as scars or tattoos are not notated (**Deficiency A&R-1¹¹**).

ODO reviewed 42 randomly selected detainee files from the FIPC and 16 files from the Annex and found that seven Orders to Detain or Release (Form I-203) were not signed by an ERO official (**Deficiency A&R-2¹²**).

FIPC issues the required handbooks and plays the “Know Your Rights” video in both English and Spanish in the intake holding cells and housing units. However, there is not an orientation video, the purpose of which is to provide detainees with required orientation information (**Deficiency A&R-3¹³**).

⁹ “Areas of Safe Refuge’ shall be identified and explained on diagrams.” *See* ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

¹⁰ “The common use of brushes, neck dusters, shaving mugs and shaving brushes is prohibited.” *See* PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(E)(4).

¹¹ “Admissions processes for a newly admitted detainee shall include, but not [be] limited to...

c. Photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics...”

See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(1)(c).

¹² “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” *See* ICE PBNDS 2011, Standard, Admissions and Release, Section (V)(E). **This is a Priority Component.**

¹³ “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... The orientation shall include the following information: an overview of the facility operations that most affect the detainees; typical detention-case chronology (what most detainees can expect); authority, responsibilities and duties of security officers; procedures for the detainee to contact the deportation officer handling his/her docket; availability of pro bono legal services, and how to pursue such services in the facility, including accessing “Know Your Rights” presentations (e.g., location of

ODO reviewed facility records and determined that the local ERO field office have not approved FIPC's orientation procedures (**Deficiency A&R-4¹⁴**).

ODO observed the release of two detainees and noted that neither was fingerprinted during the release process. Furthermore, the release procedures have not been approved by ERO (**Deficiency A&R-5¹⁵**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO's review of classification documents determined they were completed and approved by the classification supervisor within the required timelines. However, ODO reviewed the files of three detainees housed in the Special Management Unit (SMU) at the Annex during the year preceding the inspection and found that none of them had a special reclassification assessment 24 hours prior to the detainee's release from the SMU (**Deficiency CCS-1¹⁶**).

FACILITY SECURITY AND CONTROL (FS&C)

ODO did not inspect against the Facility Security and Control standard in its entirety. However, ODO's review of the FIPC and Annex's staffing plans, contract requirements, and staffing rosters determined that FIPC and Annex are required to maintain a [REDACTED] or less vacancy rate. In actuality, the vacancy rate is [REDACTED]. (**Deficiency FS&C-1¹⁷**). ODO notes that the ERO Atlanta Field Office is aware of the staffing issues and a Contract Discrepancy Report (CDR) was issued in July 2019 which is still open and unresolved.

Areas of Concern

ODO inspected the Annex housing pods and tested six cell call boxes, which allow detainees to

current listing); standards of conduct, including acceptable and unacceptable detainee behavior, with an overview of other rules and requirements disciplinary procedures, including criminal prosecution, grievance procedures, appeals process..." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F). **This is a Repeat Deficiency.**

¹⁴ "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 CDF's and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F). **This is a Repeat Deficiency.**

¹⁵ "Facility staff assigned to processing must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include but are not limited to: completing out-processing forms; closing files and fingerprinting; returning personal property; reclaiming facility-issued clothing, identification cards, handbooks, and bedding; and checking wants and warrants. ICE/ERO shall approve all facility release procedures." See ICE 2011 PBNDS, Standard, Admission and Release, Section (V)(H). **This is a Repeat Deficiency.**

¹⁶ "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).

¹⁷ "Each facility shall ensure that it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse assault, other forms of violence or harassment, and to prevent significant self-harm and suicide. Security staffing shall be sufficient to maintain facility security and prevent or minimize events that pose a risk of harm to persons and property." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(A).

communicate with an officer during lock down if there is an emergency. None of the tested call boxes worked, including those in two cells that hold detainees with chronic medical issues.

ODO also noted that the control bubble in [REDACTED] [REDACTED] [REDACTED] has not been staffed since the issuance of the ERO CDR in July 2019.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO inspected housing units and confirmed not all detainees have securable space for personal property (**Deficiency F&PP-1¹⁸**).

FIPC staff place personal property and a copy of the inventory in a storage bag; however, ODO observed 53 storage bags in the FIPC and Annex that were not fastened in a tamper-resistant manner (**Deficiency F&PP-2¹⁹**).

ODO observed that a Property Receipt form and Baggage Check card (I-77) are utilized for large valuables, signed by [REDACTED] staff members, and copied and given to the detainee; however, there were no dates or detainee signatures on the I-77 for 46 bags in the FIPC and Annex (**Deficiency F&PP-3²⁰**)

ODO reviewed audit reports and confirmed quarterly audits of funds and valuables are conducted and documented. However, after conferring with supervisory staff, ODO found no documentation confirming the on-coming and off-going supervisors conduct a simultaneous audit of detainee funds, property envelopes, and large valuables (**Deficiency F&PP-4²¹**).

STAFF-DETAINEE COMMUNICATION (SDC)

Additionally, ODO noted a lack of supervision in the Annex. Detainees are kept in their cell from [REDACTED] until [REDACTED]. Since call boxes do not appear to be in good working order, if a medical

¹⁸ “Every housing area shall have lockers or other securable space for storing detainees’ authorized personal property.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E).

¹⁹ “All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I).

²⁰ “A pre-numbered, three-part Form I-77 or its equivalent shall be issued for each separate item of baggage or container....

1. Each Form I-77 or its equivalent shall bear the detainee’s full name and A-number/facility detainee number and the date; and
2. The detainee’s signature must appear on both the top (Part I) and bottom (Part III) of the Form I-77 or its equivalent.”

See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I)(1)(2).

²¹ “Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes. The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory...” See ICE 2011 PBNDS, Standard, Funds and Personal Property, Section (V)(J).

or other emergency were to occur without staff present, the necessary help might not arrive in a timely manner (**Deficiency SDC-1²²**)

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's Use of Force (UOF) incident reports and noted that during one UOF incident, the facility failed to document the incident for nearly 24 hours (**Deficiency UOF&R-1²³**).

During a review of an immediate UOF incident, ODO determined staff failed to activate a video camera and start recording the incident as quickly as possible (**Deficiency UOF&R-2²⁴**). Additionally, during the same incident, ODO found participating staff did not take close-ups of the detainee's body during a medical exam, focusing on the presence or absence of injuries (**Deficiency UOF&R-3²⁵**).

CARE

FOOD SERVICE (FS)

ODO inspected the food storage areas and equipment and observed a temperature of 61 degrees Fahrenheit instead of the required 41 degrees or below temperature in an FIPC walk-in cooler, as the unit was being used to thaw frozen meat and store eggs, bread, and produce (**Deficiency FS-1²⁶**).

ODO reviewed facility records and noted the same cooler had not been operating properly for six days and the temperature continued to rise throughout the week (**Deficiency FS-2²⁷**).

Corrective Action: During inspection, the facility took corrective action by removing all

²² "ICE/ERO detainees shall not be restricted from having frequent informal access to and interaction with key facility staff members as well as key ICE/ERO staff, in a language they can understand." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section, (V)(A).

²³ "A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer's shift." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(4).

²⁴ "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).

²⁵ "Calculated use-of-force incidents shall be audio visually-recorded in the following order: ...

- e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(e). **This is a Repeat Deficiency and Priority Component.**

²⁶ "Potentially hazardous food shall be thawed according to one of the following procedures:

- a. under refrigeration that maintains the food at 41 F degrees or below...."

See ICE PBNDS 2011, Standard, Food Service, Section (V)(F)(4)(a).

²⁷ "All of the food service department equipment (e.g., ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee shall verify and document requirements of food and equipment temperatures." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13). **This is a Priority Component.**

food from the walk-in cooler until repairs were made on December 11, 2019 (C-1).

ODO inspected the FIPC and Annex kitchen bathrooms and determined both were clean, offered hot and cold water, and had the required handwashing signs posted. However, there were no paper towels in the restrooms or in the dispensers throughout both kitchens (**Deficiency FS-3²⁸**).

Chemicals were properly stored, and Material Safety Data Sheets were available. The inventory in the FIPC kitchen was correct; however, the inventories of chemicals in the Annex were not (**Deficiency FS-4²⁹**).

Corrective Action: During the course of inspection, the Food Service Manager corrected and verified all chemical inventories in the Annex (C-2).

MEDICAL CARE (MC)

ODO reviewed all medical staff training and credential files and found █ of █ current licensed practical nurse licenses had not been verified by the facility (**Deficiency MC-1³⁰**).

Corrective Action: During inspection, the facility initiated corrective action by verifying and providing the missing licenses (C-3).

During our medical file review at the Annex, ODO found 2 of 45 newly arrived detainees had not received a medical screening within 12 hours of arrival (**Deficiency MC-2³¹**).

ODO interviewed the Health Services Administrator, who stated that each of the facility's █ registered nurses (RNs) are privileged to perform the initial physical examination for detainees without significant health issues identified during the intake screening. This statement is supported by the facility's policy; however, during our review of RN credential files, ODO found that 2 of the 12 files did not have documented evidence of training by the physician to conduct physical examinations (**Deficiency MC-3³²**).

²⁸ "Soap or detergent and paper towels or a hand-drying device providing heated air, shall be available at all times in each lavatory." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(9)(e).

²⁹ "All food service staff shall know where and how much toxic, flammable or caustic material is on hand, and shall be aware that their use must be controlled and accounted for daily." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(11)(a).

³⁰ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(I). **This is a Priority Component.**

³¹ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(J). **This is a Priority Component.**

³² "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M). **This is a Priority Component.**

Corrective Action: During inspection, the facility initiated corrective action by providing documented evidence of the training by a physician for the nurses (C-4).

PERSONAL HYGIENE (PH)

ODO did not review the personal hygiene standard in its entirety but found the sanitation levels to be very good at the FIPC and Annex. However, ODO tested the water temperatures of the FIPC showers and wash basins and confirmed they ranged from 70.2 to 96 degrees Fahrenheit instead of the required 100 to 120 degrees Fahrenheit (**Deficiency PH-1**³³).

ODO's review of the facility's laundry schedule found it allows for an exchange of clothes each Tuesday and Thursday; however, detainees only receive two pairs of undergarments and two pairs of socks during each exchange, which does not allow for clean undergarments and socks daily (**Deficiency PH-2**³⁴).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH SP&I)

ODO noted a **Best Practice** that the FIPC and Annex suicide prevention team recommended, and the facility implemented, a plan requiring that no detainee be housed in any unit in which the detainee cannot communicate with at least one other detainee in their native language, or regional dialect, when possible.

ACTIVITIES

RECREATION (R)

Recreation schedules are posted in every housing unit; however, the schedules do not include recreation information and hours for detainees housed in the Annex (**Deficiency R-1**³⁵).

ODO interviewed the recreation specialist, who stated he had not received any specialized training in implementing and overseeing a recreation program (**Deficiency R-2**³⁶).

³³ "Detainees shall be provided: ...

1. operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices."

See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(3).

³⁴ "Detainees shall be provided with clean clothing, linen and towels on the following basis:

1. a daily change of socks and undergarments; an additional exchange of undergarments shall be made available to detainees if necessary, for health or sanitation reasons...."

See ICE PBNDS 2011, Standard, Personal Hygiene, Section (H)(1).

³⁵ "Recreation schedules shall be provided to the detainees or posted in the facility." *See ICE PBNDS 2011, Standard, Recreation, Section (V)(B).*

³⁶ "Every facility with a rated capacity of 350 or more ICE detainees shall employ a fulltime recreation specialist with special training in implementing and overseeing a recreation program." *See ICE PBNDS 2011, Standard, Recreation, Section (V)(C).*

RELIGIOUS PRACTICES (RP)

FIPC does not provide and has not reached out to the local Catholic community to acquire the services of priests to perform the religious practices of confession and communion (**Deficiency RP-1³⁷**).

ODO inspected the housing units for required RP postings and noted the Annex does not have a current religious services schedule posted and the outdated posting is only available in English. Additionally, FIPC performs religious services outdoors whenever available, specifically in the main facility's big recreation yard and in the Annex's housing pod outdoor recreation areas. During inclement weather, the main compound hosts services in the detainee dining hall; however, there is no alternative location for religious services to take place in the Annex (**Deficiency RP-2³⁸**).

If a detainee were to request a pastoral visit by an Islamic faith leader, the facility would be unable to grant the request in a timely manner since it has no relationship with and has not reached out to the local Islamic community (**Deficiency RP-3³⁹**).

ODO reviewed the FIPC and Annex policies and procedures and noted they do not have a policy for detainee observance of religious holy days (**Deficiency RP-4⁴⁰**).

TELEPHONE ACCESS (TA)

ODO inspected each housing unit and found there were no telephone access rules posted in 11 of 19 housing pods, nor telephone access hours posted in 17 of 19 housing pods (**Deficiency TA-1⁴¹**).

ODO also observed that the FIPC and Annex had not posted current required telephone numbers and consulate lists in 2 of 19 housing pods (**Deficiency TA-2⁴²**).

³⁷ "Detainees shall have opportunities to engage in practices of their religious faith consistent with safety, security, and the orderly operation of the facility. Religious practices to be accommodated are not limited to practices that are compulsory, central or essential to a particular faith tradition, but cover all sincerely held religious beliefs." See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(A).

³⁸ "All facilities shall designate adequate space for religious activities. This designated space must be sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably...The chaplain or religious services coordinator shall schedule and direct the facility's religious activities, and current program schedules shall be posted on all unit and detainee bulletin boards in languages understood by a majority of detainees." See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(D).

³⁹ "If requested by a detainee, the chaplain or religious services coordinator or designee shall facilitate arrangements for pastoral visits by a clergy person or representative of the detainee's faith." See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(F).

⁴⁰ "Each facility shall have in place written policy and procedures to facilitate detainee observance of important holy days, consistent with the safety, security and orderly operation of the facility, and the chaplain or religious services coordinator shall work with detainees to accommodate proper observances." See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(I).

⁴¹ "Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C).

⁴² "The Field Office Director shall ensure that all information is kept current and is provided to each facility. Updated lists need to be posted in the detainee housing units." See ICE PBNDS 2011, Standard, Telephone Access,

Corrective Action: During inspection, the facility initiated corrective action by posting the updated telephone numbers and consulate lists in each housing unit (C-5).

While ODO observed signage on or near all telephones stating calls are monitored, ODO did not find any postings on or near the telephones providing procedures for obtaining unmonitored legal calls (**Deficiency TA-3⁴³**).

VISITATION (V)

ODO inspected visitation rooms in the FIPC and Annex and determined private consultation rooms for legal visits are not available for detainees in the Annex (**Deficiency V-1⁴⁴**).

ODO verified that the facility maintains a log for all general visitors and a separate legal visitation log. The general visitors log contained all required information; however, the legal visitation log entries in the Annex were missing the visitor's address, whether the detainee currently has a G-28 on file, and the time the visit began and ended (**Deficiency V-2⁴⁵**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's policies and procedures and determined the written procedures do not address urgent access to legal counsel and the law library (**Deficiency GS-1⁴⁶**).

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO noted an **Area of Concern** that the Annex law library only has space for four detainees,

Section (V)(E).

⁴³ "Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall: ...

3. at each monitored telephone, place a notice that states the following: ...

b. the procedure for obtaining an unmonitored call to a court, a legal representative or for the purposes of obtaining legal representation."

See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(B)(3)(b).

⁴⁴ "Visits between legal representatives or legal assistants and an individual detainee are confidential and shall not be subject to auditory supervision. Private consultation rooms shall be available for such meetings." See ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(9).

⁴⁵ "Log entries shall include the following information: ...

- d. visitor's address; ...
- g. whether the detainee currently has a G-28 on file;
- h. time visit began; and
- i. time visit ended."

See ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(14)(d)(g)(h)(i).

⁴⁶ "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).

This is a Repeat Deficiency.

but the housing unit holds up to 338 detainees. Although ODO did not find any instances in which detainee requests for law library use were denied, it did observe a general lack of space and privacy for detainees while using the law library.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 20 standards⁴⁷ under PBNDS 2011 and found the facility in compliance with five of those standards. ODO found 38 deficiencies in the remaining 15 standards. ODO commends facility staff for their responsiveness during this inspection and noted there were five instances in which staff initiated immediate corrective action during the inspection, as well as one best practice in the area of Significant Self-Harm and Suicide Prevention and Intervention.

ODO notes that the FIPC and Annex have a clear staffing issue, which cannot be resolved with overtime hours. Overtime is a means to cover the small daily lapses in staffing but is not a substitute for high vacancy rates. Currently, 1,200 hours of overtime are being used each week to accommodate the high vacancy rates. Excess overtime for staff can lead to fatigue, which could increase safety and security risks, including some of the issues identified above. In addition, it increases the likelihood of staff seeking other employment opportunities, which would further increase the vacancy rate. The staffing issues are compounded by what appears to be a lack of enthusiasm on GEO’s part to expend the necessary resources to acquire more staff and fill the vacancies. While ODO recognizes there is a backlog of staff background checks, which ICE must complete, it is ultimately GEO’s responsibility to provide the necessary incentives to maintain appropriate staffing levels at the FIPC and Annex. ERO and GEO will work together to resolve the staffing issues at the FIPC and Annex to minimize further risk and liability.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (PBNDS 2011)	FY 2019 (PBNDS 2008)
Standards Reviewed	17	20
Deficient Standards	9	15
Overall Number of Deficiencies	22	20
Deficient Priority Components	3	2
Repeat Deficiencies	N/A	0
Corrective Actions	6	3

⁴⁷ Including the Personal Hygiene standard, which ODO did not inspect in its entirety.