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Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection
2023-001-065**

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

**Folkston ICE Processing Center
Folkston, Georgia**

January 31-February 2, 2023

COMPLIANCE INSPECTION
of the
FOLKSTON ICE PROCESSING CENTER
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) in Folkston, Georgia, from January 31 to February 2, 2023.¹ FIPC 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 June 2017 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). FIPC operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to FIPC. A facility administrator handles daily operations and manages █████ support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in October 2021 and the American Correctional Association in January 2022. In April 2022, FIPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of January 31, 2023)	█████
Adult Female Population (as of January 31, 2023)	█████

During its last full inspection, in Fiscal Year (FY) 2022, ODO found four deficiencies in the following areas: Funds and Personal Property (1); Special Management Units (1); Staff-Detainee Communication (1); and Significant Self-harm and Suicide Prevention and Intervention (1).

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 as of December 27, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.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.

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBND 2011 (Revised 2016) Standards Inspected^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication ⁷	2
Tool Control	0
Use of Force and Restraints	0
Sub-Total	3
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	2
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁷ The deficiency cited under Staff-Detainee Communication standard was identified while performing detainee interviews. the Staff-Detainee Communication standard was not reviewed in its entirety.

Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	6

DETAINEE RELATIONS

ODO interviewed 20 detainees (18 at the main facility and 2 at the annex), who each voluntarily agreed to participate. ODO inspectors at the annex invited 75 detainees for an interview and only 2 out of 75 detainees volunteered for the 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.

Staff-Detainee Communication: One detainee stated the on-site ERO staff does not visit the housing units for 3 to 4 weeks at a time.

- **Action Taken:** ODO interviewed the supervisory detention and deportation officer (SDDO) and reviewed the ERO Atlanta staff unit visit logs and found on-site ERO Atlanta staff did not always log their Monday (Pods A and B) and Thursday (Pod C) visits as scheduled. Specifically, ODO found no documented ERO Atlanta visits from September 14 to November 13, 2022, for housing units A1, A2, C3, and C4. ODO cited this as a deficiency under the *Staff-Detainee Communication* section of this report.

COMPLIANCE INSPECTION FINDINGS

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed detainees and an ERO Atlanta SDDO; reviewed the 2022-23 FIPC pod visit log; and the housing unit logs for A1, A2, C3, and C4; and found ERO Atlanta staff did not log any of their scheduled Monday (Pods A and B) and Thursday (Pod C) visits from September 14 to November 13, 2022 (**Deficiency SDC-1⁸**). **This is a priority component.**

⁸ "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 (Revised 2016). Standard. Staff-Detainee Communication. Section (V)(A).

ODO interviewed the SDDO, reviewed 25 detainee requests, and found in 2 out of 25 requests, no response from onsite ERO Atlanta staff within 3 business days of receipt of request. ERO Atlanta staff responded to one request in 4 business days and the other in 20 business days (**Deficiency SDC-16⁹**). **This is a repeat deficiency.**

KEY AND LOCK CONTROL (KLC)

ODO observed the facility not using key covers for large security keys, which are designed to prevent detainees or other unauthorized persons from noting and duplicating the security keys (**Deficiency KLC-11¹⁰**).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager (FSM), toured the FS area, and found the facility did not maintain foods requiring refrigeration at 41 Fahrenheit (F) degrees or less. Specifically, ODO observed the lunch meal serving line on January 31, 2023, and found the temperature of cheese at 49 F degrees and salsa at 58.5 F degrees (**Deficiency FS-81¹¹**). **This is a priority component.**

ODO observed an FS freezer, reviewed freezer temperature logs, and found staff did not maintain frozen foods at or below zero F degrees. Specifically, ODO found 145 out of 344 freezer temperature log entries between 1 F degree and 26 F degrees (**Deficiency FS-438¹²**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO reviewed the facility's disability program and reasonable accommodation log in the main building, interviewed facility medical staff, and found in 4 out of 11 multidisciplinary reviews, the facility did not notify ERO Atlanta following the completed review of detainees with communication or mobility impairments (**Deficiency DIAA-63¹³**).

⁹ "The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹⁰ "Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(A)(9).

¹¹ "Before and during the meal, the CS in charge shall inspect the food service line to ensure: ...
3) Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 F degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(D)(2)(a)(3).

¹² "The following procedures apply when receiving or storing food: ...
e. Store perishables at 35-40 F degrees to prevent spoilage and other bacterial action and maintain frozen foods at or below zero degrees." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(K)(3)(e).

¹³ "The facility shall notify the Field Office Director as soon as practicable, but no later than 72 hours, after the multidisciplinary team has completed its review of the needs of any detainee with a communication or mobility

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found six deficiencies in the remaining four standards. Since FIPC’s last full inspection in January 2022, the facility’s overall compliance with the ICE PBNDS 2011 (Revised 2016) has trended slightly down. Although the facility’s rating was the same, FIPC went from four deficient standards and four deficiencies in January 2022, to four deficient standards with six deficiencies during the most recent full inspection. These deficiencies include a repeat deficiency for not responding to detainee communication within 3 business days and two priority components. One priority component deficiency for not maintain food within required temperatures and one priority component deficiency for the ERO Atlanta staff not completing all required scheduled visits to the housing units. ODO did not review the Key and Lock Control nor Disability Identification Assessment and Accommodation standards during the January 2022 inspection as they were not FY 2022 core standards, and these standards accounted for two out of six deficiencies found during this most recent inspection. ODO has not received a completed uniform corrective action plan for the follow-up inspection in August 2022, which likely contributed to the repeat deficiency identified in the Staff-Detainee Communication standard. ODO recommends ERO Atlanta continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection PBNDS 2011 (Revised 2016)	FY 2023 Full Inspection PBNDS 2011 (Revised 2016)
Standards Reviewed	24	25
Deficient Standards	4	4
Overall Number of Deficiencies	4	6
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	Superior

impairment.” See ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(H)(1).