



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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Atlanta Field Office

Folkston ICE Processing Center and Annex  
Folkston, Georgia

January 24-27, 2022

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



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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 January 24 to 27, 2022.<sup>1</sup> 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 under the oversight of ERO’s Field Office Director in Atlanta (ERO Atlanta). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers (DO) and a detention services manager to the facility. An FIPC administrator handles daily facility operations and manages █████ support personnel. GEO provides food services and medical care, and Keefe Commissary Group provides commissary services at the facility. The facility received accreditation by the American Correctional Association in January 2022 and the National Commission on Correctional Health Care in October 2021.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of January 24, 2022)	█████
Adult Female Population (as of January 24, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2021, ODO found five deficiencies in the following areas: Admission and Release (2) and Funds and Personal Property (3).

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

<sup>2</sup> Data Source: ERO Facility List as of January 24, 2022.

<sup>3</sup> *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.<sup>4</sup>

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

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

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	1
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication <sup>7</sup>	1
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Legal Rights Group Presentations	0

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> 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 inspections.

<sup>7</sup> ODO found the deficiency in Staff-Detainee Communication (SDC) through detainee interviews, ODO did not inspect the SDC standard in its entirety.

<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Interviews and Tours	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>4</b>

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. One detainee made an allegation of verbal abuse to ODO; however, he declined to make an official complaint to the facility. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Admission and Release:* Seven detainees stated they did not receive either the facility handbook nor the ICE National Detainee Handbook.

- **Action Taken:** ODO interviewed a facility lieutenant, reviewed detainee files provided by the facility for the inspection, and found each file had signed inspection forms, indicating receipt of a handbook. The lieutenant provided each detainee another copy of each handbook on January 26, 2022.

*Staff-Detainee Communication:* Two detainees stated they submitted several requests to ICE and received no response. Additionally, a third detainee stated he submitted an ICE request months ago and did not receive a response.

- **Action Taken:** ODO reviewed the facility's grievance logs and found the facility did not respond to two requests within 3 business days. One detainee submitted a request on January 3, 2022, asking about information on his immigration case, and ERO Atlanta staff responded on January 25, 2022. The other detainee submitted a request on December 29, 2021, stating he wanted to speak with a GEO staff member, and ERO Atlanta staff responded on January 25, 2022. ODO interviewed one of ERO Atlanta's DOs, and he confirmed the ongoing issue with staffing and the number of requests the facility receives. The DO stated the officers answer the requests in a timely fashion, but facility staff overlooked this one request. An officer spoke with both detainees on January 27, 2022, and neither had further issues.

ODO found ERO Atlanta staff responded to the third detainee's requests in a timely manner. However, an ERO Atlanta DO met with the detainee on January 27, 2022, to answer any outstanding questions, but the detainee had none.

*Staff-Detainee Communication:* One detainee stated an FIPC captain verbally abused him during intake. Specifically, he stated he overheard the captain say, “If you don't know English, go back to where you came from.”

- Action Taken: ODO interviewed the FIPC compliance administrator and found the facility had no record of this incident on file. ODO also reviewed the facility’s grievance log and the detainee’s detention file and found the detainee did not file a grievance of the alleged incident. An FIPC officer met with the detainee on January 27, 2022, to advise him how to submit a grievance and asked him if he would like to file an official complaint. The detainee declined.

*Medical Care:* One detainee stated the facility never followed up with him for his vision and cardiogram appointments, which the facility previously scheduled for December 2021.

- Action Taken: ODO confirmed from the health services administrator a nurse practitioner (NP) completed a physical assessment of the detainee on October 6, 2021 and noted his complaint of blurred vision. The NP measured the detainee’s vision at 20/30 for both eyes and told him his vision did not qualify for an optometry referral. On November 6, 2021, the detainee submitted a sick call request for swollen feet and dizziness whenever he changed posture from sitting to standing. A nurse examined him on the same day, found his vital signs to be normal and no sign of swollen feet, but as per nursing protocols, recommended an electrocardiography (EKG) test. However, the facility needed to repair its EKG machine at that time. On November 9, 2021, the NP examined the detainee and found no symptoms to warrant further testing. On November 10, 2021, the detainee submitted a sick call request for an EKG because of a burning sensation on the left side of his chest and blurred vision. On the same day, facility staff offered to do an EKG, but the detainee declined and signed a refusal statement. On November 24, 2021, the detainee submitted a sick call request for an ophthalmologist to evaluate and treat his blurred vision so that he could read and watch television. A nurse examined him on the same day and noted the detainee was able to read using his reading glasses with the strength of 250. Policy 901-A under medical care shows that only a detainee with visual acuity worse than 20/40 will be referred to an optometrist.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed 12 active detainee files, interviewed an FIPC lieutenant, and found 12 out of 12 files did not contain forwarding addresses for the detainees (**Deficiency FPP-24<sup>8</sup>**).

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<sup>8</sup> “Standard operating procedure shall include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee’s release, transfer, or removal.” See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(D).



## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed ■ SMU housing records and found in ■ out of ■ records, the officer did not print his/her name nor sign the record whenever placing a detainee in SMU (**Deficiency SMU-99<sup>9</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility updated the record to include a space for the printed name and signature of the officer placing a detainee in SMU (**C-1**).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed the ICE request log and found two instances in which ERO Atlanta did not respond to the detainees' requests within 3 business days of receipt (**Deficiency SDC-16<sup>10</sup>**).

## **CARE**

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)**

ODO reviewed the facility's policy and the observation log of two detainees the facility placed on suicide watch precaution and found nine observation log entries exceeded the 15-minute standard requirement. Specifically, staff logged the observation entries between 16 to 59 minutes (**Deficiency SSHPI-34<sup>11</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 20 of those standards. ODO found four deficiencies in the remaining four standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Atlanta work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of FIPC on November 19, 2021.

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<sup>9</sup> "The officer that conducts the activity shall print his/her name and sign the record." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(3).

<sup>10</sup> "The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practical, 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).

<sup>11</sup> "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(F).

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 PBNS 2011 (Revised 2016)</b>	<b>FY 2022 PBNS 2011 (Revised 2016)</b>
Standards Reviewed	12	24
Deficient Standards	2	4
Overall Number of Deficiencies	5	4
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	N/A	Superior