



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

**Folkston ICE Processing Center  
Folkston, Georgia**

**August 9-11, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**FOLKSTON ICE PROCESSING CENTER**  
Folkston, Georgia

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## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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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 follow-up compliance inspection of the Folkston ICE Processing Center (FIPC) in Folkston, Georgia, from August 9 to 11, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of FIPC from January 24 to 26, 2022. 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 a deportation officer (DO), a supervisory deportation and detention officer (SDDO), and a detention services manager to the facility. A facility administrator handles daily operations and manages █████ support personnel. GEO provides food services and medical care for the non-annex portion of the facility, while ICE Health Service Corps (IHSC) provides medical care for the annex portion of FIPC, 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. On February 1, 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 <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of August 9, 2022)	█████
Adult Female Population (as of August 9, 2022)	█████

During its last 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).

<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 August 9, 2022.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

PBNDs 2011 (Revised 2016) Standards Inspected <sup>4,5</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	3
Special Management Units	0
Staff Detainee Communication	4
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>9</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>12</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>5</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 standards.

## DETAINEE RELATIONS

ODO interviewed 31 detainees, who each voluntarily agreed to participate. Two detainees made allegations of physical abuse, which are detailed below. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Environmental Health and Safety:* One detainee stated the facility cleans the showers only once a month and he continue to find dirt and mildew in the showers and air vents.

- Action Taken: On August 10, 2022, ODO inspected and photographed the unclean showers and vents, which ODO cited as a deficiency in the *Environmental Health and Safety* section of this report. ODO informed the facility of the issue, and the facility immediately cleaned the showers and the vents.

*Food Service:* One detainee stated the facility serves cold Kosher meals that are not sufficiently Kosher for his provider-approved medical diet.

- Action Taken: ODO interviewed IHSC staff, reviewed the detainee's medical records, and confirmed the detainee's medical Kosher diet status. ODO also confirmed a certified dietitian's approval of the facility's Kosher diet plan, meeting all Kosher meal requirements. On August 10, 2022, ODO inspected all meals served at the annex and found no deficiencies.

*Food Service:* One detainee stated he wants to know why the facility placed him on a diet plan without his consent.

- Action Taken: ODO interviewed the facility medical coordinator and facility food service coordinator (FSC) and confirmed upon the detainee's arrival on July 15, 2022, GEO medical staff placed the detainee on a precautionary dietary health plan due to his elevated blood pressure. On August 1, 2022, the detainee received his full medical evaluation from IHSC medical staff and was removed from the precautionary diet plan. On September 8, 2022, ODO interviewed the IHSC commander, who confirmed the detainee was neither on nor required a dietary meal plan. At the request of ODO, the IHSC commander instructed the detainee he was no longer on the precautionary dietary meal plan and was only temporary placed on the dietary meal plan until he could get fully evaluated by the IHSC medical staff. The detainee acknowledged his understanding of the explanation.

*Food Service:* One detainee stated his concerns about undercooked and slimy food, raw chicken, and cold food due to the distance to transport it between the main facility and the annex.

- Action Taken: On August 9, 2022, ODO observed the food service team plate detainee meals on hinged three compartment Styrofoam insulated trays, which were placed in a sealed mobile insulated box (Cambro), used to maintain proper food temperatures during short distance transports. All detainee meals were prepared fresh in the main facility kitchen and then transported to the annex facility, which was less than 10

minutes away. ODO checked all food temperatures prior to transport and just prior to serving, ensuring all foods met required serving temperatures. ODO did not observe any raw nor partially cooked meats during this inspection; however, ODO did inform the facility's food service department and facility leadership of the detainee's concern.

*Funds and Personal Property:* One detainee stated ERO Atlanta did not secure his Internal Revenue Service (IRS) stimulus check with his personal property.

- Action Taken: ODO interviewed the FIPC mailroom supervisor and the FIPC business accounts administrator and confirmed the receipt of the check by mail and delivery to the FIPC-assigned SDDO. ODO also confirmed from the SDDO that the check had been lost. The SDDO informed the detainee of the lost check and assisted the detainee in contacting the IRS. The IRS said it would refund the check on the detainee's next income tax return.

*Grievance System:* One detainee stated he submitted a grievance on April 26, 2022, regarding an alleged physical abuse incident, but did not receive a response from the facility nor ERO Atlanta.

- Action Taken: ODO reviewed the grievance log and found the detainee submitted his grievance on April 28, 2022, alleging a facility officer verbally threatened and physically abused him. On April 29, 2022, the facility responded to the detainee, confirming the alleged incident and referred it to GEO's Office of Professional Responsibility (OPR), ERO Atlanta (JIC#202211599), and the DHS Office of Inspector General (OIG) for investigation. FIPC authorized the investigation, but findings did not support allegations of physical abuse. ODO reviewed closed-circuit television (CCTV) video surveillance of the alleged incident and observed the detainee removing the television remote control off a table, entering his cell, and closing the door. The FIPC officer stood outside of the detainee's cell for several seconds before entering the cell alone but leaving the door open. The CCTV camera angle did not cover the interior of the cell, but after 1 minute and 14 seconds, the officer exited and secured the cell door. ODO reviewed medical segregation evaluations from April 26 to 28, 2022, and found no reports of injuries due to an alleged assault. The GEO investigation found the FIPC officer acted unprofessionally by using threatening remarks, failing to notify a supervisor prior to entering the detainee's cell alone, aggressively slamming the cell door, and knocking an empty cup off the table in frustration. GEO's OPR investigation found the FIPC officer's behavior violated facility policy, resulting in a formal reprimand with disciplinary action for the officer. ODO interviewed the facility investigator and confirmed the DHS OIG concluded its investigation and found it unsubstantiated. The ERO Atlanta assigned SDDO confirmed their concurrent investigation of the incident.

*Medical Care:* One detainee stated the provider denied his request for a magnetic resonance imaging (MRI) test.

- Action Taken: ODO interviewed the FIPC medical provider, reviewed the detainee's medical file, and found the provider evaluated and treated the detainee for each of the



sick call requests he submitted since August 23, 2021. On May 24, 2022, the provider completed an MRI of the detainee's lower back and diagnosed the detainee's condition as bilateral neuroforaminal stenosis with no acute symptoms. The provider confirmed the detainee's prescription of Topamax (50 mg) for treatment.

*Medical Care:* One detainee stated he has received only over-the-counter medication for an injured left rotator cuff since his transfer to ICE custody.

- Action Taken: ODO interviewed the FIPC medical provider, reviewed the detainee's medical file, and confirmed the detainee's injured rotator cuff from an MRI taken at the previous facility. On April 1, 2022, medical staff examined the detainee after he submitted a sick call request for shoulder pain and blood pressure control. During the evaluation, the detainee declined to wait in the pill line for pain relief medication. During sick call on May 19, 2022, medical staff examined the detainee for left shoulder pain and prescribed a steroid injection, Kenalog (10 mg), for treatment and referred him to an orthopedic surgeon. The staff also advised the detainee of a home exercise plan to use as physical therapy. The orthopedic surgeon reviewed the detainee's condition and recommended to continue and repeat as needed with the steroid injection and physical therapy. ODO confirmed with the provider the need for surgery, but only after multiple attempts to resolve with steroid injections and physical therapy, which the provider communicated to the detainee as the plan for action.

*Medical Care:* One detainee stated his concern over the medical care and diet he receives as a diagnosed diabetic at the facility.

- Action Taken: ODO interviewed the FIPC medical provider, reviewed the detainee's medical file, and confirmed his diagnosed type 2 diabetes and his prescription of Metformin as treatment. The medical provider informed the detainee of a certified dietitian's approval for his prescribed medical diet. The medical provider instructed the detainee on his Chronic Care medical plan for action which consisted of 90-day follow-ups and on-going diabetic education.

*Medical Care:* One detainee stated his prescription for Gabapentin does not sufficiently treat his wrist pain and has requested reevaluation.

- Action Taken: ODO interviewed the facility medical provider, reviewed the detainee's medical file, and confirmed the medical staff examined the detainee for each of his 23 sick call requests. On December 22, 2021, medical staff evaluated the detainee for wrist pain, took X-rays, prescribed Gabapentin (600 mg) and a wrist brace as treatment, and wrote sleep orders for a lower bunk. On the same day, medical staff reviewed the X-ray results, found no fractures or breaks, and continued his prescription of Gabapentin. During the detainee's follow-up on February 11, 2022, medical staff reevaluated and prescribed an increased dosage of Gabapentin and ibuprofen (800 mg). The FIPC provider informed ODO that he placed the detainee on "scheduled" medication instead of "as needed" medication.

*Medical Care:* One detainee stated he had not received a response after submitting a sick call request on August 7, 2022, for bleeding from his rectum.

- Action Taken: ODO interviewed the FIPC medical provider, reviewed the detainee's medical record, and confirmed the medical provider evaluated the detainee for a bloody stool, prescribed phenylephrine, and recommended the detainee to increase his consumption of fiber and water and to avoid straining when using the restroom. During sick call on August 11, 2022, medical staff evaluated the detainee for constipation and prescribed a magnesium hydroxide suspension (400 mg) on that day as treatment.

*Medical Care:* One detainee stated he submitted a sick call request on August 3, 2022, concerning pain caused by a hernia, but had yet to receive medical treatment.

- Action Taken: ODO interviewed the FIPC medical provider, reviewed the detainee's medical file, and found the medical provider evaluated the detainee for a raised boil near his groin. The provider educated the detainee on swelling reduction and provided ice for pain relief. On August 5, 2022, during the detainee follow-up, the FIPC medical provider further evaluated the detainee and provided him with an inguinal hernia belt as treatment. The detainee reported no pain in either of his follow-up appointments. The FIPC medical provider informed the detainee how to submit a sick call request and the detainee acknowledged understanding.

*Medical Care:* One detainee displayed erratic shaking and confused behavior during the interview and stated he heard voices.

- Action Taken: ODO immediately concluded the interview and referred the detainee for psychological and physical evaluation, and the medical staff examined him on the same day. During the detainee's psychiatric evaluation, the detainee refused medication; however, he spoke at length about his personal life and business concerns and denied any suicidal, homicidal, or violent ideations. The detainee then requested to stop speaking and to go back to his housing unit. ODO interviewed FIPC medical provider, reviewed the detainee's medical file, and found medical staff diagnosed him with post-traumatic stress disorder (PTSD) after submitting 12 sick call requests. The detainee stated he wishes to be released from ICE custody based on his diagnosis of PTSD. The detainee has refused to take any medications for his mental health condition.

*Medical Care:* One detainee stated it took about four months from the date of submitting a sick call request for a urination problem to the date of receiving a medical examination and he no longer receives medication.

- Action Taken: ODO interviewed the facility medical provider, reviewed the detainee's medical file, and found medical staff examined the detainee on 39 separate occasions since his admission on August 24, 2022. On November 18, 2021, a medical provider at his previous facility examined the detainee and referred him to a urologist. The urologist diagnosed the detainee with a hypertonic bladder, performed a urine analysis,

obtained normal results, and prescribed oxybutynin chloride (5 mg). On December 21, 2021, medical staff discussed his urology findings, administered a urethral stricture which confirmed an enlarged prostate but not prostate cancer. Medical staff switched his prescription to Uroxatral (10 mg) once a day. On January 21, 2022, the medical staff examined the detainee and continued his treatment with the prescribed medication. The detainee said the medication had successfully relieved him of his symptoms.

*Medical Care:* One detainee stated he needed dental care.

- Action Taken: ODO interviewed the facility medical coordinator, reviewed the detainee's medical file, and found a healthcare provider met with the detainee on July 25, 2022, and referred him to an offsite dental provider for an annual comprehensive dental examination. The dental provider has yet to confirm a date. On September 8, 2022, ODO followed-up with the provider who confirmed the detainee's dental appointment scheduled for September 22, 2022.

*Staff-Detainee Communication:* Two detainees stated they have not had any interaction with an ICE officer since arriving at the facility in August 2021.

- Action Taken: ODO spoke with the SDDO and requested a DO with specific case knowledge to meet with and brief the detainees. On August 11, 2022, a DO spoke directly with each detainee by telephone and provided case-specific details. Additionally, ODO did not find anything indicating ERO Atlanta staff did not conduct regular staff-detainee communication at the facility.

*Use of Force and Restraints:* One detainee stated an FIPC staff member physically abused him on April 18, 2022.

- Action Taken: ODO interviewed FIPC staff and reviewed the detainee's detention file and a facility use of force (UOF) report. The UOF report documented that facility staff were relocating the detainee from Charlie 1 to Charlie 6, pending the outcome of an investigation, and the facility executed a calculated UOF after the detainee refused to comply with staff instructions. On August 10, 2022, ODO reviewed video of the UOF incident and observed: the detainee refused orders to exit his cell; FIPC officers entered his cell, assisted him to the floor where he was secured with hand and leg restraints, and escorted out of his cell where he walked down three steps and then refused to proceed any further; FIPC officers placed him in his cell in housing unit Charlie 6 and removed his restraints; and an FIPC nurse conducted a medical evaluation of the detainee with negative results.

# FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed FIPC's EHS program, interviewed the fire and safety manager, toured all areas of the facility, and found in the facility annex, four showers with dirt and soap scum buildup in Pod 4 and three showers with dirt and soap scum buildup on walls and empty shampoo bottles in Pod 5. Additionally, in Pods 1, 4, and 5, ODO observed perishable meal items on tables in the common areas. ODO also observed milk cartons from the breakfast meal served 5 hours earlier on tables (**Deficiency EHS-11<sup>6</sup>**).

## SECURITY

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the FIPC SDC program and the facility detainee supplement handbook and found ERO Atlanta listed but no scheduled hours and days detainees may contact field office staff (**Deficiency SDC-3<sup>7</sup>**).

ODO reviewed █ detainee ICE request log entries and found in █ out of █ instances, ERO Atlanta did not respond to the detainees' requests within 3 business days of receipt. Specifically, the detainee ICE request log entries did not contain a date of submission to identify the request response time (**Deficiency SDC-16<sup>8</sup>**). **This is a repeat deficiency.**

ODO reviewed █ detainee ICE request log entries and found in █ out of █ detainee ICE request logs, no date of receipt (**Deficiency SDC-20<sup>9</sup>**).

ODO reviewed █ detainee detention files for detainees with requests listed on the ICE request log and found in █ out of █ files, no copies of the detainees' requests (**Deficiency SDC-21<sup>10</sup>**).

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<sup>6</sup> "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

<sup>7</sup> "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." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(A).

<sup>8</sup> "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).

<sup>9</sup> "At a minimum, the log shall record:  
a. date of receipt"

See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2)(a).

<sup>10</sup> "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 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

## USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the FIPC UOFR program, two calculated use of force (CUOF) audio-visual recorded incidents that occurred during this inspection review period and found in one out of two CUOF incidents, the FIPC CUOF team did not wear protective gear (**Deficiency UOFR-79**<sup>11</sup>).

## FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the FIPC FSC program, facility contract, and found FIPC staffing levels during this inspection review period ranged from 64 to 89 percent. ERO Atlanta took efforts to assist the facility with their staffing shortages by keeping the detainee population at FIPC below capacity, and ODO found the detainee capacity when the facility's staffing was at 64 percent was maintained at approximately 55 percent of max capacity. ODO did not observe any vacant posts during the inspection; however, cites the facility's staffing shortage as an **Area of Concern**.

ODO reviewed the FIPC FSC program and found the control center's list did not include the required notice of safeguarding the use and misuse of the information (**Deficiency FSC-14**<sup>12</sup>).

## FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the FIPC FPP program, toured detainee housing areas, interviewed a facility captain, and found each housing area does not have designated storage areas for detainee personal property. Specifically, ODO inspected 101 designated detainee bunks and found in 11 out of 101 bunks, no designated storage areas (**Deficiency FPP-30**<sup>13</sup>).

ODO reviewed the FIPC FPP program, toured detainee housing units, interviewed a facility captain, and found the facility did not provide to all detainees, lockers nor other securable space for detainees to store their authorized personal property. Specifically, ODO inspected 101 designated detainee bunks and found in 11 out of 101 bunks, no securable lockers and 88 lockers lacked a secure lock capability (**Deficiency FPP-40**<sup>14</sup>).

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<sup>11</sup> "Use-of-force team members and others participating in a calculated use of force shall wear protective gear, taking particular precautions when entering a cell or area where blood or other body fluids could be present." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(c)(1).

<sup>12</sup> "The facility administrator shall establish procedures to implement the following control center requirements: ...  
5. Maintenance of a list of the current home and cell phone numbers of every staff member assigned to the facility, including administrative/support services staff members, all situation response team members (SRTs), hostage negotiation team member (HNTs) and applicable law enforcement agencies. If any staff member is inaccessible by phone, other means of off-duty contact approved by the facility administrator, such as a pager number or e-mail address, may be listed; the list shall: ...

e. Prominently feature the following notice:

This information must be safeguarded. Use is restricted to those who need the information in the performance of their official duties. Misuse shall subject the user to criminal liability. This agency shall view any misuse of this information as a serious violation of the Employee Code of Conduct, which may result in disciplinary action, including removal."

See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(B)(5)(e).

<sup>13</sup> "For each housing area, the facility administrator shall designate a storage area for storing detainee personal property." See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E)(4).

<sup>14</sup> "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property."

ODO reviewed the FIPC FPP program, toured detainee housing units, interviewed the captain, and found insufficient, the amount of storage space proportional to the number of detainees assigned to that housing. Specifically, ODO inspected 101 designated detainee bunks and found in 11 out of 101 bunks, no securable lockers or storage space (**Deficiency FPP-41**<sup>15</sup>).

## **CARE**

### **PERSONAL HYGIENE (PH)**

ODO reviewed the FIPC PH program, observed detainee admission intake procedures, and found the facility did not issue combs as part of detainee PH items (**Deficiency PH-17**<sup>16</sup>).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the FIPC GS program and found the staff did not note detainee appellate reviews in the grievance log with the date of receiving the appeal, the name of the detainee filing the grievance, the nature of the grievance, the date of providing a decision to the detainee, nor the outcome of the adjudication (**Deficiency GS-70**<sup>17</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 12 deficiencies in the remaining 7 standards. ODO recommends ERO Atlanta work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of FIPC in January 2022.

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*See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E).*

<sup>15</sup> "The amount of storage space shall be proportional to the number of detainees assigned to that housing area." *See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E).*

<sup>16</sup> "Each detainee shall receive, at a minimum, the following items: ...  
2. one comb;"

*See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(D)(2).*

<sup>17</sup> "The appellate reviewer shall note the grievance log with the following information: ...  
• date appeal received;  
• name of detainee that filed grievance;  
• nature of the grievance;  
• date decision provided to detainee; and  
• outcome of the adjudication."

*See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(3)(c).*

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (PBNDS 2011) (Revised 2016)</b>	<b>Second FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	24	17
Deficient Standards	4	7
Overall Number of Deficiencies	4	12
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	N/A