



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-170**

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

**Folkston ICE Processing Center
Folkston, Georgia**

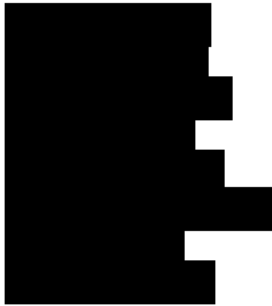
July 25-27, 2023

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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Contractor	Creative Corrections
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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 July 25 to 27, 2023.¹ This inspection focused on the standards found deficient during ODO's last inspection of FIPC from January 31 to February 2, 2023. The facility opened in 1997 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).

[REDACTED]

[REDACTED] A facility administrator oversees daily facility operations and manages [REDACTED] 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 by the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified. As this facility consists of two distinct locations (main complex and annex), ODO reviewed and listed below the following standards for both locations: Medical Care; Significant Self-harm, and Suicide Prevention and Intervention; and Terminal Illness, Advance Directives, and Death.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of July 25, 2023)	[REDACTED]
Adult Female Population (as of July 25, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found six deficiencies in the following areas: Disability Identification, Assessment, and Accommodation (1); Food Service (2); Key and Lock Control (1); and Staff-Detainee Communication (2).

¹ This facility holds male detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of July 24, 2023.

³ *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 may 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 ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Key and Lock Control	0
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	2
Part 4 - Care	
Food Service	0
Medical Care - Main	0
Medical Care - Annex	0
Significant Self-harm and Suicide Prevention and Intervention - Main	0
Significant Self-harm and Suicide Prevention and Intervention - Annex	0
Terminal Illness, Advance Directives and Death - Main	0
Terminal Illness, Advance Directives and Death - Annex	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Other Standards Reviewed	
DHS PREA Certified Facilities	0
Sub-Total	0
Total Deficiencies	3

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

⁵ 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 19 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Food Service: One detainee stated the medical unit prescribed a therapeutic diet for his lactose intolerance and seafood allergy, but food service staff served him a regular diet with no modifications to meet his health requirements.

- Action Taken: ODO spoke with the health services administrator (HSA) and the food service administrator (FSA) concerning the detainee’s complaint. The HSA confirmed medical staff examined the detainee during intake on July 10, 2023. On July 19, 2023, the detainee stated to the medical staff his lactose intolerance and seafood allergy. The physician ordered a therapeutic diet, modified for the detainee’s lactose intolerance and seafood allergy. The HSA stated medical staff sent the detainee’s therapeutic diet order to the FSA on the same day. On July 25, 2023, the FSA confirmed she spoke with the detainee and advised him the facility’s medical staff prescribed him a regular diet and noted the detainee’s lactose intolerance and seafood allergy. The therapeutic diet order from medical only documented his seafood allergy. The HSA informed ODO she consulted with the FSA about the detainee’s therapeutic diet order, and the FSA confirmed the appropriate modifications of the detainee’s diet for his lactose intolerance and seafood allergy. The FSA advised the detainee she spoke with medical and confirmed the appropriate modifications for his therapeutic diet. The FSA discussed with the detainee the substituted diet items for his meals and also advised him to place his identification card in the window at every meal to ensure he received the proper tray.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the ICE staff-detainee communication log and found the log did not include the following items: detainee’s nationality; name of staff member logging the request; any other relevant details; and justification for the urgency of the detainee’s request (**Deficiency SDC-20⁶**).

⁶ “At a minimum, the log shall record: ...

d. detainee’s nationality;

e. name of the staff member who logged the request;

g. any other pertinent site-specific information, including detention condition complaints; and

h. specific reasons why the detainee’s request is urgent and requires a faster response;”

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

ODO reviewed [REDACTED] detention files for which detainees had requests listed on the detainee request log and found in [REDACTED] out of [REDACTED] files, no copy of each completed detainee request in the detainee's detention file (**Deficiency SDC-21**⁷).

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO reviewed the facility's disability program and reasonable accommodation log at FIPC's annex building (operated by ICE Health Service Corps) and found in one out of five multidisciplinary reviews, no notification by the facility to ERO Atlanta for the completed reviews of detainees with communication or mobility impairments within 72 hours (**Deficiency DIAA-63**⁸). **This is a repeat deficiency.**

CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found three deficiencies in the remaining two standards. Since FPIC's last full inspection in January 2023, the facility has trended upward. FIPC went from four deficient standards with six deficiencies to two deficient standards with three deficiencies. These deficiencies include one repeat deficiency in Disability Identification, Assessment, and Accommodation for no notification of ERO Atlanta upon completed reviews of detainees with communication or mobility impairments within 72 hours. ODO did not inspect the SDC standard in full during FPIC's full inspection in January 2023, which accounted for the other two deficiencies ODO identified during this follow-up inspection. ERO provided ODO with the UCAP for ODO's last inspection of FIPC in February 2023, which likely contributed to the facility's improved performance. ODO recommends ERO Atlanta continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

⁷ "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).

⁸ "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 impairment." See ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(H)(1).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	17
Deficient Standards	4	2
Overall Number of Deficiencies	6	3
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	1
Areas of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A