



**U.S. Department of Homeland Security**  
U.S. 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  
2024-002-398**

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

**Folkston ICE Processing Center  
Folkston, Georgia**


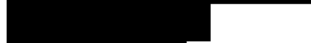
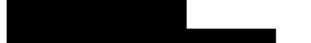




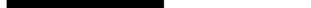
**July 9-11, 2024**

**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
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

## 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 9 to 11, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of FIPC from January 30 to February 1, 2024. The facility opened in 2017 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] 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. ICE Health Service Corp provides medical care for the FIPC Annex. 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of July 9, 2024)	[REDACTED]
Adult Female Population (as of July 9, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 1 deficiency in the following area: Staff-Detainee Communication (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 Custody Management Division Authorized Facility List as of June 17, 2024.

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

## FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.<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.

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.

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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 2011 (REVISED 2016) MAJOR CATEGORIES

PBNS 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
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</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>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>1</b>

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

## DETAINEE RELATIONS

ODO interviewed 10 detainees, who each voluntarily agreed to participate. All other detainees at the facility declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 10 detainees reported satisfaction with facility services.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### CARE

#### SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed the medical records of [REDACTED] detainees the facility placed on suicide watch. In [REDACTED] out of [REDACTED] records, clinical staff conducted checks 10 hours after the previous check. In an additional record, clinical staff conducted the checks approximately 23 hours after the previous checks (Deficiency SSHSPI-35<sup>7</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 16 of those standards. ODO found one deficiency in the remaining one standard. Since FIPC's last full inspection in January 2024, the facility's overall compliance with the ICE PBNDS 2011 (Revised 2016) has remained the same. FIPC went from 1 deficiency in the Staff-Detainee Communication standard in January 2024 to 1 deficiency in the Medical Care standard during this most recent inspection. ODO received a completed UCAP for the facility's last ODO inspection in January 2024. ODO recommends ERO Atlanta continue to work with the facility to resolve the deficiency that remains outstanding in accordance with contractual obligations.

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<sup>7</sup> "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff." 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 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	28	17
Deficient Standards	1	1
Overall Number of Deficiencies	1	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A