



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

**Office of Detention Oversight
Compliance Inspection**

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

**Folkston ICE Processing Center and Annex
Folkston, Georgia**

January 4-8, 2021

COMPLIANCE INSPECTION
of the
FOKLSTON 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 4 to 8, 2021.¹ 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 (FOD) in Atlanta (ERO Atlanta). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. A warden handles daily facility operations and is supported by █████ personnel. GEO provides food service and medical care at the facility and Keefe Commissary Group provides commissary services. The facility was accredited by the American Correctional Association and the National Commission on Correctional Health Care in 2019 and was certified by the Department of Homeland Security Prison Rape Elimination Act in 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1118
Average ICE Detainee Population ³	████
Male Detainee Population (as of 1/4/2020)	████
Female Detainee Population (as of 1/4/2020)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 38 deficiencies in the following areas: Admission and Release (5); Custody Classification System (1); Staff-Detainee Communication (1); Use of Force and Restraints (3); Environmental Health and Safety (2); Facility Security and Control (1); Funds and Personal Property (4); Food Service (4); Medical Care (3); Personal Hygiene (2); Recreation (2); Religious Practices (4); Telephone Access (3); Visitation (2); and Grievance System (1).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of December 28, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

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

PBNDs 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	6
Environmental Health and Safety	0
Sub-Total	6
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
DHS PREA Certified	0
Facility Security and Control	1
Funds and Personal Property	0
Population Counts	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	2
Part 4 – Care	
Food Service	0
Hunger Strikes	1
Medical Care	4
Significant Self-Harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	6
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	14

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

DETAINEE RELATIONS

ODO interviewed 12 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 concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Atlanta and the facility were not able to accommodate this request due to technological issues. As such, the detainee interviews were conducted via telephone.

Admission and Release: One detainee stated he did not receive a facility or ICE National Detainee Handbook.

- Action Taken: ODO interviewed the assistant facility administrator, who provided signed documentation the detainee received both the ICE National Detainee Handbook and FIPC handbook during admission. In addition, ODO reviewed 12 detainee files and found the facility consistently provides detainees both handbooks.

Medical Care: One detainee stated he was not satisfied with the response from medical staff after he informed them of blood in his stool.

- Action Taken: ODO requested information from the health service administrator (HSA), who conducted a medical record review and stated the intake and initial physical exams noted the detainee had a history of chronic constipation and hemorrhoids. Medical staff prescribed the detainee fiber and stool softeners and educated him on his condition, medication compliance, and the importance of drinking water. On September 28, 2020, the medical director (MD) evaluated the detainee and scheduled him for a consultation for a hemorrhoid surgery. On September 30, 2020, the surgeon referred the detainee for a colonoscopy followed by anorectal surgery, depending on the results. On October 12, 2020, while the nurse practitioner (NP) prepared the detainee for the colonoscopy, the detainee stated he wanted more time to decide and the NP cancelled the colonoscopy. On October 22, 2020, the NP met with the detainee to discuss rescheduling the colonoscopy. The NP submitted a new surgical request and educated the detainee on the procedure. On December 28, 2020, the MD evaluated the detainee and the detainee stated he has felt better since taking the fiber and stool softeners. The HSA stated the detainee has an appointment with the NP for a pre-surgery consultation at the end of the January.

Medical Care: One detainee stated he was supposed to receive mental health medication, but he has not received it.

- Action Taken: ODO requested information from the HSA, who conducted a medical record review and stated the detainee has not submitted any mental health sick call requests or voiced any concerns. On December 21, 2020, an external doctor evaluated the detainee and prescribed him Zoloft, an anti-depressant, and Prazosin, to treat symptoms of Post-Traumatic Stress Disorder (PTSD). On January 5, 2021, a tele-psychiatrist evaluated the detainee and determined there was no medical justification to prescribe the detainee psychotropic medications. Medical staff scheduled the detainee for a follow-up appointment with a mental health provider on January 21,

2021, to determine whether there is a continued need for the detainee to receive mental health services.

Medical Care: One detainee stated he has PTSD and high cholesterol and is concerned medical staff are not addressing either condition.

- Action Taken: ODO requested information from the HSA, who conducted a medical record review, and stated the detainee reported during intake screening he had a history of PTSD and high cholesterol. Medical staff completed the detainee's initial physical examination and prescribed him Simvastatin, to treat high cholesterol, and Vistaril, to reduce his anxiety. On August 13, 2020, medical staff referred the detainee to mental health services. Mental health staff met with the detainee, but the detainee refused treatment. On September 15, 2020, a psychiatrist completed an initial psychiatric evaluation and prescribed the detainee Prazosin for PTSD. On December 18, 2020, the psychiatrist prescribed the detainee Prozac. On January 5, 2021, medical staff evaluated the detainee and he stated since taking Prozac, he has been feeling agitated. Medical staff changed the detainee's prescription from Prozac to Zoloft and scheduled him for a follow-up mental health appointment on January 25, 2021.

Medical Care: One detainee stated he has a bump on his right shoulder and does not understand why because medical staff have not given him a diagnosis.

- Action Taken: ODO requested information from the HSA, who conducted a medical record review, and stated the detainee first complained of a bump on his right shoulder on August 26, 2020. On August 27, 2020, medical staff evaluated the detainee and submitted a request for an ultrasound. On September 15, 2020, medical staff completed the ultrasound. On September 23, 2020, the NP informed the detainee the bump appeared to be cosmetic, but further testing was necessary to determine a diagnosis and the NP submitted a request for magnetic resonance imaging (MRI). The NP prescribed the detainee ibuprofen and Tylenol; however, the detainee declined the medication. Medical staff informed the detainee to monitor the lump until the MRI is completed, which is scheduled for January 25, 2021.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed FIPC's emergency plans and found the plans do not include the following requirements:

- Procedures for rendering emergency assistance to another ICE/ERO facility (**EP-7⁶**).
- How and when staff shall notify nearby residents of the situation, including sharing information such as the type of emergency, actions being taken, evacuation routes, and special precautions (**EP-67⁷**).
- Whether the remote battery charging units shall be maintained in the control center or outside the secure perimeter (**EP-68⁸**).
- Procedures for screening freed hostages for medical and psychological problems (**EP-122⁹**).
- The number of employees and detainees to receive the training. In addition, ODO interviewed facility staff who indicated FIPC does not train detainees in any type of emergency preparedness (**EP-161¹⁰**).
- A list of suppliers to provide essential goods and materials during the emergency, an alternative list to identify product substitutions and alternate suppliers, or the assignment of priorities among the essential listed and recognizing shortages likely to occur during an area-wide emergency (**EP-171¹¹**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO found three out of 12 detainee files did not bear the ERO authorizing official's signature on

⁶ "Each plan shall include procedures for rendering emergency assistance (e.g., supplies, transportation and temporary housing for detainees, personnel and/or TDY staff) to another ICE/ERO facility." See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(C)(1)(a)(1).

⁷ "The plan shall specify how and when staff shall notify nearby residents of the situation, including sharing information such as type of emergency, actions being taken, evacuation routes (if applicable) and special precautions." See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(D)(16).

⁸ "The plan shall specify whether the remote battery charging units shall be maintained in the control center or outside the secure perimeter." See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(D)(17).

⁹ "Emergency plans shall specify procedures for screening freed hostages for medical and psychological problems." See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(5)(f)(3).

¹⁰ "The plan shall specify the number of employees and detainees to receive the training." See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(10)(b)(1)(c).

¹¹ "For every evacuation scenario, the plan shall:

- 1) identify and prepare a list of suppliers to provide essential goods and materials during the emergency;
- 2) prepare an alternative list, identifying product substitutions and alternate suppliers; and
- 3) assign priorities among the essentials listed, recognizing shortages likely to occur during an area-wide emergency." See ICE PBNDS 2011, Standard Emergency Plans, Section (V)(E)(12)(b)(1-3).

the Order to Detain or Release (Form I-203 or I-203a) (AR-54¹²).

FACILITY SECURITY AND CONTROL (FSC)

ICE has approved a staffing plan as part of the facility's contract to ensure the facility maintains sufficient staffing levels at all times. Contractually, the facility is required to maintain a [REDACTED] or less staff vacancy rate at all times; however, the facility is at an [REDACTED] vacancy rate (FSC-1¹³).

CARE

HUNGER STRIKES (HS)

ODO found [REDACTED] out of [REDACTED] medical staff training files did not have documentation of annual training on the signs of a hunger strike, the procedures for referral for medical assessment, or the management of a detainee on a hunger strike (HS-1¹⁴).

MEDICAL CARE (MC)

ODO interviewed medical staff and found medical staff do not provide detainees receiving anti-tuberculosis therapy with a 15-day supply of medications when transferred, released, or deported (MC-40¹⁵).

ODO found [REDACTED] out of [REDACTED] medical credential files did not have primary source verification of their licenses (MC-101¹⁶).

ODO found [REDACTED] out of [REDACTED] registered nurses did not have documented training by a physician to perform physical examinations (MC-138¹⁷).

ODO interviewed medical staff and found when medical staff are notified on short notice of a detainee's transfer, the detainee is discharged with only the amount of medication on hand in the

¹² "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDs 2011, Standard, Admission & Release, Section (V)(E). **This is a Repeat Deficiency.**

¹³ "Each facility shall ensure that it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse assault, other forms of violence or harassment, and to prevent significant self-harm and suicide." See ICE PBNDs 2011, Standard, Facility Security and Control, Section (V)(A). **This is a Repeat Deficiency.**

¹⁴ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE PBNDs 2011, Standard, Hunger Strikes, Section (V)(A).

¹⁵ "Patients receiving anti-TB therapy shall be provided with a 15 day supply of medications and appropriate education when transferred, released or deported, in an effort to prevent interruptions in treatment until care is continued in another location." See ICE PBNDs 2011, Standard, Medical Care, Section (V)(C)(2).

¹⁶ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDs 2011, Standard, Medical Care, Section (V)(I). **This is a Repeat Deficiency.**

¹⁷ "Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law." See ICE PBNDs 2011, Standard, Medical Care, Section (V)(M). **This is a Repeat Deficiency.**

pharmacy, which may be less than a seven day supply (MC-231¹⁸).

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

ODO found ■■■ out of ■■■ staff training files did not have documentation of annual suicide prevention training (SSHSPI-8¹⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 14 deficiencies in the remaining 6 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 PBNDS 2011 (Revised 2016)	FY 2021 PBNDS 2011 (Revised 2016)
Standards Reviewed	20	20
Deficient Standards	14	6
Overall Number of Deficiencies	38	14
Repeat Deficiencies	5	4
Areas of Concern	3	0
Corrective Actions	5	0

¹⁸ "In addition, the medical provider shall ensure that at least 7 day (or, in the case of TB medications, 15 day and in the case of HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee as ordered by the prescribing authority." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(Z).

¹⁹ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).