

Office of Professional Responsibility

Folkston ICE Processing Center

Compliance Inspection 2025-001-067

January 28-30, 2025



U.S. Immigration
and Customs
Enforcement

COMPLIANCE INSPECTION
of the
FOLKSTON ICE PROCESSING CENTER
Folkston, Georgia

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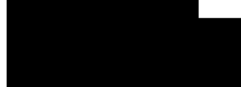





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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
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	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 compliance inspection of the Folkston ICE Processing Center (FIPC) in Folkston, Georgia, from January 28 to 30, 2025.¹ 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] A facility administrator handles daily FIPC operations and manages 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 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 28, 2025)	[REDACTED]
Adult Female Population (as of January 28, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 1 deficiency in Significant Self-harm and Suicide Prevention and Intervention.

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

² Data Source: ERO Custody Management Division Authorized Facility List as of January 27, 2025.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

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.

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 ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (By Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	

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

⁶ 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 Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	1

DETAINEE RELATIONS

ODO interviewed 29 detainees, who each voluntarily agreed to participate. Seven additional detainees declined ODO’s request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated the facility was not treating his herniated disc, which continued to cause him pain.

- Action Taken: ODO examined the detainee’s medical file, interviewed facility medical staff, and found medical staff had not diagnosed the detainee with a herniated disc. At ODO’s request, the facility’s medical staff examined the detainee on January 29, 2025, and took an x-ray of the detainee’s spine, but did not find an injury to the disc nor the vertebrae. On January 30, 2025, medical staff met with the detainee and prescribed him acetaminophen (650 mg), twice daily as needed, and advised him to return to sick call if his discomfort did not subside.

COMPLIANCE INSPECTION FINDINGS

CARE

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

ODO reviewed the medical files of seven detainees previously placed on suicide watch and found a detainee was on suicide watch for 4 days between August 16 and 20, 2024; however, on August 17, 2024, there was no mental health treatment conducted by a qualified clinician recorded in the detainee’s medical file. **(Deficiency SSHSPI-35.⁷). This is a repeat deficiency.**

⁷ “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, and daily mental health treatment by a qualified clinician.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 27 standards under PBNDS 2011(Revised 2016) and found the facility in compliance with 26 of those standards. ODO found two deficiencies in the remaining one standard. Since FIPC’s last full inspection in February 2024, the facility’s overall compliance has remained consistent. FIPC stayed the same with 1 deficient standard and 1 deficiency in February 2024 to 1 deficient standard and 1 deficiency during this most recent full inspection. ODO received FIPC’s uniform corrective action plan for FIPC’s last inspection in February 2024; however a similar deficiency was found in the same SSHSPI standard causing a repeat deficiency. ODO recommends ERO Atlanta continue to work with the facility to resolve the deficiency that remains outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	28	27
Deficient Standards	1	1
Overall Number of Deficiencies	1	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Good



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