



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
Interim Compliance Inspection

Enforcement and Removal Operations
ERO San Francisco Field Office

Golden State Annex
McFarland, California

July 19-23, 2021

INTERIM COMPLIANCE INSPECTION
of the
GOLDEN STATE ANNEX
McFarland, California

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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 an interim compliance inspection of the Golden State Annex (GSA) in McFarland, California, from July 19 to 23, 2021.¹ The facility opened in 2020 and is owned and operated by The GEO Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at GSA in 2020 under the oversight of ERO’s Field Office Director in San Francisco (ERO San Francisco). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned a detention services manager to the facility. A GSA warden handles daily facility operations and manages [REDACTED] personnel. The GEO Group, Inc. provides food services, WellPath provides medical care, and U.S. Commissary Solutions provides commissary services at the facility. The facility was accredited by the American Correctional Association in December 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of July 19, 2021)	[REDACTED]
Female Detainee Population (as of July 19, 2021)	[REDACTED]

This was ODO’s first inspection of GSA.

¹ This facility holds male and female 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 July 19, 2021.

³ *Ibid.*

INTERIM COMPLIANCE INSPECTION PROCESS

Interim Compliance Inspections are intended to provide oversight of new facilities that have begun housing ICE detainees during the first half of ODO's current inspection cycle (October to March/April) and will not have sufficient time to be inspected twice during the FY. ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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 Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	4
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	5
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	6

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

DETAINEE RELATIONS

ODO interviewed seven detainees, who each voluntarily agreed to participate. ODO offered interviews to the remaining detained population; however, no other detainees volunteered for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. ODO conducted detainee interviews via video teleconference.

INTERIM COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the facility's AR policy and procedures, interviewed the intake lieutenant, and found ERO San Francisco has not approved the facility's orientation procedures (**Deficiency AR-61⁶**).

ODO reviewed the facility's orientation procedures, interviewed the intake lieutenant, and found the facility has not produced nor screened an orientation video for every detainee (**Deficiency AR-62⁷**).

Additionally, the facility does not have an English nor Spanish, site-specific orientation video in which to screen for all detainees (**Deficiency AR-63⁸**).

ODO reviewed the facility's AR policy and procedures, interviewed the intake lieutenant, and found ERO San Francisco has not approved the facility's release procedures (**Deficiency AR-79⁹**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP policy and procedures, reviewed FPP audit documentation, and found the facility did not complete an inventory of detainee baggage and other non-valuable property at least once each quarter (**Deficiency FPP-123¹⁰**).

⁶ "Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." *See* ICE PBND 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F).

⁷ "At SPCs, CDFs, and dedicated IGSA's, the facility administrator shall produce an orientation video that covers the required topics listed below and shall screen it for every detainee." *See* ICE PBND 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F).

⁸ "The video shall generally be in English and Spanish and provisions shall be made for other significant segments of the population with limited English proficiency." *See* ICE PBND 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F).

⁹ "ICE/ERO shall approve all facility release procedures." *See* ICE PBND 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H).

¹⁰ "An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter." *See* ICE PBND 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] health care staff credential files and found [REDACTED] health care staff professional licenses were not primary source verified between [REDACTED] after the employee's start date. Additionally, one contract psychologist's credentialing file did not contain current licensure nor primary source verification documentation (**Deficiency MC-101¹¹**). Prior to the completion of the inspection, the facility's health services administrator obtained the contract psychologist's clinical license and primary source verification documentation.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found six deficiencies in the remaining three standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO San Francisco work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. Since this was ODO's first inspection of GSA, there is no uniform corrective action plan for ODO to follow-up on.

Interim Compliance Inspection Results	FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	21
Deficient Standards	3
Overall Number of Deficiencies	6
Areas of Concern	0
Corrective Actions	0

¹¹ "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 (Revised 2016), Standard, Medical Care, Section (V)(I).