



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO San Francisco Field Office**

**Golden State Annex
McFarland, California**

August 2-4, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
GOLDEN STATE ANNEX
McFarland, California

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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 Golden State Annex (GSA) in McFarland, California, from August 2 to 4, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of GSA from January 25 to 27, 2022. The facility opened in 1999 and is owned and operated by The Geo Group, Inc. (GEO). 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 service manager to the facility. A GSA facility administrator handles daily facility operations and manages █████ support personnel. GEO provides food services and medical care, and Union Supply provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of August 2, 2022)	█████
Adult Female Population (as of August 2, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 22 deficiencies in the following areas: Admission and Release (4); Correspondence and Other Mail (1); Custody Classification System (3); Emergency Plans (2); Medical Care (1); Medical Care (Women) (1); Personal Hygiene (1); Post Orders (3); Searches of Detainees (1); Significant Self-harm and Suicide Prevention and Intervention (1); and Special Management Units (4).

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

² Data Source: ERO Facility List as of July 18, 2022.

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 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
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Special Management Units	0
Staff-Detainee Communication	6
Use of Force and Restraints	0
Sub-Total	6
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	2
Medical Care (Women)	1
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	6
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	12

⁴ For greater detail on ODO's findings, see the *Follow-up Compliance 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 14 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.

Facility Security and Control: Two detainees stated facility staff has no control over the detainees and rising tension within the facility resulted in a fight the previous night.

- Action Taken: ODO interviewed facility staff and found on August 2, 2022, at 12:02 a.m., a housing unit officer reported a detainee-on-detainee fight. Three detainees had a verbal argument that escalated into a physical altercation. Facility staff responded to the housing unit, stopped the incident without the use of force, and escorted the detainees to medical for evaluation. Staff returned one detainee to his housing unit after medical staff treated scratches to his head. One detainee was transferred to another facility and facility staff placed the third detainee in administrative segregation, pending investigation. ODO did not observe any vacant posts or identify anything that suggested the facility did not have sufficient staffing. Additionally, ODO did not identify anything that suggested detainee fights regularly occurred at this facility.

Food Service: One detainee stated the facility served rotten lettuce, the food quality was poor, and the food was repetitive.

- Action Taken: ODO interviewed ERO San Francisco and the food service manager (FSM) and confirmed the facility received bad lettuce from the supplier for several months, but ODO was unable to determine if the facility ever served the bad lettuce to the detainees. The facility resolved the issue by purchasing lettuce from local vendors until to ensure fresh lettuce was served to the detainees. The FSM advised facility staff and detainees to notify food service workers of any spoiled food items.

Medical Care: One detainee stated the facility refused to provide him his medical test results for hypertension.

- Action Taken: ODO interviewed the facility's medical administrative assistant, reviewed the detainee's medical record and detention file, and found on June 30, 2022, medical staff evaluated the detainee for hypertension and conducted a laboratory test. On July 4, 2022, facility medical staff reviewed and noted the detainee's abnormal lab results. On July 12, 2022, the detainee submitted a sick call request to obtain the results, but the staff informed him a doctor must review the results first before releasing them to the detainee. On July 19, 2022, the detainee submitted a medical request to see the doctor and medical staff scheduled an appointment for July 21, 2022, and a follow-up for July 28, 2022. The doctor did not meet with the detainee for the follow-up appointment, and the detainee submitted a medical grievance on July 31, 2022. ODO was unable to determine why the doctor did not meet with the detainee. The medical grievance committee reviewed the grievance and found in favor of the detainee.

Medical staff scheduled the detainee for an evaluation with a nurse practitioner on August 1, 2022, but cancelled it due to lack of medical personnel. On August 2, 2022, a doctor examined the detainee, reviewed his medical test results, and prescribed medication to control his hypertension.

Medical Care: One detainee stated medical staff did not meet with him for more than 2 weeks after he submitted a mental health services request for stress and depression.

- Action Taken: ODO interviewed facility medical staff, reviewed the detainee's medical record, and found the detainee arrived at the facility on May 5, 2022, and medical staff continued his anxiety and depression medication after examining him. On July 12, 2022, a detainee protest occurred in the recreation yard, and protesting detainees informed a deportation officer that facility staff threatened the use of force against them. On July 16, 2022, the medical staff received the detainee's request for mental health, scheduled him to see a facility nurse, but the detainee refused the appointment, which facility medical staff documented on a medical refusal form. On July 17, 2022, a psychologist examined the detainee, continued his prescribed medication, and informed him of self-help groups with other detainees and how to use his time more productively. The psychologist explained how to access mental health services and scheduled a follow-up appointment with the detainee in 60 days.

Medical Care: One detainee stated medical staff has not examined him after submitting sick call requests for pain in his head, foot and back, dizziness, and forgetfulness.

- Action Taken: ODO interviewed facility medical staff, reviewed the detainee's medical file, and found the detainee arrived at the facility on May 5, 2022, and received an initial medical examination on May 9, 2022. Medical staff noted a history of head, foot, and back injuries and continued the detainee's medication to treat those concerns. A review of the detainee's medical record showed the detainee refused to take his medication 15 times between his arrival to the facility and May 31, 2022. The facility medical staff documented each refusal on a medication refusal form. On May 31, 2022, the detainee submitted a medical request for pain in his feet and knees and requested supportive shoes. On June 1, 2022, a nurse examined the detainee and issued insoles for additional support, instructed the detainee to resume activity gradually, and return to medical if symptoms persisted.

Medical Care: One detainee stated 20 days passed after submitting his medical request before a doctor examined him for his foot pain.

- Action Taken: ODO interviewed facility medical staff, reviewed the detainee's medical record, and found the detainee submitted a medical request on March 9, 2022, for foot pain caused by the facility-issued shoes. On March 10, 2022, a nurse examined the detainee and issued ibuprofen to help with his pain. On March 14, 2022, the detainee submitted a second request for the pain in his feet. On March 15, 2022, a nurse examined the detainee and scheduled him for an appointment with a doctor. On March 28, 2022, the doctor examined the detainee and prescribed shoe inserts with arch

supports. The doctor instructed the detainee to request properly fitting shoes from the facility and approved the detainee’s request for family to send shoes directly from an outside vendor.

Staff-Detainee Communication: Five detainees stated ICE officers do not interact with detainees, do not announce their entry into the facility, do not follow the posted ICE visitation schedule in the housing units, and do not sign the logbook.

- **Action Taken:** ODO interviewed a deportation officer and reviewed ICE logbooks. The deportation officer informed ODO that ERO San Francisco performs a weekly scheduled visit of the facility on Wednesdays as well as an unscheduled supervisor visit. ERO San Francisco has a schedule of their scheduled visits posted in each of the detainee housing units, which indicated scheduled visits occur on Wednesdays. Furthermore, ERO San Francisco advised ODO that detainees may communicate with their case officers via tablets if they have any questions and may sign up to ask questions for ERO San Francisco’s weekly scheduled visit. ODO did not observe ERO San Francisco deportation officers entering housing units during the inspection.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ERO San Francisco’s paper and electronic detainee request logs and found in 121 out of 806 detainee requests, detainees did not receive a response from ERO within 3 business days of receipt. Specifically, the log indicated ERO San Francisco responded to 91 out of 121 requests between 4 and 15 days of receipt, and in 30 out of 121 requests, detainees did not receive a response (**Deficiency SDC-17⁶**).

ODO reviewed ERO San Francisco’s paper and electronic detainee request logs and found in 300 out of 806 detainee requests, staff did not document all dates. Specifically, ODO found in 211 out of 300 requests, the log did not contain a submission date, and in 89 out of 300 requests, staff did not document a response date (**Deficiency SDC-18⁷**).

ODO reviewed ERO San Francisco’s paper and electronic detainee request log and found the log did not record the dates of receipt, nationalities of the detainee, names of staff members who logged requests, nor the date staff returned a request to a detainee with staff response and action. Specifically, ODO found the log did not document the nationality of the detainee in all 806 requests, date of receipt in 211 requests, nationality of the detainee in 59 requests, nor the names

⁶ “In Facilities without ICE/ERO onsite presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b).

⁷ “All dates shall be documented.” See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b).

of the staff members who logged the request in 59 requests (**Deficiency SDC-20⁸**).

ODO interviewed ERO San Francisco and facility staff and found staff did not place completed electronic detainee requests in detainee detention files (**Deficiency SDC-21⁹**).

ODO interviewed ERO San Francisco and found staff did not place nor maintain confidential detainee requests in detainee A files (**Deficiency SDC-22¹⁰**).

ODO reviewed ERO San Francisco's telephone serviceability forms and found the field office did not maintain the forms for 3 years. Specifically, the ERO San Francisco's most recent telephone serviceability form was dated September 21, 2020 (**Deficiency SDC-26¹¹**).

CARE

FOOD SERVICE (FS)

ODO interviewed the FSM, observed the FS area, and found staff did not equip the meat slicer with an anti-restart device (**Deficiency FS-402¹²**).

MEDICAL CARE (MC)

ODO interviewed the facility compliance officer and found the facility did not complete the contract requirement of accreditation from the National Commission on Correctional Health Care (NCCHC) (**Deficiency MC-10¹³**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] medical files and found in [REDACTED] out of [REDACTED] files, staff did not conduct a physical examination on each detainee within 14 days of arrival. Specifically, ODO found in all 10 cases, the facility conducted physical examinations between 15 and 26 days after a detainees' arrival (**Deficiency MC-137¹⁴**).

⁸ "At a minimum, the log shall record:

a. date of receipt;

d. detainee's nationality;

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

f. date that the request, with staff response and action, was returned to the detainee;" *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(a-i).

⁹ "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, Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁰ "Copies of confidential requests shall be maintained in the A file." *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹¹ "Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C).

¹² "4) Meat saws, slicers and grinders shall be equipped with anti-restart devices." *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(12)(c)(4).

¹³ "Medical facilities within the detention facility shall achieve and maintain current accreditation with the National Commission on Correctional Health Care (NCCHC), and shall maintain compliance with those standards." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(A).

¹⁴ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more

MEDICAL CARE (WOMEN) (MCW)

ODO interviewed the facility compliance officer and found the facility did not complete the contract requirement for NCCHC accreditation (**Deficiency MCW-1**¹⁵). **This is a repeat deficiency.**

PERSONAL HYGIENE (PH)

ODO interviewed the facility compliance officer, toured detainee housing units, and found the facility did not provide detainees with a reasonably private environment in accordance with safety and security needs. Specifically, ODO observed the shower areas in housing unit A1 and found: two co-located shower heads; a common curtain across the shower entrance; and no partition wall nor curtain to divide the area for privacy (**Deficiency PH-41**¹⁶).

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

ODO interviewed the health services administrator and found the facility did not complete the contract requirement for NCCHC accreditation (**Deficiency SSHSPI-1**¹⁷). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 12 of those standards. ODO found 12 deficiencies in the remaining 6 standards. ODO recommends ERO San Francisco work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of GSA in January 2022.

immediate attention is required due to an acute or identifiable chronic condition." *See* ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

¹⁵ "The facility's provision of gynecological and obstetrical health care shall be in compliance with standards set by the National Commission on Correctional Health Care (NCCHC)." *See* ICE PBNDS 2011, Standard, Medical Care (Women), Section (II)(1).

¹⁶ "Detainees shall be provided with a reasonably private environment in accordance with safety and security needs." *See* ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E).

¹⁷ "The facility shall be in compliance with standards set by the National Commission on Correctional Health Care (NCCHC) in its provision of preventive supervision, treatment, and therapeutic follow-up for clinically suicidal detainees or detainees at risk for significant self-harm." *See* ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(3).

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2011) (Revised 2016)	Second FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	18
Deficient Standards	11	6
Overall Number of Deficiencies	22	12
Repeat Deficiencies	0	3
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A