



**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  
Compliance Inspection**

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

**Golden State Annex  
McFarland, California**

**January 24-26, 2023**

**COMPLIANCE INSPECTION**  
**of the**  
**GOLDEN STATE ANNEX**  
McFarland, California

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS.....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
<b>HOLD ROOMS IN DETENTION FACILITIES .....</b>	<b>8</b>
<b>KEY AND LOCK CONTROL .....</b>	<b>8</b>
<b>CONCLUSION .....</b>	<b>8</b>

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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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 compliance inspection of the Golden State Annex (GSA) in McFarland, California, from January 24 to 26, 2023.<sup>1</sup> 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 services manager to the facility. A GSA facility administrator handles daily operations and manages █████ support personnel. GEO provides food services, medical care, and commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of January 24, 2023)	█████
Adult Female Population (as of January 24, 2023)	█████

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

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

<sup>2</sup> Data Source: ERO Facility List as of January 23, 2023.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.<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.

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.

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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

PBNDs 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Key and Lock Control	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0

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

<sup>6</sup> 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.

Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</b>

## DETAINEE RELATIONS

ODO interviewed 14 detainees, who each voluntarily agreed to participate. ODO attempted to interview 15 additional detainees; however, all 15 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 concerns listed below.

*Medical Care:* One detainee stated his concern for the delay in rescheduling his colonoscopy due to ongoing stomach issues.

- Action Taken: On January 26, 2023, ODO spoke with the facility's health services administrator (HSA) and confirmed facility medical staff rescheduled the detainee's colonoscopy for January 31, 2023, and ordered the pre-operative medications. During a follow-up call with ODO, ERO San Francisco staff stated facility medical staff again rescheduled the detainee's colonoscopy to May 23, 2023, at the request of the local hospital. Facility medical staff will continue to look for an earlier date and another hospital with available colonoscopy appointments. The HSA met with the detainee and informed him on the status of his scheduled colonoscopy.

*Disability Identification, Assessment, and Accommodation:* One detainee stated he did not inform the facility of his illiteracy.

- Action Taken: ODO interviewed the facility disability coordinator, reviewed the detainee's detention file, and confirmed the detainee did not inform facility staff of his illiteracy. On January 26, 2023, ODO confirmed the facility completed a Detainee Disability Accommodation Notification report to assess and ensure the facility provides services commensurate with the detainee's needs.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### **HOLD ROOMS IN DETENTION FACILITIES (HRDF)**

ODO observed two facility hold rooms and found neither hold room had a floor drain (**Deficiency HRDF-11<sup>7</sup>**).

### **KEY AND LOCK CONTROL (KLC)**

ODO interviewed the facility's chief of security and found the facility locksmith did not receive additional training in Occupational Safety and Health Administration standards nor the National Fire Prevention Association's life safety codes (**Deficiency KLC-27<sup>8</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found two deficiencies in the remaining two standards. Since GSA's last full inspection in January 2022, the facility has shown significant improvement. GSA went from 11 deficient standards and 22 deficiencies in January 2022 to 2 deficient standards and 2 deficiencies during this most recent inspection. However, the standards ODO found deficient are the Key and Lock Control standard and the Hold Rooms in Detention Facilities standard, which ODO did not inspect during GSA's full inspection last year. The facility's improved performance was a result of completing a uniform corrective action plan for ODO's last inspection of GSA in August 2022. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

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<sup>7</sup> "Each hold room shall have floor drain(s)." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

<sup>8</sup> "This training (Key and Lock Control Officer) shall be supplemented with additional training in Occupational Safety and Health Administration standards and the National Fire Prevention Association's life safety codes." *See* ICE PBNDS 2011(Revised 2016), Standard, Key and Lock Control, Section (V)(B)(2).



<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection PBNDS 2011 (Revised 2016)</b>	<b>FY 2023 Full Inspection PBNDS 2011 (Revised 2016)</b>
Standards Reviewed	24	25
Deficient Standards	11	2
Overall Number of Deficiencies	22	2
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Superior