



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
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 25-27, 2022**

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

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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 Golden State Annex (GSA) in McFarland, California, from January 25 to 27, 2022.<sup>1</sup> The facility opened in 2020 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 warden handles daily facility operations and manages ■■■ support personnel. GEO provides food services, WellPath provides medical care, and U.S. Commissary Solutions 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 <sup>2</sup>	■■■
Average ICE Population <sup>3</sup>	■■■
Adult Male Population (as of January 25, 2022)	■■■
Adult Female Population (as of January 25, 2022)	■■■

During its last inspection, in Fiscal Year (FY) 2021, ODO found six deficiencies in the following areas: Admission and Release (4); Funds and Personal Property (1); and Medical Care (1).

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

<sup>2</sup> Data Source: ERO Facility List as of January 24, 2022.

<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 its 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 (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	2
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release	4
Custody Classification System	3
Funds and Personal Property	0
Post Orders	3
Searches of Detainees	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	4
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>15</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	1
Medical Care (Women)	1
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	1
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>

<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 inspections.

<b>Part 7 - Administration and Management</b>	
Detention Files	0
Interviews and Tours	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>22</b>

## **DETAINEE RELATIONS**

ODO interviewed 21 detainees, who each voluntarily agreed to participate. Two of the detainees made allegations of mistreatment. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Food Service:* One detainee stated the facility always serves beans as a source of protein and the food service staff serve the meat in small portions.

- Action Taken: ODO interviewed the food service manager, reviewed the 35-day cycle menu and production sheets for lunch and dinner, observed three lunch meals, and confirmed the accuracy of the menu posted in the dormitories. ODO noted the menu included beans almost every day; however, the facility listed beans as a side item, not the main entrée. ODO's observations of the lunch meal confirmed the main entrées consisted of chicken fried steak, taco casserole, and spaghetti and meat sauce. ODO reviewed the fourth week of the 35-day cycle menu and found the dinner meals for the week of the inspection included: chicken spaghetti, chicken leg quarters, and turkey bologna. The food service administrator also confirmed no changes to the menu, and a registered dietitian performed a nutritional analysis of all the menus prior to implementation.

*Medical Care:* One detainee stated he requested medical care for a fungal infection but has not received any treatment.

- Action Taken: ODO reviewed the detainee's medical records, interviewed the health services administrator (HSA), and found the detainee submitted a request on January 18, 2022, to get his feet treated for a fungal infection. A registered nurse (RN) scheduled the detainee for a medical appointment on January 19, 2022; however, medical staff did not see the detainee nor address his request at that time due to a medical emergency within the facility. Upon reviewing the detainee's complaint from ODO on January 25, 2022, the assistant HSA (AHSA) instructed a licensed vocational nurse (LVN) to have a medical staff member evaluate the detainee as soon as possible. An RN saw the detainee on January 25, 2022, diagnosed an altered skin reaction on both feet, instructed the detainee on how to properly clean the affected area, and prescribed Lotrimin lotion for the detainee to apply twice daily to both feet.

*Medical Care:* One detainee stated a psychologist told him to just go home since he could get another wife and start another family in his native country. He also stated he felt that the psychologist made him feel worse than better.

- Action Taken: ODO informed the facility administrator of the detainee's complaint and, the facility psychologist reviewed the detainee's medical records. The detainee's medical records indicated he informed facility medical staff he did not need any help from the mental health department upon arriving at the facility on November 24, 2021, and made no subsequent request for mental health services since then. The facility administrator and facility psychologist met with the detainee on January 27, 2022, to discuss his complaint; however, they were unable to obtain any additional information such as the psychologist's name, date, time, location, etc., of the alleged incident. The detainee did not submit a formal grievance, nor did he request an appointment with the facility's mental health staff after meeting with the facility administrator and facility psychologist.

*Medical Care:* One detainee stated a doctor examined and diagnosed him with high cholesterol but has not received any medication nor follow-up care.

- Action Taken: ODO reviewed the detainee's medical record, interviewed the AHSA, and found a physician assistant met with the detainee on January 19, 2022, and prescribed him Atorvastatin for his high cholesterol. Upon reviewing the detainee complaint from ODO on January 25, 2022, the AHSA addressed the issue with the quality assurance nurse, and the LVN administered the detainee's first dose of Atorvastatin on January 25th, 2022.

*Medical Care:* One detainee stated he requested dental care for his tooth pain and an outside dentist treated him. The detainee then stated that he lost consciousness after receiving an anesthetic and did not remember how he returned to his dorm. He accused the staff of unprofessional behavior because he had no time to regain consciousness, his face appeared to be infected, and he still had tooth pain. The detainee claimed he did not have any feeling on the left side of his mouth and believed the dentist damaged nerves. The detainee also stated he did not want to go to the dentist again because the dentist will do further damage to his face and won't fix his issue.

- Action Taken: ODO reviewed the detainee's medical record, interviewed the HSA, and found staff escorted the detainee to an off-site oral surgeon for residual numbness in the mouth on June 16, 2021, and on August 3, 2021. During the visit on August 3, 2021, the oral surgeon suggested a debridement of the area, but the detainee refused the procedure since it required an anesthetic. On August 27, 2021, the detainee signed the refusal form after the staff made several attempts to convince the detainee to schedule the procedure. ODO found no documentation to support the detainee's claim of falling unconscious during his off-site dental visit. ODO reviewed the detainee's medical record and found several appointments for tooth fillings and follow-up appointments from August 5, 2021, to January 19, 2022. ODO found nothing to substantiate the detainee's claim facility staff acted unprofessionally.



*Medical Care:* One detainee stated he requested a high-fiber diet and had been waiting to speak with a doctor. The detainee also stated the facility issued him fiber pills but found them to be ineffective and wants a high-fiber diet. The detainee concluded by stating he takes the pill daily and has a bowel movement once every 5 days.

- Action Taken: ODO reviewed the detainee’s medical record, interviewed the HSA, and confirmed an RN wrote a referral for the detainee to see a mid-level practitioner (MLP) for a high-fiber diet after examining him on January 15, 2022. The MLP had to cancel the first appointment and rescheduled the detainee for February 2, 2022. ODO confirmed the detainee did speak with the MLP on the rescheduled date. The MLP advised the detainee there wasn’t a high fiber diet available as he requested; instead, the MLP prescribed the detainee a new medication (Colace) to help with his constipation.

*Medical Care:* One detainee stated his toenail fungal infection made walking very difficult for him. The detainee also stated medical staff told him over a month ago he would receive special toenail cutters but has not received them and standing and walking still cause him pain.

- Action Taken: ODO reviewed the detainee’s medical record, interviewed the HSA, and found the detainee did not submit any medical requests for his toenail fungal infection nor for any toenail clippers. The medical department had multiple pairs of toenail clippers, including a heavy-duty pair, which staff sanitizes in the autoclave after each use. The facility does not issue toenail clippers to detainees for personal use due to safety and security concerns. The HSA informed ODO that medical staff scheduled the detainee for the nurse’s line on January 27, 2022, and would provide him the heavy-duty nail clippers.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### EMERGENCY PLANS (EP)

ODO interviewed the chief of security, observed the command center, and found the facility did not maintain an accurate inventory of identified equipment the facility needed for contingency plan development and did not review that inventory at a minimum of every 6 months to ensure its accuracy. Specifically, the facility had not established and inventory for identified equipment and therefore, could not inventory the identified equipment (**Deficiency EP-10**<sup>7</sup>).

ODO interviewed the chief of security, observed the command center, and found the facility had not activated the command post phone lines and other logistical support systems as part of

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<sup>7</sup> “Each facility shall maintain an accurate inventory of identified equipment and shall review that inventory every six months, at a minimum, to ensure its accuracy.” See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(C)(1)(a)(3).

emergency preparedness activities (**Deficiency EP-43**<sup>8</sup>).

## **SECURITY**

### **ADMISSION AND RELEASE (AR)**

ODO interviewed the intake/property officer and found the facility administrator did not produce an orientation video and present it to every detainee. Specifically, the facility only presented “Know Your Rights” and “PREA/Suicide Prevention” videos to every detainee (**Deficiency AR-62**<sup>9</sup>).

ODO interviewed the intake/property officer, reviewed videos and policy, and found the facility administrator did not produce an orientation video in English and Spanish (**Deficiency AR-63**<sup>10</sup>).

ODO interviewed the intake/property officer, reviewed videos and policy, and found the facility administrator did not produce an orientation video, which included the 12 components the AR standard requires (**Deficiency AR-66**<sup>11</sup>).

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<sup>8</sup> “Emergency preparedness activities shall include activating the command post phone lines and other logistical support systems monthly, at a minimum, to test equipment and familiarize staff with the command post and its equipment.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(D)(2)(d).

<sup>9</sup> “At SPCs, CDFs, and dedicated IGSAs, the facility administrator shall produce an orientation video that covers the required topics listed below and shall screen it for every detainee.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(F).

<sup>10</sup> “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 PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(F).

<sup>11</sup> “The orientation shall include the following information for SPCs/CDFs/D-IGSAs:

1. An overview of the facility operations that most affect the detainees;
2. Typical detention-case chronology (what most detainees can expect);
3. Authority, responsibilities and duties of security officers;
4. Procedures for detainees to contact the deportation officer handling his/her docket;
5. Availability of pro bono legal services, and how to pursue such services in the facility, including accessing “Know Your Rights” presentations (e.g., location of current listing);
6. Standards of conduct, including acceptable and unacceptable detainee behavior, with an overview of other rules and requirements;
7. Disciplinary procedures, including criminal prosecution, grievance procedures and appeals process;
8. The facility’s Sexual Abuse and Assault Prevention and Intervention Program, including (at a minimum):
  - a. Self-protection
  - b. Prevention and intervention
  - c. Reporting sexual abuse or assault; and
  - d. Treatment and counseling.
9. Introduction to individual departments (e.g., recreation, medical); various housing units; and food services; including availability of diets which satisfy religious requirements;
10. Schedule of programs, services, and daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library, and sick-call procedure;
11. Voluntary work program, with specific details including how to volunteer; and
12. How the detainee can file formal complaints with the DHS OIG of the Inspector General (OIG).”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(F)(1-12).

ODO interviewed the intake/property officer and found staff did not conduct a question-and-answer session following orientation (**Deficiency AR-68**<sup>12</sup>).

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO interviewed the case manager, reviewed [REDACTED] detainee detention files, and found [REDACTED] out of [REDACTED] files did not contain documentation of staff completing the first reclassification nor subsequent reclassifications (**Deficiency CCS-50**<sup>13</sup>).

ODO interviewed the case manager, reviewed [REDACTED] detainee detention files, and found [REDACTED] out of [REDACTED] files did not contain documentation of staff completing the first reclassification assessment 60 to 90 days after the date of the initial classification (**Deficiency CCS-51**<sup>14</sup>).

ODO interviewed the case manager, reviewed [REDACTED] detainee detention files, and found [REDACTED] out of [REDACTED] files did not contain classification forms and supporting documentation. Specifically, the six files required reclassifications but had no reclassification documentation (**Deficiency CCS-65**<sup>15</sup>).

### **POST ORDERS (PO)**

ODO inspected the facility's PO policy and procedures, interviewed line staff and supervisors, and found officers do not always review the POs for their respective posts upon assuming the post. The supervisor stated officers had 8 hours in which to review the POs. Additionally, the supervisor informed ODO there were two perimeter truck posts; however, ODO observed one of the trucks did not contain a copy of the POs for the officer to review (**Deficiency PO-7**<sup>16</sup>).

ODO reviewed six POs (Lobby Officer, Perimeter, Law Library, Laundry, Intake Officer, and Visitation) and found no list of duty hours for each post (**Deficiency PO-10**<sup>17</sup>).

ODO reviewed the housing area logs for housing area B-1 from April 14, 2021, and housing area B-3 from July 21, 2021, and found the shift supervisor did not initial the log on each shift in 11 out of 35 instances (**Deficiency PO-21**<sup>18</sup>).

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<sup>12</sup> "Following the orientation, staff shall conduct a question-and-answer session." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(F).

<sup>13</sup> "Staff shall record whether a classification process is being conducted for an initial classification or subsequent reclassification." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H).

<sup>14</sup> "The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(1).

<sup>15</sup> "Classification forms and supporting documentation shall be placed in the detention file." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(J).

<sup>16</sup> "Even in the event that an officer has worked a post in the past, he/she shall assume the post orders have changed, and shall be required to read and comprehend all Post Order documents upon assuming their posts." *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(B).

<sup>17</sup> "The chief security officer shall supervise the preparation of all post orders, which shall: ...

2. Specifically state the duty hours for each post."

*See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(B).

<sup>18</sup> "The shift supervisor shall visit each housing area and initial the log on each shift." *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(E).

## SEARCHES OF DETAINEES (SD)

ODO observed the Special Management Unit cells used as dry cells and found the facility staff can shut off water to the cell during the duration of the dry cell process; however, the facility staff cannot remove toilets and sinks prior to allowing a detainee into the room (**Deficiency SD-80**<sup>19</sup>).

## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] detainee detention files of detainees placed in SMU during the inspection period and found [REDACTED] out of [REDACTED] files did not contain an administrative segregation order nor any other written order approved by the facility administrator or designee (**Deficiency SMU-31**<sup>20</sup>).

ODO reviewed [REDACTED] detainee detention files of detainees placed in SMU during the inspection period and found [REDACTED] out of [REDACTED] files did not contain an administrative segregation order or equivalent detailing the reasons for placing the detainee in administrative segregation (**Deficiency SMU-32**<sup>21</sup>).

ODO reviewed [REDACTED] detainee detention files of detainees placed in SMU during the inspection period and interviewed the facility's chief of security and found in [REDACTED] out of [REDACTED] files, staff did not provide a copy of an administrative segregation order to the field director or his designee. Specifically, facility staff informed ODO the facility did not generate an administrative segregation order for the one detainee (**Deficiency SMU-40**<sup>22</sup>).

ODO reviewed [REDACTED] detainee disciplinary segregation orders and found in [REDACTED] out of [REDACTED] orders staff did not indicate the date and time they released the detainee from the SMU (**Deficiency SMU-71**<sup>23</sup>).

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<sup>19</sup> "It is recommended that one or more rooms or cells be identified as dry cells; such rooms must meet the following requirements: ...

d. If the designated area is equipped with a toilet and/or sink, the water to the cell shall be shut off for the duration of the dry cell process and the toilet and sink removed prior to the detainee being allowed into the room."

*See* ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(E)(2)(d).

<sup>20</sup> "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation. In such cases, an order shall be prepared as soon as possible." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2).

<sup>21</sup> "Prior to a detainee's actual placement in administrative segregation, the facility administrator or designee shall complete the administrative segregation order (Form I-885 or equivalent), detailing the reasons for placing a detainee in administrative segregation." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(a).

<sup>22</sup> "A copy of the administrative segregation order shall also be immediately provided to the Field Office Director or his designee." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(f).

<sup>23</sup> "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2)(c).

## CARE

### **MEDICAL CARE (MC)**

ODO interviewed the facility's compliance administrator and found the facility did not complete the contract requirement of accreditation from the National Commission on Correctional Health Care (NCCHC) (**Deficiency MC-10<sup>24</sup>**).

### **MEDICAL CARE (WOMEN) (MCW)**

ODO interviewed the facility's compliance administrator and found the facility did not complete the contract requirement for NCCHC accreditation (**Deficiency MC-1<sup>25</sup>**).

### **PERSONAL HYGIENE (PH)**

ODO interviewed the facility's fire and safety administrator, observed the detainee dormitories, and found the dormitories had ■ beds and ■ showers for a shower-to-bed ratio of 1 shower to 17 beds. The American Correctional Association requirement for shower-to-bed ratio is 1 shower to 12 beds (**Deficiency PH-39<sup>26</sup>**).

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)**

ODO interviewed the HSA and found the facility did not complete the contract requirement for NCCHC accreditation (**Deficiency SSHPI-1<sup>27</sup>**).

## ACTIVITY

### **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO reviewed the facility's detainee handbook and found no mention of restricting staff from opening, inspecting, or reading a detainee's outgoing mail (**Deficiency COM-19<sup>28</sup>**).

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<sup>24</sup> "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 (Revised 2016), Standard, Medical Care, Section (V)(A).

<sup>25</sup> "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 (Revised 2016), Standard, Medical Care, Section (II)(1).

<sup>26</sup> "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 (Revised 2016), Standard, Medical Care, Section (V)(A).

<sup>27</sup> "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 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(3).

<sup>28</sup> "At a minimum, the notification shall specify: ...

5. That incoming special correspondence or legal mail may only be opened in the detainee's presence, and may be inspected for contraband, but not read, and that outgoing special correspondence or legal mail shall

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 13 of those standards. ODO found 22 deficiencies in the remaining 11 standards. ODO commends facility staff members 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. ODO has not received the uniform corrective action plan for ODO's last inspection of GSA in July 2021.

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 PBNDS 2011 (Revised 2016)</b>	<b>FY 2022 PBNDS 2011 (Revised 2016)</b>
Standards Reviewed	21	24
Deficient Standards	3	11
Overall Number of Deficiencies	6	22
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Good

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not be opened, inspected or read." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(5).