



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

**Office of Detention Oversight
Unannounced Follow-Up
Compliance Inspection
2023-002-153**

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

**Golden State Annex
McFarland, California**


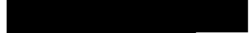
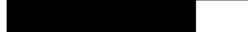
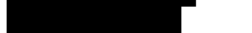
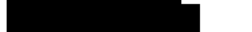
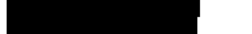
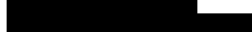


July 18-20, 2023

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

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Section Chief	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 an unannounced follow-up compliance inspection of the Golden State Annex (GSA) in McFarland, California, from July 18 to 20, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of GSA from January 24 to 26, 2023. 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).

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services, medical care, and commissary services at the facility. The facility received accreditation by the American Correctional Association in January 2023 and National Commission on Correctional Health Care in February 2023.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of July 18, 2023)	[REDACTED]
Adult Female Population (as of July 18, 2023)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2023, ODO found two deficiencies in the following areas: Hold Rooms in Detention Facilities (1) and Key and Lock Control (1).

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 17, 2023.

³ *Ibid.*

UNANNOUNCED 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.⁴

While unannounced follow-up inspections are intended to focus on previously-identified deficiencies, ODO will conduct a complete review of several core standards, which may 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.

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	1
Environmental Health and Safety	1
Sub-Total	2
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	1
Hold Rooms in Detention Facilities	2
Key and Lock Control	0
Special Management Units	0
Staff Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	5
Part 4 - Care	
Food Service	3
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Total Deficiencies	11

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

⁶ 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 18 detainees who each voluntarily agreed to participate. ODO attempted to interview more detainees during the inspection; however, the 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 medical staff did not treat the rash on his back nor his lower back sciatic nerve pain.

- Action Taken: ODO interviewed the facility nurse, reviewed the detainee's medical file, and found the detainee submitted a medical request for back pain issues on July 4, 2023. On the same day, a registered nurse (RN) examined the detainee and prescribed Ibuprofen (600 mg), twice a day, as needed. On July 7, 2023, the detainee submitted another medical request, and on the same day, an RN examined the detainee and prescribed Tylenol (650 mg), twice a day, as needed. On July 18, 2023, the detainee submitted another medical request for continued back pain. On July 20, 2023, the nurse practitioner (NP) examined the detainee and diagnosed possible lipoma bumps on the detainee's lower back, near his blood vessels. On July 31, 2023, the detainee underwent a Doppler study to examine the effect of the bumps. On August 4, 2023, the NP discussed the results of the study with the detainee and reported no evidence of deep vein thrombosis in the detainee's lower extremity. The NP instructed the detainee to drink fluids, to exercise, and to report any changes to the medical department. The detainee acknowledged understanding.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO toured the facility and found on 22 out of 25 staff telephones, no script for bomb threats available for instant access (**Deficiency EP-138**⁷).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility, observed 22 exit diagrams, and found in 11 out of 22 diagrams, no identified "Areas of Safe Refuge" (**Deficiency EHS-115**⁸).

⁷ "The facility administrator shall develop a "script" for staff to follow upon receiving a telephoned bomb threat; script shall be available at every staff telephone for instant access (FBI Bomb Threat DATA Form, DOJ 370)." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(7)(a)(1).

⁸ "'Areas of Safe Refuge' shall be identified and explained on diagrams." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(5).

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed a calculated UOF file involving three detainees and found the entire incident recording did not include two detainee escorts from the housing unit to medical nor their medical examinations (**Deficiency UOFR-69**⁹).

ODO reviewed one calculated UOF file involving three detainees and found the recording did not show the faces of all team members, nor did it contain the entire UOF team operation until the detainees were in restraints. Additionally, the recording did not include close-ups of two of the three detainees' bodies during the medical exams (**Deficiency UOFR-73**¹⁰).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP policy, toured five detainee housing units, interviewed the facility compliance manager, and found the facility offered detainees plastic storage bins but no means to secure the bins (**Deficiency FPP-40**¹¹).

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO reviewed seven detainee hold rooms and found each room did not contain a floor drain (**Deficiency HRDF-11**¹²). **This is a repeat deficiency.**

ODO reviewed 25 hold room logs and found in 6 out of 25 logs, the facility staff's visual monitoring ranged from 16 to 22 minutes (**Deficiency HRDF-54**¹³). **This is a priority component.**

⁹ "For calculated use of force, it is required that the entire incident be audio visually recorded." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2).

¹⁰ "Calculated use-of-force incidents shall be audio visually recorded in the following order: ...

- b. Faces of all team members shall briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
- d. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
- e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown."

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2)(b)(d) and (e).

¹¹ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E).

¹² "Each hold room shall have floor drain(s)." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

¹³ "Officers shall closely and directly supervise hold rooms through the following means: ...

- b. visual monitoring at irregular intervals at least every 15 minutes, each time recorded in the detention log, to include the time, the officer's printed name, and any unusual behavior or complaints under "comments."

See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(D)(5)(a-c).

CARE

FOOD SERVICE (FS)

ODO toured the facility's FS department, observed two refrigerators and one freezer, and found the following deficiencies:

- Condensation dripping from a pipe from the condenser in the freezer onto an open box (**Deficiency FS-151**¹⁴);
- No protection for food in an open food box from condensation dripping from a pipe in the freezer (**Deficiency FS-152**¹⁵); and
- No covering of overhead pipes in the freezer and two refrigerators to eliminate food safety hazards (**Deficiency FS-313**¹⁶).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's written GS policy and found no reference for urgent access to legal counsel and the law library (**Deficiency GS-29**¹⁷).

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 12 of those standards. ODO found 11 deficiencies in the remaining 7 standards. Since GSA's last full inspection in January 2023, the facility's overall compliance has trended down. GSA went from 2 deficient standards with 2 deficiencies in January 2023 to 7 deficient standards and 11 deficiencies during this most recent inspection, which includes a repeat deficiency for no floor drains in the hold rooms and a priority component deficiency for staff monitoring detainees in hold rooms exceeding 15 minutes. ODO notes one finding in FS accounted for three deficiencies and issues with recording a calculated UOF added two deficiencies. ODO received a completed UCAP for ODO's last inspection in January 2023, and notes on June 9, 2023, the facility had a vendor assess potential modifications to their hold rooms and the vendor's estimate is pending, with an estimated completion date of December 31, 2023. ODO recommends ERO San Francisco continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with

¹⁴ "Food and ice shall be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage and other sources of contamination." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(5).

¹⁵ "Protection shall be continuous, whether the food is in storage, in preparation, on display or in transit." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(5).

¹⁶ "Overhead pipes must be removed or covered to eliminate the food-safety hazard posed by leaking or dusty pipes." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(5)(b).

¹⁷ "Written procedures shall also cover urgent access to legal counsel and the law library." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(2).

contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNS 2011) (Revised 2016)	FY 2023 Follow-up Inspection (PBNS 2011) (Revised 2016)
Standards Reviewed	25	19
Deficient Standards	2	7
Overall Number of Deficiencies	2	11
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A