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Office of Detention Oversight Compliance Inspection 2024-001-262

Enforcement and Removal Operations ERO San Francisco Field Office

Golden State Annex McFarland, California

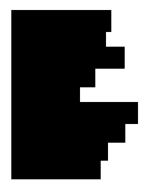
January 30-February 1, 2024

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 a compliance inspection of the Golden State Annex (GSA) in McFarland, California, from January 30 to February 1, 2024.¹ 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).

A facility administrator handles daily operations and manages support personnel. GEO provides food services, medical care, and commissary services at the facility. The facility was accredited by the American Correctional Association (ACA) in January 2023 and National Commission on Correctional Health Care in February 2023. In November 2022, GSA was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity. ²	
Average ICE Population. ³	
Adult Male Population (as of January 30, 2024)	
Adult Female Population (as of January 30, 2024)	

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 2 deficiencies in the following areas: Hold Rooms in Detention Facilities (1) and Key and Lock Control (1).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of January 29, 2024. ³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

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.

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	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Population Counts	0
Post Orders	5
Searches of Detainees	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	6
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	1
Sub-Total	1

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	3
Sub-Total	3
Part 7 – Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	10

DETAINEE RELATIONS

ODO interviewed 17 detainees, who each voluntarily agreed to participate. ODO attempted to interview 13 additional detainees; however, all 13 detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed the facility's chief of security, FSC logs, and found the chief of security did not document monthly fence checks on the shift supervisor's daily log (**Deficiency FSC-114**.⁷).

POST ORDERS (PO)

ODO reviewed 24 POs and found in 1 out of 25 POs, a supervisor did not ensure the officer assuming the video teleconference post acknowledged that duty from January 22–31, 2024 (Deficiency PO-8.⁸).

ODO interviewed the chief of security, toured seven housing units, reviewed POs, and found housing unit B3's PO did not specify, list activities chronologically, nor clearly define responsibilities of officers assuming the housing unit post (Deficiency PO-14.⁹).

Section 1: Specific post orders, listing activities chronologically, with responsibilities clearly defined." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(D).

⁷ "Perimeter inspections shall occur frequently, but at irregular times, as follows ...

d. The facility maintenance supervisor and Chief of Security shall check the fence monthly, documenting the results in the shift supervisor's daily log."

See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(F)(2)(d).

⁸ "Supervisors shall ensure that officers understand the post orders, regardless of whether the assignment is temporary, permanent, or due to an emergency." *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(B).
⁹ "The post orders for each post shall be issued in a six-part classification folder and shall be organized as follows:

ODO interviewed the chief of security, toured seven housing units, reviewed POs, and found the POs of housing units A3 and B3 had no section for general POs (**Deficiency PO-16**¹⁰).

ODO interviewed the chief of security, reviewed POs, and found in the mobile and utility officer POs, no review nor acknowledgement by the officers in assuming their posts on January 31, 2024. Additionally, ODO found no acknowledgement by the utility officer prior to assuming the post (**Deficiency PO-19**¹¹).

ODO interviewed the chief of security, toured seven housing units, reviewed POs, and found missing pages in POs of housing units A3 and B3 and POs with damaged pages in housing units A2, A3, and B4 (Deficiency PO-32¹²).

ACTIVITIES

VOLUNTARY WORK PROGRAM (VWP)

ODO toured seven housing units and observed 129 objects draped over detainee beds in housing units A1, A2, A3, A4, and B3 (Deficiency VWP-13.¹³).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIALS (LLLM)

ODO reviewed the facility's LLLM policy and facility-specific handbook, interviewed GSA staff, observed the law library, and found the following deficiencies:

- No information regarding notification of a designated employee on library material that is missing, out of date, or damaged (**Deficiency LLLM-23**.¹⁴);
- No policy or practice that encourages detainees to report missing or damaged materials

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

 $^{^{10}}$ "The post orders for each post shall be issued in a six-part classification folder and shall be organized as follows: ...

Section 3: General post orders applicable to all posts"

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

¹¹ "The post orders for each post shall be issued in a six-part classification folder and shall be organized as follows:

Section 6: Review and signature form, dated and with the officer's name printed and signed."

¹² "Should staff members become aware that any part of a folder containing post orders is out of date, or in need of repair or replacement, they shall immediately notify the shift supervisor." *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(G).

¹³ "Detainees are required to maintain their immediate living areas in a neat and orderly manner by: ...

^{4.} Refraining from hanging/draping clothing, pictures, keepsakes, or other objects from beds, overhead lighting fixtures or other furniture."

See ICE PBNDS 2011 (Revised 2016), Standard, Voluntary Work Program, Section (V)(C)(4).

¹⁴ "The detainee handbook shall also provide detainees with information regarding the procedure for notifying a designated employee that library material is missing, out of date, or damaged." *See* ICE PBNDS 2011 (Revised 2016), Standard, Law Libraries and Legal Materials, Section (V)(E)(2).

(Deficiency LLLM-28.15); and

• No guidance governing access to legal materials to include notification of a designated employee for missing or damaged library materials (**Deficiency LLLM-71**.¹⁶).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found 10 deficiencies in the remaining 4 standards. Since GSA's last full inspection in January 2023, the facility's compliance with ICE PBNDS 2011 (Revised 2016) has trended downward. GSA went from 2 deficient standards and 2 deficiencies in January 2023 to 4 deficient standards and 10 deficiencies during this most recent full inspection; however, ODO did not inspect any of the 4 standards with deficiencies found this inspection during GSA's FY 2023 full inspection. ODO received the completed uniform corrective action plans for the facility's last full inspection in January 2023 and the follow-up inspection in July 2023, which likely resolved the deficiencies ODO found during those inspections. ODO recommends ERO San Francisco continue to work with GSA to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	29
Deficient Standards	2	4
Overall Number of Deficiencies	2	10
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good.17

¹⁵ "Damaged or stolen materials shall be replaced promptly. In addition to conducting regular inspections, the facility shall encourage detainees to report missing or damaged materials." *See* ICE PBNDS 2011 (Revised 2016), Standard, Law Libraries and Legal Materials, Section (V)(E)(2)(b).

¹⁶ "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: ...

^{6.} The procedure for notifying a designated employee that library material is missing or damaged." See ICE PBNDS 2011 (Revised 2016), Standard, Law Libraries and Legal Materials, Section (V)(N)(6).

¹⁷ ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as "Superior" will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.