

Office of Professional Responsibility

Golden State Annex

**Unannounced Compliance Inspection
2025-004-040**

January 28-30, 2025



U.S. Immigration
and Customs
Enforcement

UNANNOUNCED 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 an unannounced compliance inspection of the Golden State Annex (GSA) in McFarland, California, from January 28 to 30, 2025.¹ The facility opened in 1997 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 September 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 and medical care, and Union Supply provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2023 and the National Commission on Correctional Health Care in February 2023. In August 2023, 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	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 28, 2025)	[REDACTED]
Adult Female Population (as of January 28, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 10 deficiencies in the following areas: Facility Security and Control (1); Law Libraries and Legal Materials (3); Post Orders (5); and Voluntary Work Program (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 Custody Management Division Authorized Facility List as of January 27, 2025.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (By Land)	0
Sub-Total	0
Part 2 - Security	
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	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	5
Tool Control	1
Use of Force and Restraints	1
Sub-Total	10
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 - Activities	
Recreation	0

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.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Visitation	1
Sub-Total	1
Part 6 - Justice	
Detainee Handbook	2
Grievance System	1
Legal Rights Group Presentations	0
Sub-Total	3
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	2
Sub-Total	2
Total Deficiencies	17

DETAINEE RELATIONS

ODO interviewed 21 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.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed seven facility hold rooms and found no floor drains in seven out of seven hold rooms (**Deficiency HRDF-11**⁸).

KEY AND LOCK CONTROL (KLC)

ODO interviewed the facility key control officer, reviewed the facility key control officer's training records, and found the key control officer did not receive training in the operation of gas/oxygen-cutting tools nor the end-saw equipment (**Deficiency KLC-20**⁹).

⁸ "Based on the ICE/ERO Hold Room Design Guide, holds rooms in SPCs and CDFs must comply with the criteria in italics in this subsection: ...

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

⁹ "The security key control officer is trained in operation of gas/oxygen-cutting tools and end-saw equipment in case of an emergency;" See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(1)(g).

ODO observed the facility’s key rings, and found only one metal tag was attached to each key ring (**Deficiency KLC-71**¹⁰).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility-specific detainee handbook and found no reference to scheduled hours and days of ERO San Francisco staff’s availability to assist detainees (**Deficiency SDC-3**¹¹).

ODO toured eight detainee housing units and found in eight out of eight units, no postings of ERO San Francisco’s field office contact information nor the scheduled hours or days of ERO San Francisco staff’s availability to assist detainees (**Deficiency SDC-4**¹²).

ODO reviewed 30 detainee requests to ERO San Francisco and found in 5 out of 30 requests, a lapse of 4 business days between time of submission and ERO’s response (**Deficiency SDC-16**¹³).

ODO reviewed the facility’s telephone serviceability logs and found ERO San Francisco did not perform weekly telephone tests for the following weeks: October 27-November 2, 2024; November 3-9, 2024; November 17-23, 2024; December 22-28, 2024; and January 5-11, 2025 (**Deficiency SDC-24**¹⁴).

ODO toured eight detainee housing units and found in eight out of eight units, the facility did not display of the current DHS Office of Inspector General Hotline poster (**Deficiency SDC-27**¹⁵).

¹⁰ “All key rings shall be heavy-gauge wire that has been welded or brazed to prevent removal of keys from the ring. Two metal tags of unequal size shall be attached to each key ring: ...

- a. the larger tag shall identify the key ring with a number/letter corresponding to the hook number/letter; and
- b. the smaller tag shall identify the number of keys on the key ring.”

See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(D)(3)(a)(b).

¹¹ “The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(A).

¹² “The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(A).

¹³ “In Facilities with ICE/ERO Onsite Presence: The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

¹⁴ “Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard ‘5.6 Telephone Access.’ *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C).

¹⁵ “DHS/OIG periodically revises a “DHS OIG Hotline” poster which is to be posted in facilities that house ICE/ERO detainees.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(D).

TOOL CONTROL (TC)

ODO observed the facility's maintenance tool shop and found staff did not use black shadow color coding for non-restricted tools (**Deficiency TC-74**¹⁶).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed 14 after-action reviews (AAR) for UOF incidents and found in 1 out of 14 AARs, the UOF incident that occurred on December 23, 2024, the facility's AAR team did not convene until December 31, 2024 (**Deficiency UOFR-155**¹⁷).

CARE

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

ODO reviewed 2 suicide watch logs for detainees placed on suicide precautions during the inspection period and between both logs, ODO found 6 instances where facility staff documented monitoring between 17 and 28 minutes after previous entry (**Deficiency SSHSPI-34**¹⁸). **This is a priority component.**

ACTIVITIES

VISITATION (V)

ODO toured 8 detainee housing units and observed in housing units A2 and A3, posted lists for free legal service providers; however, they were dated October 2021 and July 2024 (**Deficiency V-95**¹⁹).

¹⁶ "Commonly used, mounted tools shall be stored so that a tool's disappearance shall not escape attention. Shadow boards shall provide storage for tools that can be mounted, as follows: ...

c. color-coded: ...

3) black shadows for non-restricted tools."

See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(H)(2)(c)(3).

¹⁷ "The facility administrator, the assistant facility administrator, the Field Office Director's designee and the health services administrator (HSA) shall conduct the after-action review. This four-member after-action review team shall convene on the workday after the incident." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

¹⁸ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁹ "ICE/ERO shall provide each facility the official list of local free legal service providers, updated quarterly by the local DOJ Executive Office for Immigration Review." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(13).

Corrective Action: On January 30, 2025, prior to the completion of the inspection, the facility initiated corrective action by posting updated free legal service provider information in all housing units (C-1).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed the facility-specific detainee handbook and found no reference of GSA's availability of legal orientation programs for detainees (**Deficiency DH-16**²⁰).

ODO reviewed the facility-specific detainee handbook and found the facility did not include the scheduled hours nor days detainees may contact ERO San Francisco staff (**Deficiency DH-20**²¹).

GRIEVANCE SYSTEM (GS)

ODO interviewed the facility's grievance coordinator, reviewed the facility grievance log, and found the facility did not log informal grievances nor informal grievance resolutions (**Deficiency GS-27**²²).

ADMINISTRATION AND MANAGEMENT

STAFF TRAINING (ST)

ODO reviewed the facility's ST curriculum and found the facility's orientation program for volunteers did not include emergency plans nor procedures (**Deficiency ST-17**²³).

ODO reviewed the facility's ST curriculum and found the facility's orientation program for volunteers did not include hostage situations nor staff's actions if taken hostage (**Deficiency ST-24**²⁴).

²⁰ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of content and procedures of the facility's rules on legal rights group presentations, and the availability of legal orientation programs." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B)(11).

²¹ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B)(15).

²² "If the grievance is resolved at this informal level, the individual who resolved the issue shall document the circumstances and resolution in the detainee's detention file and in the facility's grievance log." See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(1).

²³ "Each new employee, contractor, and volunteer shall be provided training prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs shall include, at a minimum: ...

6. emergency plans and procedures."

See ICE PBNDS 2011 (Revised 2016), Standard, Staff Training, Section (V)(B)(6).

²⁴ "Each new employee, contractor, and volunteer shall be provided training prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs shall include, at a minimum: ...

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility’s compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found 18 deficiencies in the remaining 10 standards. Since GSA’s last rated inspection in January 2024, the facility has trended downward. GSA went from 4 deficient standards and 10 deficiencies in 2024 to 10 deficient standards and 18 deficiencies during this most recent inspection. ODO identified 10 out of 18 deficiencies in the DH, HRDF, KLC, ST, TC, and V standards; however, ODO did not inspect any of these standards during GSA’s FY 2024 full inspection. GSA completed its UCAP for its last rated inspection in January 2024, which likely resolved ODO’s previous cited deficiencies. ODO recommends ERO San Francisco work with the facility to resolve any deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	28
Deficient Standards	4	10
Overall Number of Deficiencies	10	17
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Good	Acceptable/Adequate

13. hostage situations and staff conduct if taken hostage.”
See ICE PBNDS 2011 (Revised 2016), Standard, Staff Training, Section (V)(B)(13).



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