

Office of Professional Responsibility

Golden State Annex Inspection (2024-002-383)

September 26, 2024



U.S. Immigration
and Customs
Enforcement



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
Follow-Up Compliance Inspection
2024-002-383**

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

**Golden State Annex
McFarland, California**

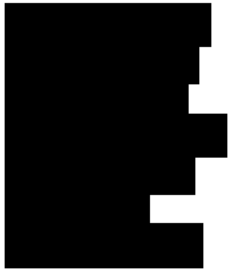
July 30-August 1, 2024

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
SAFETY.....	7
EMERGENCY PLANS.....	7
SECURITY.....	7
ADMISSION AND RELEASE.....	7
CUSTODY CLASSIFICATION SYSTEM.....	7
USE OF FORCE AND RESTRAINTS.....	8
CARE.....	8
FOOD SERVICE.....	8
HUNGER STRIKES.....	8
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION.....	9
CONCLUSION.....	9

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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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 follow-up compliance inspection of the Golden State Annex (GSA) in McFarland, California, from July 30 to August 1, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of GSA from January 30 to February 1, 2024. 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 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 July 30, 2024)	[REDACTED]
Adult Female Population (as of July 30, 2024)	[REDACTED]

During its last full 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 July 29, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which 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 the full and follow-up inspection 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	0
Sub-Total	1
Part 2 – Security	
Admission and Release	1
Custody Classification System	3
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	5
Part 4 – Care	
Food Service	3
Hunger Strikes	1
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	5
Part 5 – Activities	
Voluntary Work Program	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	11

⁵ For greater detail on ODO’s findings, see the *Follow-up 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.

DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. ODO requested interviews with five additional detainees; however, all five 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.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed █ facility staff training files and found in █ out of █ files, no documented annual emergency plans refresher training (**Deficiency EP-17**). **This is a priority component.**

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed █ facility staff training files for staff with admissions responsibilities and found in █ out of █ files, no documented training on the facility's admissions process (**Deficiency AR-10⁸**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ facility staff training files for staff with classification responsibilities and found in █ out of █ files, no documented training on the facility's classification process (**Deficiency CCS-5⁹**).

ODO reviewed █ facility staff training files for staff with classification responsibilities and found in █ out of █ files, no documented on-site training (**Deficiency CCS-6¹⁰**).

⁷ "Each facility shall include emergency preparedness as part of the initial orientation and training provided to all new employees, and all staff shall be trained annually, at a minimum, on the facility's emergency plans." *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(A).

⁸ "Staff members shall be provided with adequate training on the admissions process at the facility." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(1).

⁹ "Each facility administrator shall require that the facility's classification system ensures the following: ...

2. All facility staff assigned to classification duties shall be adequately trained in the facility's classification process." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(2).

¹⁰ "Each facility administrator shall require that the facility's classification system ensures the following: ...

2. Each staff member with detainee in-processing responsibilities shall receive on-site training." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(2).

ODO reviewed █ detainee files and found in █ out of █ files, the first file exceeded the first-time reclassification assessment by 77 days and the second file by 22 days (**Deficiency CCS-51**¹¹).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed █ facility staff training files and found in █ out of █ files, no documented annual training on staff responsibilities to effectively handle situations involving aggressive detainees (**Deficiency UOFR-24**¹²).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager (FSM), reviewed 21 weekly kosher menus, and found in 3 out of 21 menus, the detainees did not receive 2 hot meals on Saturdays (**Deficiency FS-74**¹³).

ODO interviewed the FSM, reviewed 21 weekly kosher menus, and found in 3 out of 21 menus, a hot entree was not offered on Saturdays (**Deficiency FS-195**¹⁴).

ODO interviewed the FSM, reviewed 25 FS weekly sanitation inspections, and found no documented inspections in the FS areas for the week of May 5 to 11, 2024, and for the 4-week period of June 23 to July 20, 2024 (**Deficiency FS-415**¹⁵).

HUNGER STRIKES (HS)

ODO reviewed █ facility medical staff and █ non-medical facility staff training files and found in █ out of █ non-medical staff files, no documented annual hunger strike refresher training (**Deficiency HS-1**¹⁶).

¹¹ “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).

¹² “Through ongoing training (to occur annually at a minimum), all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(D)(1).

¹³ “Ordinarily detainees shall be served three meals every day, at least two of which shall be hot meals; however, the facility administrator may approve variations in the food service schedule during religious and civic holidays, provided that basic nutritional goals are met.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(D)(1).

¹⁴ “Hot entrees shall be offered daily and shall be purchased, prepared and served in a manner that does not violate the religious requirements of any faith group.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(4).

¹⁵ “The FSA or CS shall inspect food service areas at least weekly.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(13).

¹⁶ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(A).

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

ODO reviewed [redacted] facility medical staff and [redacted] non-medical facility staff training files and found in [redacted] out of [redacted] non-medical staff files, no documented annual, comprehensive suicide prevention refresher training (Deficiency SSHSPI-8.¹⁷). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found 11 deficiencies in the remaining 7 standards. Since GSA’s last full compliance inspection in January 2024, the facility’s compliance with ICE PBNDS 2011 (Revised 2016) trended downward. GSA went from 4 deficient standards and 10 deficiencies in February 2024 to 8 deficient standards and 12 deficiencies which included 1 priority component deficiency in EP and 1 in SSHSPI. GSA completed its UCAP for its last inspection in April 2024, which likely resolved the previous deficiencies ODO identified. ODO recommends ERO San Francisco continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	18
Deficient Standards	4	7
Overall Number of Deficiencies	10	11
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A

¹⁷ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).



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