Office of Professional Responsibility

Golden State Annex

Inspection 2026-001-143

June 23-25, 2026

U.S. Immigration and Customs Enforcement

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 inspection of the Golden State Annex (GSA) in McFarland, California, from June 23 to 25, 2026..[1] The facility opened in 1997 and is owned and operated by The GEO Group (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 is a dedicated ICE detention facility and operates under Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO deportation officers are not assigned full-time to the facility, but conduct weekly scheduled visits on Tuesdays, from 8 a.m. to 4 p.m. A facility administrator handles daily facility operations and manages (b)(7)(e) 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 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 found DHS PREA compliant.

Capacity and Population Statistics	Quantity
ICE Bed Capacity.[2]	(b)(7)(e)
Average ICE Population.[3]	(b)(7)(e)
Adult Male Population (as of June 23, 2026)	(b)(7)(e)
Adult Female Population (as of June 23, 2026)	(b)(7)(e)

During its last inspection, in Fiscal Year (FY) 2025, ODO found 17 deficiencies in the following areas: Detainee Handbook (2); Grievance System (1); Hold Rooms in Detention Facilities (1); Key and Lock Control (2); Significant Self-harm and Suicide Prevention and Intervention (1); Staff Training (2); Staff-Detainee Communication (5); Tool Control (1); Use of Force and Restraints (1); and Visitation (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 June 18, 2026.
[3] *Ibid.*

INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshal Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[4]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings with ERO management officials. Thereafter, ODO provides ICE leadership with a final 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] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected[5]	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	0
Funds and Personal Property	0
Population Counts	5
Post Orders	0
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	**5**
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	**1**
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	0
Sub-Total	**0**
Part 6 - Justice	
Grievance System	1
Law Libraries and Legal Material	0

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

Sub-Total	**1**
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	**0**
Total Deficiencies	**7**

DETAINEE RELATIONS

ODO interviewed 18 detainees who each voluntarily agreed to participate. 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 he has a fractured right foot, and the medical staff has not scheduled his specialist visit.

- Action Taken: ODO interviewed the health service administrator and reviewed the detainee's medical detention file, and confirmed on May 6, 2026, the detainee submitted a sick call request for pain in his right foot, and a registered nurse (RN) evaluated him on the same day. The RN prescribed the detainee ibuprofen (200 mg), 2 tablets, 3 times per day for 5 days and provided an ice pack and crutches. The RN also instructed the detainee to elevate his right foot and apply the ice pack 3 to 4 times per day over the next 24 hours for increments of 20 minutes on and 10 minutes off and to use crutches when walking. On May 8, 2026, a medical doctor (MD) followed up with the detainee and had an x-ray taken on the detainee's right foot on June 16, 2026, and the results revealed non-displacement of the fifth metatarsal. On June 18, 2026, the MD sought a podiatrist's consultation for the detainee's right foot, and the appointment is pending the podiatrist's schedule. On June 26, 2026, ODO confirmed medical staff provided the detainee instructions on how to use the ice pack and informed the detainee of his pending podiatrist appointment. The detainee acknowledged understanding.

INSPECTION FINDINGS

SECURITY

POPULATION COUNTS (PC)

ODO observed facility staff conduct population counts in dorms A1 and A4 on June 24, 2026, at 10 a.m.. ODO found three detainees remaining completely wrapped from head to toe in their blankets, laying in their beds and appearing to be asleep in dorm A4, and detainees cleaning in dorms A1 and A4 during count time. ODO found facility staff did not:

- Strictly follow count procedures by making positive identification of the living body of the detainee and prohibiting movement until the facility staff cleared count in dorm A4 **(Deficiency PC-5[6])**.
- Make positive identification of the living body of the detainees in dorm A4 **(Deficiency PC-15[7])**.
- Ensure the count was not based on a part, or parts, of clothing, hair, shoes, or the appearance of a human form in dorm A4 **(Deficiency PC-18[8])**.
- Ensure detainee movement did not resume anywhere in the facility until facility staff cleared the facility's entire detainee population count in dorms A1 and A4 **(Deficiency PC-22[9])**.
- Ensure detainee movement did not resume until the facility verified and cleared the total detainee population count at 10:31 a.m. in dorms A1 and A4 **(Deficiency PC-27[10])**.

CARE

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical files, and found in 1 out of 25 files, medical staff did not complete a comprehensive health assessment, including a physical examination and mental health screening, within 14 days of arrival of a detainee's arrival on October 2, 2025. Specifically, the detainee arrived at the facility on October 2, 2025, and medical staff completed the comprehensive health assessment 20 days later, on October 22, 2025 **(Deficiency MC-137[11])**. **This is a priority component**.

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 25 detainee detention files, and found in 2 out of 25 files, facility staff did not provide detainees with a written or oral response within 5 days of receipt of the detainees' submission. Specifically, one detainee submitted a grievance on March 23, 2026, and facility staff

[6] "Count procedures must be strictly followed." *See* ICE PBNDS 2011 (Revised 2016), Standard, Population Counts, Section (V)(A)(2).
[7] "Prior to counting a detainee present, officers must make positive identification of the living body of the detainee and shall ascertain non-use of decoys (e.g., mannequins, replicas, dummies)." *See* ICE PBNDS 2011 (Revised 2016), Standard, Population Counts, Section (V)(A)(2)(c).
[8] "The officer must not count a detainee based on a part or parts of clothing, hair, shoes, or the appearance of a human form." *See* ICE PBNDS 2011 (Revised 2016), Standard, Population Counts, Section (V)(A)(2)(d).
[9] "Detainee movement shall not resume anywhere in the facility until the complete facility count has been cleared." *See* ICE PBNDS 2011(Revised 2016), Standard, Population Counts, Section (V)(A)(4).
[10] "Movement shall not resume until the total detainee population count is verified and cleared." *See* ICE PBNDS 2011 (Revised 2016), Standard, Population Counts, Section (V)(A)(5).
[11] "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

responded 7 days later, on March 30, 2026; and another detainee submitted a grievance on May 9, 2026, and facility staff responded 6 days later on May 15, 2026 **(Deficiency GS-57.[12])**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found seven deficiencies in the remaining standards. Since GSA's last inspection in January 2025, the facility's compliance with PBNDS 2011 (Revised 2016) has trended upward. GSA went from 10 deficient standards and 17 deficiencies in January 2025 to 3 deficient standards and 7 deficiencies during this most recent inspection. ODO received GSA's completed UCAP for its last inspection in June 2025, which likely resolved previous deficiencies ODO cited. ODO recommends ERO San Francisco continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Inspection Results Compared	FY 2025 PBNDS 2011 (Revised 2016)	FY 2026 PBNDS 2011 (Revised 2016)
Standards Reviewed	28	28
Deficient Standards	10	3
Overall Number of Deficiencies	17	7
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	1	0
Facility Rating	Acceptable/Adequate	Good

[12] "Are detainees provided with a written or oral response within five days of receipt of the grievance." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

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