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Office of Professional Responsibility

Inspections and Detention Oversight Division

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Office of Detention Oversight
Inspection Report

Enforcement and Removal Operations
ERO Los Angeles Field Office
Adelanto Detention Facility
Adelanto, California

July 11–13, 2017

**Oversight Inspection
for the
ADELANTO DETENTION FACILITY
Adelanto, California**

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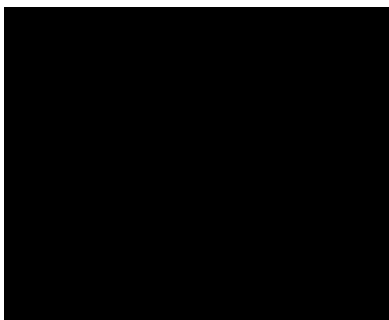
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OVERSIGHT INSPECTION TEAM MEMBERS



Management and Program Analyst (Team Lead)	ODO
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted an oversight inspection of the Adelanto Detention Facility (ADF), in Adelanto, California from July 11 to 13, 2017.¹ ADF opened in June 2001 and is owned and operated by The GEO Group, Inc. The Office of Enforcement and Removal Operations (ERO) began housing detainees at ADF in August 2011 pursuant to an Intergovernmental Service Agreement, under the oversight of ERO's Field Office Director (FOD) in Los Angeles, CA.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are assigned to the facility. A GEO Warden is responsible for oversight of daily facility operations and is supported by █████ personnel. The GEO Group, Inc. provides food service and Correct Care Solutions (CCS) provides detainee medical care. The facility holds accreditations from both the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1,940
Average Daily ICE Detainee Population ³	1,758
Male Detainee Population (as of 7/11/2017)	1,294
Female Detainee Population (as of 7/11/2017)	168

In July 2014, ODO conducted an inspection of ADF, reviewing the facility's compliance with 16 Performance-Based National Detention Standards (PBNDS) 2011. ODO found the facility compliant with ten standards. ODO found a total of 26 deficiencies in the following six standards: Food Service (2 deficiencies), Funds and Personal Property (2), Grievance System (3), Law Libraries and Legal Material (2), Sexual Abuse and Assault Prevention and Intervention (16), and Telephone Access (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 Report as of June 26, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

FY 2017 PBNDS 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Safety	
1.2 - Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
2.1 - Admission and Release	0
2.2 - Custody Classification System	0
2.5 - Funds and Personal Property	3
2.11 - Sexual Abuse and Assault Prevention and Intervention	0
2.12 - Special Management Units	0
2.13 - Staff-Detainee Communication	1
2.15 - Use of Force and Restraints	0
Sub-Total	4
Part 4 – Care	
4.1 - Food Service	2
4.3 - Medical Care	1
4.4 – Medical Care (Women)	0
4.6 – Significant Self Harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 - Activities	
5.6 - Telephone Access	0
Sub-Total	0
Part 6 – Justice	
6.1 - Detainee Handbook	0
6.2 - Grievance System	0
6.3 - Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	9

⁴ For greater detail on ODO's findings, see the *Oversight Inspection Findings* section of this report.

OVERSIGHT INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 28 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Funds and Personal Property: One detainee claimed his family placed money onto his pre-paid phone account, and the facility was not helping him transfer the money to his commissary account.

- Action Taken: ODO spoke with the detainee accounts staff and found while facility staff can transfer funds from a commissary account to a pre-paid phone account, the phone provider (TALONT) has sole control over the pre-paid phone accounts and will only refund phone monies when detainees depart the facility. ODO confirmed this information is presented in the detainee handbook. ODO informed the detainee of the information learned from speaking with detainee accounts and from reviewing the detainee handbook. ODO informed facility and ERO staff of the detainee's concern.

Staff-Detainee Communication: Eleven detainees claimed they have not seen or rarely see their ERO Deportation Officers (DO) and would like to speak with them.

- Action Taken: ODO reviewed the housing unit logbooks and observed the posted schedule of DO visits to each housing unit. DOs visit the housing units weekly for scheduled visits and also conduct unscheduled visits. Detainees have the opportunity to sign up for a scheduled visit. ODO observed ERO officers meeting with detainees in their housing units throughout the inspection. ODO informed the AFOD of the detainees' claims. Prior to completion of the inspection, each of the detainees was seen by a DO.

Detainee Handbook: One detainee who is fluent in Russian claimed she received the local supplement in Spanish, which she does not understand. The detainee informed ODO she is able to speak English but cannot read it.

- Action Taken: At ODO's request, prior to the end of the inspection, the facility compliance team had a staff member read the local supplement to the detainee in English.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO toured the facility's West Unit which included administration, kitchen, laundry, special management unit, and intake. ODO found these areas to be clean and well maintained. However, ODO found a number of surface areas in other parts of this unit were dirty/soiled. Specifically, ODO found medical area counters, walls, and floors were dirty. Also, a buildup of soap scum and hard water stains were present on shower floors, walls, and sinks in housing units 2, 3, 4, and 5. Floors in these areas also had trash, shampoo bottles, and pieces of discarded soap strewn about. ODO also found food debris and hard water stains in and around the microwave, hot pot, and trash collection areas in these housing areas. Finally, ODO found food debris on dining room bench supports and tray serving areas adjacent to the dining area (**Deficiency EH&S-1⁶**).

Note: The facility tests its emergency generators once per week. While the standard requires generators be run every two weeks for one hour⁷, based on documentation provided by the facility, testing of power generators is limited by the Mojave Desert Air Quality Management District to 20 hours per year. This threshold includes both maintenance and emergency use. ODO confirmed servicing and required load testing is completed per manufacturer's specification by Cummins Sales and Service from Bloomington, CA. As the facility is meeting the manufacturer's specifications and is testing within the limits imposed by local law ODO is not citing a deficiency.

ODO reviewed medical inventory procedures and confirmed medical sharps are inventoried at shift change; however, the inventory was not verified by the Health Service Administrator (HSA) or designee on a weekly basis (**Deficiency EH&S-1⁸**).

SECURITY

FUNDS AND PERSONAL PROPERTY (F&PP)

ADF has two property storage areas and ODO's inspection found they were clean and neatly organized. [REDACTED]

⁶ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(3).

⁷ "At least every two weeks, emergency power generators shall be tested for one hour, and the oil, water, hoses and belts of these generators shall be inspected for mechanical readiness to perform in an emergency situation." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(6).

⁸ "Items that pose a security risk, such as sharp instruments, syringes, needles, and scissors, shall be inventoried and checked weekly by an individual designated by the medical's facility's Health Service Administrator (HSA) or equivalent." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(D)(4).

██████████ (Deficiency F&PP-1⁹).

ODO reviewed 25 detainee files and verified detainees sign for property and personal funds; however, the personal property inventory form does not have time of admission as required by the standard (Deficiency F&PP-2¹⁰).

ODO reviewed property control procedures at ADF and determined, the senior property control officer audits small valuables every two weeks and property monthly; however, supervisors are not auditing valuables and property at shift change as required by the standard (Deficiency F&PP-3¹¹).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ADF written procedures and could not find a written procedure for prompt routing and delivery of detainee requests to the appropriate ICE/ERO officials by authorized personnel without reading, altering, or delaying such requests (Deficiency SDC-1¹²).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's six-week cycle general menu. ODO confirmed all diets were certified by a registered dietitian based on a complete nutritional analysis. At the time of the inspection, there were 53 detainees on medical diets, three on common fare, and four on vegetarian diets. ODO observed common fare meals were placed on the same tray as the general population (Deficiency FS-1¹³).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by using disposable trays for all common fare meals (C-1).

⁹ "All facilities, at a minimum shall provide: 1. a secured locker for holding large valuable, which can be accessed only by designated supervisor(s) and/or property officers(s)." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(A)(1). **This is both a priority component and a repeat deficiency.**

¹⁰ "The personal property inventory form must contain the following information at a minimum: 1. date and time of admission...." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I)(1). **This is a repeat deficiency.**

¹¹ "Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes. The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory. Any discrepancies shall be immediately reported to the Chief of Security, who shall follow facility procedure to ensure that all detainee funds and valuables are accounted for." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

¹² "Each facility administrator shall:...Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests..." See ICE PBNDS 2011, Staff-Detainee Communication, Section (V)(B). **This is a priority component.**

¹³ "Common Fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common fare use only." See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(10).

ODO reviewed ADF's food service facility inspection records and found food service facilities and equipment have not been inspected by an independent, external inspector in the last 12 months. The most recent annual inspection conducted by the San Bernardino Health Department was on June 2, 2016 (**Deficiency FS-2¹⁴**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by having the San Bernardino Health Department complete an inspection of the food service facilities and equipment (**C-2**).

Note: Over the course of the inspection, ODO toured both the West and East Unit kitchen areas and notes with concern the presence of numerous faucets in disrepair. The majority of faucets in these areas were actively leaking with significant amounts of water wasted. Senior facility staff indicated "hard" (i.e. mineral rich) water in the desert area caused the faucet gaskets to fail. Senior management also informed ODO the facility was in the process of seeking a new plumbing contractor.

MEDICAL CARE (MC)

Medical staff complete refusal forms whenever detainees refuse medication. In its reviews of medical files, ODO noted Medical Administration Records were properly completed and contained signed medication administration refusal forms when applicable. However, ODO observed a correctional officer hand a completed and signed refusal form (for mental health medication) to the nurse who stated that since the detainee did not come to pill line he refused medication. The detainee did not receive counseling as to the consequences of not adhering to mental health prescribed medications (**Deficiency MC-1¹⁵**).

¹⁴ "An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13). **This is a priority component.**

¹⁵ "If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment. Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee's medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(X)(7)(9). **This is a priority component.**

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 16 standards under the PBNDS 2011 and found the facility compliant with 11 standards. ODO found nine (9) deficiencies in the remaining five (5) standards. This is a significant reduction in deficiencies, including the number of deficiencies identified in priority components, since the last inspection in FY 2014. ODO commends facility staff for resolving these deficiencies, particularly those related to Sexual Abuse and Assault Prevention and Intervention. ODO recommends ERO work with facility personnel to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2014 (PBNDS 2011)	FY 2017 (PBNDS 2011)
Standards Reviewed	16	16
Deficient Standards	6	5
Overall Number of Deficiencies	25	9
Priority Components	9	4
Corrective Action	0	2