



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Los Angeles Field Office
Adelanto ICE Processing Center
Adelanto, CA**

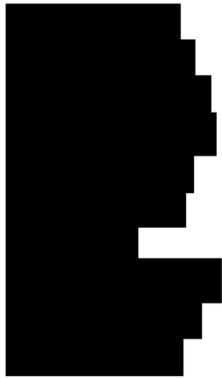
March 12-14, 2019

COMPLIANCE INSPECTION
for the
ADELANTO ICE PROCESSING CENTER
Adelanto, CA

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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 Adelanto ICE Processing Center (AIPC) in Adelanto, California (CA) from March 12-14, 2019.¹ While ODO reviewed all core standards during the inspection, special attention was given to those found deficient during ODO's last inspection of AIPC from July 11-13, 2017.

The AIPC opened in June 2011 and is owned and operated by The GEO Group Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at AIPC in August 2011, with oversight conducted by the ERO Field Office Director (FOD) in Los Angeles, CA. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are assigned to the facility. A Warden is responsible for oversight of daily facility operations and is supported by █ personnel. GEO provides food services and Wellpath provides detainee medical care. The facility holds American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCHC) accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1940
Average ICE Detainee Population ³	1724
Male Detainee Population (as of 03/12/2019)	1495
Female Detainee Population (as of 03/12/2019)	271

During the 2017 inspection, ODO reviewed the facility for compliance with requirements of the PBNDS 2011. ODO found AIPC compliant with 11 standards. ODO found a total of nine deficiencies in the remaining five standards: Environmental Health and Safety (2); Funds and Personal Property (3); Staff-Detainee Communication (1); Food Service (2); and, Medical Care (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 as of March 18, 2019.

³ *Ibid.*

FOLLOW-UP INSPECTIONS PROCESS

In fiscal year (FY) 2018, ODO began conducting follow up inspections of ICE ERO detention facilities to assess whether corrective actions implemented by ERO and the facility, in response to deficiencies identified by ODO during the prior inspection, achieve compliance with the ICE detention standards.

ODO targets facilities for follow-up inspections based on a variety of factors including the number of deficiencies identified during previous ODO inspections; the frequency and severity of repeat deficiencies; information identified by agency stakeholders and/or from detainee complaints; and, at the request of ICE leadership. ODO coordinates its inspections with other oversight entities such as the ICE Office of Diversity and Civil Rights, the U.S. Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties, and the DHS Office of Inspector General (OIG).

While follow-up inspections are intended to focus on previously-identified deficiencies, ODO may decide to conduct a full inspection based on additional information obtained prior to ODO's arrival on-site. 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 initial inspection and the follow-up inspection are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	3
Custody Classification System	0
Contraband	1
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	2
Sub-Total	9
Part 4 – Care	
Food Service	3
Medical Care	5
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	1
Sub-Total	11
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	1
Sub-Total	2
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	24

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

DETAINEE RELATIONS

ODO interviewed 32 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported being satisfied with facility services except for the concerns listed below.

Medical Care: The following detainees expressed concerns about medical care:

One detainee stated he is on a medication regimen but is not provided his medication on-time by the facility.

- Action Taken: ODO reviewed the detainee's medical record and sick call requests and determined the facility prescribed him medication, on an as-needed basis, to alleviate chronic pain. The detainee must request the medication when he needs it. Prior to the end of the inspection, facility staff spoke to the detainee to explain that he needs to request his medication when he experiences pain.

One detainee stated his right knee was hurt from his legs being shackled, that he has been waiting for a knee brace for over a month, and that he must use a wheelchair because of the delay.

- Action Taken: ODO reviewed the detainee's medical record and sick call requests, and determined the detainee arrived at AIPC on February 4, 2019, was medically screened the same day and had his initial physical examination on February 7, 2019. During the initial physical examination, facility medical staff identified edema (swelling) in the detainee's right leg, took an x-ray, and found no fracture or other bone abnormality. AIPC medical staff issued the detainee a wheelchair for a 10-day period and prescribed medication for the leg pain. The detainee submitted a request (date unknown) to keep the wheelchair and AIPC medical staff approved the request. ODO found nothing in the detainee's medical records to indicate a knee brace was needed for his condition or that one was requested on his behalf. ODO asked nursing staff to follow up with this detainee in a language he understands, and the facility confirmed that nursing staff spoke to the detainee prior to the end of the inspection.

One detainee stated he hurt his left ring finger approximately three weeks prior when a box fell on it in his cell. He stated that medical staff X-rayed his finger, told him it was fine, and gave him a splint and some pain medication. The detainee stated he is in pain, cannot move his finger, and that medical keeps telling him nothing is wrong.

- Action Taken: ODO reviewed the detainee's medical record and sick call requests and determined an X-ray was taken and showed there was no fracture or other bone abnormality. The medical record showed that medical staff issued the detainee a splint and pain medication. ODO confirmed that medical staff spoke to the detainee prior to the end of the inspection to ensure he completely understood what medical staff found when evaluating his injury and what the expected timeline was for his finger to heal and regain full mobility.

Grievance System: One detainee stated he submitted a grievance about staff-misconduct by an ERO DO but felt coerced by the Grievance Officer into withdrawing his grievance to avoid going into protective custody. He stated he does not want to go into protective custody and wants to continue his grievance against the DO.

- Action Taken: ODO spoke with the Grievance Officer who stated the detainee's grievance

expressed that he feared for his safety because he knows the DO can take him anywhere and harm him. The Grievance Officer forwarded the grievance to the Assistant Field Office Director (AFOD) for investigation and recommended protective custody to the detainee while the grievance was investigated. The detainee refused protective custody and provided the Grievance Officer a written statement that he made a mistake and did not fear GEO officers or ICE staff. The detainee's grievance was thereafter discussed during a multidisciplinary meeting, which included both GEO and ERO representatives, and ERO stated they would follow-up on the grievance. ODO learned from the AFOD that the grievance was investigated and that ERO spoke with the detainee regarding the outcome. Although the investigation concluded that the DO did not threaten the detainee, ERO offered the detainee protective custody, which he declined.

Visitation: One detainee stated he was not allowed to have contact visitation and did not know why.

- Action Taken: ODO reviewed the detainee's detention file and spoke with the Assistant Warden (AW) who stated that the detainee lost contact visitation privileges after the facility found contraband (a cell phone) on the detainee after a contact visit with his family. The AW stated the detainee was aware he was still allowed to receive non-contact visitation in accordance with the facility visitation schedule.

Food Service: One detainee stated the food portions were too small and the sanitation in the dining hall was not good.

- Action Taken: ODO observed breakfast and lunch meals, reviewed the facility menu provided by the food service administrator (FSA), observed the plating of food for both breakfast and lunch meals, and found the meals were prepared and proportioned per the facility menu. However, as discussed in the *Food Service* standard, ODO observed that tables and flat surfaces were not adequately wiped down. ODO addressed the issue with the Food Service Manager who explained the facility was actively working to improve sanitation practices.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO toured the detainee housing units in both the east and west buildings of the facility, and observed the bathrooms and showers in the general housing units in both buildings had soap and scum buildup, as well as mildew, and hard water stains on the shower floors, walls, and sinks (**Deficiency EH&S-1⁵**).

Barbering operations in the west building of the facility are conducted in the common area of the units. ODO observed the space is not a dedicated area for barbering operations and lacks both hot and cold running water for cleaning and disinfecting barbering instruments (**Deficiency EH&S-2⁶**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation video which is available in both English and Spanish and played on a continuous loop in the intake holding area. ODO identified as an **Area of Concern** that the video has no audio component. Detainees must sign an acknowledgement form that verifies that have seen the video, been given an opportunity to ask questions, and have received handbooks. During the inspection, ODO observed the video was not functioning and that many detainees were released from intake into the general population without viewing the orientation video (**Deficiency A&R-1⁷**). ODO recommends the facility consider a back-up process to ensure all admitted detainees are shown the videos when the primary system is down, as well as provide audio to the site-specific video.

ODO found the facility's orientation procedures were not approved by the ERO Field Office (**Deficiency A&R-2⁸**).

- *Corrective Action:* Prior to the completion of the inspection, the ERO Field Office initiated corrective action by approving the facility's orientation procedures (**C-1**).

ODO also found the facility's release procedures were not approved by the ERO Field Office (**Deficiency A&R-3⁹**).

⁵ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(3). **This is a repeat deficiency.**

⁶ "Instruments such as combs and clippers shall not be used successively on detainees without proper cleaning and disinfecting. For sanitation reasons, it is preferable that barbering operations be located in a room that is not used for any other purpose. The room must have sufficient light, and be supplied with hot and cold running water." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(E)(1).

⁷ "In SPCs, CDFs, and dedicated IGSAs the facility administrator shall produce an orientation video that covers the required topics listed below and shall screen it for every detainee." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

⁸ "Orientation procedures in CDFs and IGSAs must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

⁹ "ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release,

- *Corrective Action:* Prior to the completion of the inspection, the ERO Field Office initiated corrective action by approving the facility's release procedures (C-2).

CONTRABAND (CB)

ODO toured the detainee housing units at various times during the inspection and observed that one detainee had a large net bag filled with plastic beverage bottles stored under his bunk (**Deficiency CB-1**¹⁰). The facility removed the contraband prior to the end of the inspection.

FUNDS AND PERSONAL PROPERTY (F&PP)

Detainee property in the west and east buildings is stored in hard plastic bins and heavy-duty hanging plastic bags, respectively. In both locations, larger items (e.g., backpacks, luggage, etc.) are clearly labelled and secured with tamperproof seals. ODO noted as an **Area of Concern** that several of the hanging bags in the east building showed significant wear and had holes in the outer shell which allowed access to the contents.

ODO reviewed records and logs provided by the facility and determined the facility has no supervisory log to record all funds and items in the drop safe during each shift (recorded on a G-589 form/accountability log). Additionally, the intake supervisor does not verify the accuracy of all G-589 forms, verify the disposition of all large valuables in the secured areas, or remove the contents of the drop safes and initial the G-589 accountability log (**Deficiency F&PP-1**¹¹).

ODO determined that [REDACTED] do not audit detainee funds and property envelopes, and large valuables are not recorded in any logbook, as required by facility policy and procedures. The facility also does not use the Alien Funds Audit Sheet (G-786 or equivalent) and, although facility staff conduct quarterly audits, they do not record the date, times, and names of the staff completing the audit (**Deficiency F&PP-2**¹²).

SPECIAL MANAGEMENT UNITS (SMU)

Although ODO did not identify any deficiencies related to the SMU standard, ODO observed that 12 low security level general population (GP) detainees are assigned to the [REDACTED] of [REDACTED]. The [REDACTED], and the [REDACTED]. Half of the cells on the [REDACTED] are used for administrative segregation (AS) and the remaining [REDACTED] which is used for disciplinary segregation (DS) detainees. Although the [REDACTED] are separated by the [REDACTED], detainees in DS use the day room in the

Section (V)(H).

¹⁰ "Staff shall seize contraband: Found in the physical possession or living area of a detainee." See ICE PBNDS 2011, Standard, Contraband, Section (V)(B)(1).

¹¹ "The supervisory security officer or equivalent shall remove the contents of the drop safe during his/her shift and initial the G-589 accountability log. The supervisor shall: 1. verify the correctness of all G-589 Forms or equivalents; 2. record the amount of cash and describe each item in the supervisors property log, and 3. verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(H)(1-3).

¹² "Both [REDACTED] shall [REDACTED] 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 name of the officer(s) conducting the inventory...for each audit, facilities shall use Form G-786 Alien Funds Audit Sheet, or equivalent..." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J). **This is a repeat deficiency.**

[REDACTED] to watch television. [REDACTED] officers are assigned to the unit [REDACTED]), but [REDACTED] are on the [REDACTED]. Although detainees in the GP are only allowed in the [REDACTED] area when AS and DS detainees are secured in their cells, ODO notes as an **Area of Concern** that when AS and DS detainees are not secured in their cells, they could potentially access the GP detainees on [REDACTED]

STAFF DETAINEE COMMUNICATION (SDC)

Multiple detainee raised the frequency of ERO's formal and informal contact during interviews. ODO reviewed the logs for the various detainee housing units and notes as an **Area of Concern** that the logs do not reflect whether key ERO staff visit the detainee housing units. Although the detention standards do not require any form of log, ODO recommends the facility develop a mode by which ERO staff can document formal and frequent informal contact with detainees.

ODO found that although the facility detainee handbook included contact information for the local ERO Field Office, that information was not posted in the detainee housing units as required by the standard (**Deficiency SDC-2**¹³).

ODO notes as an **Area of Concern** that DHS OIG posters posted throughout the facility and in the detainee housing units contained the incorrect address for the DHS OIG.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the written and video documentation for all five calculated and eight immediate Use-of-Force (UOF) incidents that occurred within the 12 months prior to the inspection. In one calculated UOF incident, the after-action review report reflected that facility staff allowed a detainee to decline or refuse a medical evaluation (**Deficiency UOF&R-1**¹⁴), and a medical examination focusing on the presence or absence of injuries was not completed and audio-visually recorded (**Deficiency UOF&R-2**¹⁵). ODO notes inconsistencies between the after-action review report and medical documentation in this case as an **Area of Concern**. Specifically, the after-action review report states the detainee refused the medical examination, but documentation completed by a nurse indicates she could not conduct the examination due to the condition of the cell.

¹³ "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. The same information shall be posted in the living areas (or "pods") of the facilities." See ICE 2011 PBND, Standard, Staff-Detainee Communication, Section (V)(A).

¹⁴ "Detainees subjected to use of force shall be seen by medical staff as soon as possible. If the use of force results in an injury or claim of injury, medical evaluation shall be obtained and appropriate care provided." See ICE PBND 2011, Standard, Use of Force and Restraints, Section (V)(B)(7).

¹⁵ "Calculated use-of-force incidents shall be audio visually-recorded in the following order: ...e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown." See ICE PBND 2011, Standard, Use of Force and Restraints, Section (V)(I)(2). **This is a priority component.**

CARE

FOOD SERVICE (FS)

ODO observed the food service staff and the detainee workers in the west and east building kitchens wore clean clothes and practiced safe food handling procedures during food production and tray preparation, and that overall sanitation of the kitchen and storage areas was acceptable during both food production and tray preparation. However, ODO observed that detainees used the same cloth to wipe down the tables in the dining area and did not rinse the cloth between tables (**Deficiency FS-1¹⁶**).

ODO observed freezer, cooler and dish machine temperatures met the established industry standards during the inspection, with the exception of cooler number two in the facility's east building kitchen, which did not maintain a proper cooling temperature (**Deficiency FS-2¹⁷**). ODO used an infrared thermometer to take the temperature of the cooler once each day during the inspection and found that the temperature inside the cooler was consistently several degrees higher than the temperature as read by the thermometer in the cooler, and that the cooler did not maintain a consistent temperature, but ranged between 37 degrees Fahrenheit and 52 degrees Fahrenheit.

- *Partial Corrective Action:* During the inspection, the facility replaced the faulty local thermometer in the cooler and ordered a replacement part to fix the temperature control issue.

ODO inspected dry storage areas in the both the east and west buildings and found boxes stacked against the wall (**Deficiency FS-3¹⁸**).

- *Corrective Action:* Prior to the completion of the inspection, facility staff moved the boxes sufficiently away from the walls to facilitate pest control measures (**C-3**).

MEDICAL CARE (MC)

ODO reviewed a total of ■ medical staff credential files and found that the state issued certifications for two phlebotomists were not available at the facility, therefore ODO could not verify or confirm the validity of the certifications (**Deficiency MC-1¹⁹**).

ODO reviewed detainee medical records and found that in one instance a radiologist recommended a follow-up chest X-ray for a detainee who had abnormal results showing possible pneumonia from the chest X-ray done at intake. However, because neither a physician nor a mid-level practitioner (MLP) reviewed the initial X-ray report or the referral for the second X-ray, the second

¹⁶ “Moist cloths for wiping food spills on kitchenware and food-contact surfaces on equipment shall be clean, rinsed frequently in sanitizing solution and used solely for wiping food spills. These cloths shall soak in the sanitizing solution between uses. Moist cloths used for non-food-contact surfaces like counters, dining table tops and shelves shall be cleaned, rinsed and stored in the same way as the moist cloths used on food-contact surfaces. They shall be used on non-food-contact surfaces only.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(7)(e)(1-2).

¹⁷ “Store perishables at 35-40 F degrees to prevent spoilage and other bacterial action and maintain frozen foods at or below zero degrees.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(K)(3)(e).

¹⁸ “Store all food item products at least six inches from the floor and sufficiently far from walls to facilitate pest – control measures.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(K)(3)(d).

¹⁹ “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(I), and NCCHC: J-C-01 (Essential). **This is a priority component.**

X-ray was not completed (**Deficiency MC-2²⁰**), and the detainee did not receive treatment or follow-up for the possible pneumonia (**Deficiency MC-3²¹**). ODO informed medical staff of this finding while onsite.

ODO also reviewed the record of a detainee with a history of a seizure disorder whose seizure medications were renewed by medical staff during his intake screening on March 4, 2019, but his medication administration record (MAR) did not document that he received the medication as prescribed on either March 4 or March 5, 2019 (**Deficiency MC-4²²**). ODO notes the detainee had a seizure on March 6, 2019, and was hospitalized. He returned to the facility on March 8, 2019 and was housed in medical observation where he had another seizure on March 12, 2019. Medical staff indicated to ODO that the facility was considering transferring the detainee to another facility where he could receive more appropriate housing and care.

ODO found AIPC currently operates at a [REDACTED] vacancy rate ([REDACTED] positions are filled) for authorized mental health staff which is not adequate to continue to meet the mental health needs of the detainee population (**Deficiency MC-5²³**). As reported by AIPC's Chief of Mental Health and the facility's Quality Assurance Nurse, the [REDACTED] mental health staff are responsible for: managing [REDACTED] detainees with a mental health diagnosis who receive psychotropic medication(s) and must be evaluated at least once monthly by a mental health provider; managing approximately [REDACTED] detainees on suicide watch during the year preceding the inspection; managing approximately 1,000 mental health referrals in the months preceding the inspection; and, responding to all mental health emergencies.

AIPC has a full-time nurse practitioner (NP) trained at the UCLA Women's Health Nurse Practitioner Program who is specifically licensed in the State of California for the provision of Women's Health Care. ODO notes this as a **Best Practice** as it greatly enhances the facility's ability to meet the healthcare needs of the female detainees.

PERSONAL HYGIENE (PH)

ODO reviewed all general population housing units and found that two of the [REDACTED] housing units for females did not meet minimum shower, sink and toilet-to-detainee ratio (**Deficiency PH-1²⁴**). Specifically, [REDACTED] housing unit [REDACTED] has a capacity of [REDACTED] detainees with 12 toilets

²⁰ "Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(J), and NCCHC: J-E-04 (Essential).

²¹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M), and NCCHC J-E-04 (Essential). **This is a priority component.**

²² "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include:...12. documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders." See ICE PBNDS 2011 PBNDS, Standard, Medical Care, Section (V)(G)(12), and NCCHC: J-D-02 (Essential). **This is a priority component.**

²³ "All facilities shall provide medical staff and sufficient support personnel to meet these standards. A staffing plan will be reviewed at least annually which identifies the positions needed to perform the required services." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(B), and NCCHC J-C-07 (Important).

²⁴ "Detainees shall be provided: 1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more

and seven showers, while [REDACTED] housing unit [REDACTED] has a capacity of [REDACTED] detainees with nine toilets and seven showers.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)

ODO reviewed AIPC's suicide prevention and intervention program policy and found the policy is reviewed and approved on an annual basis. ODO also found that suicide prevention training is mandatory for all employees who supervise detainees, is provided to all new employees at time of employment and is repeated on an annual basis. ODO interviewed the facility's training officer and reviewed the initial training curriculum and found the initial suicide prevention training for all staff responsible for supervising detainees does not provide a minimum of eight hours of instruction (**Deficiency SSH &SPI-1**²⁵). New employees only receive 2.5 hours of suicide prevention training during initial orientation.

DISABILITY IDENTIFICATION ASSESSMENT AND ACCOMMODATION (DIA&A)

At the time of the inspection, over 200 of AIPC's [REDACTED] detainees had a documented disability or disabilities. [REDACTED] disability program managers are responsible for the facility's disability program as a collateral duty; [REDACTED] stated they believe they do not have enough time to carry out [REDACTED] their full-time job duties and their responsibilities under the disability standard (**Deficiency DIA&A-1**²⁶).

ODO notes as an **Area of Concern** that although many detainees come to the facility after being processed by ERO in one of the ERO sub-offices, ERO does not consistently notify the facility in advance that an incoming detainee has a physical disability.

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO toured the detainee housing units and determined the current version of the pro-bono platform call list was not posted in the housing units of the facility (**Deficiency TA-1**²⁷).

VISITATION (V)

ODO reviewed the facility legal visitation log. A separate legal visitation log is maintained for

detainees must have at least two toilets... 3. operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1)(3).

²⁵ "Initial suicide prevention training for all staff responsible for supervising detainees should consist of a minimum of eight hours of instruction." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A). **This is a priority component.**

²⁶ "The facility shall designate a Disability Compliance Manager to assist facility personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of detainees with disabilities. The Disability Compliance Manager may be the Health Services Administrator, a member of the medical staff, or anyone with relevant knowledge, education, and/or experience." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(B)(2).

²⁷ "The Field Office Director shall ensure that all information is kept current and is provided to each facility. Updated lists need to be posted in the detainee housing units." See ICE PBNDS 2011, Standard, Telephone Access, Section, (V)(E). **This is a priority component.**

both the [REDACTED] buildings. However, the legal visitation logs do not consistently contain all required information. Specifically, log entries are routinely missing for whether the detainee currently has a G-28 (Notice of Entry of Appearance as Attorney or Accredited Representative) on file, and the time the legal visit ended. (**Deficiency V-1**²⁸).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 21 of the standards in the ICE PBNDS 2011. ODO identified 24 deficiencies in 13 standards including two repeat deficiencies. ODO noted many deficiencies resulted from a lack of adequate documentation and proper audio recording; insufficient form use; absence of proper postings in housing units; and a lack of proper policy approval from ERO in its Admission and Release program. ODO has identified the latter issue as a systemic issue at many facilities and recommends ERO increase its communication with facility staff to review and approve all facility policies requiring ERO approval.

As discussed in the Medical Care section of the report, ODO found the facility lacked documentation for two medical staff out of a total of [REDACTED] medical files reviewed. Additionally, three of the five medical deficiencies resulted from a single case in which proper documentation and follow-up procedures were not done. Lastly, given the substantial number of detainees at AIPC who require mental health care, ODO finds that the current mental health staffing is inadequate to meet the demand. ODO also noted one Best Practice in the Medical Care standard: AIPC employs a full-time NP licensed by the State of California for the provision of Women's Health Care.

In certain areas of the facility, ODO observed poor sanitary conditions and hygienic practices. Specifically, the facility should work to maintain better sanitary conditions in the housing unit showers, floors, walls and sinks. The facility should also consider moving the barbering operations in the west building so detainees carrying out barbering functions can have access to hot and cold water.

ODO identified seven **Areas of Concern** at AIPC and encourages the facility to take the following actions accordingly: repair or replace any property bags with significant wear; ensure GP detainees housed in [REDACTED] cannot commingle with detainees in AS or DS; review after-action processes in order to capture all audio-visual recordings of UOF incidents; and coordinate with ERO to better share information regarding incoming detainees with known disabilities.

ODO recommends the ERO Field Office work with the facility to resolve the deficiencies and areas of concern as applicable and in accordance with contractual obligations.

²⁸ Staff shall maintain a separate log to record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access. Log entries shall include the following information: g. whether the detainee currently has a G-28 on file; time visit ended." See ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(14)(g)(i).

Compliance Inspection Results Compared	FY 2017 (PBNS 2011)	FY 2019 (PBNS 2011)
Standards Reviewed	16	21
Deficient Standards	5	13
Overall Number of Deficiencies	9	24
Deficient Priority Components	4	6
Number of Repeat Deficiencies	N/A	2
Corrective Action	2	3