



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
Unannounced Compliance Inspection
2023-004-062**

**Enforcement and Removal Operations
ERO Los Angeles Field Office**

**Desert View Modified Community
Correctional Facility
Adelanto, California**

March 7-9, 2023

UNANNOUNCED COMPLIANCE INSPECTION
of the
DESERT VIEW MODIFIED COMMUNITY CORRECTIONAL FACILITY
Adelanto, California

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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 an unannounced compliance inspection of the Desert View Modified Community Correctional Facility (DVMCCF) in Adelanto, California, from March 7 to 9, 2023.¹ The facility opened in 1999 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DVMCCF in November 2020 under the oversight of ERO’s Field Office Director in Los Angeles (ERO Los Angeles). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention service manager to the facility. Deportation officers are scheduled to visit the facility Mondays – Fridays, from 6:00 a.m. to 7:00 p.m. A facility warden handles daily operations and manages █████ support personnel. GEO provides food services and medical care, and Keefe Supply Company provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of March 7, 2023)	█████
Adult Female Population (as of March 7, 2023)	█████

During its last full inspection, in Fiscal Year (FY) 2022, ODO found seven deficiencies in the following areas: Admission and Release (1); Custody Classification System (2); Emergency Plans (1); and Use of Force and Restraints (3).

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 February 27, 2023.

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 longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of one-to-nine detainees. Additionally, ODO will conduct 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. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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 corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in its 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	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	1
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	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁷ Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least ten individual standards during each special review or unannounced inspection.

Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	1

DETAINEE RELATIONS

ODO interviewed 14 detainees who each voluntarily agreed to participate. ODO reached out to an additional 11 detainees, but all declined to interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for one concern listed below.

Medical Care: One detainee stated the excessive amount of processed food in his medical diet forces him to buy alternative foods from the commissary.

- Action Taken: ODO reviewed the detainee’s medical file and found the detainee has two documented chronic care conditions, which are diabetes and hypertension. On January 25, 2023, medical staff placed the detainee on a low-calorie, low-sodium, and low-fat medical diet. Additionally, ODO reviewed the detainee’s commissary account from December 2022 to present and found purchases for tuna on only two occasions, February 28, 2023, and March 7, 2023; however, the detainee made purchases for several processed food items (most notably, Hormel Spam) on multiple occasions from December 2022 to March 2023.

Grievance System: One detainee stated he received no response from the facility after submitting a grievance after finding a piece of cardboard in his meal.

- Action Taken: ODO reviewed the grievance log and found the detainee had no documented grievances in the log. The detainee reported to ODO he did receive the facility detainee handbook in a language he understood, which includes the facility’s procedures for submitting grievances. Additionally, ODO noted a clean and hygienic food service area and observed all employees in compliance with the proper wearing of hair nets/head coverings, gloves, and established safety precautions.

Grievance System: One detainee stated the facility did not fix the low shower pressure in unit B1 after submitting a grievance.

- Action Taken: ODO reviewed the grievance log and found the detainee had no documented grievances in the log. During an interview with ODO on March 7, 2023, the facility fire and safety manager confirmed he submitted a work order for the

cleaning and replacement of the shower heads in unit B1. ODO confirmed facility staff informed the detainee on the status of the repairs.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI program, interviewed the compliance manager, and found the facility's written policy did not include the facility's requirement to cooperate with all ICE audits and monitoring for facility compliance (**Deficiency SAAPI-13⁸**).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action. On March 23, 2023, the facility updated its "Prevention of Sexual Assault and Abuse" policy (Policy 11.1.6.A) to include a written requirement to cooperate with all ICE audits and monitoring of facility compliance (**C-1**).

CONCLUSION

During this unannounced inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 24 of those standards. ODO found one deficiency in the remaining standard. Since DVMCC's last full inspection in May 2022, the facility has shown steady improvement. DVMCC went from four deficient standards and seven deficiencies in May 2022 to one deficient standard and one deficiency during this most recent inspection. Facility staff implemented a corrective action on site. ODO has not received the uniform corrective action plan (UCAP) for ODO's last inspection of DVMCC in September 2022; however, ERO Los Angeles staff oversight of the facility likely helped ensure the facility's overall compliance with the PBNDS 2011 (Revised 2016). Since the deficiency ODO identified has been corrected, ODO does not require a UCAP for this inspection. ODO recommends ERO Los Angeles continue to work with the facility to ensure a high-level of compliance with the PBNDS 2011 (Revised 2016).

⁸ "Each facility shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse or assault, outline the facility's approach to preventing, detecting, and responding to such conduct and include, at a minimum: ...

6. The facility's requirement to cooperate with all ICE audits and monitoring of facility compliance with sexual abuse and assault policies and standards."

See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(6).

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	25
Deficient Standards	4	1
Overall Number of Deficiencies	7	1
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	N/A	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	Superior