

Office of Professional Responsibility

**Desert View Modified Community
Correctional Facility**

Compliance Inspection 2025-001-071

February 25-27, 2025




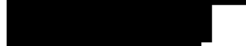
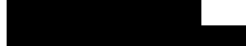
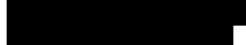
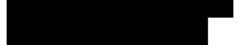
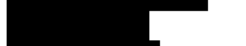
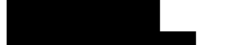


U.S. Immigration
and Customs
Enforcement

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

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COMPLIANCE INSPECTION TEAM MEMBERS

| | | |
|---|--|----------------------|
|  | Team Lead | ODO |
|  | Senior Inspections and Compliance Specialist | ODO |
|  | Senior Inspections and Compliance Specialist | ODO |
|  | Senior Inspections and Compliance Specialist | ODO |
|  | Senior Inspections and Compliance Specialist | ODO |
|  | Contractor | Creative Corrections |
|  | Contractor | Creative Corrections |
|  | Contractor | Creative Corrections |
|  | Contractor | Creative Corrections |

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Desert View Modified Community Correctional Facility (DVMCCF) in Adelanto, California, from February 25 to 27, 2025.¹ The facility opened in 2021 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 2021 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).

[REDACTED] A facility administrator handles daily operations and manages support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in January 2022 and the American Correctional Association in January 2023. In September 2023, DVMCCF 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 February 25, 2025) | [REDACTED] |
| Adult Female Population (as of February 25, 2025) | [REDACTED] |

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found no deficiencies.

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 February 24, 2025.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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.

Upon completion of each 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 their 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} | 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 | 1 |
| Key and Lock Control | 0 |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| Special Management Units | 0 |
| Staff-Detainee Communication | 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 | |

⁵ For greater detail on ODO's findings, see the *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.

| | |
|---|----------|
| Recreation | 0 |
| Visitation | 0 |
| Sub-Total | 0 |
| Part 6 - Justice | |
| Detainee Handbook | 0 |
| Grievance System | 0 |
| Legal Rights Group Presentations | 0 |
| Sub-Total | 0 |
| Part 7 - Administration and Management | |
| Interviews and Tours | 0 |
| Staff Training | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 1 |

DETAINEE RELATIONS

ODO interviewed 48 detainees, who each voluntarily agreed to participate. Two 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.

COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed seven detainee hold rooms and found in seven out of seven hold rooms, no floor drains (**Deficiency HRDF-11.7**).⁸

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 27 of those standards. ODO found one deficiency in the remaining standard. Since DVMCCF’s last rated inspection in February 2024, the facility’s compliance with PBNDS 2011 (Revised 2016) has remained consistent. DVMCCF went from no deficient standards in February 2024 to one deficient standard during this most recent full inspection. A uniform corrective action plan was not required for ODO’s last

⁷ “Each hold room shall have floor drain(s).” See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

⁸ Due to the rotation of standards every other year, ODO did not inspect HRDF in FY 2024, thus it appears as a new deficiency in FY 2025.

inspection of DVMCCF which occurred in February 2024. ODO recommends ERO Los Angeles continue working with the facility to resolve the remaining deficiency in accordance with contractual obligations.

| Compliance Inspection Results Compared | FY 2024 Full Inspection (PBNS 2011) (Revised 2016) | FY 2025 Full Inspection (PBNS 2011) (Revised 2016) |
|---|---|---|
| Standards Reviewed | 29 | 28 |
| Deficient Standards | 0 | 1 |
| Overall Number of Deficiencies | 0 | 1 |
| Priority Component Deficiencies | 0 | 0 |
| Repeat Deficiencies | 0 | 0 |
| Areas Of Concern | 1 | 0 |
| Corrective Actions | 0 | 0 |
| Facility Rating | Superior | Superior |



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