



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Los Angeles Field Office

Adelanto ICE Processing Center
Adelanto, California

September 14-17, 2020

COMPLIANCE INSPECTION
of the
ADELANTO ICE PROCESSING CENTER
Adelanto, California

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SECURITY	9
Admission and Release.....	9
Custody Classification System	9
Use of Force and Restraints	9
ACTIVITIES	9
Visitation.....	9
CONCLUSION	10

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor
Contractor
Contractor

ODO
ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections
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 Adelanto ICE Processing Center (AIPC) in Adelanto, California, from September 14 to 17, 2020.¹ The facility opened in August 2011 and is owned and operated by The GEO Group Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at AIPC in August 2011 under the oversight of ERO’s Field Office Director (FOD) 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 services manager to the facility. An AIPC warden handles daily facility operations and is supported by █ personnel. The GEO Group Inc. provides food services, Wellpath LLC provides medical care, and Keefe Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2020, and the National Commission on Correctional Health Care in August 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1,940
Average ICE Detainee Population ³	1,319
Male Detainee Population (as of September 14, 2020)	696
Female Detainee Population (as of September 14, 2020)	81

During its last inspection, in Fiscal Year (FY) 2019, ODO found 24 deficiencies in the following areas: Environmental Health and Safety (2); Admission and Release (3); Contraband (1); Funds and Personal Property (2); Staff-Detainee Communication (1); Use of Force and Restraints (2); Food Service (3); Medical Care (5); Personal Hygiene (1); Significant Self-harm and Suicide Prevention and Intervention (1); Disability Identification, Assessment, and Accommodation (1); Telephone Access (1); and Visitation (1).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of September 14, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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 also highlights instances in which 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

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

DETAINEE RELATIONS

ODO interviewed 12 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 concerns listed below. ODO conducted eight detainee interviews via video teleconference in Adelanto West. ODO attempted to conduct the remaining three detainee interviews in Adelanto East, and one detainee interview in the medical ward via video teleconference; however, the ERO field office and facility were not able to accommodate this request because there were no video rooms located in Adelanto West and the medical ward. Further, the facility would not move detainees or facility staff between buildings to prevent the risk of spreading COVID-19. As such, four detainee interviews were conducted via telephone.

Medical Care: One detainee stated he was not satisfied with the facility's medical care because he wanted Seroquel, a different medication than what he was currently being offered.

- Action Taken: ODO reviewed the detainee's medical record and found medical prescribed the detainee Seroquel during his initial stay from April 2017 to October 2017. The detainee returned to the facility in August 2019, which medical staff provided several other medications to the detainee before settling on Clozapine. ODO interviewed medical staff and found the facility no longer offered Seroquel due to documented abuse potential in a correctional setting. A psychiatrist evaluated the detainee on September 10, 2020, and increased his current prescription of Clozapine. The psychiatrist scheduled a follow-up appointment for October 10, 2020, as a result of ODO's referral.

Medical Care: One detainee stated he was not satisfied with the facility's medical care because the medical diet prescribed was no different than the regular menu other detainees were provided.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee arrived at AIPC on December 9, 2019, with a clinical history of alcoholic cirrhosis of the liver. On December 12, 2019, the nurse practitioner evaluated the detainee during a chronic care clinic appointment and prescribed the detainee a high fiber, low fat, and sodium diet. Medical staff provided documentation of the special diet to the food services department on the same date. Medical staff scheduled the detainee to have an ultrasound of his liver on July 17, 2020, which the detainee refused. On September 7, 2020, the detainee's last chronic care appointment, he did not address any issues to medical staff regarding his medical diet. Medical staff scheduled the detainee for an evaluation by the gastrointestinal specialist on September 18, 2020. The ERO Officer in Charge for AIPC confirmed the detainee was prescribed the medical diet and provided ODO a copy of the approved medical diet.

Medical Care: One detainee stated she was not satisfied with the facility's medical care because medical staff only provided Tylenol or ibuprofen and instructions to walk and drink water for her condition.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee arrived at AIPC on January 10, 2020, with a clinical history of ovarian cyst. On May

11, 2020, the detainee had a computed tomography scan which revealed a hemorrhagic cyst with no infection. On June 11, 2020, the obstetrician-gynecologist physician evaluated the detainee and prescribed her pain medication for chronic pelvic/cyst pain. The physician scheduled a follow-up appointment with the detainee on September 21, 2020, as a result of ODO's referral.

Medical Care: One detainee stated she was not satisfied with the facility's medical care because medical staff did not address her grievances and did not take her complaints seriously. She did not specify what her grievances or complaints were.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee arrived at AIPC on August 29, 2018, with a clinical history of narcolepsy, asthma, suicidal ideation, and chronic back pain. ODO found the detainee had a history of filing multiple grievances which the health services department addressed and responded to in a timely manner. Medical and mental health staff evaluated the detainee on numerous occasions for chronic mental health issues. Medical and mental health staff housed the detainee in the infirmary unit during the inspection and evaluated the detainee daily. Her next regular medical visit was scheduled for September 18, 2020.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's A&R policy, interviewed the intake lieutenant and found ICE/ERO did not approve the facility's orientation procedures (**Deficiency A&R-1⁶**).

ODO reviewed the facility's A&R policy, interviewed the intake lieutenant and found ICE/ERO did not approve the facility's release procedures (**Deficiency A&R-2⁷**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] training records for facility staff assigned to perform classification duties and found [REDACTED] staff training records contained no documentation demonstrating staff received classification training (**Deficiency CCS-1⁸**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed audio-visual recordings for seven calculated use of force incidents and found in one out of seven incidents facility staff did not audio-visually record the medical examination of the detainee (**Deficiency UOF&R-1⁹**).

ACTIVITIES

VISITATION (V)

ODO reviewed the facility's legal visitation log and found the log does not record the supervising attorney's name and whether there was a Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, on file for the attorney (**Deficiency V-1¹⁰**).

⁶ "Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F). **This is a Repeat Deficiency.**

⁷ "ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H). **This is a Repeat Deficiency.**

⁸ "All facility staff assigned to classification duties shall be adequately trained in the facility's classification process. Each staff member with detainee in-processing responsibilities shall receive on-site training." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(A)(2).

⁹ "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 PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(e). **This is a Repeat Deficiency.**

¹⁰ "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... e. supervising attorney's name (if applicable) ...g. whether the detainee currently has a G-28 on file..." See ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(14)(e) and (g).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 and found the facility in compliance with 15 of those standards. ODO found five deficiencies in the remaining four standards. ODO commends facility staff for their responsiveness during this inspection.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011)	FY 202Y (PBNDS 2011)
Standards Reviewed	21	19
Deficient Standards	13	4
Overall Number of Deficiencies	24	5
Repeat Deficiencies	2	3
Corrective Actions	3	0