



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

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**Office of Detention Oversight  
Compliance Inspection  
2023-001-087**

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

**Adelanto ICE Processing Center  
Adelanto, California**

**February 7-9, 2023**

**COMPLIANCE INSPECTION**  
**of the**  
**ADELANTO ICE PROCESSING CENTER**  
Adelanto, California

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	ODO
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 Adelanto ICE Processing Center (AIPC) in Adelanto, California, from February 7 to 9, 2023.<sup>1</sup> The facility opened in 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 2011 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 services manager full-time to the facility. Deportation officers are full time, and they visit the detainees Monday through Friday with no specific hours. An AIPC facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary Group provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in August 2019 and the American Correctional Association in January 2020. In June 2015, AIPC 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of February 7, 2023)	[REDACTED]
Adult Female Population (as of February 7, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found 11 deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (1); Food Service (2); Funds and Personal Property (1); Post Orders (2); Special Management Units (1); Staff-Detainee Communication (1); and Use of Force and Restraints (2).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of February 6, 2023.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population 10 or more, and where detainees are housed for over 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.<sup>4</sup>

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.

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<sup>4</sup> 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 <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	6
<b>Sub-Total</b>	<b>6</b>
<b>Part 2 - Security</b>	
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	0
Special Management Units	0
Tool Control	1
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
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
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	

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

<sup>6</sup> 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.

Correspondence and Other Mail	0
Recreation	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>7</b>

## DETAINEE RELATIONS

ODO interviewed five detainees, who each voluntarily agreed to participate. ODO requested interviews with 12 additional detainees, but all 12 declined. Two out of the five detainees made allegations of mistreatment. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee stated family members and friends informed him of a video of him engaged in homosexual activities circulating within AIPC. He said he reported the incident to facility staff but never received word on actions taken to verify the claim.

- **Action Taken:** ODO reviewed the detainee’s file, spoke with ERO Los Angeles staff on February 8, 2023, and found a handwritten request, dated December 29, 2022, stating the detainee felt the officers tormented him about the video. In the same request, the detainee asked the facility to review facility security cameras for evidence of the officers speaking to him about the video. This complaint is the only reference to any video and states nothing about the video’s content. ERO Los Angeles staff stated this request was when they first learned of the alleged incident. ERO Los Angeles confirmed AIPC staff investigated the matter and then informed the detainee on January 6, 2023, of finding no evidence to support the detainee’s account of the incident. The alleged incident was sexual in nature and since ODO found nothing to indicate the incident was previously reported to the Joint Intake Center, ODO reported this complaint to the Joint Intake Center on February 9, 2023.

*Medical Care (Women):* One female detainee stated she believes she may be allergic to the sanitary pads provided by the facility.

- **Action Taken:** ODO interviewed the health services administrator who stated the detainee did not submit a request to medical staff to be evaluated nor has she brought

this issue up to the medical staff in the past. On February 7, 2023, ODO informed the detainee she would need to put in a request to medical to be evaluated. On February 8, 2023, ODO spoke to the GEO compliance officer in medical who stated once medical staff evaluates and confirms the detainee's allergy, the facility will then supply her with an alternative sanitary pad.

*Significant Self-harm and Suicide Prevention and Intervention:* One detainee stated he has had thoughts of harming himself and others because of depression and feelings that facility officers target him because of his outspokenness.

- Action Taken: On February 7, 2023, ODO offered the detainee to speak with a counselor, but the detainee stated a counselor would be of no help to him. A GEO mental health doctor stated the detainee has made suicidal claims in the past and then refuses care because the staff misunderstood him. On February 8, 2023, a GEO mental health doctor followed up with the detainee and found the detainee met criteria for depression or mood disorder despite the detainee denying recent suicidal ideations. Still the detainee claims no intent, desire, or plan for self-harm after stating his dislike of the facility to the point of wishing to not wake up in the morning. The doctor also stated the detainee had not deviated from his known profile of chronic grievances with irritable and depressed moods. Facility medical staff did not schedule the detainee for further mental health services at this time.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### TRANSPORTATION (BY LAND) (TBL)

ODO reviewed AIPC policy, interviewed the AIPC assistant transportation supervisor, and found the facility administrator did not develop nor implement written policy, procedures, and guidelines for the transportation of detainees, including, at a minimum, the seating of detainees in transportation vehicles (**Deficiency TBL-5<sup>7</sup>**).

ODO reviewed AIPC policy and found the facility administrator did not develop nor implement written policy, procedures, and guidelines for the transportation of detainees, including, at a minimum, procedures and necessary equipment for transporting females. Specifically, AIPC transportation policies specify only pregnant females, not females in general (**Deficiency TBL-10<sup>8</sup>**).

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<sup>7</sup> “The facility administrator shall develop and implement written policy, procedures, and guidelines for the transportation of detainees, including, at a minimum: ...

4. The seating of detainees in transportation vehicles.”

See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(A)(4).

<sup>8</sup> “The facility administrator shall develop and implement written policy, procedures, and guidelines for the



ODO toured the facility, interviewed the AIPC assistant transportation supervisor, and found the facility did not post tracing procedures to locate an overdue vehicle (**Deficiency TBL-122**<sup>9</sup>).

ODO reviewed transportation trip sheets and interviewed the AIPC assistant transportation supervisor and found facility staff did not record mealtimes, the number of meals, and the types of meals provided. Specifically, the AIPC assistant transport supervisor stated facility staff does not record mealtimes, but nevertheless, provides meals (**Deficiency TBL-138**<sup>10</sup>).

ODO reviewed AIPC policy, interviewed the AIPC assistant transport supervisor, and found a hostage situation does not effectively end a transportation assignment. Specifically, the AIPC assistant transport supervisor stated the facility leadership would send replacement officers with a new vehicle to continue transporting the detainees to their destination. The transportation assignment ends for the officers involved but not for the detainees (**Deficiency TBL-204**<sup>11</sup>).

ODO reviewed AIPC policy, interviewed the AIPC assistant transportation supervisor, and found the facility administrator did not develop written procedures for vehicle crews transporting females. Specifically, AIPC policy mentions only pregnant females (**Deficiency TBL-240**<sup>12</sup>).

## **SECURITY**

### **TOOL CONTROL (TC)**

ODO reviewed the AIPC TC policy and found facility staff did not format the tool inventory lists as attachments to the policy document (**Deficiency TC-37**<sup>13</sup>).

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transportation of detainees, including, at a minimum: ...

5. Procedures and necessary equipment in the event of: ...
  - e. Transport of females or minors.”

*See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(A)(5)(e).*

<sup>9</sup> “Each office shall develop and post written guidelines for tracing procedures to locate an overdue vehicle.” *See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(K)(1).*

<sup>10</sup> “Mealtimes, the number of meals, and the types of meals provided shall be recorded.” *See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(L).*

<sup>11</sup> “The facility administrator shall establish written procedures for transportation staff to follow during an enroute emergency. The written procedures shall cover the following scenarios: Because of the need to interview witnesses, examine the crime scene, etc., a hostage situation shall effectively end a transportation assignment.” *See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(S)(3).*

<sup>12</sup> “The facility administrator shall develop written procedures for vehicle crews transporting females.” *See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(T).*

<sup>13</sup> “The facility administrator shall establish a policy document on facility tool use and storage that includes separate, comprehensive, alphabetical lists of both restricted and non-restricted tools: ...

2. The lists shall be kept current by formatting them as attachments to the policy document and shall be maintained and updated electronically.

*See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(C)(2).*

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found seven deficiencies in the remaining two standards. Since AIPC’s last full inspection in December 2021, the facility has shown steady improvement. AIPC went from 8 deficient standards and 11 deficiencies in December 2021 to 2 deficient standards and 7 deficiencies during this most recent inspection. However, the standards ODO found deficient were transportation by land and tool control which ODO did not review during the last full inspection as they were not FY 2022 core standards. The facility’s improved performance was a result of completing a uniform corrective action plan for ODO’s last inspection of AIPC, their FY 2022 follow-up inspection, in June 2022. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	26	25
Deficient Standards	8	2
Overall Number of Deficiencies	11	7
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	2	0
Corrective Actions	0	0
Facility Rating	Superior	Superior