



**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  
Follow-Up Compliance Inspection  
2023-002-182**

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

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

**August 22-24, 2023**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**DESERT VIEW MODIFIED COMMUNITY CORRECTIONAL FACILITY**  
Adelanto, California

**TABLE OF CONTENTS**

**FACILITY OVERVIEW .....4**

**FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....5**

**FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS  
2011 (REVISED 2016) MAJOR CATEGORIES.....6**

**DETAINEE RELATIONS .....7**

**FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....7**

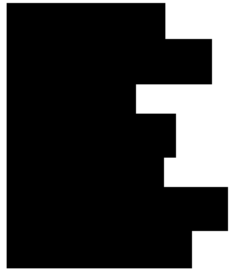
**CARE .....7**

**FOOD SERVICE .....7**

**SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION  
    AND INTERVENTION .....8**

**CONCLUSION .....8**

## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

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 follow-up compliance inspection of the Desert View Modified Community Correctional Facility (DVMCCF) in Adelanto, California, from August 22 to 24, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of DVMCCF from March 7 to 9, 2023. 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 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 GEO facility administrator handles daily operations and manages [REDACTED] 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of August 22, 2023)	[REDACTED]
Adult Female Population (as of August 22, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found one deficiency in the following area: Sexual Abuse and Assault Prevention and Intervention (1).

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

<sup>2</sup> Data Source: ERO Facility List as of August 21, 2023.

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

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.<sup>4</sup>

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. 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 inspections are annotated as "Repeat Deficiencies" in this report.

---

<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
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
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	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	1
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Follow-up 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.

## DETAINEE RELATIONS

ODO interviewed 17 detainees, who voluntarily agreed to participate. ODO reached out to an additional 13 detainees, but all declined to interview due to scheduled recreation time. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Staff-Detainee Communication:* One detainee stated his nephew posted his bond on August 17, 2023, but the bond did not clear.

- Action Taken: ODO interviewed an ERO Los Angeles assistant field office director and found ICE approved the detainee's bond request on August 16, 2023. Furthermore, the facility's bond payment system sent the detainee's nephew a message informing him to complete an Immigration Bond application and to upload receipt of payment before the request could be forwarded to a bond specialist for processing. On August 23, 2023, ODO provided the bond processing instructions to the detainee, and on August 25, 2023, ERO Los Angeles released the detainee from custody on bond.

*Medical Care:* One detainee stated his dissatisfaction with the facility medical staff's diagnosis and treatment for an inflamed or infected digestive tract to alleviate his chronic abdominal pain.

- Action Taken: ODO interviewed the health services administrator, reviewed the detainee's medical file, and found no diagnosis of an inflamed or infected digestive tract. On May 4, 2023, medical staff sent the detainee off-site for a computerized tomography (CT) scan of the abdomen and pelvis due to complaints of constipation and abdominal pain. On August 4, 2023, a gastrointestinal (GI) specialist examined the detainee, reviewed the CT scan, and noted no abnormalities. The detainee denied having constipation, diarrhea, nor a change in bowel habits. On the same day, the specialist referred the detainee for a colonoscopy. Medical staff scheduled the detainee's colonoscopy for late January 2024 at a local hospital.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### CARE

#### FOOD SERVICE (FS)

ODO interviewed the food service administrator, observed the bread purchased for the kosher tray, and found no "pareve" nor "parve" labels for the bread (**Deficiency FS-199<sup>7</sup>**).

ODO observed the FS area and equipment and found a mixer in the main kitchen with no anti-restart device. Specifically, the mixer automatically restarted after connecting it to a power source.

---

<sup>7</sup> "Only bread and margarine labeled "pareve" or "parve" shall be purchased for the kosher tray." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(5).

Since mixers equipped with anti-restart devices prevent staff and detainee injuries, ODO noted this as an **Area of Concern**.

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed [redacted] medical records and suicide watch logs of detainees the facility placed on suicide precautions, but not into isolated confinement, and found in [redacted] out of [redacted] logs, 10 instances of staff documenting close observation between 16 and 23 minutes, instead of the required 15 minutes (**Deficiency SSHSPI-43<sup>8</sup>**).

### **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found two deficiencies in the remaining two standards. Since DVMCCF’s last full inspection in March 2023, the facility maintained a high-level of overall compliance with the ICE PBNDS 2011 (Revised 2016). DVMCCF went from one deficient standard and one deficiency in March 2023 to two deficient standards and two deficiencies during this most recent inspection. Since facility staff implemented corrective action on-site during the last inspection for their one deficiency, ODO did not require a UCAP, and ERO Los Angeles and facility staff continue to work together to ensure the facility maintains a high-level of compliance with the PBNDS 2011 (Revised 2016). ODO recommends ERO Los Angeles continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	25	18
Deficient Standards	1	2
Overall Number of Deficiencies	1	2
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	1	0
Facility Rating	Superior	N/A

<sup>8</sup> “Detainees on suicide precautions who have not been placed in an isolated confinement setting by the qualified mental health professional will receive documented close observation at staggered intervals not to exceed 15 minutes (e.g., 5, 10, 7 minutes), checks at least every 8 hours by clinical staff, and daily mental health treatment by a qualified clinician.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).