



**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  
2024-001-227**

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

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

**February 27-29, 2024**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Assistant 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 a compliance inspection of the Desert View Modified Community Correctional Facility (DVMCCF) in Adelanto, California, from February 27 to 29, 2024.<sup>1</sup> 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 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of February 27, 2024)	[REDACTED]
Adult Female Population (as of February 27, 2024)	[REDACTED]

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

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of February 26, 2024.

<sup>3</sup> *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.<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
<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
Population Counts	0
Post Orders	0
Searches of Detainees	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	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</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 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>0</b>

## DETAINEE RELATIONS

ODO interviewed 39 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 concern listed below.

*Medical Care:* One detainee stated he has been waiting for a medical determination regarding a bump on his right hip.

- Action Taken: ODO reviewed the detainee’s medical file and found the detainee submitted a sick call request on February 6, 2024. On the same date, a registered nurse (RN) examined the detainee and found he had a possible lipoma growth under the skin on his right hip with no signs of discoloration or abnormal growth. The RN referred the detainee to a medical provider and documented the referral in her notes. On February 28, 2024, ODO reviewed the detainee’s medical file and found no scheduled visits to a medical provider for further evaluation of the lipoma. On the same date, at the request of ODO, a medical provider examined the detainee and diagnosed him with a lipoma, measuring about 1.5 inches in diameter by about 0.4 inches in height. The provider ordered the detainee to monitor the lipoma for continued growth and to report any changes in size or pain. The detainee acknowledged understanding the care plan; however, ODO cited the facility’s lack of follow-up of the referral as an **Area of Concern** in the *Medical Care* section of the report below.

## COMPLIANCE INSPECTION FINDINGS

### CARE

#### MEDICAL CARE (MC)

ODO reviewed a detainee medical file due to a complaint by the detainee about a bump on his right hip and found the detainee was examined by a RN on February 6, 2024 and referred to a medical provider on the same date, but did not receive an examination by the provider until ODO requested it on February 28, 2024. While the growth was determined by medical staff to be negligible, ODO cites the facility’s lack of follow-up on the initial referral as an **Area of Concern**.

## CONCLUSION

During this compliance inspection, ODO assessed the facility’s compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with all 29 standards. ODO identified one Area of Concern in MC for medical staff not following-up on nor scheduling a medical examination that an RN referred. Since DVMCCF’s last full inspection in March 2023, the facility’s overall compliance with the PBNDS 2011 (Revised 2016) has trended upward. DVMCCF went from 1 deficient standard and 1 deficiency in March 2023 to 0 deficient standards and 0 deficiencies during this compliance inspection. ODO has not received the uniform corrective action plan for ODO’s last full inspection of DVMCCF in March 2023; however, the facility appears to have corrected the previously cited deficiency. ODO recommends ERO Los Angeles continue to work with the facility to maintain the high level of compliance.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	25	29
Deficient Standards	1	0
Overall Number of Deficiencies	1	0
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	1	0
Facility Rating	Superior	Superior <sup>7</sup>

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<sup>7</sup> ODO revised their rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.