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

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO San Francisco Field Office**

**Mesa Verde ICE Processing Center  
Bakersfield, California**

**July 23-25, 2019**

**COMPLIANCE INSPECTION**  
**of the**  
**MESA VERDE ICE PROCESSING CENTER**  
Bakersfield, California

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## COMPLIANCE INSPECTION TEAM MEMBERS



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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 Mesa Verde ICE Processing Center (MVIPC) in Bakersfield, California, from July 23 to 25, 2019.<sup>1</sup> The facility opened in 2014 and is owned and operated by The GEO Group. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MVIPC in 2015, under the oversight of the ERO Field Office Director (FOD) in San Francisco (ERO San Francisco). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned Deportation Officers (DOs) and a Detention Standards Compliance Officer (DSCO) to the facility. An MVIPC warden handles daily facility operations and is supported by ██████ personnel. The GEO Group provides food services, and Wellpath provides medical care. The facility is accredited by the American Correctional Association and the National Commission on Correctional Healthcare.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	400
Average ICE Detainee Population <sup>3</sup>	379
Male Detainee Population (as of 7/23/2019)	300
Female Detainee Population (as of 7/23/2019)	77

During its last inspection, in Fiscal Year (FY) 2016, ODO found 43 deficiencies in the following areas: Admission and Release (3); Custody Classification System (1); Sexual Abuse and Assault Prevention and Intervention (5); Special Management Units (10); Staff-Detainee Communication (2); Use of Force and Restraints (3); Disciplinary System (1); Food Service (1); Medical Care (1); Telephone Access (3); Detainee Handbook (6); Grievance System (5); Law Libraries and Legal Material (2).

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<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 Report as of July 22, 2019.

<sup>3</sup> *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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FY 2019 FINDINGS BY PBNS 2011 MAJOR CATEGORIES

PBNS 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	3
Custody Classification System	1
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	9
Staff-Detainee Communication	1
Use of Force and Restraints	7
<b>Sub-Total</b>	<b>24</b>
<b>Part 3 – Order</b>	
Disciplinary System	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 – Care</b>	
Food Service	2
Medical Care	1
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>5</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>30</b>

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

## DETAINEE RELATIONS

ODO interviewed 23 detainees, each of whom voluntarily agreed to participate. None of the detainees made allegations of abuse, discrimination, or mistreatment. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee, confined to a wheelchair, stated he suffers from chronic nerve pain in his legs and repeatedly requested to see a neurology specialist.

- Action Taken: ODO reviewed the detainee's medical record and spoke with medical staff. The record shows that the detainee has multi-level degenerative disease of the spine. In February 2019, medical staff sent a request to the Regional Medical Physician (RMP) for a neurological screening. The RMP reviewed the request and advised pain management. On May 31, 2019, the detainee was hospitalized for five days with intractable pain. He underwent a cardiac evaluation, X-rays of both hip joints, and a Venous Doppler study to evaluate blood flow to lower extremities. Upon his release, the hospital medical doctor recommended physical therapy and medication to control the pain. The detainee is currently prescribed oral Morphine three times per day.

*Medical Care:* One detainee stated he is a diabetic and requested that medical staff provide him with diabetic shoes to prevent the risk of blisters on his feet. The detainee further stated that he received a waiver to wear his shower shoes outside of the housing unit, pending ERO approval for diabetic shoes.

- Action Taken: ODO reviewed the detainee's medical record, which shows that the detainee is diabetic. On July 23, 2019, the Physician Assistant (PA) documented in the detainee's medical record that he is permitted to wear shower shoes throughout the facility until he receives diabetic shoes. ODO spoke to medical staff, who confirmed that the diabetic shoes were pending ERO approval.

*Medical Care:* One detainee complained to medical staff about abdominal pain, received an ultrasound, and was prescribed Ibuprofen to keep on person (KOP). The detainee further complained that medical staff prescribed medication, instead of determining the cause of pain.

- Action Taken: ODO reviewed the detainee's medical record and noted that the detainee was prescribed Ibuprofen for pain. The medical record further showed that the PA evaluated the detainee on July 16, 2019, for abdominal pain and problems urinating. The PA recommended a prostate examination to determine whether the detainee had prostate hypertrophy, but the detainee refused the examination.

*Medical Care:* One detainee complained to medical staff about knee pain and the need for surgery. On September 10, 2018, the detainee was examined at the Madera Community Hospital and received a diagnosis of a torn meniscus, which requires surgery.

- Action Taken: ODO reviewed the detainee medical records and spoke with the medical staff. The records show that the medical staff sent a request for knee surgery to an

orthopedic office; however, an appointment date has not been confirmed. The PA indicated that ERO staff will not approve the request for surgery without a confirmed appointment date. Medical staff informed ODO that they sent the request for knee surgery to another orthopedic office.



# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed facility policy, interviewed staff, and observed MVIPC intake officers process the arrival of detainees. Although detainees are pat-searched, ODO observed seven detainees who were not screened with a metal detector during intake processing (**Deficiency A&R-1<sup>6</sup>**).

ODO reviewed MVIPC's orientation procedures and videos and found no documentation to reflect that the procedures were approved by the local ERO field office (**Deficiency A&R-2<sup>7</sup>**).

*Corrective Action:* Prior to completion of the inspection, the local ERO field office issued a memorandum dated July 24, 2019, approving orientation procedures at MVIPC (**C-1**).

ODO reviewed MVIPC's release procedures and found no documentation to reflect that the procedures were approved by the local ERO field office (**Deficiency A&R-3<sup>8</sup>**).

*Corrective Action:* Prior to completion of the inspection, the local ERO field office issued a memorandum dated July 24, 2019, approving release procedures at MVIPC (**C-2**).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO confirmed that MVIPC receives documentation, namely the Risk Classification Assessment (RCA), from the local ERO field office for incoming detainees in order to make classification decisions. ODO reviewed 30 detainee files and verified all the detainees were classified in accordance with the standard. However, ODO reviewed facility staff training records and found that there was no documentation to show that staff assigned to classification duties have received new hire, in-service, or on-the-job training in the facility's classification process (**Deficiency CCS-1<sup>9</sup>**).

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO inspected the property room at MVIPC and found that the property room shares space with the maintenance department, allowing maintenance department staff unrestricted access to the

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<sup>6</sup> "All detainees shall be screened upon admission; screening shall ordinarily include: a. screening with a metal detector..." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(2)(a).

<sup>7</sup> "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).

<sup>8</sup> "ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

<sup>9</sup> "Each facility administrator shall require that the facility's classification system ensures the following:...2. 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).

property room (**Deficiency F&PP-1<sup>10</sup>**).

ODO inspected five detainee property bags and found that the amount of foreign currency listed on the Property Receipt Form (G-589) was not annotated (**Deficiency F&PP-2<sup>11</sup>**).

ODO reviewed the MVIPC detainee handbook and found that it does not include procedures for claiming property upon release, transfer, or removal, nor for filing a claim for lost or damaged property (**Deficiency F&PP-3<sup>12</sup>**).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed MVIPC Policy 10.2.11 on Restrictive Housing Unit (RHU), which is their Special Management Units (SMU) equivalent, and found that, while the policy met the standard, there was no documentation to reflect that the policy was approved by the local ERO field office (**Deficiency SMU-1<sup>13</sup>**).

*Corrective Action:* Prior to completion of the inspection, the local ERO field office issued a memorandum approving the RHU policy at MVIPC (**C-3**).

ODO reviewed RHU activity records and found missing entries for meals, recreation, and medical rounds (**Deficiency SMU-2<sup>14</sup>**).

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<sup>10</sup> “All facilities, at a minimum, shall provide:...2. a baggage and property storage area that is secured when not attended by assigned admissions processing staff. Both the safe and the large-valuables locker shall either be kept in the shift supervisor’s office or otherwise secured in an area accessible only to the shift supervisor.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(A)(2).

<sup>11</sup> “Removal and inventory of detainee funds shall be conducted by at least [REDACTED] officers and in the presence of the detainee. Separate documentation should be made for each kind of currency and negotiable instrument and should include detainee identification information and a description of the amount and type of currency or other negotiable instrument inventoried.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(1).

<sup>12</sup> “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:...4. the procedure for claiming property upon release, transfer, or removal; 5. the procedure for filing a claim for lost or damaged property....” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C).

<sup>13</sup> “Each facility shall develop and follow written procedures, consistent with this standard, governing the management of its administrative segregation unit. These procedures should be developed in consultation with the Field Office Director having jurisdiction for the facility.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A).

<sup>14</sup> “The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee’s placement in the SMU. The special housing unit officer shall immediately record: 1) whether the detainee ate, showered, recreated and took any medication; and 2) any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior. 3) The officer that conducts the activity shall print his/her name and sign the record. The facility medical officer shall sign each individual’s record when he/she visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(D)(3)(a)(b).

ODO inspected MVIPC's RHU and observed a cell that had a portable plastic bed that was not secured to the floor or wall (**Deficiency SMU-3<sup>15</sup>**).

ODO reviewed six detainee files and found that a seven-day review was not properly documented for two detainees placed on disciplinary segregation (DS) during the year preceding the inspection (**Deficiency SMU-4<sup>16</sup>**).

ODO reviewed 30 detainee files and found that a written order was not properly documented for two detainees placed on administrative segregation (AS) during the year preceding the inspection (**Deficiency SMU-5<sup>17</sup>**).

ODO found no documentation that four detainees placed on AS received a copy of the written order (**Deficiency SMU-6<sup>18</sup>**).

ODO found no documentation that eight detainees placed on AS underwent a 72-hour review or that seven detainees placed on AS underwent a seven-day review (**Deficiency SMU-7<sup>19</sup>**). ODO also found no documentation on the date and time that four of the detainees were released from RHU (**Deficiency SMU-8<sup>20</sup>**).

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<sup>15</sup> "Cells and rooms used for purposes of segregation must be well ventilated, adequately lit, appropriately heated/cooled and maintained in a sanitary condition at all times in accordance with the standards for general population, consistent with safety and security. All SMU cells must be equipped with beds that are securely fastened to the cell floor or wall. SMU cells must also be conducive to maintaining a safe and secure environment for all detainees, with particular emphasis on allowing for full visibility and appropriate observation by staff and wherever possible on eliminating potential safety hazards such as sharp edges and anchoring devices." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(J)(1).

<sup>16</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures: a. A security supervisor, or the equivalent, shall interview the detainee and review his/her status in disciplinary segregation every seven days...; b. The supervisor shall document his/her findings after every review, by completing a disciplinary segregation review, by completing a disciplinary segregation review (Form I-887)." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(B)(3)(a)(b).

<sup>17</sup> "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable. In such cases, an order shall be prepared as soon as possible." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2). **This is a Priority Component.**

<sup>18</sup> "The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(e). **This is a Priority Component and a Repeat Deficiency.**

<sup>19</sup> "All facilities shall implement written procedures for the regular review of all detainees held in administrative segregation, consistent with the procedures specified below. a. A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted.... b. A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter, for the first 30 days and every 10 days thereafter, at a minimum." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(a)(b)(e). **This is a Priority Component and a Repeat Deficiency.**

<sup>20</sup> "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." See ICE PBNDS 2011, Standard, Special Management Units, Sections (V)(A)(2)(h) [AS] and (V)(B)(2)(c) [DS]. **This is a Repeat Deficiency.**

ODO reviewed MVIPC's RHU Observation Logs and found that [REDACTED] irregular rounds were not logged consistently (**Deficiency SMU-9<sup>21</sup>**).

### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO inspected the living areas at the facility and found that contact information for the local ERO field office and scheduled hours and days that ERO staff are available to be contacted by detainees were not posted (**Deficiency-SDC-1<sup>22</sup>**).

### **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO reviewed MVIPC's UOF policy and found that the local ERO field office did not approve the written procedures for after-action review of UOF incidents (immediate or calculated), nor applications of restraints (**Deficiency UOF&R-1<sup>23</sup>**).

*Corrective Action:* Prior to completion of this inspection, the ERO Assistant FOD issued a memorandum approving MVIPC's UOF policy (**C-4**).

ODO reviewed 10 UOF incident reports and found that for three of them, not all involved officers provided a written report (**Deficiency UOF&R-2<sup>24</sup>**).

[REDACTED]

ODO reviewed 10 UOF incident reports and found that one was not completed by the shift supervisor prior to the end of his shift (**Deficiency UOF&R-4<sup>26</sup>**).

ODO reviewed 10 UOF after-action reviews and found that for nine of them, the facility administrator, assistant facility administrator, FOD designee, and the health services administrator

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<sup>21</sup> "Detainees in SMU shall be personally observed and logged at least every [REDACTED] on an irregular schedule." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(M). **This is a Priority Component.**

<sup>22</sup> "The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities. Posted contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

<sup>23</sup> "All facilities shall have an ICE/ERO-approved form to document all uses of force [(V)(O)(2)]. All facilities shall have ICE/ERO-approved written procedures for after-action review of use of force incidents (immediate or calculated) and applications of restraints [(V)(P)(1)]." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Sections (V)(O)(2) and (V)(P)(1).

<sup>24</sup> "A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer's shift." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(4).

<sup>25</sup> "Examine the detainee and immediately treat any injuries. The medical services provided and diagnosed injuries shall be documented." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H)(2).

<sup>26</sup> "The shift supervisor shall provide a written report to the facility administrator or designee no later than the end of a tour of duty when force was used on any detainee, or if any detainee remains in restraints at the end of that shift." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H).

were not present (**Deficiency UOF&R-5<sup>27</sup>**).

ODO reviewed the video footage of a calculated UOF incident and found that UOF team members were not clothed in protective gear (**Deficiency UOF&R-6<sup>28</sup>**).

ODO inspected the maintenance shed where the protective equipment is maintained and found that [REDACTED] were not available (**Deficiency UOF&R-7<sup>29</sup>**).

## **ORDER**

### **DISCIPLINARY SYSTEM (DS)**

ODO reviewed six detainee files and found that MVIICP did not complete or file a Unit Discipline Committee (UDC) Report of Findings and Action, Notice of Institution Discipline Committee (IDP) Hearing, Detainee Rights at IDP Hearing, or IDP Report for four detainees placed on DS during the year preceding the inspection (**Deficiency DS-1<sup>30</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO observed detainees serve food and drinks to fellow detainees in the dining hall without

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<sup>27</sup> “The facility administrator, the assistant facility administrator, the Field Office Director’s designee and the health services administrator (HSA) shall conduct the after-action review. This [REDACTED]-member after-action review team shall convene on the workday after the incident. The after-action review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the detainee’s release from restraints.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3).

<sup>28</sup> “When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force team technique to prevent or diminish injury to staff and detainees and exposure to communicable disease.

[REDACTED] he shift supervisor or another supervisor on duty: 1) must be on the scene prior to any calculated use of force to direct the operation and continuously monitor staff compliance with policy and procedure; 2) shall not participate except to prevent impending staff injury....” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3)(d)(1)(2).

<sup>29</sup> “When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force team technique to prevent or diminish injury to staff and detainees and exposure to communicable disease.

[REDACTED]

<sup>30</sup> “All documents relevant to the incident, subsequent investigation and hearing(s) shall be completed and distributed in accordance with facility procedures...3. UDC Report of Findings and Action: The original shall be served on the detainee after the committee issues its findings. A copy shall be included in the detainee detention file (guilty finding only). 4. Notice of IDP Hearing: The original shall be served on the detainee after the committee issues its findings. A copy shall be included in the detainee detention file. 5. Detainee Rights at IDP Hearing: The original shall be served on the detainee after the committee issues its findings. A copy shall be included in the facility detention file. 6. IDP Report: The original shall be included in the detainee detention file. A copy shall be provided to the detainee.” See ICE PBNDS 2011, Standard, Disciplinary System, Section (V)(L)(3-6).

receiving medical clearance for food service operations (**Deficiency FS-1**<sup>31</sup>).

ODO found that common fare meals are not served with disposable plates, nor are there separate cutting boards, knives, food scoops, food inserts, or other such tools used to prepare common fare meals (**Deficiency FS-2**<sup>32</sup>).

## **MEDICAL CARE (MC)**

ODO reviewed daily equipment monitoring documentation and found that the suction machine, used for emergencies, has been inoperable since February 2019 (**Deficiency MC-1**<sup>33</sup>).

*Corrective Action:* Facility staff initiated corrective action by ordering a new suction machine and additional parts on July 30, 2019, as confirmed by ODO (**C-5**).

ODO notes as an **Area of Concern** that, while MVIPC does not house pregnant detainees long-term, medical staff reported it may be a week before a pregnant detainee is transferred to an appropriate facility.

## **PERSONAL HYGIENE (PH)**

ODO toured the detainee housing unit and observed the sanitation levels throughout the facility. The housing unit common areas, such as showers and living areas, were clean and organized. However, ODO found that there are only 11 toilets for 92 female detainees in the B unit, which does not meet the ratio of one toilet for every eight female detainees, as outlined in the standard (**Deficiency-PH-1**<sup>34</sup>).

## **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

ODO reviewed the MVIPC detainee handbook and found that it does not inform detainees about the facility's disability accommodation policy, nor does MVIPC post disability and reasonable accommodation information in detainee housing and medical units (**Deficiency-DIA&A-1**<sup>35</sup>).

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<sup>31</sup> "The medical department shall document detainees' clearance for food service work prior to their assuming food service duties. The food service department shall refer to the medical department detainees that have been absent from work for reasons of communicable illness, for a determination of medical clearance prior to resuming food service work." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(3).

<sup>32</sup> "Common Fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common fare service only. Separate cutting boards, knives, food scoops, food inserts and other such tools, appliances and utensils shall be used to prepare common fare foods, and shall be identified accordingly." See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(10).

<sup>33</sup> "Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(T)(4).

<sup>34</sup> "Detainees shall be provided: 1. an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(1).

<sup>35</sup> "The facility orientation program required by standard 2.1 "Admission and Release," and the detainee handbook

*Corrective Action:* Prior to completion of the inspection, the facility staff initiated corrected action by updating the MVIPC detainee handbook and posting the facility's disability accommodation policy in all housing and medical units **(C-6)**.

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required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." *See* ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

## CONCLUSION

ODO reviewed the facility's compliance with 21 standards under PBND 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 30 deficiencies in the remaining 11 standards and noted one **Area of Concern** pertaining to the timeframe for transferring a pregnant detainee to an appropriate facility. ODO noted nine deficiencies related to the SMU standard, the majority of which are directly attributable to inconsistent and incomplete documentation. ODO commends facility staff for their responsiveness during this inspection and notes there were six instances where staff initiated immediate correction action during the inspection. ODO recommends ERO work with the facility to address the noted **Area of Concern** and remedy any outstanding deficiencies, as applicable and in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2016 (PBND 2011)</b>	<b>FY 2019 (PBND 2011)</b>
Standards Reviewed	16	21
Deficient Standards	12	11
Overall Number of Deficiencies	43	30
Deficient Priority Components	19	4
Repeat Deficiencies	N/A	3
Corrective Actions	5	6