



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 San Francisco Field Office

Mesa Verde ICE Processing Center
Bakersfield, California

January 25-28, 2021

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

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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 January 25 to 29, 2021.¹ The facility opened in 2015 and is owned and operated by The GEO Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MVIPC in 2015 under the oversight of ERO’s 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 a detention services manager to the facility. An MVIPC facility administrator handles daily facility operations and is supported by ■■■ personnel. The GEO Group provides food services, Wellpath provides medical care, and Union Supply 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 2017. In January 2018, MVIPC 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 Detainee Bed Capacity ²	400
Average ICE Detainee Population ³	■■■
Male Detainee Population (as of January 25, 2021)	■■■
Female Detainee Population (as of January 25, 2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 28 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (7); Custody Classification System (1); Funds and Personal Property (3); Special Management Units (2); Staff-Detainee Communication (2); Use of Force and Restraints (5); Food Service (1); Religious Practices (1); Telephone Access (1); Visitation (1); and Grievance System (3).

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 January 19, 2021.

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 Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	3
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	7

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 detainee interviews via video teleconference.

Food Service: Multiple detainees stated the food normally tasted bad and the menu was repetitive. Some detainees have also stated that sometimes the milk or food served was expired.

- Action Taken: ODO interviewed the food service manager (FSM), reviewed the five-week cycle food menu, the nutritional analysis statement, and found the food menus were varied and nutritionally adequate. The FSM stated the facility did not use salt to season during the cooking process but did provide salt and pepper packets on the trays. Further, the FSM reported facility staff mistakenly served milk one day past the “best if used by” date, and when notified, staff replaced the milk. There was no known use of spoiled vegetables, and all food trays were prepared by staff and inspected prior to delivery; however, if a detainee complained of spoiled food, staff would replace it.

Medical Care: One detainee stated he requested correctional glasses over two months ago and did not receive glasses or any follow-up from medical services.

- Action Taken: ODO requested information from the health services administrator (HSA), who conducted a medical record review, which found the detainee submitted a request for eyeglasses on December 1, 2020. On December 2, 2020, a provider evaluated the detainee, approved, and scheduled an ophthalmology appointment for February 2020. The HSA notified the detainee on January 25, 2021 and provided him an update on his appointment.

Medical Care: One detainee stated he placed two medical requests for glasses and did not receive a response from medical services.

- Action Taken: ODO requested information from the HSA, who conducted a medical record review, which found the detainee submitted a request for eyeglasses on December 25, 2020. On December 28, 2020, a nurse practitioner evaluated the detainee and referred the detainee to ophthalmology on the same date. Medical staff approved and scheduled the ophthalmology appointment for February 2020. The nurse practitioner notified the detainee of the scheduled appointment on December 28, 2020.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO interviewed facility staff and found facility staff did not complete a criminal history check or fingerprint detainees upon admission. ODO was advised ERO San Francisco handled these duties (**Deficiency A&R- 11⁶**).

ODO interviewed facility staff and found facility staff did not check wants and warrants or fingerprint detainees upon release. ODO was advised ERO San Francisco handled these duties (**Deficiency A&R-77⁷**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found the handbook did not notify detainees of the rules for storing and mailing property not allowed in their possession (**Deficiency F&PP-17⁸**).

CARE

MEDICAL CARE (MC)

ODO reviewed 12 detainee intake screenings and found one of 12 detainees who responded in the affirmative to having hypertension, and prescribed medication during intake screening, was not sent for evaluation to a qualified, licensed health care provider within two working days (**Deficiency MC-104⁹**).

ODO reviewed 12 detainee medical records and found one of twelve detainees did not receive a health assessment within two working days from the initial screening, which identified a clinically significant finding. Specifically, medical staff completed the health assessment three working days after the referral (**Deficiency MC-116¹⁰**).

⁶ “Admission processes for a newly admitted detainee shall include, but not be limited to: ... b. Criminal history check; c. Photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics;” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(1)(b-c). **This is a Repeat Deficiency.**

⁷ “Facility staff assigned to processing must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include, but are not limited to: ... checking wants and warrants.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H). **This is a Repeat Deficiency.**

⁸ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: ... 3. the rules for storing or mailing property not allowed in their possession.” See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(C)(3).

⁹ “Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care provider as quickly as possible, but in no later than two working days.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹⁰ “Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

ODO reviewed 12 detainee medical files and found one out of 12 detainees, who the screening nurse referred for a mental health evaluation during the intake screening, was not evaluated within 72 hours of the referral. Specifically, mental health staff evaluated the detainee four days after the referral (**Deficiency MC-150¹¹**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility’s grievance log and found facility staff did not always provide detainees with a written or oral response to their grievances within five days of receipt, as required by the standard (**Deficiency GS-57¹²**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found 7 deficiencies in the remaining four standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011) (Revised 2016)	FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	19	21
Deficient Standards	12	4
Overall Number of Deficiencies	28	7
Repeat Deficiencies	6	3
Areas of Concern	0	0
Corrective Actions	1	0

¹¹ “Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(3).

¹² “Detainee shall be provided with a written or oral response within five days of receipt of the grievance.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b). **This is a Repeat Deficiency.**