



U.S. Department of Homeland Security
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**

December 6-10, 2021

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

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COMPLIANCE INSPECTION TEAM MEMBERS



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 Mesa Verde ICE Processing Center (MVIPC) in Bakersfield, California, from December 6 to 10, 2021.¹ The facility opened in 2015 and is owned and operated by The GEO Group, Inc. (GEO). 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 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 manages [REDACTED] support personnel. GEO 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of December 6, 2021)	[REDACTED]
Adult Female Population (as of December 6, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found four deficiencies in the following areas: Emergency Plans (3) and Food Service (1).

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 as of December 6, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.⁴

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.

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 (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	4
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	4
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	1
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0

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

⁶ 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 inspections.

Part 7 - Administration and Management	
Detention Files	0
Interview and Tours	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	6

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 attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Medical Care: One detainee stated he received an MRI at an outside clinic 2-3 weeks ago for a herniated disk in his back. The detainee stated the previous facility refused to give his MRI results to the neurologist. The detainee also stated the same facility refused to give his MRI results directly to him and, instead, placed them in his personal property, accessible by request from the detainee.

- Action Taken: ODO spoke with the health services administrator (HSA) and confirmed an outside provider performed an MRI on the detainee on October 15, 2021, and faxed the results to the neurologist on October 18, 2021. The neurologist examined the detainee on November 23, 2021. On December 9, 2021, the HSA advised the detainee he may request to view his medical records or mail his records to his family. The HSA also stated detainees submit record requests electronically via tablets, located in all dormitories.

Medical Care: One detainee stated he requested an eye exam when he first arrived at the facility but did not receive an answer.

- Action Taken: ODO spoke with the HSA and confirmed the detainee requested to see an optometrist during his 14-day physical on November 13, 2021. The facility lacked an optometrist on its staff at that time; however, MVIPC acquired one shortly thereafter, and an optometrist evaluated the detainee on December 13, 2021.

Correspondence and Other Mail: One detainee stated he received a composition book, planner, and calendar in the mail, but the facility withheld all items and placed them in his personal property.

- Action Taken: ODO interviewed the facility's mail clerk, reviewed the relevant documentation, and determined the detainee received a package on September 23, 2021, containing page markers, Post-it notes, a composition book, a planning calendar,

and a journal. The mail clerk rejected the package because the detainee did not request approval prior to receiving the package. The facility staff placed the items in the detainee's property and sent copies of the rejection notice to detainee and the sender. The detainee sent a request on September 23, 2021, to have the items approved. On September 23, 2021, the chief of security responded to the detainee and informed him the programs department issues composition books, suitable for use as a journal, and could also print him a calendar. The facility staff advised the detainee to send a request to the programs department. ODO reviewed documentation and confirmed the detainee received and signed for a composition book on September 23, 2021.

Correspondence and Other Mail: One detainee stated staff does not always give him the envelope from mail that is sent to him. The detainee stated staff shows him the envelope and the sender's identity and sometimes gives him a photocopy of the envelope. The detainee further stated attorneys sometimes send mail with a self-addressed stamped envelope (SASE), but staff withholds it from the detainee. The detainee stated he has to request the SASE via a tablet.

- Action Taken: ODO interviewed the mail room clerk and determined standard envelopes are always given to detainees; however, the facility does not issue the detainees padded envelopes because of the possibility of contraband stuffed within the padding. As an alternative, the mail room clerk gives the detainee a copy of the address and places the envelope in the detainee's personal property. The mail room clerk also stated the facility places SASEs in the detainee's personal property until the detainee needs them and thus avoids paying for additional postage.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP policy and eight Property Receipt Forms (G-589), interviewed the FPP supervisor, and found two out of eight G-589s did not document the quantity of checks, money orders, nor other negotiable instruments (**Deficiency FPP-52**⁷).

ODO reviewed the facility's FPP policy and eight G-589s, interviewed the FPP supervisor, and found the facility did not document the name of the issuing bank on one out of eight G-589s (**Deficiency FPP-54**⁸).

⁷ "The G-589 shall include: ...

e. in the "Quantity" column, the number of checks, money orders, or other negotiable instruments."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(G)(1)(e). G-589s

⁸ "The G-589 shall include: ...

f. in the "Description" column: ...

2) the name of the issuing bank, the register or check number and the account name."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(G)(1)(f)(2).

ODO reviewed the facility's FPP policy and eight G-589s, interviewed the FPP supervisor, and found only one officer signed the G-589 on one out of eight G-589s (**Deficiency FPP-59⁹**).

ODO reviewed the facility's FPP policy and the quarterly property audits, interviewed the FPP supervisor, and found the facility's second quarter property audit documentation did not contain the time of the audit (**Deficiency FPP-124¹⁰**).

CARE

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

ODO reviewed the facility's daily Behavioral and Physical Evaluation-HS-176 and Suicide Watch 8-hour Nursing Assessment records for 14 days the facility placed suicidal detainees in an isolated confinement setting and found clinical staff welfare checks exceeded the 8-hour requirement in 3 out of 14 days (**Deficiency SSHSPI-35¹¹**).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility's detainee handbook and found it does not specify the procedure for purchasing postage nor the rules for providing indigent detainees free postage (**Deficiency COM-26¹²**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found six deficiencies in the remaining three standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not

⁹ "The two officers and the detainee shall sign all copies, after which the copies shall be distributed as follows:

- a. white original/first copy to the detainee (property receipt);
- b. blue/second copy to detainee's I-385 booking card or detention file (attachment), and
- c. pink/third copy to funds envelope (insert)."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(G)(1)(a-c).

¹⁰ "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

¹¹ "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted 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).

¹² "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

10. The procedure for purchasing postage (if any), and the rules for providing indigent and certain other detainees free postage."

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(10).

received the uniform corrective action plan for ODO’s last inspection of MVIPC in June 2021.

Compliance Inspection Results Compared	FY 2021 PBND 2011 (Revised 2016)	FY 2022 PBND 2011 (Revised 2016)
Standards Reviewed	13	24
Deficient Standards	2	3
Overall Number of Deficiencies	4	6
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior