



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

July 6-9, 2020

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY.....	8
Environmental Health and Safety	8
SECURITY	8
Admission and Release	8
Custody Classification System	9
Funds and Personal Property	9
Special Management Units	10
Staff-Detainee Communication	10
Use of Force and Restraints	10
CARE	11
Food Service	11
ACTIVITIES	12
Religious Practices.....	12
Telephone Access	12
Visitation.....	12
JUSTICE.....	12
Grievance System	12
CONCLUSION	13

COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

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 compliance inspection of the Mesa Verde ICE Processing Center (MVIPC) in Bakersfield, California, from July 6 to 9, 2020.¹ 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 deportation officers (DO) and a detention services manager to the facility. An MVIPC warden handles daily facility operations and is supported by █ personnel. The GEO Group, Inc. provides food services, Wellpath provides medical care, and Union Supply Commissary Solutions provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2020, the National Commission on Correctional Health Care in August 2017, and was U.S. Department of Homeland Security Prison Rape Elimination Act certified in January 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	400
Average ICE Detainee Population ³	294
Male Detainee Population (as of 7/6/2020)	126
Female Detainee Population (as of 7/6/2020)	0

During its last inspection, in Fiscal Year (FY) 2019, ODO found 29 deficiencies in the following areas: Admission and Release (3); Custody Classification System (1); Funds and Personal Property (3); Special Management Units (9); Staff-Detainee Communication (1); Use of Force and Restraints (7); Disciplinary System (1); Food Service (2); Medical Care (1); and Disability Identification, Assessment, and Accommodation (1).

¹ This facility holds male and female detainees with low, low-medium, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of July 6, 2020.

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 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	7
Custody Classification System	1
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	2
Use of Force and Restraints	5
Sub-Total	20
Part 4 – Care	
Food Service	1
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 – Activities	
Recreation	0
Religious Practices	1
Telephone Access	1
Visitation	1
Sub-Total	3
Part 6 – Justice	
Grievance System	3
Law Libraries and Legal Material	0
Sub-Total	3
Total Deficiencies	28

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

DETAINEE RELATIONS

ODO interviewed nine detainees, who each voluntarily agreed to participate. The Team Lead attempted to interview the required 12 detainees during the Contingency Inspection; however, based on the amount of time spent interviewing each of the nine detainees, combined with resolving technology issues with the video teleconference, the remainder of the detainees were not able to be interviewed in order to complete the inspection within the required time frame. 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.

Staff-Detainee Communication: One detainee stated he wanted to speak with his ICE case officer, so he could request information about seeking deportation.

- Action Taken: ODO spoke with a supervisory detention and deportation officer who reviewed the detainee's detention record and found the detainee had already filed an appeal, and therefore, could not request a voluntary deportation until after the Board of Immigration Appeals decided his immigration case. An ICE DO provided the detainee his case status and informed him his case officer would follow-up with him on July 10, 2020.

Disability Identification, Assessment, and Accommodation: One detainee stated he used a walker, required facility staff assistance to get to the law library via an elevator, and facility staff did not always transport him when he requested access to the law library.

- Action Taken: ODO spoke with the disability compliance manager (DCM) and reviewed the facility's law library procedures. Each housing unit was scheduled for seven hours of law library access per week, which exceeded the minimum requirement. The DCM stated the detainee often requested additional law library time, and the facility attempted to accommodate as many of his requests as possible; however, there were occasions when the facility was unable to grant the detainee's additional requests due to facility staffing.

Medical Care: One detainee stated medical staff at the facility previously scheduled him for eye surgery, but due to COVID-19 pandemic, the facility postponed the operation. He stated he is bothered by daily eye pain and medical staff have not informed if the operation has been re-scheduled.

- Action Taken: ODO reviewed the detainee's medical record and spoke with facility medical staff. Medical staff evaluated the detainee's eye on March 19, 2020, and scheduled him for eye surgery. Medical staff postponed his eye surgery until after the COVID-19 situation improved, as it was not an emergent case. The regional health services administrator scheduled the detainee for a follow-up appointment to occur on July 10, 2020, to inform him about his pending eye surgery.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's emergency exit diagrams and found the facility did not identify Areas of Safe Refuge on exit diagrams posted in housing [REDACTED] (**Deficiency EH&S-1⁶**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO interviewed facility staff members and found the facility's admissions process did not include fingerprinting nor a criminal history check (**Deficiency A&R-1⁷**).

ODO found the facility kept Mexican detainees' identification cards with their personal property at the facility and did not send the identification cards to ERO, as required by the standard (**Deficiency A&R-2⁸**).

ODO reviewed the facility's admissions procedures and found if a detainee reports lost or missing property, the facility's procedures did not have the facility complete a Report of Detainee's Missing Property (Form I-387) nor send the completed I-387 to ERO San Francisco (**Deficiency A&R-3⁹**).

ODO reviewed the facility's orientation procedures and found a repeat deficiency in which ERO San Francisco did not approve the facility's orientation procedures (**Deficiency A&R-4¹⁰**).

ODO reviewed 12 detainee detention files and found 1 out of 12 files did not contain a signed detainee acknowledgement for receipt of the ICE National Detainee Handbook nor the facility

⁶ “‘Areas of Safe Refuge’ shall be identified and explained on diagrams. Diagram posting shall be in accordance with applicable fire safety regulations of the jurisdiction.” *See* ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5).

⁷ “... Admission processes for a newly admitted detainee shall include, but no limited to: ...
b. criminal history check;

c. photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics.” *See* ICE PBNDS 2011, Standard, Admission & Release, Section (V)(B)(1)(b) and (c).

⁸ “Identity documents, such as passports, birth certificates and driver's licenses, shall also be inventoried and given to ICE/ERO staff.” *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(5).

⁹ “When a newly arrived detainee claims his/her property has been lost or left behind, staff shall complete a Form I-387, ‘Report of Detainee’s Missing Property.’” *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(6).

¹⁰ “...Orientation procedures in CDFs and IGSA must be approved in advance by the local ICE/ERO Field Office.” *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F). **This is a Repeat Deficiency.**

detainee handbook (**Deficiency A&R-5¹¹**).

ODO reviewed the facility's release procedures and found a repeat deficiency in which the release procedures did not include fingerprinting nor a check of wants and warrants (**Deficiency A&R-6¹²**).

ODO reviewed the facility's release procedures and found a repeat deficiency in which ERO San Francisco did not approve the facility's release procedures (**Deficiency A&R-7¹³**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility detainee handbook and found it did not include an explanation of the facility's classification levels, with the conditions and restrictions applicable to each. The facility revised their English facility detainee handbook; however, their Spanish version was not revised. (**Deficiency CCS-1¹⁴**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 10 detainee files and found two staff members did not sign for removal and inventory of detainee funds in 9 out of 10 detainee files (**Deficiency F&PP-1¹⁵**).

ODO reviewed seven Property Receipt forms (Form G-589) and found two staff members did not sign for removal and inventory of small valuables on all seven Form G-589s (**Deficiency F&PP-2¹⁶**).

ODO interviewed facility staff members and found on-coming and off-going supervisors did not conduct an inventory of detainee funds, property envelopes, and large valuables (**Deficiency F&PP-3¹⁷**).

¹¹ "As part of the admissions process, the detainee shall acknowledge receipt of the handbook and supplement by signing where indicated on the back of the Form I-385 (or on a separate form)." See ICE PBND 2011, Standard, Admission and Release, Section (V)(F).

¹² "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: ...closing files and fingerprinting... and checking wants and warrants." See ICE PBND 2011, Standard, Admission and Release, Section (V)(H). **This is a Repeat Deficiency.**

¹³ "ICE/ERO shall approve all facility release procedures." See ICE PBND 2011, Standard, Admission and Release, Section (V)(H). **This is a Repeat Deficiency.**

¹⁴ "The *ICE Detainee Handbook* standard section on classification shall include: An explanation of the classification levels, with the conditions and restrictions applicable to each." See ICE PBND 2011, Standard, Custody Classification System, Section (V)(K).

¹⁵ "Removal and inventory of detainee funds shall be conducted by at least two officers and in the presence of the detainee." See ICE PBND 2011, Standard, Funds and Personal Property, Section (V)(G)(1).

¹⁶ "The Form G-589 or equivalent should be used to describe generally each item of value. The officers should then record the issuance of this Form G-589 in the facility's Property Receipt Logbook place the valuables in a secured envelope and deposit the envelope in the drop safe or similarly secured depository... *The detainee and two processing officers shall sign the G-589 or equivalent with copies distributed as noted above in this standard.*" See ICE PBND 2011, Standard, Funds and Personal Property, Section (V)(G)(2).

¹⁷ "Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes."

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee files and found a repeat deficiency. A seven-day administrative segregation review was late in one file and not conducted at all in another file (**Deficiency SMU-1¹⁸**).

ODO reviewed the SMU housing unit records from 12 detainee files and found multiple entries, indicating the facility provided the detainees their meals and offered them recreation, were missing from 6 out of 12 detainee files reviewed (**Deficiency SMU-2¹⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility detainee handbook and found it did not contain the scheduled hours and days ERO San Francisco staff may be contacted by detainees at the facility (**Deficiency SDC-1²⁰**).

ODO reviewed the facility's SDC procedures and found the facility did not have written procedures to route and deliver detainee requests, from authorized personnel to ERO San Francisco staff, without reading, altering, or delaying such requests (**Deficiency SDC-2²¹**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's UOF initial and annual refresher training documentation and lesson plans, and found training did not include confrontation-avoidance techniques, forced cell move techniques, nor forced medication procedures (**Deficiency UOF&R-1²²**).

The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

¹⁸ "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)(b). **This is a Repeat Deficiency.**

¹⁹ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU.

a. The special housing unit officer shall immediately record:

1) whether the detainee ate, showered, recreated and took any medication." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(D)(3)(a)(1).

²⁰ "... 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." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(A).

²¹ "... Each facility administrator shall: ...

- Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such request." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B).

²² "All new officers shall be sufficiently trained during their first year of employment. Through ongoing training (to [REDACTED] at a minimum), all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees.

At a minimum, training shall include: ...

f. confrontation-avoidance techniques...

h. forced cell move techniques...

ODO reviewed the files for eight UOF incidents and found [REDACTED] officers involved in the UOF incidents did not submit written reports to their shift supervisor by the end of their shift (**UOF&R-2²³**).

The documentation for one immediate UOF incident did not identify the detainees or staff involved, nor a description of the incident (**Deficiency UOF&R-3²⁴**).

In seven immediate UOF incidents, facility staff did not retrieve a video camera and start recording the incident as quickly as possible. Additionally, they did not follow the procedures applicable to calculated UOF incidents, once they regained control of the situation (**Deficiency UOF&R-4²⁵**).

ODO reviewed the after-action reviews for seven UOF incidents and found the after-action review team did not consist of all required team members. Specifically, the health services administrator was not present for any of the after-action reviews and the facility administrator was not present for two out of seven after-action reviews. Additionally, the after-action review team did not meet on the workday after the incident for two out of seven after-action reviews (**Deficiency UOF&R-5²⁶**).

CARE

FOOD SERVICE (FS)

ODO reviewed food service procedures for food items that pose a security threat, interviewed the food service administrator, and found facility staff did not identify [REDACTED] as a hot item, which required special handling and storage considerations (**Deficiency FS-1²⁷**).

l. forced medication procedures.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(D)(1)(f)(h) and (l).

²³ “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). **This is a Repeat Deficiency.**

²⁴ “... Staff shall prepare a use of force form for each incident involving use of force. The report shall identify the detainee(s), staff and others involved and describe the incident.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O)(2).

²⁵ “When an immediate threat to the safety of the detainee, other persons, or property makes a delayed response impracticable, staff shall activate a video camera and start recording the incident as quickly as possible. After regaining control of the situation, staff shall follow the procedures applicable to calculated use-of-force incidents.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O)(3).

²⁶ “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 four-member after-action review team shall convene on the workday after the incident.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(3). **This is a Repeat Deficiency.**

²⁷ “All facilities shall have procedures for handling food items that pose a security threat...

b. Other Food Items

1) The purchase order for any of these items shall specify the special-handling requirements for delivery.” See ICE PBNDS 2011, Standard, Food Service, Section (V)(B)(4)(b)(1).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO interviewed the facility's chaplain and religious programming manager and found the facility limited religious services due to COVID-19. However, the facility did not document the limitations placed on their religious programming, nor the reason the facility limited or discontinued religious programming (**Deficiency RP-1²⁸**).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action by creating a log to record religious services the facility limited or discontinued, and the facility administrator issued a memorandum dated July 15, 2020, to the detainees informing them religious services were limited due to COVID-19 (**C-1**).

TELEPHONE ACCESS (TA)

ODO interviewed facility staff and found the facility did not log telephone maintenance problems nor report the identified problems to ERO San Francisco (**Deficiency TA-1²⁹**).

VISITATION (V)

ODO found the facility's legal visitation log did not document if the detainee had a current Notice of Entry of Appearance as Attorney or Accredited Representative (Form G-28) on file (**Deficiency V-1³⁰**).

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 (**Deficiency GS-1³¹**).

²⁸ "When necessary for the security or orderly operation of the facility, the facility administrator may discontinue a religious activity or practice or limit participation to a reasonable number of detainees or to members of a particular religious group after consulting with the chaplain or religious services coordinator. Facility Records shall reflect the limitations or discontinuance of a religious practice, as well as the reason for such a limitation or discontinuance." See ICE PBNDS 2011, Standard, Religious Practices, Section (V)(A)(3).

²⁹ "... Facility staff members are responsible for ensuring on a daily basis that telephone systems are operational. ... Any identified problems must immediately be logged and reported to the appropriate facility and ICE/ERO staff." See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(4)(a).

³⁰ "Staff shall maintain a separate log to record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access.

Log entries shall include the following information: ...

g. whether the detainee currently has a G-28 on file." See ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(14)(g).

³¹ "... Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See

ODO found the facility’s grievance appeal board (GAB) did not note the date detainees filed their grievance appeals in the facility grievance log (**Deficiency GS-2³²**).

ODO found the appellate reviewer did not note the following in the grievance log: the date they received the appeal, the date they provided a decision to the detainee, the basis of the GAB decision, nor the outcome of the adjudication (**Deficiency GS-3³³**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under PBNS 2011 and found the facility in compliance with seven of those standards. ODO found 28 deficiencies in the remaining 12 standards, which included six repeat deficiencies. ODO commends facility staff for their responsiveness during this inspection and noted one instance where staff initiated corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNS 2011)	FY 2020 (PBNS 2011)
Standards Reviewed	21	19
Deficient Standards	11	12
Overall Number of Deficiencies	29	28
Repeat Deficiencies	3	6
Corrective Actions	6	1

ICE PBNS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

³² “... The GAB shall note the grievance log with the following information:

- date appeal filed; ...
- date decision provided to detainee; and
- outcome of the adjudication.” See ICE PBNS 2011, Standard, Grievance System, Section

(V)(C)(3)(b)(2)(d).

³³ “... The appellate reviewer shall note the grievance log with the following information:

- date appeal received; ...
- basis of the GAB decision;
- date decision provided to detainee; and
- outcome of the adjudication.” See ICE PBNS 2011, Standard, Grievance System, Section

(V)(C)(3)(b)(3)(c).