



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
Follow-Up Compliance Inspection**

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

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

June 14-17, 2021

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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ODO
Creative Corrections
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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 follow-up inspection of the Mesa Verde ICE Processing Center (MVIPC) in Bakersfield, California, from June 14 to 17, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of MVIPC from January 25 to 28, 2021. The facility opened in February 2015, and GEO Group Inc. owns and operates the facility. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MVIPC in March 2015 under the oversight of ERO’s Field Office Director (FOD) in ERO San Francisco. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised December 2016).

ERO has assigned deportation officers and a detention services manager to the facility. An MVIPC facility administrator handles daily facility operations and supervises [REDACTED] support staff. MVIPC facility staff provides food services, WellPath LLC provides medical care, and Union Supply provides commissary services at the facility. The American Correctional Association (ACA) accredited the facility in January 2020. 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	[REDACTED]
Male Detainee Population (as of June 14, 2021)	[REDACTED]
Female Detainee Population (as of June 14, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found seven deficiencies in the following areas: Admission and Release (2); Funds and Personal Property (1); Grievance System (1); and Medical Care (3).

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

² Data Source: ERO Facility List Report as of June 7, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	3
Environmental Health and Safety	0
Sub-Total	3
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	4

⁴ For greater detail on ODO’s findings, see the *Follow-Up 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 teleconference.

Admission and Release: One detainee stated he did not receive the ICE National Detainee Handbook, nor the facility handbook printed in his native language of Mandarin Chinese.

- Action Taken: The facility staff/ERO met with the detainee on June 14, 2021, and provided the detainee with copies of the ICE National Detainee Handbook and the facility handbook translated in Mandarin Chinese. The detainee signed for both copies, acknowledging receipt of the Mandarin Chinese translation of both handbooks. Additionally, the facility provided ODO with a photo, which depicted the detainee holding the facility handbook, printed in Mandarin Chinese.

Food Service: ODO interviewed 12 detainees and 11 out of 12 detainees indicated the facility did not provide enough fresh fruit and vegetables and there were infrequent servings of meat in their portions.

- Action Taken: ODO interviewed the facility food service manager (FSM), reviewed the 35-day cycle food-menu, and obtained confirmation of the menus as certified by a registered dietician in meeting all nutritional requirements. The FSM also confirmed a menu change in February 2020 in which the facility alternately served fresh fruits and canned fruits three times a day. The FSM stated the facility notified the detainees of the food-menu changes.

Additionally, ODO reviewed the 5-week cycle food menu to assess the frequency in which detainees received meat in their portions. During the week of the inspection, ODO found the facility served beef three times, tuna fish one time, chicken three times, and turkey ham and turkey salami four times. The facility also served salads made from fresh vegetables three times and provided lettuce, carrots, onions, and spinach as condiments throughout the week.

Food Service: One detainee stated the facility has yet to approve his request for a low-sodium or soy-free diet.

- Action Taken: ODO interviewed the health services administrator (HSA) who confirmed after a medical record review the detainee did request a soy-free diet on June 8, 2021. The facility approved the detainee's request for a soy-free diet from June 8, 2021 to September 6, 2021. The facility will re-evaluate the detainee prior to September 6, 2021, to decide on continuing the diet. The facility HSA informed the detainee he was approved for the soy-free diet.

Medical Care: One detainee stated the facility was supposed to schedule him for hand surgery; however, the facility has not provided him with a status of his surgery.

- Action Taken: ODO interviewed the facility HSA who confirmed after a medical record review the staff at an off-site orthopedic facility examined the detainee's hand on May 27, 2021, and determined surgery was not necessary. The facility scheduled the detainee for a follow-up appointment in approximately 3 months. At ODO's request, the HSA discussed the situation with the detainee and informed him of his future medical appointment.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility contingency-specific plans and found there was no individual contingency-specific emergency plan for evacuation (**Deficiency EP-71**⁵).

ODO reviewed the facility fire/evacuation plan and found it did not address any of the [REDACTED] evacuation variables, required by the standard, which could precipitate or affect a mass evacuation (**Deficiency EP-170**⁶).

ODO reviewed the facility's fire/evacuation plan and found the plan did [REDACTED] relative to suppliers and essential shortages (**Deficiency EP-171**⁷).

CARE

FOOD SERVICE (FS)

ODO interviewed the FSM, reviewed photos of prepared sack meals for transport, and found the

⁵ "The facility shall compile individual contingency specific plans, as needed, and approved by the Field Office Director: ...

12. evacuation" See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(12).

⁶ "The facility's plan shall factor [REDACTED]

[REDACTED] and [REDACTED]."
Emergency Plans, Section (V)(E)(12)(a)(1-4). See ICE PBNDS 2011, Standard,

⁷ "For every evacuation scenario, the plan shall:

[REDACTED]
emergency." See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(12)(b)(1-3).

facility's sack meals included a milk beverage (**Deficiency FS-288⁸**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found four deficiencies in the remaining two standards. ODO commends members of the facility staff 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 received the uniform corrective action plan for ODO's last inspection of MVIPC, which occurred in January 2021.

Compliance Inspection Results Compared	First FY 2021 (PBNDS 2011) (Revised 2016)	Second FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	21	13
Deficient Standards	4	2
Overall Number of Deficiencies	7	4
Repeat Deficiencies	3	0
Areas of Concern	0	0
Corrective Actions	0	0

⁸ "Extremely perishable items such as fruit pie, cream pie and other items made with milk, cream or other dairy ingredients shall be excluded." See ICE PBNDS 2011, Standard, Food Service, Section (V)(I)(6)(c).