



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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


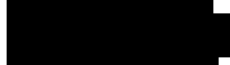
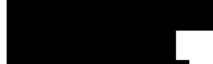
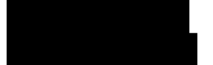
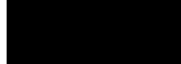




**Mesa Verde ICE Processing Center  
Bakersfield, California**

**June 28-30, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**MESA VERDE ICE PROCESSING CENTER**  
Bakersfield, California  
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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**

	Team Lead	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Section Chief	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Mesa Verde ICE Processing Center (MVIPC) in Bakersfield, California, from June 28 to 30, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of MVIPC from December 6 to 10, 2021. 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 an assigned detention services manager to the facility. A facility administrator handles daily facility operations and manages █████ support personnel. GEO provides food services and medical care, and Union Supply Group 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 January 2021. In March 2021, 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 <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of June 28, 2022)	█████
Adult Female Population (as of June 28, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Correspondence and Other Mail (1); Funds and Personal Property (4); and Significant Self-Harm and Suicide Prevention and Intervention (1).

<sup>1</sup> This facility holds both 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 as of June 13, 2022.

<sup>3</sup> *Ibid.*

## 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 uniform corrective action plan (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.

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

PBNDS 2011 (Revised 2016) Standards Inspected <sup>4,5</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
DHS PREA Certified Facility	0
Facility Security and Control	0
Funds and Personal Property	2
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	2
Medical Care	2
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>5</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>8</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

<sup>5</sup> 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.

## DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. The facility quarantined one dorm for COVID-19 and no other detainees volunteered to participate in an ODO interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated he never received a prescription for pain medication after a tooth extraction on or about May 28, 2022. He also stated the dentist said he would write him a prescription after the procedure.

- Action Taken: ODO interviewed the acting health service administrator (AHSA), reviewed the detainee's medical record, and confirmed the detainee's arrival to the facility and completion of initial intake screening on the same day, January 4, 2022. The detainee met with the facility dentist for several complaints pertaining to his teeth between January 24, 2022, and June 28, 2022. On January 23, 2022, the detainee submitted a sick call request for a toothache in his upper right jaw and met with the dentist the following day. On February 5, 2022, the detainee submitted a sick call request for bleeding gums and the dentist examined him on February 8, 2022. On April 19, 2022, the dentist examined the detainee about pain in an upper tooth, extracted the tooth, prescribed antibiotics and ibuprofen, and informed him about the pain medication, all on the same day. On April 26, 2022, the dentist conducted a follow-up appointment and added Tylenol to the detainee's medication regimen. On May 10, 2022, the dentist met with the detainee after he submitted a sick call request to discuss the pain around the tooth extraction area and prescribed him a different type of pain medication (Tramadol). On May 13, 2022, the detainee submitted a sick call request and met with the dentist on May 17, 2022, to discuss his gum pain and requested a stronger dose of pain medication once again. The dentist denied the detainee additional pain medication because of the detainee's multiple prescriptions for Tramadol, Tylenol, and antibiotics, which together effectively reduced his gum pain and inflammation. The detainee met with the facility dentist five more times for the following issues: completion of an annual dental exam on June 7, 2022; scaling and root cleaning on June 9 and June 14, 2022; polishing on June 14, 2022; and tooth fillings on June 16, 2022, and June 28, 2022.

*Medical Care:* One detainee stated he entered the facility around November 23, 2021, and submitted a sick call request approximately 3 days later regarding his vision. He said he needed glasses because his vision had declined over the past years. The detainee also stated he last met with the facility doctor in March 2022 or April 2022 and the waited for a scheduled appointment with an off-site optometrist. The detainee requested an update to know his scheduled optometry appointment.

- Action Taken: ODO interviewed the AHSA, reviewed the detainee's medical record, and confirmed the detainee's arrival on November 22, 2021, and completion of his initial intake screening on November 23, 2021. During his evaluation, the detainee did not report any concerns about his vision; however, the detainee's visual acuity was

20/40. The detainee submitted a sick call request for his vision on April 11, 2022, and on April 12, 2022, the facility medical provider met with the detainee. On the same day, the AHSA forwarded a request for him to see an optometrist. The detainee stated he had dry eyes and received eyedrops. The treatment authorization request remained pending approval from ERO San Francisco and ICE Health Service Corps. The facility medical staff met with the detainee for additional follow-up appointments on May 12, 2022, and June 13, 2022, to assess and discuss his vision. The facility medical administration assistant informed ODO the facility could not currently refer the detainee to an optometrist since no optometrists worked within close proximity to the facility. The facility medical staff scheduled follow-up appointments for every 30 days with the detainee while waiting for the facility to find an optometrist. On June 29, 2022, the AHSA met with detainee to inform him the facility did not have an off-site optometrist in the area but would notify him once he found one close to MVIPC. In July 2022, facility staff scheduled him for another routine follow-up appointment at the facility.

*Admission and Release:* Three detainees said the toothpaste issued to them as a replacement had expired by several years.

- Action Taken: On June 29, 2022, ODO reviewed samples of toothpaste from the intake staff's stock and found none had expired, but toothpaste ODO observed in the housing unit had expired by 2 years. ODO spoke with the facility admission and release sergeant and the sergeant confirmed the expired toothpaste, the facility's purchase of new stock, and the subsequent disposal of all expired stock of toothpaste from the housing unit.

*Food Service:* One detainee stated his concern over small food portions and dirty food trays. Additionally, he stated the facility sometimes replaced hot meals with sack lunches.

- Action Taken: On June 29, 2022, ODO observed the facility's food service process, specifically the sanitation station and prep area, and found the food service staff replaced the stained meal trays with new trays having no discoloration. The facility staff sanitized and cleaned all food trays at a temperature exceeding the standard requirements and provided the detainees with a food portion compliant with the nutritional caloric requirements, which a certified dietician approved. The facility replaced hot meals with a sack lunch if the facility had a mechanical failure with kitchen appliances, which the facility noted in the food service logbook. ODO reviewed all meals the facility served during the inspection period and found the facility served at least two hot meals per day.



# FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## SECURITY

### FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the facility intake sergeant and the chief of security and found the facility did not provide a secured locker for holding large valuables, accessible only by facility designated supervisors and property officers. Specifically, ODO observed the facility personal property staff gave the facility maintenance staff full access to the property storage area without requiring the presence of designated facility supervisors, property officers, or admissions processing staff (**Deficiency FPP-10**<sup>6</sup>).

ODO interviewed the facility intake sergeant and the chief of security and found the facility did not provide a secured baggage and property storage area when not attended by admissions processing staff. Specifically, ODO observed facility personal property staff gave facility maintenance staff full access to the property storage area without requiring the presence of designated facility supervisors, property officers, or admission staff (**Deficiency FPP-11**<sup>7</sup>).

### SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the detention files for one detainee housed in disciplinary segregation since the ODO's last inspection in December 2021, and found the disciplinary segregation order did not contain the date and time of the detainee's release from SMU (**Deficiency SMU-71**<sup>8</sup>).

## CARE

### HUNGER STRIKES (HS)

ODO reviewed [REDACTED] custody staff and [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] custody staff training records, no annual training to recognize signs of a hunger strike and the procedures to request medical assessment of a detainee on a hunger strike. Specifically, one facility custody staff member completed annual training on April 2, 2022, missing the scheduled

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<sup>6</sup> "All facilities, at a minimum, shall provide:

1. A secured locker for holding large valuables, which can be accessed only by designated supervisor(s) and/or property officer(s)."

See ICE PBNDS 2011 (Revised 2016), Funds and Personal Property, Section (V)(A)(1).

<sup>7</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."

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

<sup>8</sup> "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2)(c).

due date of February 26, 2022 (**Deficiency HS-1**<sup>9</sup>).

ODO reviewed the detention file of one detainee placed on a hunger strike protocol on April 11, 2022, and found the facility medical staff did not annotate when the detainee ended the hunger strike (**Deficiency HS-20**<sup>10</sup>).

## **MEDICAL CARE (MC)**

ODO reviewed █ health care staff credential files and found in █ out of █ files, no primary source verification for professional licenses and certifications. Specifically, the facility did not verify primary sources for the licenses of a radiology technician and contract pharmacist (**Deficiency MC-101**<sup>11</sup>).

ODO reviewed one detainee's medical record who had a prescription for psychotropic medication and found the facility medical staff administered the psychotropic medication prior to the detainee signing an informed consent form (**Deficiency MC-241**<sup>12</sup>).

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

ODO reviewed training records of █ custody staff and █ medical staff and found in █ out of █ custody staff training records, no comprehensive annual suicide prevention training. Specifically, seven custody staff members completed their annual training between 1 and 3 months past their scheduled due date (**Deficiency SSHSPI-8**<sup>13</sup>).

## **ACTIVITIES**

### **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO interviewed the facility mail clerk, reviewed the facility COM policy, and found the policy stated the facility would consult with a contracting officer's representative instead of the ICE Office of Chief Counsel over a detainee who requested certain legal services such as a notary public and certified mail. Additionally, the mail clerk reported no instances in which an indigent detainee requested such services. However, since the facility's policy was not in line with the

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<sup>9</sup> "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE PBNDS 2011 (Revised 2016), Hunger Strikes, Section (V)(A).

<sup>10</sup> "A notation shall be made in the detention file when the detainee has ended the hunger strike." See ICE PBNDS 2011 (Revised 2016), Hunger Strikes, Section (V)(C)(8).

<sup>11</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011 (Revised 2016), Medical Care, Section (V)(I).

<sup>12</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011 (Revised 2016), Medical Care, Section (V)(AA)(4).

<sup>13</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011 (Revised 2016), Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(AA)(4).

standard, ODO cited this as an **Area of Concern**.

*Corrective Action:* Prior to the completion of the inspection, the facility provided ODO with an updated policy, signed by the facility administrator and dated June 29, 2022. On the same day, ODO received a copy of the mail clerk’s email of the signed updated policy sent to the entire facility staff (C-1).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 13 of those standards. ODO found nine deficiencies in the remaining five 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 received the uniform corrective plan for ODO’s last inspection of MVIPC in December 2021.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 PBNDS 2011 (Revised 2016)</b>	<b>Second FY 2022 PBNDS 2011 (Revised 2016)</b>
Standards Reviewed	24	18
Deficient Standards	3	5
Overall Number of Deficiencies	6	8
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	0	1
Facility Rating	Superior	N/A