



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

**Office of Detention Oversight
Compliance Inspection
2024-001-276**

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

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


January 9-11, 2024

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

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COMPLIANCE INSPECTION TEAM MEMBERS

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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 9 to 11, 2024.¹ 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).

[REDACTED] The MVIPC chief of security handles daily facility operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Union Supply provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 9, 2024)	[REDACTED]
Adult Female Population (as of January 9, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 25 deficiencies in the following areas: Environmental Health and Safety (3); Hold Rooms in Detention Facilities (1); Tool Control (12); Medical Care (3); and Significant Self-harm and Suicide Prevention and Intervention (6).

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 Custody Management Division Authorized Facility List as of December 26, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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.

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

PBND Standards 2011 (Revised 2016) Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	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	1
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	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	2

DETAINEE RELATIONS

ODO interviewed 18 detainees who 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.

Medical Care: One detainee stated he has back pain and is awaiting a physical therapy appointment.

- Action Taken: ODO reviewed the detainee's medical file and spoke with the acting health services administrator (HSA) and found the ICE field medical coordinator (FMC) denied the detainee's request for physical therapy on January 19, 2024. Prior to that denial, on October 24, 2023, the detainee submitted a medical request for back pain. A physician assistant (PA) evaluated the detainee and prescribed 600 mg of ibuprofen, a back brace, a knee sleeve, an ankle brace, and a wedge pillow. On October 30, 2023, a PA submitted a request for physical therapy but cancelled it on November 13, 2023, because of the detainee's documented full range of motion with no limitations. On January 11, 2024, a PA met with the detainee and explained the reasons for the cancelled physical therapy. The detainee verbally asked the PA to submit a new request for physical therapy. On January 19, 2024, the ICE FMC denied the detainee's request for physical therapy because it was not medically necessary. On January 22, 2024, the facility's acting HSA directed a facility nurse to notify the detainee of the disapproval for physical therapy.

Telephone Access: Two detainees stated they had issues making calls on telephones in housing unit C.

- Action Taken: On January 9, 2024, ODO notified a facility officer of the detainees' complaints regarding the phones in housing unit C. On January 10, 2024, a facility officer informed ODO that a Talton technician repaired the telephones. On January 11, 2024, ODO visited housing unit C and confirmed the repair of the telephones but found issues with the two telephones at the front of the housing unit. The facility housing unit officer submitted a service request for Talton to test/repair telephones 9-14 and 1-3. On January 17, 2024, the facility's IT officer stated a Talton technician checked all

phones and reported no issues.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility's fire safety manager and found the facility's maintenance supervisor did not distribute a copy of the master file of material safety data sheets to the local fire department (**Deficiency EHS-49⁷**).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed ■ detainee files and found in ■ out of ■ files, neither a first-line supervisor nor classification supervisor reviewed and approved the detainee's classification (**Deficiency CCS-9⁸**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 27 of those standards. ODO found two deficiencies in the remaining two standards. Since MVIPC's last full inspection in December 2022, the facility has trended upward. MVIPC went from 5 deficient standards and 25 deficiencies in December 2022 to 2 deficient standards and 2 deficiencies during this most recent inspection. ODO received the uniform corrective action plan for ODO's last full inspection of MVIPC in May 2023, which likely resolved the deficiencies found during ODO's last full inspection. ODO recommends ERO San Francisco continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

⁷ The maintenance supervisor shall maintain this information in the safety office (or equivalent) and ensure that a copy is sent to the local fire department." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(5).

⁸ "Each facility administrator shall require that the facility's classification system ensures the following: ...

4. Each detainee's classification shall be reviewed and approved by a first-line supervisor or classification supervisor."

See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(4).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDs 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDs 2011) (Revised 2016)
Standards Reviewed	25	29
Deficient Standards	5	2
Overall Number of Deficiencies	25	2
Priority Component Deficiencies	0	0
Repeat Deficiencies	4	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Superior