



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
Unannounced Follow-Up Compliance
Inspection
2023-002-105**

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

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

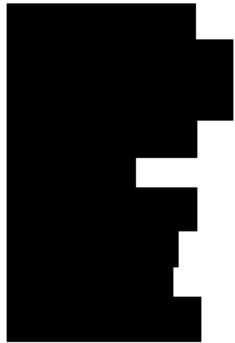
June 6-8, 2023

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
SECURITY	7
HOLD ROOMS IN DETENTION FACILITIES	7
CARE	8
FOOD SERVICE	8
CONCLUSION	8

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Senior Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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 an unannounced follow-up compliance inspection of the Mesa Verde ICE Processing Center (MVIPC) in Bakersfield, California, from June 6 to 8, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of MVIPC from December 6 to 8, 2022. 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] A facility administrator handles daily 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 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 June 6, 2023)	[REDACTED]
Adult Female Population (as of June 6, 2023)	[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); Medical Care (3); Significant Self-harm and Suicide Prevention and Intervention (6); and Tool Control (12).

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

² Data Source: ERO Facility List as of June 6, 2023.

³ *Ibid.*

UNANNOUNCED 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.⁴

While unannounced 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.

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

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
Facility Security and Control	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	1
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
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	2

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up 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 standards.

DETAINEE RELATIONS

ODO interviewed 15 detainees, who voluntarily agreed to participate. One detainee started the interview but later declined the remainder of the interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Food Service: Two detainees stated the facility serves them cabbage every day with little variety.

- Action Taken: ODO interviewed the food service administrator (FSA), reviewed the 35-day menu and the production service record, observed the lunch meal for June 6, 2023, and found the facility substitutes cabbage for lettuce. The FSA confirmed the substitution, but facility did not document the substitution. ODO cited the facility's failure to document the cabbage substitution as a deficiency in the *Food Service* section of this report.

Medical Care: One detainee stated he has not received his X-ray results for the numbness in his right shoulder.

- Action Taken: ODO interviewed the FSA, reviewed the detainee's medical file, and found the detainee completed his intake screening on November 15, 2022, and complained of right shoulder pain. On December 1, 2022, the medical provider (MP) prescribed ibuprofen (800 mg), 1 tablet twice a day for 60 days, and Bio-Freeze AAA gel to be applied twice a day for 30 days for pain, and took an X-ray of his right shoulder. On December 7, 2022, the medical provider reviewed the results with the detainee and explained his diagnosis of deteriorating joint disease. The MP advised the detainee to allow his shoulder to rest, continue with his current medications, prescribed a shoe chrono to wear (an approved shoe sent by his family), and discussed the prognosis of this disease. At ODO's request on June 13, 2023, a physician assistant evaluated the detainee, discussed the X-ray results, and the detainee acknowledged understanding.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed the facility's hold rooms and found no floor drains in any of the three hold rooms (Deficiency HRDF-11⁷). **This is a repeat deficiency.**

⁷ "Each hold room shall have floor drain(s)." See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

CARE

FOOD SERVICE (FS)

ODO reviewed the menu, observed the noon meal for June 6, 2023, and found every change or substitution was not documented and forwarded to the FSA. Specifically, FS substituted cabbage for lettuce, and the FSA confirmed the facility did not maintain documentation of changes or substitutions (**Deficiency FS-118⁸**).

CONCLUSION

During this unannounced follow-up inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found two deficiencies in the remaining two standards. Since MVIPC's last full inspection in December 2022, the facility has shown steady improvement. MVIPC progressed from 5 deficient standards and 25 deficiencies in December 2022 to 2 deficient standard and 2 deficiencies during this most recent inspection. However, one out of two deficiencies during this inspection were in the FS standard, which MVIPC did not have a deficiency in last inspection. The second deficiency was in the hold room in detention facilities standard, which is a repeat deficiency from the last inspection. The facility's improved performance was a result of completing a UCAP for ODO's last inspection of MVIPS in December 2022. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	19
Deficient Standards	5	2
Overall Number of Deficiencies	25	2
Priority Component Deficiencies	0	0
Repeat Deficiencies	4	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A

⁸ "Is every change or substitution documented and forwarded to the FSA?" See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(1).