



OIDO INSPECTION

Mesa Verde ICE Processing Center

OIDO-23-007
June 16, 2023



OIDO is an independent
office within the Department
of Homeland Security.



June 16, 2023

MEMORANDUM FOR: Tae D. Johnson
Acting Director
U.S. Immigration and Customs Enforcement

FROM: David D. Gersten **DAVID D GERSTEN**
Acting Ombudsman
Office of the Immigration Detention Ombudsman

Digitally signed by DAVID D
GERSTEN
Date: 2023.06.16 10:53:22 -04'00'

SUBJECT: OIDO-23-007
Mesa Verde ICE Processing Center
August 30 – September 1, 2022

Attached is OIDO's final report based on its inspection of Mesa Verde ICE Processing Center (MVIPC) in Bakersfield, California on August 30 – September 1, 2022. We reviewed the facility's performance as well as compliance with the U.S. Immigration and Customs Enforcement (ICE) 2011 Performance-Based National Detention Standards, as revised in 2016, and the Pandemic Response Requirements.

OIDO will post the report on our website for public dissemination.

Attachment



**OIDO INSPECTION
OF
MESA VERDE ICE PROCESSING CENTER
Bakersfield, California**

Executive Summary

In August and September 2022, the Office of the Immigration Detention Ombudsman (OIDO) conducted an announced inspection of the Mesa Verde ICE Processing Center (MVIPC) in Bakersfield, California to assess its performance and compliance with the U.S. Immigration and Customs Enforcement (ICE) detention standards and the Pandemic Response Requirements. Contributing factors for inspecting the facility included unresolved deficiencies noted in previous inspections and areas referred by OIDO's Case Management Division. OIDO reviewed the facility's compliance with specific criteria related to the following areas of review: Special Management Units, staff-detainee communication, food service, medical care, recreation, significant self-harm and suicide prevention and intervention, and coronavirus disease 2019 (COVID-19) protocols.

OIDO's inspection led to several findings. MVIPC complied with standards in all areas reviewed except three aspects of medical care. The areas of compliance included: SMU, staff-detainee communication, food service, recreation, and medical care requirements related to health assessments, mental health referrals, sick call procedures, medical staffing, medical staff credentialing, communication about medical care with detainees with limited English proficiency, and COVID-19 protocols. The facility's deficiencies were in the following areas: providing ongoing medical care to detainees in accordance with provider's orders, protecting detainee confidential medical information, and completing required welfare checks and daily mental health treatments to a detainee on suicide watch. While OIDO found non-compliance issues in three areas, it notes that the facility took corrective actions following the inspection to address the noted deficiencies.

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Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight (DO) Division conducts independent, objective, and credible inspections of Immigration and Customs Enforcement (ICE) facilities throughout the United States. In August – September 2022, OIDO conducted an announced inspection of the Mesa Verde ICE Processing Center (MVIPC) to review the facility’s performance and compliance with applicable detention standards, the 2011 Performance-Based National Detention Standards as revised in 2016 (hereinafter referred to as the 2011 PBNDS), and the ICE Enforcement and Removal Operations (ERO) Pandemic Response Requirements (PRR).¹ At the time of inspection, OIDO had one case manager performing routine visits to the facility. OIDO found that MVIPC was generally compliant with detention standards. Moreover, in all three areas where OIDO found noncompliance issues, the facility took corrective action after the inspection to address concerns.

Background

ICE ERO oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency’s detention system.² In addition, ICE uses the COVID-19 PRR to assist detention facility operators in sustaining operations while mitigating risk to the safety and wellbeing of detainees due to COVID-19.³

MVIPC is a contract detention facility located in Bakersfield, California. The facility provides detention services on behalf of the City of McFarland and ICE, housing both ICE detainees and city/county inmates. The facility opened in 2015 and is owned and operated by The GEO Group, Inc. (GEO). At the facility, GEO provides food services, Wellpath⁴ provides medical care, and Union Supply⁵ provides commissary services.

MVIPC is under the oversight of ICE ERO’s San Francisco Field Office and operates under the 2011 PBNDS, as revised in 2016. The facility received accreditation from the American Correctional Association and the National Commission on Correctional Health Care in 2017. The facility was also audited and certified under the DHS Prison Rape Elimination Act (PREA) in December 2021.

MVIPC has a capacity of approximately 400 adults in all custody level ranges and had an average daily population of 52 detainees in fiscal year 2022.⁶ The facility houses no juveniles. The facility is currently subject to a settlement agreement requiring ICE to limit the population at MVIPC and

¹ OIDO used PRR Version 9.0 dated June 13, 2022, during its inspection of MVIPC.

² ICE currently has four detention standards in use at adult detention facilities throughout the United States. These include: 2000 National Detention Standards, 2008 Performance-Based National Detention Standards, 2011 Performance-Based National Detention Standards, and 2019 National Detention Standards.

³ See <https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities.pdf>.

⁴ See <https://wellpathcare.com/>.

⁵ See <https://www.unionsupplydirect.com/>.

⁶ See [ICE FY 2022 Detention Statistics](#).

implement COVID-19 mitigation measures consistent with the Centers for Disease Control and Prevention guidelines and the current PRR.⁷ The facility had 50 ICE detainees on August 30, 2022.

OIDO conducted an announced inspection primarily examining unresolved deficiencies noted in previous inspections and areas referred by OIDO's Case Management Division. OIDO notes that the following recent compliance inspections had been conducted at the facility prior to its inspection. On January 25-28,⁸ June 14-17,⁹ and December 6-10, 2021,¹⁰ the ICE Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted compliance inspections and found deficiencies in the following standards: admission and release, medical care, grievance system, emergency plans, food service, funds and personal property, significant self-harm and suicide prevention and intervention, and correspondence and other mail. On March 23-24, 2021, the ICE OPR External Reviews and Analysis Unit (ERAU) conducted a PREA audit and found that the facility met all standards reviewed. Finally, in June 2022, the Nakamoto Group, Inc.¹¹ conducted a compliance inspection and found that the facility complied with the 40 standards reviewed.

Objective, Scope, and Methodology

OIDO's objective was to assess the facility's performance and its compliance with select standards under ICE's 2011 PBNDS and ICE ERO PRR. Specifically, OIDO focused on selected areas within the 2011 PBNDS related to Special Management Units (SMU), staff-detainee communication, food service, medical care, recreation, and significant self-harm and suicide prevention and intervention.

The inspection was executed by eight personnel, including five investigators, one medical specialist, one environmental specialist, and one manager. The inspection team reviewed existing policies and procedures, files, documentation, training logs, and reports, and conducted interviews with ICE ERO employees, facility staff, and detainees.

Results of Inspection

OIDO's inspection led to several findings. MVIPC complied with standards in the following areas reviewed: SMU, staff-detainee communication, food service, recreation, and medical care requirements related to health assessments, mental health referrals, sick call procedures, medical staffing, credentialing, communication with detainees with limited English proficiency, and COVID-19 protocols. OIDO found the facility non-compliant in three areas. First, the facility did not provide ongoing care and treatment to detainees per provider's orders. Second, the facility failed to protect detainee confidential medical information from disclosure. Third, the facility did not conduct welfare checks every eight hours or provide daily mental health treatment to a detainee on suicide watch. As noted above, the facility took corrective action following the inspection to address the three areas of non-compliance.

⁷ *Zepeda Rivas v. Jennings*, Case No. 20-cv-02731-VC (N.D. Cal. April 20, 2020).

⁸ See [ICE OPR ODO Compliance Inspection January 25-28, 2021](#).

⁹ See [ICE OPR ODO Follow-up Compliance Inspection June 14-17, 2021](#).

¹⁰ See [ICE OPR ODO Inspection December 6-10, 2021](#).

¹¹ See [The Nakamoto Group, Inc.](#)

Inspection results are divided into two sections: areas of compliance and resolved areas of initial non-compliance.

A. Areas of Compliance

The Facility Complied with Standards for Special Management Units

The 2011 PBNDS section 2.12 on SMU allows the facility to place a detainee into administrative segregation while awaiting an investigation or hearing for a violation of facility rules if the detainee is a risk to normal facility operations and order. The standard specifically prevents facility staff from using pre-disciplinary detention as a punitive measure and requires facility staff to complete a written order for administrative segregation prior to the detainee's placement; in emergency situations the written order must be prepared as soon as possible after placement. An administrative segregation review must take place within 72 hours of the detainee's placement into segregation, and the reviewers must use the written order during discussion. The 2011 PBNDS section 3.1 Disciplinary System also states that incident reports must be completed by the officers who witness the prohibited act.

OIDO reviewed segregation placements resulting from a group demonstration that occurred on June 29, 2022. OIDO also reviewed the segregation files relevant to the incident. The group demonstration involved 18 detainees who had decided not to participate in the 4 p.m. population count unless ICE ERO staff came to discuss issues regarding the detainee population. Two of the detainees refused to participate in the 4 p.m. population count after ICE staff had arrived for discussion and were removed to administrative segregation pending a hearing with the Institution Disciplinary Panel.

OIDO found that the segregation files showed that the facility's reasons for placing the two detainees in administrative segregation were within policy. Further, the segregation files showed that the facility staff completed written orders for administrative segregation prior to the detainees' placements, that staff completed an administrative segregation review within 72 hours of placement, and that the officer who witnessed the prohibited act completed the incident reports.

ICE ERO Officers Complied with Standards to Visit Detainees Weekly

The 2011 PBNDS section 2.13 on staff-detainee communication requires detainees to be given frequent and informal opportunities to communicate with key facility staff and ICE ERO officers. The facility must inform detainees about the scheduled times ICE ERO and facility staff will be available. OIDO compared visitation logs and the associated visitation schedule from July 5, 2022, through the date of inspection and found ICE ERO officers had adhered to the posted schedule for detainee visitation. OIDO also interviewed five randomly selected detainees, who reported that ICE ERO officers visited the facility per the posted schedule and were available to communicate with and assist detainees during those scheduled times.

The Facility Responded to Written Detainee Requests Within Three Days of Receipt

The 2011 PBNDS section 2.13 on staff-detainee communication requires the facility to provide a system by which detainees can submit informal written requests to ICE ERO and facility staff. Facility staff or ICE ERO officers must respond to requests within three days of receipt. During OIDO's inspection, the Assistant Field Office Director and Chief of Security reported that

detainees were able to submit paper requests by placing them in a mailbox. Detainees could also submit electronic requests via the Talton tablets available at the facility. OIDO reviewed 50 detainee requests submitted in the Talton system during August 2022 and found that ICE ERO had responded to all requests within three business days of receipt.

The Facility's Food Service Department Met Standards for Meal Diversity and Protection of Food from Contamination

The 2011 PBNDS section 4.1 on food service requires continuous protection of food and ice from all sources of potential contamination. OIDO interviewed the Food Service Manager and reviewed the facility's policies regarding food service, including GEO Policies 14.1.2, 14.1.5, and 14.1.12. OIDO also reviewed a kitchen safety inspection report as well as a sample of 16 food production worksheets randomly selected from the period between July 1 and August 30, 2022. These worksheets included menu items, quantity prepared, time prepared, special instructions, and temperatures. OIDO found the facility had stored food items at the conditions required to prevent contamination. OIDO also observed food in the kitchen refrigerators and found no signs of contamination, no spoiled or moldy food, and no food past its expiration date.

The 2011 PBNDS section 4.1 also requires facilities to provide nutritious, appetizing meals that include a diverse selection of foods to offer variety to the detainee population. In addition, GEO Policy 14.1.2 requires menu planning to meet diverse nutritional needs. OIDO interviewed the Food Service Manager and reviewed the facility's Adult Meal Rotation Schedule. The Food Service Manager explained that the facility followed a five-week adult menu cycle, which was sent by an American Dietetic Association Registered Dietician from GEO Corporate Office. OIDO found that the meal rotation schedule met the requirements for nutrition and food variety.

The Facility Complied with Requirements to Complete Comprehensive Health Assessments Upon Detainee Arrival

The 2011 PBNDS section 4.3 on medical care requires the facility to conduct a comprehensive health assessment (CHA), including both a physical examination and mental health screening, for each detainee within 14 days of arrival. At the time of OIDO's inspection, the facility held 50 ICE detainees. OIDO randomly selected and reviewed 13 of the 50 detainee records and found that medical personnel had completed CHAs for the detainees within 14 days of their arrival at the facility.

The Facility Completed Mental Health Referrals and Evaluations Within 72 Hours

The 2011 PBNDS section 4.3 on medical care requires a qualified health care provider to conduct an evaluation of any detainee referred for mental health treatment within 72 hours after the referral. Referral may come from intake screening, the CHA, or other observations. OIDO randomly selected and reviewed medical records for 13 of the 50 detainees at the facility at the time of its inspection. Of the detainees that were referred for mental health evaluations, OIDO found that all were evaluated within 72 hours.

The Facility Resolved Sick Call Requests Within 24 Hours of Submission

The 2011 PBNDS section 4.3 on medical care requires each facility to have a sick call procedure allowing detainees to request health services without restriction. Each facility must have an

established procedure that ensures sick call requests are received and triaged within 24 hours of submission.

According to the health services administrator (HSA), detainees at the facility submitted most sick call requests using the facility's Talton tablets, although paper requests could also be made via a repository in each of the housing units. The nursing staff checked the repository for paper submissions during the distribution of medication in the housing units. OIDO randomly selected 13 medical records from 50 available and reviewed the sick call requests. Of the 13 records reviewed, OIDO found that 11 contained at least one sick call request, and the records contained a total of 22 sick call requests. OIDO also reviewed the Talton tablet log to confirm these sick call complaints had been addressed and closed out. OIDO found all 22 sick call requests had been received, triaged, and resolved within 24 hours of submission.

The Facility Had Sufficient Medical Staff to Provide Medical Care

The 2011 PBNDS section 4.3 on medical care requires all facilities to provide sufficient medical staff and support personnel to meet all medical care standards. OIDO interviewed the HSA and reviewed the facility staffing plan, which called for 21.90 full-time equivalent (FTE) positions as well as three *pro re nata* (PRN) employees to fill absences, as needed. Including the relief factor calculation,¹² the staffing plan required 24.13 FTE positions. OIDO found that MVIPC had 22 FTE medical personnel and two vacancies at the time of inspection. In addition, MVIPC had three PRN employees to cover any staffing voids.

Medical Personnel Folders Contained the Required Documentation Regarding Credentialing and Licensure

The 2011 PBNDS section 4.3 on medical care requires all facility healthcare personnel to define their scope of practice by providing documentation for training, licensure, certifications, and any other additional credentials relating to their duties. OIDO reviewed 10 personnel files out of the 22 available: six for Licensed Independent Practitioners, including the facility physician, nurse practitioner, physician assistant, dentist, psychiatrist, and psychologist; two for registered nurses; and two for licensed vocational nurses. These 10 files included all required items for credentialing and licensure.

Medical Providers Complied with Standards for Communicating with Detainees with Limited English Proficiency

The 2011 PBNDS section 4.3 on medical care requires facilities to provide appropriate interpretation and language services regarding medical and mental health care for detainees with limited proficiency in English. OIDO reviewed 13 randomly selected medical records and found proper documentation regarding the use of language interpretation and translation services in all files. OIDO confirmed that medical staff had access to telephonic interpretation services and observed posted flyers with information regarding interpretation services in the patient care offices. Each area in the medical department was equipped with phones so that language and

¹² The "relief factor" or "shift relief factor" calculation describes the number of FTE staff needed to fill a position that is covered on a continuous basis. The calculation considers factors such as vacation, holidays, and sick days when estimating a staff person's availability. For additional details, see [Staffing Analysis Workbook for Jails | National Institute of Corrections \(nicic.gov\)](http://www.nicic.gov/Staffing-Analysis-Workbook-for-Jails).

translation support could be easily accessed.

The Facility Complied with Mitigation Measures to Prevent the Spread of COVID-19

ICE ERO's COVID-19 PRR require facilities to reserve dorm space to isolate detainees who test positive for COVID-19 as well as dorm space where detainees who arrive within 48 hours of each other can be quarantined as a cohort for 14 days. Upon intake, detainees must be screened for COVID-19 symptoms, and detainees who test positive must be moved into the isolated dorm or a medical isolation room. All detainees and staff must take a rapid result COVID-19 test every week, and detainees with positive results must be moved into the COVID-19 positive dorm. Detainees who show COVID-19 symptoms must be isolated and undergo testing until they are determined to be positive or negative.

OIDO observed that MVIPC had an isolated space for detainees who tested positive for COVID-19, dorm spaces available for incoming cohorts to quarantine, and properly spaced beds. OIDO reviewed medical records for 13 randomly selected detainees and found that intake testing for COVID-19 had been completed in all 13 cases. The records also showed that medical personnel had completed weekly testing and symptom screening of staff and detainees. The HSA reported that the facility completed COVID-19 testing weekly on Mondays for staff and Tuesdays for detainees.

The Facility Complied with Standards for Recreation Activities

The 2011 PBNDS section 5.4 regarding recreation requires each facility to provide access to indoor and outdoor recreation activities whenever possible such that detainees have daily opportunities to participate in leisure activities outside their living areas. OIDO reviewed recreation schedules posted on the bulletin boards in the detainee housing units. OIDO also observed activities taking place in the large recreational area and the Recreation Officer monitoring detainees as they participated in recreational activities. OIDO reviewed entries in the recreation logbook for a three-month period from May 2 to August 2, 2022. OIDO found that no detainees had been restricted from recreational participation.

B. Resolved Areas of Initial Non-Compliance

Medical Follow-Up Appointments Were Not Scheduled per Treatment Plan for Three Detainees

The 2011 PBNDS section 4.3 on medical care states that facilities treat detainees who require close, chronic, or convalescent medical supervision in accordance with a written treatment plan. OIDO reviewed 13 randomly selected medical records and found three cases where detainees did not receive follow-up care per the written treatment plan. Out of these three cases, one involved a detainee with a chronic physical condition whose follow up was ordered to occur at 90 days, and two involved detainees with chronic mental health conditions whose follow-up care was ordered to occur at 30 days for one and 90 days for the other.

OIDO discussed this issue with the HSA, who stated it was the provider's responsibility to schedule the detainee for their next appointment. In addition, the nurse assigned to the mental health program was responsible for making sure ordered care has been started, scheduled, and/or delivered per the provider's orders. The HSA was not able to provide an explanation for why these appointments were not scheduled as ordered. For detainees requiring ongoing medical treatment,

timely follow-up is vital for ensuring the patient is moving forward with the prescribed treatment plan. In addition to increasing the likelihood of a positive outcome, a medical follow-up is critical for minimizing safety concerns and health risks.

On January 11, 2023, the Acting Assistant Field Office Director issued a corrective action memorandum for the facility. The memorandum stated that the HSA provided refresher training on November 22, 2022, for all medical staff on scheduling procedures regarding follow-up appointments for detainees with chronic care conditions. The facility submitted the attendance records for the November refresher training as well as a copy of GEO Policy 605-A, “Continuity of Care.” Further, the memorandum indicated that the HSA in conjunction with the compliance manager would perform an audit of detainees with chronic conditions weekly for 90 days or until 100 percent compliance was achieved. OIDO finds these corrective actions sufficient to address the compliance deficiency.

Detainee Confidential Health Information Was Not Protected from Disclosure

The 2011 PBNDS section 4.3 on medical care regarding medical/psychiatric alerts and holds requires the facility to complete an alert form regarding any special medical care a detainee might need. The standard also requires all information about a detainee’s health status and record to be kept confidential; the facility must observe the legal restrictions of the Privacy Act regarding medical information and records, and all staff must protect the privacy of detainee medical information.

OIDO reviewed an alert form containing a list of 20 detainees whose time in direct sunlight should be limited. The list itself did not disclose protected health information; however, OIDO interviewed custody staff officers who reported that when the psychiatrist gave them the list, they told the officers verbally that these detainees needed limited time in direct sunlight due to psychotropic medications they were taking. This verbal dissemination of information constituted a release of the detainees’ protected health information. OIDO also reviewed medical records for 13 randomly selected detainees; four of these records included medical/psychiatric alert forms submitted to ICE and custody staff. Two out of these four medical/psychiatric alerts included medical diagnosis information on the form.

During the inspection, OIDO interviewed the HSA, who stated that the list had not been finalized or approved to be submitted; the HSA indicated that she was waiting to hear back from the psychiatrist. OIDO informed her the list had already been given to the custody staff. In addition, OIDO reviewed examples of medical/psychiatric alerts with the HSA that included the disclosure of protected health information to non-medical staff who did not have a need to know.

On January 11, 2023, the Acting Assistant Field Office Director issued a corrective action memorandum for the facility. The memorandum stated that the HSA provided refresher training on November 22, 2022, for all medical staff regarding proper handling of noncitizen personal identifiable information and reinforcing patient education related to treatment plans and self-care. The facility submitted the attendance record for the November training addressing the topic: GEO Policy and Procedures 906 and 906-A: Special Needs Inmates/Detainees/Residents Refresher Training. Finally, it indicated that the HSA in conjunction with the compliance manager would perform a review of communications from health services staff to custody once a week for 90 days to ensure 100 percent compliance. OIDO finds these corrective actions sufficient to address the

compliance deficiency.

Regular Welfare Checks Were Not Consistently Completed for One Detainee on Suicide Watch

The 2011 PBNDS section 4.6 on significant self-harm and suicide prevention requires facilities to place all suicidal detainees into isolated confinement where they can receive continuous monitoring, welfare checks at least every eight hours, and daily mental health treatment. OIDO reviewed the medical record of the active suicide watch case in the facility and found that the detainee did not receive welfare checks every eight hours or daily treatment from the mental health provider on November 24, 2022, as required by the standard.

The HSA reported it was their understanding that welfare checks needed to be done each shift, or every 12 hours. OIDO reviewed GEO Policy 907 and 907-A Suicide Prevention and Intervention and found that the policy requires nursing staff to conduct checks only once daily. The policy, therefore, requires fewer welfare checks than what is required by the 2011 PBNDS, or welfare checks at least every eight hours. It is important for medical staff to remain engaged in an active suicide watch, as these individuals have been identified as needing extra care and monitoring. Continuous and frequent monitoring is intended to make sure the detainee receives the care needed and evaluate changes in status or health.

On January 11, 2023, the Acting Assistant Field Office Director issued a corrective action memorandum for the facility. The memorandum stated the HSA provided remedial training on December 20, 2022, for all nurses regarding welfare checks every eight hours for detainees on suicide watch. The HSA or designee, in conjunction with the compliance manager, will perform an audit of noncitizens on suicide watch daily to ensure 100% compliance for 90 days. All findings would be reported to the compliance manager and quarterly Performance Improvement Committee meetings. OIDO finds these corrective actions sufficient to address the compliance deficiency.

Conclusion

OIDO's inspection led to several findings. The areas of compliance included: SMU, staff-detainee communication, food service, recreation, and medical care requirements related to health assessments, mental health referrals, sick call procedures, medical staffing, credentialing, communication with detainees with limited English proficiency, and COVID-19 protocols. The facility's deficiencies were in the following areas: providing ongoing medical care to detainees per provider's orders, protecting detainee confidential medical information, and providing required welfare checks and daily mental health treatments to a detainee on suicide watch.

While OIDO did find three non-compliance issues, as noted above, the facility acknowledged and took corrective action following the inspection to address all three deficiencies. OIDO deems these corrective actions sufficient and does not make further recommendation. Below is ICE's formal response to the report (*See Appendix A*).

Appendix A: Component Response

Office of the Director

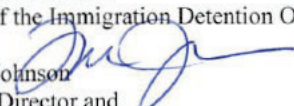
U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536



**U.S. Immigration
and Customs
Enforcement**

June 12, 2023

MEMORANDUM FOR: David D. Gersten
Acting Ombudsman
Office of the Immigration Detention Ombudsman

FROM: Tae D. Johnson 
Deputy Director and
Senior Official Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

SUBJECT: Response to the Office of the Immigration Detention Ombudsman
Draft Report, Mesa Verde ICE Processing Center,
August 30 – September 1, 2022 (Case 22-001028)

Purpose

This memorandum is in response to the Department of Homeland Security's Office of the Immigration Detention Ombudsman (OIDO) draft report, *Mesa Verde ICE Processing Center, August 30 – September 1, 2022*.

Background

U.S. Immigration and Customs Enforcement (ICE) is a federal agency charged with enforcing the nation's immigration laws in a fair and effective manner. ICE identifies, apprehends, detains, and removes noncitizens who are amenable to removal from the United States. ICE Enforcement and Removal Operations uses its immigration detention authority to effectuate this mission by detaining noncitizens in custody while they await the outcome of their immigration proceedings and/or removal from the United States.

ICE has important obligations under the U.S. Constitution and other federal and state laws when it determines that a noncitizen is subject to detention. ICE national detention standards ensure that detained noncitizens are treated humanely, protected from harm, provided appropriate medical and mental health care, and receive the rights and protections to which they are entitled.

ICE ensures detention facilities used to house ICE detained noncitizens do so in accordance with ICE national detention standards. These standards were developed in cooperation with ICE stakeholders, the American Correctional Association, and nongovernmental organizations, and

www.ice.gov

Response to the Office of the Immigration Detention Ombudsman Draft Report, Mesa Verde
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were created to ensure that all noncitizens in ICE custody are treated with dignity and respect and provided appropriate care. Each detention center must meet specified standards.

ICE Response

During the OIDO audit, the facility was found compliant with detention standards in several areas, including Special Management Units, staff-detained noncitizen communication, food service, recreation, and medical care requirements related to health assessments, mental health referrals, sick call procedures, medical staffing, credentialing, communication with detained noncitizens with limited English proficiency, and COVID-19 protocols.

OIDO noted three deficiencies that the facility acknowledged and took corrective actions following the inspection to address all three deficiencies including medical follow-up appointments, detained noncitizen confidential health information disclosure, and welfare checks for detained noncitizens on suicide watch. OIDO deemed these corrective actions sufficient and did not make further recommendations, as noted in the conclusion paragraph of the OIDO report.

Additional Information and Copies

To view any of our other reports,
please visit:
www.dhs.gov/OIDO.

For further information or questions, please contact the Office
of the Immigration Detention Ombudsman at:
detentionombudsman@hq.dhs.gov.

