



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 Antonio Field Office

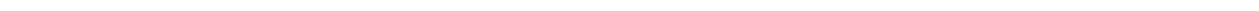
El Valle Detention Facility
Raymondville, Texas

May 24-28, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
EL VALLE DETENTION FACILITY
Raymondville, Texas

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Assistant Team Lead
Contractor
Contractor
Contractor
Contractor

ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
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 El Valle Detention Facility (EVDF) in Raymondville, Texas, from May 24 to 28, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of EVDF from January 4 to 8, 2020. The facility opened in July 2018 and is owned and operated by Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at EVDF in July 2018 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager to the facility. An EVDF warden handles daily facility operations and manages █ personnel. MTC Food Service provides food services, MTC Medical provides medical care, and US Commissary Solutions provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2020 and the National Commission on Correctional Health Care in February 2020. In August 2019, EVDF 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	1000
Average ICE Detainee Population ³	█
Male Detainee Population (as of May 24, 2021)	█
Female Detainee Population (as of May 24, 2021)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found four deficiencies in the following areas: Food Service (2) and Telephone Access (2).

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

² Data Source: ERO Facility List Report as of May 24, 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	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Special Management Units	1
Use of Force and Restraints	0
Sub-Total	1
Part 3 – Care	
Food Service	0
Hunger Strikes	2
Medical Care	0
Medical Care Women	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 4 – Activities	
Telephone Access	0
Sub-Total	0
Total Deficiencies	3

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, nor abuse. All detainees reported satisfaction with facility services. ODO conducted detainee interviews via video teleconference.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 8 segregation observation logbook entries and found observation checks exceeding the [REDACTED] schedule in [REDACTED] out of [REDACTED] instances and no conducting of observation checks on an irregular schedule in [REDACTED] out of [REDACTED] instances (**Deficiency SMU-126⁵**).

CARE

HUNGER STRIKES (HS)

ODO reviewed the medical file for the one detainee on hunger strike during this inspection period and found the decision to release a detainee from a hunger strike was not limited to the physician. Specifically, a licensed practical nurse released the detainee (**Deficiency HS-19⁶**).

ODO reviewed the medical file for the one detainee on hunger strike during this inspection period and found the decision to order the termination of a hunger strike treatment was not limited to the physician. Specifically, a licensed practical nurse ordered the termination of the detainee's hunger strike treatment (**Deficiency HS-35⁷**).

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 three deficiencies in the remaining two standards. ODO commends facility staff for its responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

⁵ "Detainees in SMU shall be personally observed and logged at least every [REDACTED] on an irregular schedule." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(M).

⁶ "Only a physician may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(8).

⁷ "Only the physician may order the termination of hunger strike treatment." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(F).

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