



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

**Office of Detention Oversight
Compliance Inspection**

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

**El Valle Detention Facility
Raymondville, Texas**

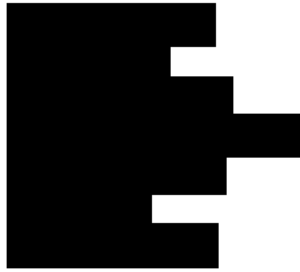
November 29-December 3, 2021

COMPLIANCE INSPECTION
of the
EL VALLE DETENTION FACILITY
Raymondville, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

Creative Corrections

Creative Corrections

Creative Corrections

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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 El Valle Detention Facility (EVDF) in Raymondville, Texas, from November 29 to December 3, 2021.¹ The facility opened in 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. A facility warden handles daily facility operations and manages [REDACTED] support personnel. MTC provides food services and 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, the facility 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 November 29, 2021)	[REDACTED]
Adult Female Population (as of November 29, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found three deficiencies in the following areas: Hunger Strikes (2) and Special Management Units (1).

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

² Data Source: ERO Facility List as of November 30, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.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 its decision-making to better allocate resources across the agency's entire detention inventory.

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.

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	1
Custody Classification System	0
Funds and Personal Property	2
Post Orders	2
Searches of Detainees	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	7
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	3
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
Sub-Total	3
Part 6 - Justice	
Legal Rights Group Presentations	1
Sub-Total	1
Part 7 - Administration and Management	
Detainee Transfers	0
Detention Files	0
Interview and Tours	0

⁵ For greater detail on ODO's findings, see the *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.

Sub-Total	0
Total Deficiencies	11

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each 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. ODO attempted to conduct detainee interviews via video teleconference; however, ERO San Antonio and the EVDF were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Admission and Release: One detainee stated he did not receive the ICE National Detainee Handbook upon admission to the facility. However, he did receive the facility's detainee handbook in Spanish, but did not understand the language because he speaks Portuguese.

- Action Taken: ODO reviewed the signed acknowledgement form from the detainee's detention file, which indicated he received a copy of the ICE National Detainee Handbook and the facility detainee handbook. The acknowledgement form did not indicate what language the facility issued the handbooks in, and ODO did not find any indication the facility used the language line to ensure the detainee received the contents of the handbooks in a language he could understand. On November 30, 2021, the facility provided the detainee with the ICE National Detainee Handbook in Portuguese. On the same day, the facility used the language line service to translate the facility detainee handbook into Portuguese for the detainee.

Admission and Release: Two detainees stated they did not receive the ICE National Detainee Handbook upon admission to the facility.

- Action Taken: ODO reviewed the detainees' detention files and found the signed acknowledgment forms indicating the facility issued the ICE National Detainee Handbook to both detainees. On November 30, 2021, the facility reissued copies of the ICE National Detainee Handbook to both detainees and the detainees signed for receipt of the ICE National Detainee Handbook.

Medical Care: One detainee reported concerns about her eyes. Specifically, she stated she has cataracts in the left eye and a cloud-like film in the right eye and the facility medical staff has been unable to help her.

- Action Taken: ODO interviewed the health service administrator (HSA) and confirmed no report of eye problems in the detainee's medical evaluation upon her arrival to the facility on October 14, 2021. During the evaluation, the detainee did not report any concerns regarding her eyes, nor did she request any additional eye examinations since her arrival to the facility. On December 1, 2021, the facility provider examined the detainee's eye condition and recommended further evaluation by an ophthalmologist. The medical staff scheduled an appointment with an ophthalmologist for January 6, 2022, and informed the detainee.

Medical Care: One detainee stated her concern about a thread inside her abdomen as the cause for her abdominal pain near her caesarean section site.

- Action Taken: ODO interviewed the HSA and confirmed the detainee received a medical evaluation upon her arrival to the facility on November 9, 2021. On November 17, 2021, the detainee submitted a sick call request about pain around her caesarean section site and met with a facility nurse on the same day. The nurse prescribed pain medication to be taken as needed until the nurse practitioner (NP) could evaluate the detainee. On November 18, 2021, the NP examined the detainee and diagnosed her with scar tissue and fibrosis of the skin. The NP recommended continued use of the pain medication and prescribed an antibiotic. On November 23, 2021, the facility medical staff reevaluated the detainee and did not record any further concerns from the detainee about pain or discomfort at her caesarean site. On December 9, 2021, the family nurse practitioner (FNP) met with the detainee, reassessed the detainee’s caesarean site, and found no abnormalities. The FNP educated the detainee on the symptoms of an infection to the caesarean site and advised her to submit a sick call request if her pain returned.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the facility’s AR policy, interviewed the AR supervisor, reviewed [REDACTED] detention files, and found in [REDACTED] out of [REDACTED] files, the Order to Detain or Release form (Form I-203 or I-203a) did not accompany the newly arriving detainee to the facility. Specifically, the detainee’s file contained an Order to Release Form I-203 instead of the proper Order to Detain Form I-203 (**Deficiency AR-54**⁷). The AR supervisor confirmed the error and verified that facility staff had not released the detainee from the facility

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility’s FPP policy, interviewed the FPP supervisor, reviewed [REDACTED] detention files, and found in [REDACTED] out of [REDACTED] files, the personal property inventory forms did not contain the time the facility’s AR staff admitted the detainees into the facility (**Deficiency FPP-85**⁸).

ODO reviewed the facility’s FPP policy, reviewed the FPP supervisor property logs, interviewed one of the FPP supervisors, and found both on-coming and off-going supervisors did not simultaneously conduct an audit of detainee funds, property envelopes, and large valuables, nor did

⁷ “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee...Staff shall prepare specific documents in conjunction with each new arrival to facilitate timely processing, classification, medical screening, accounting of personal effects and reporting of statistical data.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(E).

⁸ “The personal property inventory form must contain the following information at a minimum:

1. date and time of admission”

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

they note any changes in physical custody or access to such items during facility shift changes (**Deficiency FPP-100⁹**).

POST ORDERS (PO)

ODO reviewed 19 facility POs and found in 19 out of 19 POs, the facility administrator did not sign on the last page of each post order section (**Deficiency FPP-11¹⁰**).

ODO reviewed the facility's PO program and found the armed POs did not include specific instructions for escape attempts (**Deficiency FPP-28¹¹**).

SEARCHES OF DETAINEES (SD)

ODO reviewed the facility's SD and Emergency Plans (EP) policies and found the facility did not have written policy and procedures consistent with this standard for the administration of medication treatment during lockdowns (**Deficiency SD-10¹²**).

ODO reviewed the facility's SD and EP policies and found the facility did not have written procedures for toilet access nor medication delivery during lockdowns (**Deficiency SD-21¹³**).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility's COM program and found the facility's detainee handbook did not clearly state the detainee's responsibility to inform the senders to add the labeling requirement of "special correspondence" or "legal mail" to their COM (**Deficiency COM-18¹⁴**).

ODO reviewed the facility's COM program and found the facility's detainee handbook did not mention that identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and ICE/ERO may use as evidence against the detainee or for other purposes

⁹ *"Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes"* See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

¹⁰ *"The facility administrator (or designee) shall:*

1. approve, sign and date each Post Order on the last page of each section;"

See ICE PBNDS 2011 (Revised 2016), Standard, Post Order, Section (V)(C)(1).

¹¹ "Specific instructions for escape attempts shall be included in the post orders for armed posts." See ICE PBNDS 2011 (Revised 2016), Standard, Post Order, Section (V)(F).

¹² "All facilities shall have written policy and procedures consistent with this standard for the following: ...

10. administration of medical treatment during "lock-downs"

See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(A)(10).

¹³ "Facilities shall have written procedures to provide for basic detention services (e.g., delivery of food services, toilet access, medication delivery) during lockdowns." See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(C).

¹⁴ "At a minimum, the notification shall specify: The definition of special correspondence or legal mail, including instructions on the proper labeling as "special correspondence" or "legal mail" to ensure that it is treated as privileged mail; the notification shall clearly state that it is the detainee's responsibility to inform senders of the labeling requirement." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(4).

authorized by law (**Deficiency COM-22**¹⁵).

ODO reviewed the facility’s COM program and found the facility’s detainee handbook did not include a notice that facility staff will consult with ICE/ERO regarding detainees’ requests for their identity documents (**Deficiency COM-24**¹⁶).

JUSTICE

LEGAL RIGHT GROUP PRESENTATIONS (LRGP)

ODO interviewed the facility chief and found the housing unit officers do not provide sign-up sheets before legal presentations so detainees who plan to attend may sign-up for the presentations (**Deficiency COM-39**¹⁷).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found 11 deficiencies in the remaining 6 standards. 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 action plan for ODO’s last inspection of EVDF in May 2021.

Compliance Inspection Results Compared	FY 2021 (PBNDS 2011) (Revised 2016)	FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	13	24
Deficient Standards	2	6
Overall Number of Deficiencies	3	11
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

¹⁵ “At a minimum, the notification shall specify: That identity documents, such as passports, birth certificates, etc., in a detainee’s possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law (however, upon request, the detainee shall be provided a copy of each document, certified by an ICE/ERO officer to be a true and correct copy; the facility shall consult ICE/ERO with any and all requests for identity documents).” See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(8).

¹⁶ “At a minimum, the notification shall specify: That identity documents, such as passports, birth certificates, etc., in a detainee’s possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law (however, upon request, the detainee shall be provided a copy of each document, certified by an ICE/ERO officer to be a true and correct copy; the facility shall consult ICE/ERO with any and all requests for identity documents).” See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(8).

¹⁷ “Once approved by an ICE representative, designated facility staff shall prominently display the informational posters provided by the presenter in housing units at least 48 hours before the scheduled presentation, and each housing unit officer shall provide a sign-up sheet at least 48 hours in advance of a presentation for detainees who plan to attend.” See ICE PBNDS 2011 (Revised 2016), Standard, Legal Rights Group Presentations, Section (V)(E).