



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations  
ERO Harlingen Field Office**

**El Valle Detention Facility  
Raymondville, Texas**

**June 7-9, 2022**

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

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## **FOLLOW-UP 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 follow-up compliance inspection of the El Valle Detention Facility (EVDF) in Raymondville, Texas, from June 7 to 9, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of EVDF from November 29 to December 3, 2021. The facility opened in 2018 and is owned and operated by Management Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at EVDF in 2018 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). As of August 2021, EVDF houses detainees under the oversight of ERO’s Field Office Director in Harlingen (ERO Harlingen). 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 facility administrator handles daily facility operations and manages █████ support personnel. MTC provides food services, MTC Medical provides medical care, and US Commissary Solutions provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in February 2020 and the American Correctional Association in June 2020.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of June 7, 2022)	█████
Adult Female Population (as of June 7, 2022)	█████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 11 deficiencies in the following areas: Admission and Release (1); Correspondence and Other Mail (3); Funds and Personal Property (2); Legal Rights Group Presentations (1); Post Orders (2); and Searches of Detainees (2).

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

<sup>2</sup> Data Source: ERO Facility List as of June 6, 2022.

<sup>3</sup> *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.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected <sup>4,5</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	1
Post Orders	1
Searches of Detainees	0
Special Management Units	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	7
Medical Care (Women)	1
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>8</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 - Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>13</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

<sup>5</sup> 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 16 detainees, who each voluntarily agreed to participate, while 5 others declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

*Medical Care:* One detainee stated medical staff evaluated him for a rash and itching but symptoms continue. The detainee also stated dissatisfaction with medical services.

- Action Taken: ODO interviewed the facility health services administrator (HSA), reviewed the detainee's medical record, and found a medical request the detainee submitted on May 9, 2022. Medical staff examined the detainee and prescribed liquid wart remover and hydrocortisone cream for papules. On May 30, 2022, the detainee submitted another medical request. Medical staff examined him and prescribed hydrocortisone cream and Benadryl, 25 milligrams (mg), for rash and itching. On June 8, 2022, and at ODO's request, medical staff examined the detainee, diagnosed dermatitis, and prescribed hydrocortisone cream and Benadryl, 25 mg. The detainee verbally acknowledged his understanding of the treatment plan and returned to his housing unit.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility HSA, reviewed the medical syringe inventory, and found medical staff did not accurately inventory syringes. Specifically, the 22-gauge syringe inventory stated 43 syringes, but ODO's physical count identified 44 syringes (**Deficiency EHS-141**<sup>6</sup>).

### SECURITY

#### FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the facility compliance manager, observed 11 housing units, and found in 2 out of 11 units, no securable space for storing a detainee's authorized personal property. Specifically, housing units Echo and Zulu did not provide securable storage space (**Deficiency FPP-40**<sup>7</sup>).

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<sup>6</sup> "Items that pose a security risk, such as sharp instruments, syringes, needles and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(D)(4).

<sup>7</sup> "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2011(Revised 2016), Standard, Funds and Personal Property, Section (V)(E).

## POST ORDERS (PO)

ODO reviewed 21 facility PO and found in 4 out of 21 PO, the facility did not conduct an annual review. Specifically, PO for medical short stay, medical observation, segregated management unit, and armory did not have an annual review; the facility last reviewed/updated them in October 2020, September 2020, August 2020, and June 2020 respectively (**Deficiency PO-31<sup>8</sup>**).

## CARE

### MEDICAL CARE (MC)

ODO interviewed the facility HSA, reviewed the medical syringe inventory, and found medical staff did not accurately inventory syringes. Specifically, the 22-gauge syringe inventory stated 43 syringes, but ODO's physical count identified 44 syringes (**Deficiency MC-92<sup>9</sup>**).

ODO reviewed [REDACTED] health care credential files and found in [REDACTED] out of [REDACTED] files, the certified pharmacy technician did not have credential verification (**Deficiency MC-101<sup>10</sup>**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, medical staff who performed physical examinations on detainees did not have documented training that was provided by a physician (**Deficiency MC-138<sup>11</sup>**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, a properly trained qualified health provider did not conduct initial dental screenings. Specifically, a nurse practitioner and the facility's clinical medical authority performed initial dental screenings of detainees but did not have documented training on how to conduct the dental screenings (**Deficiency MC-177<sup>12</sup>**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, no documented informed consent for health services upon admission (**Deficiency MC-238<sup>13</sup>**).

ODO reviewed [REDACTED] released detainee medical summaries and found in [REDACTED] out of [REDACTED] summaries, no

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<sup>8</sup> "Post orders shall be formally reviewed annually, at a minimum, and updated as needed." See ICE PBNDS 2011(Revised 2016), Standard, Post Orders, Section (V)(G).

<sup>9</sup> "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: ...

5. Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles."

See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(G)(5).

<sup>10</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

<sup>11</sup> "Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

<sup>12</sup> "The initial dental screening may be performed by a dentist or a properly trained qualified health provider." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

<sup>13</sup> "Upon admission at the facility, documented informed consent shall be obtained for the provision of health care services." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(1).



statements for current physical health status and/or significant health issues. Specifically, one summary did not include the facility medical staff withholding four prescribed anti-tuberculosis medications due to the detainee having elevated liver enzyme results 2 days prior to the detainee's release (**Deficiency MC-279**<sup>14</sup>).

ODO reviewed █ released detainee medical summaries and found in █ out of █ summaries, the summary did not include test results, which indicated the detainee had increased liver enzymes (**Deficiency MC-280**<sup>15</sup>).

### **MEDICAL CARE (WOMEN) (MCW)**

ODO reviewed █ female detainee medical records and found in █ out of █ records, a trained and qualified health provider did not conduct initial health assessments. Specifically, a facility nurse who did not have documented training performed the initial health assessments (**Deficiency MCW-8**<sup>16</sup>).

### **ACTIVITIES**

#### **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO reviewed EVDF's site-specific detainee handbook and found the handbook did not include definitions for special correspondence nor legal mail (**Deficiency COM-17**<sup>17</sup>).

ODO interviewed the facility mailroom supervisor, reviewed 29 incoming priority, overnight, certified mail, and private package delivery logs and found in 29 out of 29 logs, the facility did not record a detainee signature (**Deficiency COM-36**<sup>18</sup>).

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<sup>14</sup> "Upon removal or release from ICE custody, the detainee shall be provided medication, referrals to community-based providers as medically appropriate, and a detailed medical care summary. This summary should include instructions that the detainee can understand and health history that would be meaningful to future medical providers. The summary shall include, at a minimum, the following items: ...

c) Current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up."

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(BB)(4)(c)(2)(c).

<sup>15</sup> "Upon removal or release from ICE custody, the detainee shall be provided medication, referrals to community-based providers as medically appropriate, and a detailed medical care summary. This summary should include instructions that the detainee can understand and health history that would be meaningful to future medical providers. The summary shall include, at a minimum, the following items: ...

f) Recent test results, as appropriate."

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(BB)(4)(c)(2)(f).

<sup>16</sup> "All initial health assessments of female detainees shall be conducted by a trained and qualified health provider." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care (Women), Section (V)(B)(2).

<sup>17</sup> "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

4. 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."

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(4).

<sup>18</sup> "Incoming priority, overnight, certified mail and deliveries from a private package delivery service, etc., shall be recorded with detainee signatures in a logbook maintained by the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(D).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 13 deficiencies in the remaining 6 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Harlingen work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of EVDF on November 29, 2021.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (PBNDS 2011) (Revised 2016)</b>	<b>Second FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	24	16
Deficient Standards	6	6
Overall Number of Deficiencies	11	13
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A