



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
Compliance Inspection
2023-001-086**

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

**El Valle Detention Facility
Raymondville, Texas**


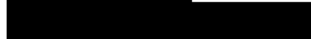
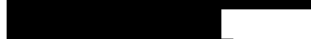
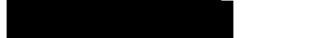
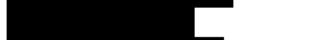
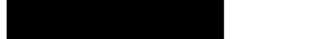
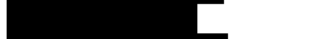
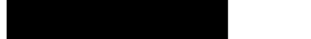
March 7-9, 2023

COMPLIANCE INSPECTION
of the
EL VALLE DETENTION FACILITY
Raymondville, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS

	Acting Team Lead	ODO
	Assistant Team Lead	ODO
	Senior 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 a compliance inspection of the El Valle Detention Facility (EVDF) in Raymondville, Texas, from March 7 to 9, 2023.¹ 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 Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has deportation officers and a detention service manager assigned full time to the facility, and they are on-site daily, Monday through Friday, from 6:00 a.m. to 4:00 p.m. A facility administrator handles daily operations and manages █████ 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 National Commission on Correctional Health Care in February 2020 and the American Correctional Association in June 2020. In August 2019, EVDF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█████
Average ICE Population ³	█████
Adult Male Population (as of March 7, 2023)	█████
Adult Female Population (as of March 7, 2023)	█████

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

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

² Data Source: ERO Facility List as of February 27, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, 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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention ⁷	0
Special Management Units	0
Tool Control	1
Use of Force and Restraints	0
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	1
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	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.

⁷ Since the facility was DHS PREA certified in July 2019, the Sexual Abuse and Assault Prevention and Intervention was not reviewed in its entirety.

Recreation	0
Visitation	1
Sub-Total	1
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	4

DETAINEE RELATIONS

ODO interviewed 38 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.

Religious Practices: One detainee stated his concern for the facility not allowing chanting during his religious service.

- Action Taken: On March 7, 2023, ODO interviewed an EVDF chaplain, reviewed grievance forms, and found the detainee had not submitted a grievance to the chaplain for restricting religious chanting. On March 8, 2023, the chaplain met with the detainee and informed him EVDF has designated indoor areas for religious chanting. The chaplain educated the detainee on how to submit a written request for specific religious needs.

COMPLIANCE INSPECTION FINDINGS

SECURITY

TOOL CONTROL (TC)

ODO interviewed an EVDF captain, reviewed EVDF’s tool control policy and program, and found EVDF staff conducted quarterly tool verification inventories, but had not initialed the appropriate column on the master tool inventory sheet, located in the chief of security’s office (**Deficiency TC-104⁸**).

⁸ “To ensure the accuracy and completeness of current inventory listings and check the condition of shadows and markings, every three months the employees responsible for tools shall conduct verification inventories and initial the appropriate column on the master tool inventory sheet in the Office of the Chief of Security.” See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(5)(b).

CARE

MEDICAL CARE (MC)

ODO reviewed 15 released detainee medical records and found in 5 out of 15 records, no current mental health status of the detainees (**Deficiency MC-279⁹**). **This is a repeat deficiency.**

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed 20 suicide watch logs and found in 2 out of 20 logs, 4 instances of documented continuous monitoring between 17 and 30 minutes, instead of every 15 minutes (**Deficiency SSHSPI-34¹⁰**). **This is a priority component.**

ACTIVITIES

VISITATION (V)

ODO interviewed the EVDF visitation shift leader, reviewed EVDF's legal visitation log, and found EVDF had not annotated the time the legal visits ended for all entries in the visitation log (**Deficiency V-99¹¹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found four deficiencies in the remaining four standards. Since EVDF's last full inspection in November 2021, the facility has shown steady improvement. EVDF went from 6 deficient standards and 11 deficiencies in November 2021 to 4 deficient standards and 4 deficiencies during this most recent full inspection, which includes one priority component and one repeat deficiency. The priority component was SSHSPI for continuous monitoring observations exceeding 15 minutes. The repeat deficiency was MC for not including the detainee's current mental health status once

⁹ "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 ... 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).

¹⁰ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹¹ "Staff shall maintain a separate log to record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access. Log entries shall include the following information: ...

i. time visit ended."

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(14)(i).

released from the facility. The facility’s improved performance was the result of a combined effort between ERO Harlingen and EVDF in completing the uniform corrective action plans for the last full inspection in November 2021 and the follow-up inspection in June 2022. ODO recommends ERO Harlingen continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	25
Deficient Standards	6	4
Overall Number of Deficiencies	11	4
Priority Component Deficiencies	N/A	1
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior