



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
Compliance Inspection

Enforcement and Removal Operations
ERO San Antonio Field Office

El Valle Detention Facility
Raymondville, Texas

January 4-8, 2021

COMPLIANCE INSPECTION
of the
EL VALLE DETENTION FACILITY
Raymondville, Texas

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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, TX.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 MTC in 2018 under the oversight of ERO’s Field Office Director (FOD) 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, on a part-time basis. An MTC warden handles daily facility operations and is supported by ██████ personnel. MTC provides food services and medical care and U.S. 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 1/4/2021) | ████ |
| Female Detainee Population (as of 1/4/2021) | ████ |

During its last inspection, in Fiscal Year (FY) 2020, ODO found 9 deficiencies in the following areas: Environmental Health and Safety (1); Medical Care (Women) (1); Sexual Assault and Abuse Prevention and Intervention (1); Special Management Units (3); Use of Force and Restraints (1); Telephone Access (1); and Visitation (1).

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

² Data Source: ERO Facility List Report as of January 4, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

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 Inspected⁵ | 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 |
| Facility Security and Control | 0 |
| Funds and Personal Property | 0 |
| Population Counts | 0 |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| Special Management Units | 0 |
| Staff Detainee Communications | 0 |
| Use of Force and Restraints | 0 |
| Sub-Total | 0 |
| Part 4 – Care | |
| Food Service | 2 |
| Hunger Strikes | 0 |
| Medical Care | 0 |
| Medical Care (Women) | 0 |
| Significant Self-harm and Suicide Prevention and Intervention | 0 |
| Disability Identification, Assessment, and Accommodation | 0 |
| Sub-Total | 2 |
| Part 5 – Activities | |
| Religious Practices | 0 |
| Telephone Access | 2 |
| Sub-Total | 2 |
| Part 6 – Justice | |
| Grievance Systems | 0 |
| Law Libraries and Legal Material | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 4 |

⁵ For greater detail on ODO’s findings, see the *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, or abuse. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request because the facility was using their video-teleconference system for immigration court. As such, the detainee interviews were conducted via telephone.

Religious Practices: One detainee stated the facility's management reprimanded him when he and several other detainees formed a prayer group and practiced their religion together.

Action Taken: ODO spoke with the facility's chaplain and their director of security, and both staff members stated the facility would only request detainees to temporarily suspend a detainee prayer group when the facility conducted population counts. ODO reviewed the facility's grievance log and found no grievances, which alleged the facility prevented detainees from practicing their religion. Additionally, ODO reviewed the detainee's detention file and found nothing to indicate the facility reprimanded the detainee for practicing his religion.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO interviewed the facility's risk manager, reviewed 17 fire, safety, and sanitation reports, and noted an **Area of Concern**. Specifically, 5 out of 17 weekly reports for the facility's laundry had varying data fields left blank on the forms. Prior to the conclusion of the inspection, the facility's risk manager provided additional training to the facility's safety department staff members, which specifically addressed completing all fields on the facility's fire, safety, and sanitation report form.

CARE

FOOD SERVICE (FS)

ODO reviewed the FS department's temperature logs for November 2020, interviewed the acting food service administrator (FSA), and found FS staff did not log refrigeration/freezer equipment temperatures for 3 out of 30-days (**Deficiency FS-413**⁶).

ODO found the FSA did not sign the FS department's temperature logs for 2 out of 30-days in November 2020 (**Deficiency FS-414**⁷).

MEDICAL CARE (MC)

ODO reviewed the facility's MC policy and found the policy's areas pertaining to pharmacy management, sick call procedures, emergency medical services, and first aid were not specific to operations at EVDF, which ODO noted as an **Area of Concern**.

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO inspected the housing unit postings and found the facility did not have the most current consular list posted in the detainee housing units (**Deficiency TA-26**⁸). Prior to the completion of

⁶ "... Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee shall." *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13).

⁷ "... The FSA or designee shall verify and document requirements of food and equipment temperatures. *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13).

⁸ "... Updated telephone and consulate lists shall be posted in detainee housing units." *See* ICE PBDNS 2011, Standard, Telephone Access, Section (V)(C).

⁹ "Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals listed below. The Field Office Director shall ensure that all information is kept current and is provided to each facility. Updated lists need to be posted in the detainee housing units. A facility may place reasonable restrictions on the hours, frequency and duration of such direct and/or free calls, but may not limit a detainee's attempt to obtain legal representation. Full telephone access shall be granted in order for a detainee to contact the following: ...

- DHS/OIG." *See* ICE PBNDS 2011, Standard, Telephone Access, Section (V)(E).

the inspection, the facility posted the current consular list in the detainee housing units.

ODO found the facility did not have the most current DHS Office of Inspector General (OIG) Hotline Poster posted in the detainees housing units (**Deficiency TA-37⁹**). Prior to the completion of the inspection, the facility posted the current DHS OIG Hotline poster in the detainee housing units.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 19 of those standards. ODO found four deficiencies in the remaining two standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

| Compliance Inspection Results Compared | FY 2020 (PBNDS 2011) | FY 2021 (PBNDS 2011) (Revised 2016) |
|---|---------------------------------|--|
| Standards Reviewed | 20 | 21 |
| Deficient Standards | 15 | 2 |
| Overall Number of Deficiencies | 29 | 4 |
| Repeat Deficiencies | 3 | 0 |
| Areas of Concern | 1 | 2 |
| Corrective Actions | 3 | 0 |