



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
Follow-Up Compliance Inspection
2023-002-194**

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

**El Valle Detention Facility
Raymondville, Texas**

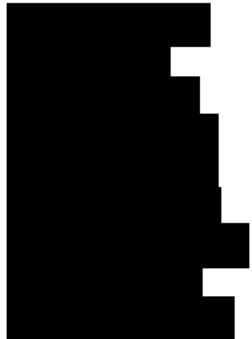
August 22-24, 2023

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
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	Section Chief	ODO
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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 August 22 to 24, 2023.¹ This inspection focused on the standards found deficient during ODO's last inspection of EVDF from March 7 to 9, 2023. 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).

[REDACTED] A 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 National Commission on Correctional Health Care in February 2020 and the American Correctional Association in August 2023. In June 2022, 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 22, 2023)	[REDACTED]
Adult Female Population (as of August 22, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found four deficiencies in the following areas: Medical Care (1); Significant Self-harm and Suicide Prevention and Intervention (1); Tool Control (1); and Visitation (1).

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

² Data Source: ERO Facility List as of August 21, 2023.

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.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, 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 Uniform Corrective Action Plan (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.

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

PBND Standards 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	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	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	2
Terminal Illness, Advance Directives and Death	0
Sub-Total	3
Part 5 - Activities	
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	3

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

DETAINEE RELATIONS

ODO interviewed 29 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.

Medical Care: One detainee stated she wanted to speak with a mental health provider about her anxiety that she's experienced since arriving at the facility on August 22, 2023.

- Action Taken: On August 22, 2023, the facility's mental health provider met with the detainee, and the detainee reported feeling anxious due to insufficient information about her immigration case. The mental health provider educated her on anxiety-reducing coping skills. At the end of the session, the provider noted her calm demeanor and the detainee reported feeling safe at the facility. On September 13, 2023, ERO Harlingen released her from EVDF, on parole.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed 19 mental health referrals from a non-mental health provider and found in 1 out of 19 referrals, a mental health provider evaluated the detainee on July 19, 2023, instead of July 14, 2023, the required next business day (**Deficiency MC-157⁷**).

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

ODO reviewed [REDACTED] medical records of suicidal detainees the facility placed in isolated confinement with continuous 1-to-1 monitoring and found in [REDACTED] out of [REDACTED] records, staff conducted suicide watch welfare checks between 10 and 15 hours, instead of at least every 8 hours (**Deficiency SSHSPI-35⁸**).

ODO reviewed [REDACTED] medical records of suicidal detainees the facility placed on continuous observation and found in [REDACTED] out of [REDACTED] records, staff reassessed the detainees 4 days after their release from suicide observation, instead of within 3 days (**Deficiency SSHSPI-56⁹**). **This is a priority**

⁷ "If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(4).

⁸ "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

⁹ "All detainees discharged from suicide observation should be re-assessed within 72 hours and then periodically at intervals prescribed by the treatment plan and consistent with the level of acuity by an appropriately trained and

component.

CONCLUSION

During the inspection, ODO assessed the facility's compliance with 18 standards under the PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found three deficiencies in the remaining two standards. Since EVDF's last inspection in March 2023, the facility has maintained a high-level of compliance with the PBNDS 2011 (Revised 2016). EVDF went from four deficient standards and four deficiencies in March 2023 to two deficient standards and three deficiencies, to include one priority component deficiency in SSHSPI for not staff not completing reassessments of detainees within 72 hours of their discharge from suicide observation. The combined effort between ERO Harlingen and EVDF in completing the UCAP for the ODO's last inspection in March 2023 likely contributed to the facility's improved performance and no repeat deficiencies. ODO recommends ERO Harlingen continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	18
Deficient Standards	4	2
Overall Number of Deficiencies	4	3
Priority Component Deficiencies	1	1
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

qualified medical staff member.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F)(4).