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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Unannounced Compliance Inspection
2024-001-228**

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

**El Valle Detention Facility
Raymondville, Texas**

March 5-7, 2024

UNANNOUNCED 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 an unannounced compliance inspection of the El Valle Detention Facility (EVDF) in Raymondville, Texas, from March 5 to 7, 2024.¹ 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).



A facility administrator handles daily 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 December 2019 and the American Correctional Association in December 2022. 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 March 5, 2024)	[redacted]
Adult Female Population (as of March 5, 2024)	[redacted]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 4 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, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Custody Management Division Authorized Facility List as of February 26, 2024.

³ *Ibid.*

UNANNOUNCED 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. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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 ^{5,6,7}	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
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	1

⁵ For greater detail on ODO's findings, see the *Unannounced Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	3
Detainee Transfers	6
Sub-Total	9
Total Deficiencies	11

DETAINEE RELATIONS

ODO interviewed 40 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

CARE

PERSONAL HYGIENE (PH)

ODO reviewed 13 weekly water temperature log entries of thermostatically controlled, operable showers and found in 54 out of 156 entries, temperature readings below 100 Fahrenheit degrees (**Deficiency PH-38⁸**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO observed the facility housing units and found in 1 out of 11 units, the ratio of telephones to detainees in unit Echo was 7 to 80 and fell short of the 1 to 10 standard (**Deficiency TA-2⁹**).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed [REDACTED] active detainee detention files and found none of the files contained a housing

⁸ "Detainees shall be provided: ...

3. Operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices."

See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(E)(3).

⁹ "Facilities shall be operating at the optimal level when at least one telephone is provided for every ten (10) detainees."

See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(1).

identification card (**Deficiency DF-9**¹⁰).

ODO interviewed the facility's chief of security (COS), reviewed the facility's removal of file log, and found in 7 out of 10 entries, staff did not return borrowed files by the end of the administrative workday (**Deficiency DF-28**¹¹).

ODO reviewed 10 detainee detention file logbook entries for detention files removed from the facility's active filing cabinet and found in 7 out of 10 entries, staff did not record the date and time returned nor the signature of the person returning the file (**Deficiency DF-29**¹²).

DETAINEE TRANSFERS (DT)

ODO interviewed an ICE DO and facility staff, reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, facility staff nor ERO Harlingen notified detainees of their transfer to another facility. Specifically, a DO stated ERO Harlingen did not inform detainees at all regarding their transfer (**Deficiency DT-8**¹³).

ODO interviewed a DO and facility staff, reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, no Detainee Transfer Notification Form to document the following actions:

- No notification to detainees in writing of the facility name, address, and telephone number to which they are transferring (**Deficiency DT-12**¹⁴);
- No detainee acknowledgment in writing of receiving the transfer destination information (**Deficiency DT-13**¹⁵);
- No detainee acknowledgment in writing it is their responsibility to notify family members upon admission into the receiving facility (**Deficiency DT-14**¹⁶);

¹⁰ "The file shall, at a minimum, contain the following documentation: ...

d. Housing Identification Card;"

See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(B)(1)(a-f).

¹¹ "Unless the Chief of Security or equivalent determines otherwise, each borrowed file must be returned by the end of the administrative workday." See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(F)(3).

¹² "At a minimum, does the logbook entry recording the file's removal from the cabinet include the following information: ...

e. Date and time returned; and

f. Signature of person returning the file."

See ICE PBNDS 2011 (Revised 2016), Standard, Detention Files, Section (V)(F)(3)(e-f).

¹³ "Immediately prior to transfer, the sending facility shall ensure that the detainee is informed, in a language or manner he or she can understand, that he or she is being transferred to another facility and is not being removed (if applicable)."

See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2).

¹⁴ "At the time of the transfer, the sending facility shall provide the detainee, in writing, the name, address, and telephone number of the facility to which he or she is being transferred, using the attached Detainee Transfer Notification Form." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(b).

¹⁵ "The sending facility shall ensure that the detainee acknowledges, in writing, that:

1) He or she has received the transfer destination information."

See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(C)(1).

¹⁶ "The sending facility shall ensure that the detainee acknowledges, in writing, that: ...

2) It is his or her responsibility to notify family members if so desired, upon admission into the receiving facility; and

3) He or she may place a domestic phone call, at no expense to the detainee, upon admission into the

- No detainee acknowledgment in writing they may place a domestic call phone call at no cost upon admission into the receiving facility (**Deficiency DT-15**).¹⁷; and
- No copy of the Detainee Transfer Notification Form in each detainee’s detention file (**Deficiency DT-16**).¹⁸.

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility’s compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found 11 deficiencies in the remaining 4 standards. Since EVDF’s last full inspection in March 2023, the facility has trended downward. EVDF went from 4 deficient standards and 4 deficiencies in March 2023 to 4 deficient standards and 11 deficiencies during this most recent full inspection. ODO did not review DT, DF, nor PH standards during the March 2023 inspection as they were not FY 2023 core standards, and these standards accounted for 10 out of 11 deficiencies found during this most recent inspection. ODO received the UCAPs for the ODO’s full inspection of EVDF in March 2023 and the follow-up inspection in August 2023, which likely resolve all deficiencies ODO cited in FY 2023. 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 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	25	29
Deficient Standards	4	4
Overall Number of Deficiencies	4	11
Priority Component Deficiencies	0	0
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Acceptable/Adequate. ¹⁹

receiving facility.”
See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(C)(2).

¹⁷ “The sending facility shall ensure that the detainee acknowledges, in writing, that: ...

- 3) He or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility.”

See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(C)(3).

¹⁸ “The sending facility will place a copy of the Detainee Transfer Notification Form in the detainee’s detention file.”

See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(d).

¹⁹ ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.