



**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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO San Antonio Field Office

El Valle Detention Facility  
Raymondville, TX

June 8-11, 2020

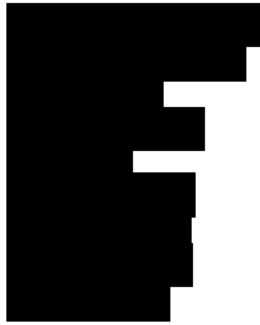
**COMPLIANCE INSPECTION**  
**of the**  
**EL VALLE DETENTION FACILITY**  
Raymondville, TX

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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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 June 8-11, 2020.<sup>1</sup> The facility opened in 2018 and is owned and operated by Management and 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 (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. An EVDF warden handles daily facility operations and is supported by [REDACTED] personnel. MTC provides food services and medical care, and US Commissary Solutions provides commissary services at the facility. The facility is accredited by the American Correctional Association as of December 2019, and the National Commission on Correctional Health Care as of February 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	1000
Average ICE Detainee Population <sup>3</sup>	768
Male Detainee Population (as of 6/8/2020)	209
Female Detainee Population (as of 6/8/2020)	168

During its last inspection, in FY 2018, ODO found 18 deficiencies in the following areas: Admissions and Release (5), Custody Classification System (2), Use of Force and Restraints (1), Personal Hygiene (1), and Medical Care (5), Disability Identification, Assessment, and Accommodation (1), Recreation (1), Telephone Access (1), and Detainee Handbook (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of May 18, 2020.

<sup>3</sup> *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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
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	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Staff-Detainee Communication	0
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Recreation	1
Religious Practices	0
Telephone Access	1
Visitation	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>9</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 14 detainees, who each voluntarily agreed to participate. One detainee made allegations of abuse and exhibited signs of mental health issues during the interview, which ODO immediately referred her to both ERO and facility medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Admission and Release:* One detainee stated he was strip searched when he arrived at the facility.

- Action Taken: ODO reviewed the facility's policy and found the facility does not conduct strip searches. The detainee was interviewed on June 9, 2020, by the facility lieutenant and gang intelligence officer using Language Line Solutions. The detainee stated he misunderstood and was pat searched, not strip searched. A signed detainee statement was provided to ODO after the interview.

*Grievance System:* One detainee stated she was verbally abused by an officer. She filed a grievance and claims the grievance was ignored.

- Action Taken: ODO reviewed the grievance and interviewed the grievance officer. Facility staff and the grievance officer met with the detainee on June 9, 2020, and the detainee complained about verbal abuse from two other detainees. Facility staff moved the detainee to another housing unit on April 11, 2020, and she is no longer having issues.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee stated she was unaware of how to report instances of sexual assault/abuse due to her language barrier.

- Action Taken: ODO spoke with the facility's PREA Coordinator and reviewed the facility's sexual assault/abuse reporting procedures. ODO was provided with documentation showing the detainee signed that she received PREA training upon arrival to EVDF. The PREA Coordinator met with the detainee on June 10, 2020, and used Language Line Solutions to translate the PREA orientation for the detainee and provided the detainee with instruction on how to report instances, who to report to, and the various ways to report sexual assault/abuse.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee made allegations of sexual assault during the interview and started shouting "Rape! Rape!"

- Action Taken: ODO immediately concluded the interview and contacted facility staff to attend to the detainee. The SA-API incident was documented, investigated by the PREA Coordinator, and reported to ERO. ODO reviewed the detainee's medical record and found the detainee is a mental health patient with a diagnosis of Schizophrenia and is on multiple mental health medications. The detainee also has a history of suicide ideations and is seen daily by a registered nurse and a Mental Health Professional as needed.

*Visitation:* One detainee stated he is unable to have visitation due to the COVID-19 pandemic.

- Action Taken: ODO interviewed the facility leadership and determined visitation has been temporarily suspended due to COVID-19 concerns; however, detainees can request a non-contact visit through the grievance process and subsequent approval from the warden. ODO requested facility staff inform detainees with the update to visitation procedures due to COVID-19.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The facility has not completed its annual state laboratory test of drinking and wastewater for 2019 and 2020 nor maintained a copy of the testing and safety certification onsite (**Deficiency EH&S-1<sup>6</sup>**).

## SECURITY

### SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 30 Administrative Segregation Orders and found 12 orders had no Medical Officer comments for detainees who were admitted to SMU specifically for medical observation. All 12 documents were signed by medical staff but contained no comments as required by the Administrative Segregation Order form (**Deficiency SMU-1<sup>7</sup>**).

ODO reviewed the training files for [REDACTED] security officers assigned to SMU and found none of the files contained documentation to indicate officers receive specialized training related to identifying signs of mental health decompensation, techniques for more appropriate interactions with mentally ill detainees the impact of isolation, and de-escalation techniques. (**Deficiency SMU-2<sup>8</sup>**).

ODO reviewed EVDF post orders and found staff assigned to the Segregation Officer Post are directed to apply [REDACTED] to all detainees prior to removing them from their cells for any reason (**Deficiency SMU-3<sup>9</sup>**).

### USE OF FORCE AND RESTRAINTS (UOF&R)

ODO inspected the facility's camcorders and found the facility has not designated the maintenance and testing of audiovisual equipment in one or more post orders (**Deficiency UOF&R-1<sup>10</sup>**).

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<sup>6</sup> "At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable standards. A copy of the testing and safety certification shall be maintained on site." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(5).

<sup>7</sup> "A medical professional who ordered a detainee removed from the general population shall complete and sign an administrative segregation order (see below), unless the detainee is to stay in the medical department's isolation ward." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(1)(g).

<sup>8</sup> "Security staff assigned to SMU shall receive specialized training in relevant topics, such as: 1. Identifying signs of mental health decompensation; 2. Techniques for more appropriate interactions with mentally ill detainees; 3. The impact of isolation; and 4. De-escalation techniques." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(O).

<sup>9</sup> "Placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(E)(4).

<sup>10</sup> "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for: 1. maintaining cameras and other audiovisual equipment; 2. regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and 3.

ODO reviewed the facility's saved audio/video recording files and found, while the recording devices contain the date/time stamp on the viewfinder during operation, the date/time stamp does not appear on the saved recording files. ODO noted this as an **Area of Concern**.

## **CARE**

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

ODO reviewed the medical records of five female detainees, over 50 years old, and found the facility did not offer the five detainees, or document in the initial health assessments, preventive services to include breast examinations, pap smears, sexually transmitted disease screenings, and mammograms (**Deficiency MCW-1<sup>11</sup>**).

## **ACTIVITIES**

### **RECREATION (R)**

ODO found detainees in general population are not provided at least four hours of outdoor recreation each day, seven days a week, weather permitting (**Deficiency R-1<sup>12</sup>**).

### **VISITATION (V)**

ODO found the facility has not made its visitation dress code policy available to the public by posting it on the facility's website (**Deficiency V-1<sup>13</sup>**).

### **TELEPHONE ACCESS (TA)**

ODO found the local ERO field office does not log nor maintain information on out-of-order detainee telephones that require repairs (**Deficiency TA-1<sup>14</sup>**).

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keeping back-up supplies on hand (e.g., batteries, tapes or other recording media, lens cleaners)..” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K)(1-3). **This is a Repeat Deficiency.**

<sup>11</sup> “Preventative services specific to women shall be offered for routine age appropriate screenings, to include breast examinations, pap smear, STD testing and mammograms.” See ICE PBNDS 2011, Standard, Medical Care (Women), Section (V)(D).

<sup>12</sup> “\*\*Detainees in the general population shall have access at least four hours a day, seven days a week to outdoor recreation, weather and scheduling permitted.” See ICE PBNDS 2011, Standard, Recreation, Section (V)(B).

<sup>13</sup> “If the facility establishes and maintains a dress code for visitors, it shall be made available to the public, e.g., posted on the facility's website, telephone message and included in the detainee handbook.” See ICE PBNDS 2011, Standard, Visitation, Section (V)(G).

<sup>14</sup> “Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly. This information shall be logged and maintained by each Field Office.” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(3).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (revised 2016) and found the facility in compliance with 12 of those standards. ODO found nine deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this contingency inspection. ODO notes the facility improved their compliance with PBNDS 2011 (revised 2016) and decreased its' overall number of deficiencies from 18 in FY 2019 to eight in FY 2020.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (PBNDS 2011)</b>	<b>FY 2020 (PBNDS 2011)</b>
Standards Reviewed	19	19
Deficient Standards	9	7
Overall Number of Deficiencies	18	9
Deficient Priority Components	4	0
Repeat Deficiencies	N/A	1
Corrective Actions	1	0