Office of Professional Responsibility

El Valle Detention Facility

Inspection 2026-001-166

September 1-3, 2026

U.S. Immigration and Customs Enforcement

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 inspection of the El Valle Detention Facility (EVDF) in Raymondville, Texas, from September 1 to 3, 2026..[1] The facility opened in 2018 and is owned by the Willacy County Local Government Corporation 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 in Harlingen (ERO Harlingen). The facility is a dedicated ICE detention facility and operates under Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO Harlingen has deportation officers assigned full-time to the facility. They are on-site Sunday through Saturday, from 6 a.m. to 5 p.m. A facility administrator handles daily facility operations and manages (b)(7)(e) support personnel. MTC provides both food services and medical care, and US Commissary Solutions provides commissary services at the facility. The facility was accredited by the American Correctional Association in December 2022 and National Commission on Correctional Health Care in January 2025. In May 2025, EVDF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was found DHS PREA compliant.

Capacity and Population Statistics	Quantity
ICE Bed Capacity.[2]	(b)(7)(e)
Average ICE Population.[3]	(b)(7)(e)
Adult Male Population (as of September 1, 2026)	(b)(7)(e)
Adult Female Population (as of September 1, 2026)	(b)(7)(e)

During its last inspection in Fiscal Year (FY) 2025, ODO found three deficiencies in the following areas: Funds and Personal Property (1); Hold Rooms in Detention Facilities (1); and Recreation (1).

[1] This facility holds male and female detainees with low security classification levels for periods greater than 72 hours.
[2] Data Source: ERO Custody Management Division Authorized Facility List as of August 27, 2026.
[3] *Ibid.*

INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshals Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[4]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings with ERO management officials. Thereafter, ODO provides ICE leadership with a final report to: (i) assist ERO in developing and initiating a uniform corrective action plan (UCAP); and (ii) provide senior executives with an independent assessment of facility operations. ODO's findings inform ICE executive management in its decision-making to better allocate resources across the agency's entire detention inventory.

[4] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected[5]	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	1
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	**2**
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	**0**
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	**0**
Part 6 - Justice	
Grievance System	0

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

Sub-Total	**0**
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	**0**
Total Deficiencies	**2**

DETAINEE RELATIONS

ODO interviewed 21 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 (Women): One detainee stated she is constantly bleeding and in pain from her ovaries and uterus. She stated she is scheduled for a surgery, but the facility has not provided her an update.

- Action Taken: ODO interviewed the health services administrator (HSA) and reviewed the detainee's medical file, and confirmed the detainee arrived at EVDF on November 13, 2025, and medical staff evaluated the detainee on November 14, 2025. On December 18, 2025, medical staff placed the detainee on a medical diet. On May 16, 2026, the detainee submitted a sick call and informed medical staff of her prolapsed uterus. On the same day, medical staff referred the detainee to a gynecologist. On July 9, 2026, a gynecologist evaluated the detainee and diagnosed her with a prolapsed uterus and recommended a full hysterectomy. On July 10, 2026, a nurse practitioner (NP) followed-up with the detainee, during which the detainee stated she would have the procedure completed upon her release from EVDF. On July 23, 2026, the NP followed-up with the detainee, and the detainee voiced no concerns nor complaints and reiterated her plans to complete her hysterectomy after her release from EVDF. On August 20, 2026, the detainee submitted a sick call for irregular spotting and discomfort during urination. On that day, an RN evaluated the detainee, instructed her to increase her water intake, and advised her to submit another sick-call request if the discomfort continued. On August 26, 2026, the detainee submitted a sick call request for vaginal bleeding and uterus protruding from her vagina and was evaluated that day. During the sick call visit, the detainee reversed her earlier decision and requested an immediate hysterectomy. On August 26, 2026, a NP prescribed the detainee Amoxicillin, 875 mg, one tablet twice daily for 6 days. On September 2, 2026, ODO confirmed EVDF faxed the detainee's medical records to the University of Texas Health Rio Grande Valley Women and Children's Clinic. The HSA advised the detainee's gynecology appointment was scheduled for October 29, 2026. The HSA further advised the detainee was stable, continued to see facility medical providers as scheduled, and had not received a hysterectomy. The HSA reported no additional pertinent medical information had occurred since the inspection. ODO confirmed the referral status with the detainee. ODO informed the detainee that her gynecology appointment was

scheduled for October 29, 2026, and the detainee acknowledged understanding the status of the specialty referral. ODO will follow up with EVDF and ERO after October 29, 2026, to confirm whether the detainee attended the gynecology appointment, received the specialist's recommendation, was informed of the outcome, and received or was scheduled for any recommended treatment, including a hysterectomy if clinically indicated.

Medical Care (Women): One detainee stated she had a miscarriage, because the facility did not provide appropriate care by not allowing her to see a specialist for over 20 days.

- Action Taken: ODO interviewed the facility's HSA, reviewed the detainee's medical file, intake screening, and nursing and provider notes, and confirmed the detainee arrived at EVDF on May 3, 2026. On May 3, 2026, during the intake and admission, the detainee informed EVDF's medical staff she was pregnant. On May 3, 2026, EVDF notified ERO and transported the detainee to Valley Baptist Hospital in Harlingen, Texas for an ultrasound and pregnancy test, which confirmed the detainee to be approximately 6 weeks and 4 days pregnant. On May 4, 2026, during a procedural checkup/sick call, a facility NP evaluated the detainee, where the detainee did not express any complications or pain. The NP provided the detainee with prenatal care including vitamins, a mental health referral, a lower bed bunk assignment, and extra meal snacks. On May 17, 2026, EVDF transferred the detainee to the medical housing unit, and scheduled a follow-up evaluation for May 20, 2026. On May 20, 2026, during the detainee's scheduled check-up, the detainee expressed no complaints nor any complications. On May 25, 2026, the detainee submitted a sick call request due to vaginal bleeding and was transported the Valley Baptist Hospital emergency room, where the hospital confirmed the detainee's miscarriage. On May 26, 2026, the detainee was discharged from the hospital and transported back to EVDF. On May 27, 2026, during a follow-up/sick call, a NP attempted to evaluate the detainee and offer mental health counseling; where the detainee refused and stated she felt okay and requested pain medication. The NP prescribed the detainee ibuprofen (200 mg), 3 tablets, 4 times per day for 3 days as needed for pain and educated the detainee on the importance of attending her follow-up evaluations. After the medical follow-up, the detainee declined to sign her treatment refusal form and stated she was upset about the loss of her baby. On June 14, 2026, the detainee declined her second scheduled off-site post-miscarriage follow-up appointment with a gynecologist from the Rio Grande Valley Women's Health in Edinburg, Texas, due to the requirement of being handcuffed during transportation. The NP educated the detainee regarding the importance of attending post-procedure follow-up care with the gynecologist. The detainee again declined to sign the treatment-refusal form. Facility medical staff subsequently scheduled the detainee for a gynecology appointment on October 29, 2026. A qualified medical SME reviewed the detainee's medical records and found the care timely and appropriate. Based on the medical-record review, hospital documentation, referral and appointment records, treatment-refusal forms, and interview with the HSA, ODO found ERO and EVDF compliant with applicable requirements for the timeliness and appropriateness of care. ODO informed the detainee of the records reviewed and the documented care, hospital transport, referrals,

and follow-up appointments. ODO also advised the detainee that facility medical staff had scheduled a gynecology appointment for October 29, 2026, and had educated her regarding the importance of attending the appointment. The detainee raised no additional concerns. ODO documented the detainee's response and retained the relevant medical records, hospital documentation, referral records, appointment documentation, and treatment-refusal forms to support its finding. ODO will follow up with the facility and ERO after October 29, 2026, to confirm whether the detainee attended the scheduled appointment and received the recommended follow-up care.

INSPECTION FINDINGS

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 19 administrative segregation (AS) files and found in 4 of 19 detainee AS files; the facility staff did not implement the facility's written procedures for the regular review of all detainees held in AS. Specifically, 2 of the detainee AS files did not include the required 72-hour reviews, 1 detainee AS file did not include the required 7-day review, and 1 detainee AS file did not include the required 14-day review **(Deficiency SMU-43[6])**.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed 29 detainee requests recorded in the Staff-Detainee Communication Log and found in 3 out 29 requests, ERO Harlingen responded between 6 and 11 business days after receipt **(Deficiency SDC-16[7]).**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 27 of those standards. ODO found two deficiencies in two standards. Since EVDFs last inspection in March 2025, the facility's compliance with PBNDS 2011 (Revised 2016) has trended upwards. EVDF went from 3 deficient standards and 3 deficiencies in March 2025 to 2 deficient standards and 2 deficiencies during this most recent full inspection. ODO received EVDFs completed UCAP for its last inspection in March 2025, which likely resolved previous deficiencies ODO cited. ODO recommends ERO Harlingen continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

[6] "All facilities shall implement written procedures for the regular review of all detainees held in administrative segregation, consistent with the procedures specified below." *See* ICE PBNDS 2011 - 2016 Revised, Standard, Special Management Units, Section (V)(A)(3).

[7] "In Facilities with ICE/ERO Onsite Presence the ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt." *See* ICE PBNDS 2011 - 2016 Revised, Standard, Staff-Detainee Communication, Section (V)(B)(1)(a).

Inspection Results Compared	FY 2025 PBNDS 2011 (Revised 2016)	FY 2026 PBNDS 2011 (Revised 2016)
Standards Reviewed	25	29
Deficient Standards	3	2
Overall Number of Deficiencies	3	2
Priority Component Deficiencies	1	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Superior

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