



**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**

**Limestone County Detention Center  
Groesbeck, Texas**

**March 1-4, 2021**

**CONTINGENCY COMPLIANCE INSPECTION**  
**of the**  
**LIMESTONE COUNTY DETENTION CENTER**  
Groesbeck, Texas

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
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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 Limestone County Detention Center (LCDC) in Groesbeck, Texas, from March 1 to 4, 2021.<sup>1</sup> The facility opened in 1990 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCDC in 2019 under the oversight of ERO’s Field Office Director (FOD) in San Antonio (ERO San Antonio). The facility operates under the National Detention Standards (NDS) 2019.

ERO does not have officers assigned to the facility. A warden handles daily facility operations and is supported by █████ personnel. LaSalle Corrections provides food service and medical care, and Correct Commissary and Supplies provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	600
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of 03/01/2021)	████
Female Detainee Population (as of 03/01/2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 30 deficiencies in the following areas: Admissions and Release (1); Detainee Classification System (1); Food Service (1); Funds and Personal Property (1); Recreation (1); Staff-Detainee Communication (1); Telephone Access (2); Visitation (5); Environmental Health and Safety (3); Use of Force (6); Medical Care (6); and Suicide Prevention and Intervention (2).

<sup>1</sup> This facility holds male 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 February 22, 2021.

<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.” 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. Therefore, 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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	1
Facility Security and Control	1
Funds and Personal Property	3
Use of Force and Restraints	1
Special Management Units	6
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
<b>Sub-Total</b>	<b>14</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	5
Significant Self-Harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>7</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>23</b>

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

<sup>6</sup> Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. Most of the detainees did not make allegations of mistreatment or abuse; however, one detainee made an allegation of sexual assault at a previous facility. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted the detainee interviews via video teleconference.

*Admission and Release:* Multiple detainees stated they did not receive the facility handbook or the ICE National Detainee Handbook.

- Action Taken: ODO interviewed facility staff, who stated detainees receive both handbooks upon arrival. ODO reviewed the detainees' detention files and found all detainees signed documentation indicating they received the facility handbook and ICE National Detainee Handbook upon intake.

*Environmental Health and Safety:* Multiple detainees stated there is a problem with mice at the facility.

- Action Taken: ODO interviewed the fire and safety manager and food service manager. ODO also reviewed 10 weekly fire and safety reports, 2 monthly fire and safety reports, and documentation from the pest control company. ODO found the facility has had an ongoing rodent problem since December 2020. The facility replaced the pest control company. The new pest control company began treatment at the facility on January 7, 2021; however, during the inspection week, detainees complained of the presence of rodents in the facility. ODO noted this as a deficiency in the *Environmental Health and Safety* standard.

*Food Service:* Multiple detainees stated the facility always serves the same food and the portions are very small.

- Action Taken: ODO interviewed the food service manager, reviewed the five-week cycle menu and the nutritional analysis statement. ODO also reviewed videos provided by the facility displaying lunch trays being prepared and filled. ODO found the dietician approved the food menu, and the meals prepared for the detainee population were diverse, well proportioned, and the menus are varied and nutritionally adequate.

*Grievance System:* A detainee stated there are no forms available to file an ICE request, grievance, or medical request, and when he asks officers for a form, it takes them a long time to bring the forms. The detainee also stated there is a box located in his housing unit to submit completed forms, but the officers do not check the box.

- Action Taken: ODO interviewed ERO San Antonio staff who stated facility officers provide forms to the detainees, and ERO staff collect all forms from the locked boxes when they are onsite, which is about two to three times per week. ERO stated they will ensure all forms are available and provided to the detainees. ODO reviewed over 100 detainee requests and grievances and found all requests and grievances received a response from ERO within the 72-hour timeframe. Additionally, ODO found many

detainees did not list the date of their requests on the forms; however, the response forms did have a date in which ERO received and responded to the requests or grievances.

*Law Libraries and Legal Material:* A detainee stated he has not been able to go to the law library. He stated he submitted a request to go to the law library once, and the facility gave him a laptop and he was not able to do any legal work or view legal material on the laptop. The detainee stated he needed to make copies, but staff told him there was no paper.

- Action Taken: ODO interviewed the facility's staff, who stated they always stock the law library with paper, and a facility staff member is responsible for checking the supplies of the law library. The facility's staff also stated the law library is in a designated room and the facility does not have electronic tablets or laptops to provide to detainees. The facility provided ODO photos of their fully stocked law library, with desktop computers and printers. The facility's staff did not have any documentation of the detainee requesting access to the law library.

*Medical Care:* A detainee stated he asked medical staff to evaluate his right arm because approximately three weeks prior a rat bit him while he was sleeping in his housing unit. During the interview, the detainee removed a band-aid from his arm and showed ODO a mark on his arm. The detainee stated he told facility staff a rat bit him, and they did not believe him. He later told a nurse a rat bit him, but medical staff have not evaluated him. He stated the bite is very itchy, and the scratching makes his skin come off.

- Action Taken: ODO interviewed medical staff and found, after ODO's interview with the detainee on March 3, 2021, a nurse practitioner (NP) evaluated the detainee regarding his complaint and found a scab on his forearm with no swelling, discoloration, bleeding, or any evidence of an infection. The nurse practitioner did not recommend any medical treatment and advised the detainee to follow-up with medical as needed.

*Medical Care:* A detainee stated he has submitted many medical requests, but he has only seen the doctor once and he told the doctor he has a problem with his genital area, chest, and his throat. Medical staff told him his test results were normal for his genital area and informed him to drink more water. He stated the last time medical staff checked his blood pressure was on February 21, 2021, and his blood pressure was 173/116. The detainee stated medical staff have not given him anymore medication.

- Action Taken: ODO reviewed the detainee's medical record and found a registered nurse (RN) evaluated the detainee on January 17, 2021, for testicular pain and issued him Ibuprofen for the pain. The RN submitted a referral for the detainee to be evaluated by the NP. On January 26, 2021, the NP evaluated the detainee and conducted an electrocardiogram (ECG) and a urine specimen. The ECG and urinalysis were normal; however, the urinalysis indicated a decrease in fluids. The NP documented the detainee's blood pressure was 132/89 and encouraged the detainee to increase his fluid intake. On February 10, 2021, medical staff evaluated the detainee and noted his blood pressure was 185/109. Medical staff prescribed the detainee Clonidine, a rapid acting blood pressure medication to treat high blood pressure. On February 11, 2021, medical staff noted the detainee's blood pressure was 175/88; on February 12, 2021, his blood pressure was 155/98; and on March 3, 2021, his blood pressure was 138/96. The clinical medical



authority scheduled the detainee for a hypertension evaluation on April 26, 2021 and informed the detainee of the appointment.

*Sexual Abuse and Assault Prevention and Intervention:* A detainee stated when he was at an unknown facility in Texas in 2019, an officer sexually assaulted him and another detainee from Nicaragua. The detainee stated the facility suspended the officer, but he did not feel safe because of the officer. The detainee stated while at LCDC, an ICE officer informed him his case had been ruled in favor of the officer, and asked told him to sign a document, but he refused. The detainee stated he has been able to speak with facility staff about how he feels regarding the allegation.

- Action Taken: ODO contacted the supervisory detention and deportation officer (SDDO) regarding the detainee's SAAPI allegation at the previous facility. The SDDO contacted the assistant officer in charge at the ERO San Antonio Field Office and requested information regarding any SAAPI cases involving the detainee. The South Texas ICE Processing Center (STIPC) provided documentation to the LCDC SDDO pertaining to the allegation the detainee made to an ODO inspector and OPR initiated an investigation on August 26, 2020, at STIPC. On November 5, 2020, the Joint Intake Center issued a memorandum stating all allegations were unsubstantiated and the investigation had concluded.

*Telephone Access:* A detainee stated there is a phone that is not working in his housing unit. He stated he and other detainees reported the inoperable phone a few days ago, but staff had not fixed the phone.

- Action Taken: ODO reviewed the telephone maintenance logs and found no inoperable telephones during the inspection week. ODO interviewed the maintenance officer regarding the detainee's complaint of an inoperable telephone in the housing unit. On March 2, 2021, the maintenance officer conducted a thorough inspection of each telephone and found two telephones had loose wires and he replaced both handsets.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

During detainee interviews, detainees notified ODO the facility had a rodent issue. ODO interviewed the fire and safety manager and food service manager, who confirmed the rodent issue. ODO also reviewed 10 weekly fire and safety reports, 2 monthly fire and safety reports, and documentation from the pest control company. The facility hired a new pest control company on January 7, 2021, and the pest control company performs weekly checks of the bait traps that were placed throughout the facility. ODO found the facility has not controlled or eliminated their rodent issue (**Deficiency EHS-36<sup>7</sup>**).

ODO interviewed the food service manager and found the facility did not notify ERO San Antonio of the rodent infestation (**Deficiency EHS-37<sup>8</sup>**).

## SECURITY

### ADMISSION AND RELEASE (AR)

ODO reviewed 12 detainee detention files and found in 1 out of 12 files, the property inventory form listed a passport; however, a copy of the passport was not in the detainee's detention file (**Deficiency AR-12<sup>9</sup>**).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's policy and interviewed staff, and found the facility places all detainees in the same color-coded uniform and houses them in different housing units based on [REDACTED], which is not written in their policy (**Deficiency CCS-8<sup>10</sup>**).

### FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's visitor log and found the log did not identify the person or department visited, the purpose of the visit, nor the time of the visitor's departure (**Deficiency FSC-17<sup>11</sup>**).

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<sup>7</sup> "Conditions which provide food, shelter, a medium for breeding, or harborage will be controlled and eliminated." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(E).

<sup>8</sup> "The facility shall immediately notify ICE/ERO in the event of insect or rodent infestation." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(E).

<sup>9</sup> "Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO." See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

<sup>10</sup> "The classification system shall ensure:

6. Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

<sup>11</sup> "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

## FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed 12 detainee detention files and found in 1 out of 12 files, the property inventory form listed a passport; however, a copy of the passport was not in the detainee's detention file (**Deficiency FPP-10**<sup>12</sup>).

ODO reviewed the audit reports and interviewed facility staff and found the facility administrator or designee does not conduct an inventory of detainee baggage and other non-valuable property at least once each quarter (**Deficiency FPP-19**<sup>13</sup>).

ODO reviewed the facility's handbook and found the handbook does not notify detainees of the following facility policies and procedures concerning personal property:

- That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-file or detention file;
- The procedures for claiming property upon release, transfer, or removal; and
- The procedures for filing a claim for lost or damaged property (**Deficiency FPP-34**<sup>14</sup>).

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

ODO reviewed the facility's policy and interviewed staff and found the facility does not maintain UOF documentation for a minimum of six years (**Deficiency UOFR-87**<sup>15</sup>).

## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility's policy and interviewed staff and found the facility does not have written procedures requiring a security supervisor or equivalent to interview the detainee and review of their status in disciplinary segregation every seven days (**Deficiency SMU-45**<sup>16</sup>).

ODO reviewed one detainee SMU housing record and found 15 days in which staff did not record

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<sup>12</sup> "Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(B)(2).

<sup>13</sup> "An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>14</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including:

2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files;
4. The procedures for claiming property upon release, transfer, or removal; and
5. The procedures for filing a claim for lost or damaged property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(1).

<sup>15</sup> "Facilities shall maintain all written use-of-force documentation for a minimum of six years." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(4).

<sup>16</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

- a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other basic necessities, as required by this detention standard." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

whether the detainee ate his food (**Deficiency SMU-65<sup>17</sup>**).

ODO reviewed one detainee SMU housing record and found 14 days in which medical staff did not sign the housing record when a medical staff member visited the detainee in the SMU (**Deficiency SMU-67<sup>18</sup>**).

ODO reviewed one detainee SMU housing record and found 14 days in which there was no documentation of health care personnel conducting face-to-face medical assessments at least once daily with the detainee (**Deficiency SMU-89<sup>19</sup>**).

ODO reviewed one detainee SMU housing record and found 14 days in which staff did not record health care visits with the detainee on the SMU housing record or comparable form (**Deficiency SMU-91<sup>20</sup>**).

ODO reviewed one detainee SMU housing record and found seven days in which staff did not record whether the detainee was offered recreation (**Deficiency SMU-120<sup>21</sup>**).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the facility's SAAPI policy and found the policy has not been reviewed nor approved by ERO San Antonio (**Deficiency SAAPI-14<sup>22</sup>**).

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed 16 detainee medical records and found in 4 out of 16 records, the facility did not complete the comprehensive health assessment within 14 days of the detainees' arrival at the facility. Additionally, ODO found in 1 out of 16 medical records, there was no documentation the facility conducted a comprehensive health assessment (**Deficiency MC-27<sup>23</sup>**).

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<sup>17</sup> "The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1).

<sup>18</sup> "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

<sup>19</sup> "Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

<sup>20</sup> "Health care visits shall be recorded on the SMU housing record or comparable form." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

<sup>21</sup> "Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(V).

<sup>22</sup> "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>23</sup> "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(E).

ODO reviewed four detainee medical records and found a provider did not conduct the physical examinations, and in one out of four detainee medical records, a provider did not review the physical examination (**Deficiency MC-29<sup>24</sup>**).

ODO reviewed 16 detainee medical records and found in 4 out of 16 records, the facility did not complete the initial dental screening exam within 14 days of the detainee's arrival. Additionally, ODO found in 1 out of 16 detainee medical records, there was no documentation the facility conducted an initial dental screening (**Deficiency MC-43<sup>25</sup>**).

ODO reviewed ■■■ medical staff training files of non-dental clinicians and found none of the training files contained documentation of an annual training by a dentist on how to conduct the dental exam (**Deficiency MC-45<sup>26</sup>**).

ODO reviewed four medical records for detainees with prescribed psychotropic medications and found none of the medical records contained a separate documented informed consent form (**Deficiency MC-93<sup>27</sup>**).

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

ODO reviewed the medical record for one detainee on suicide watch and found a mental health provider did not perform welfare checks every ■■■■■ in suicide resistant cells (**Deficiency SSHSPI-22<sup>28</sup>**).

ODO reviewed the medical record for one detainee on constant monitoring and found a mental health provider did not perform welfare checks every ■■■■■ on close observation detainees (**Deficiency SSHSPI-28<sup>29</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found 23 deficiencies in the remaining 10 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO San Antonio work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>24</sup> "When a physical examination is not conducted by a provider, it must be reviewed by a provider." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>25</sup> "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>26</sup> "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>27</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>28</sup> "A mental health provider will perform welfare checks every ■■■■■." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>29</sup> "A mental health provider will perform welfare checks every ■■■■■." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000)</b>	<b>FY 2021 (NDS 2019)</b>
Standards Reviewed	17	18
Deficient Standards	12	10
Overall Number of Deficiencies	30	23
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	4	0