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Office of Professional Responsibility
Inspections and Detention Oversight Division
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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

February 11-13, 2020

**COMPLIANCE INSPECTION
of the
LIMESTONE COUNTY DETENTION CENTER
Groesbeck, 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 a compliance inspection of the Limestone County Detention Center (LCDC) in Groesbeck, Texas, from February 11 to 13, 2020.¹ The facility opened in 2017 and is owned by the County of Limestone and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCDC in May 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) 2000.

ERO has assigned Deportation Officers (DOs) to the facility. The LCDC Warden is responsible for oversight of daily facility operations and is supported by [REDACTED] personnel. LaSalle Corrections provides food services and medical care, and Correct Commissary provides commissary services at the facility. The facility holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	805
Average ICE Detainee Population ³	400
Male Detainee Population (as of 02/11/2020)	351
Female Detainee Population (as of 02/11/2020)	N/A

This was ODO's first inspection of LCDC.

¹ This facility holds male detainees with low and medium-low security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of January 13, 2020.

³ *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.⁴

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. 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	1
Detainee Grievance Procedures	0
Food Service	1
Funds and Personal Property	1
Recreation	1
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	2
Visitation	5
Sub-Total	13
Part 2 – Security and Control	
Environmental Health and Safety	3
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	6
Sub-Total	9
Part 3 – Health Services	
Medical Care	6
Suicide Prevention and Intervention	2
Sub-Total	8
Total Deficiencies	30

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

DETAINEE RELATIONS

ODO interviewed 15 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 he was prescribed medication for abdominal pain. He now has a urinary tract infection and hemorrhoids, which has bothered him for two months.

- Action Taken: ODO reviewed the detainee's medical record with senior facility medical staff and determined the detainee was seen on December 28, 2019, for sick call; the detainee complained of lower abdominal pain but no urinary or rectal problems. Medical staff saw the detainee for heartburn and prescribed antacid medication on February 12, 2020. ODO followed up with the detainee on February 13, 2020, and advised him to submit a sick call request for any new medical issues; the detainee indicated he was satisfied with the follow-up.

Telephone Access: One detainee stated his father's phone number had been blocked by the facility. He also stated that he filed two grievances and had received no response.

- Action Taken: ODO spoke with a facility major and the Chief of Security (COS) and confirmed the facility does not block detainees' outgoing calls. ODO reviewed the facility grievance logs with the Grievance Officer and determined the detainee had not filed a grievance since his admission. The COS informed the detainee the facility does not block phone numbers. ODO advised him to file a grievance to the phone specialist to assist with the issue.

Telephone Access: One detainee stated he and his wife were taken into custody by ICE. They were separated and sent to different facilities and he has not been able to speak with her.

- Action Taken: ODO reviewed the detainee's detention file and found the detainee and his wife spoke by phone on January 15, 2020, and February 10, 2020. T. Don Hutto Residential Center, the facility housing the detainee's wife, has a record that they facilitated a phone call between the two on January 15, 2020. ODO found no additional documentation that the detainee had requested to speak with his wife, outside of the two facilitated calls. Nevertheless, ODO relayed the detainee's complaint to an ERO San Antonio Supervisory Detention and Deportation Officer (SDDO).

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed 25 detention files and found the admission process was completed within 12 hours in each case; however, none of the files contained an Order to Detain or Release, Form I-203, (**Deficiency A&R-1⁶**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO's review of 25 detainee files found they all contained completed classification packets, including four reclassification documents. ODO's review found that one detainee had been reclassified as medium-high following two disciplinary actions, yet was housed in the low-level housing unit (**Deficiency DCS-1⁷**). The detainee's change in custody was not entered in the jail management system; therefore, the detainee was not moved to appropriate housing. ODO informed the ERO San Antonio SDDO, who was evaluating him for transfer to an appropriate facility.

FOOD SERVICE (FS)

ODO measured the hot water temperature in all five kitchen sinks and found the highest temperature to be 59.2 degrees Fahrenheit (**Deficiency FS-1⁸**). ODO spoke with food service staff and found that the low water temperatures resulted from a boiler outage that occurred on February 3, 2020, which meant hot water is no longer supplied to the kitchen. Food service staff implemented procedures to boil water for use in the three-compartment sink and for general sanitation; however, no procedures were in place to ensure requirements were met for handwashing. ODO observed hand soap with sanitizer at all hand washing sinks during the inspection. The dishwasher had a booster heater that provided the correct temperatures for operation.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility handbook and found it did not notify detainees they can be provided a

⁶ "An order to detain or release (Form I-203 or I-203 a) bearing the appropriate official signature shall accompany the newly arriving detainee. IGSA facilities shall forward the detainee's A-file or temporary work file to the INS office with jurisdiction. Staff shall prepare specific documents in conjunction with each new arrival to facilitate timely processing, classification, medical screening, accounting of personal effects, and reporting of statistical data." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁷ "When it becomes necessary to house detainees of different classification levels the following guidelines shall be followed: ...

3. Under no circumstance will a level two detainee with a history of assaultive or combative behavior be placed in a level one housing unit."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F)(3).

⁸ "All facilities shall meet the following environmental standards: ...

- i. A ready supply of hot water (105-120 degrees F)."

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(i).

certified copy of identity documents from the A-file; procedures for claiming property upon release, transfer, or removal; and procedures for filing a claim for lost or damaged property (**Deficiency F&PP-1**⁹). According to LCDC policy, identity documents are maintained in the detainee file; however, ODO reviewed 25 detainee files and found no evidence they were maintained in the detainee files; additionally, the detainee property log did not list the receipt of any identity documents. Further, according to the booking sergeant, if identity documents were received, they would be turned over to ERO. ODO noted as an **Area of Concern** that the detainee handbook, which notifies detainees that identity documents will be inventoried and stored with the detainee's property, contradicts both facility policy and practice. Accurate information regarding the location of identity documents and detainees' ability to retrieve documents, if needed, is imperative. The booking sergeant informed ODO that abandoned property is turned over to ERO.

ODO reviewed personal property audit documentation and confirmed the property officer conducted monthly audits of detainee property, as well as audited small valuables [REDACTED], which exceeds the requirements of the standard. ODO notes the additional audit of small valuables as a **Best Practice**.

RECREATION (R)

There are two basketball courts and a recreation yard outdoors, made available to detainees contingent on staff availability and appropriate weather. All exercise areas had balls to use for activities; however, there was no fixed and movable exercise equipment available to detainees (**Deficiency R-1**¹⁰).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed a schedule posted in all common areas, advising detainees of [REDACTED] visits by ICE ERO DOs on [REDACTED]. ERO San Antonio staff informed ODO all unannounced visits are done on [REDACTED]. ODO reviewed six months' worth of the Model Protocol Forms and found ERO San Antonio staff did not complete the form on a [REDACTED] basis (**Deficiency SDC-1**¹¹). Additionally, although the facility posted consulate contact lists, ODO noted as an **Area of Concern** the posted consulate contact lists were outdated.

TELEPHONE ACCESS (TA)

⁹ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;...
4. The procedure for claiming property upon release, transfer, or removal.
5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2, 4, and 5).

¹⁰ "Exercise areas will offer a variety of fixed and movable equipment." See ICE NDS 200, Standard, Recreation, Section (III)(G)(1).

¹¹ "For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently. In addition, all model protocol forms shall be submitted annually with the Annual Detention Reviews." See Change Notice National Detention Standards—Staff-Detainee Communication Standard, dated June 15, 2007.

[REDACTED]
(Deficiency TA-1¹²).

ODO reviewed telephone serviceability records and found that, although the facility conducted daily phone checks, ERO San Antonio conducted no weekly telephone serviceability checks on the facility phones during the entire month of December 2019 and only one check in January 2020 **(Deficiency TA-2¹³).**

VISITATION (V)

LCDC visitation policy permits general visitation Friday through Sunday; however, the facility does not allow visitation on holidays unless the holiday falls on the weekend **(Deficiency V-1¹⁴).**

ODO found during its policy review that the facility does not have written procedures to allow legal service providers and legal assistants to call the facility in advance of a visit to determine whether an individual was detained at LCDC **(Deficiency V-2¹⁵).**

ODO observed that the facility did not have the Notice of Entry of Appearance as Attorney or Accredited Representative (Form G-28) available in the visitation lobby **(Deficiency V-3¹⁶).**

Corrective Action: During the course of inspection the facility initiated corrective action by placing copies of the Form G-28 in the visitation officer's booth **(C-1).**

ODO noted two deficiencies related to ICE ERO supervision of the facility. ODO observed in 2 of 48 housing cells, which contain all other required postings, that there was no pro bono legal services lists posted. In the other 46 housing cells, there were pro bono legal services lists but they were not current **(Deficiency V-4¹⁷).** In addition, contrary to the standard, ICE ERO required a G-

¹² [REDACTED]

¹³ "Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list. ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access. The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis." See Change Notice—Detainee Telephone Services, April 4, 2007.

¹⁴ "Visits shall be permitted during set hours on Saturdays, Sundays, and holidays." See ICE NDS 2000, Standard, Visitation, Section (III)(H)(1).

¹⁵ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(6).

¹⁶ "Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitors' reception area." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(8).

¹⁷ "INS shall provide the facility with the official list of pro bono legal organizations, which is updated quarterly by the Executive Office for Immigration Review. The facility shall promptly and prominently post the current list in detainee housing units and other appropriate areas." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(14).

28 to be completed as a condition of consultation visits by lawyers (**Deficiency V-5¹⁸**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The chemical inventories were accurate and Material Safety Data Sheets (MSDSs) were current and readily available in all areas where chemicals are stored and used. The master index of the hazardous chemicals included locations and emergency numbers; however, it did not include documentation of semi-annual reviews and receipt by the local fire department (**Deficiency EH&S-1¹⁹**).

ODO reviewed LCDC's fire plan and found it did not include information for control of combustible and flammable load sources, procedures for inspection of monthly fire inspections, and the installation and testing of fire safety equipment (**Deficiency EH&S-2²⁰**).

Corrective Action: During the course of inspection the facility initiated corrective action by revising the plan to include all requirements of the standard (**C-2**).

Barbering is performed in the housing units under the supervision of security staff. A corporal supervises this operation and is responsible for issuance and sanitation of equipment. ODO inspected all detainee barbering kits and found the equipment was clean; however, there were no sanitation regulations provided in each kit (**Deficiency EH&S-3²¹**).

USE OF FORCE (UOF)

[REDACTED]

(**Deficiency UOF-1²²**).

¹⁸ "Visitors are not required to file a Form G-28 as a condition of participating in a consultation visit or providing consultation during an Asylum Officer interview or Immigration Judge review of a negative credible fear determination. This applies even if the visitor is an attorney or legal representative." See ICE NDS 2000, Standard, Visitation, Section (III)(J)(9).

¹⁹ "The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

²⁰ "Every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following: ...

- b. Control of combustible and flammable fuel load sources; ...
- d. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.;
- e. Monthly fire inspections;
- f. Installing fire protection equipment throughout the facility, in accordance with *NFPA 10, Standard for Portable Fire Extinguishers*."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(b, d, e, and f).

²¹ "Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4).

²² "The following nondeadly force devices are not authorized for use:

ODO observed the facility had [REDACTED] sets of protective gear; however, [REDACTED] were missing (**Deficiency UOF-2²³**).

[REDACTED]
(Deficiency UOF-3²⁴).

ODO reviewed [REDACTED] staff training files and interviewed the training officer and found that LCDC staff received training in UOF, emotionally disturbed special needs detainees, controlling aggressive behavior, blood borne pathogen, and communications techniques; however, the staff have not been trained in UOF [REDACTED] or cell extractions (**Deficiency UOF-4²⁵**).

ODO reviewed five UOF incident files and found the warden alone, conducted an after-action review for UOF incidents, which were documented on a facility executive review form in each file. Further, ODO reviewed LCDC policy and found it does not require an after-action review by a four-member committee, nor does it outline the procedures; furthermore, LCDC has not obtained approval by ERO San Antonio, as required by the standard (**Deficiency UOF-5²⁶**).

ODO interviewed an LCDC captain and reviewed documentation for five UOF incidents, and found that a copy of the UOF report had not been placed in the detainees' respective detention

²³ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the [REDACTED] shall apply.

²⁴ "Specialized training shall be required for certain non-lethal equipment e.g., [REDACTED] Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques. Each staff member participating in a calculated use of force cell move must have documentation of annual training in these areas." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

²⁵ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the [REDACTED] shall apply....

²⁶ "Written procedures govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures. The OIC, the Assistant OIC, the CDEO, and the Health Services Administrator shall conduct the after-action review. This four-member After-Action Review Team shall convene on the workday after the incident. The After-Action Review Team shall gather relevant information, determine whether policy was followed, and complete an after-action report, recording the nature of their review and findings. The after-action report is due within two working days of the detainee's removal from restraints." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

files, as required by the standard (**Deficiency UOF-6²⁷**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO found no documentation of current and primary source-verified licenses for [REDACTED] licensed medical staff (**Deficiency MC-1²⁸**). [REDACTED] licensed vocational nurse's credential file did not contain a current license and there was no credential file for the psychiatrist.

Corrective Action: Prior to completion of the inspection, the Health Services Administrator (HSA) initiated corrective action by obtaining and verifying the licenses for both staff, as well as creating a file for the psychiatrist (**C-3**).

ODO reviewed training records for all medical and [REDACTED] randomly selected correctional staff and found no record of current cardiopulmonary resuscitation (CPR) training documentation for [REDACTED] medical staff member (**Deficiency MC-2²⁹**). Also, there was no record of current CPR training for the licensed professional counselor (LPC).

Corrective Action: Prior to completion of the inspection, the HSA initiated corrective action by obtaining the current CPR training certificates (**C-4**).

ODO reviewed 26 medical records and found that tuberculosis (TB) screening was performed using the purified protein derivative (PPD) test and chest X-rays during intake screening; however, ODO's file review found three cases in which the detainees were injected with the PPD at intake but there was no documentation the skin test was read 48 to 72 hours after the injection to determine the results (**Deficiency MC-3³⁰**).

²⁷ "Staff shall prepare detailed documentation of all incidents involving the use of force [REDACTED] [REDACTED] Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file." See ICE NDS 2000, Standard, Use of Force, Section (III)(J).

²⁸ "The health care staff will have a valid professional licensure and or certification. The USPHS, Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers." See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

²⁹ "In each detention facility, the designated health authority and the OIC will determine the availability and placement of first aid kits consistent with the American Correctional Association requirements. Detention staff will be trained to respond to health-related emergencies within a [REDACTED] response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following:

- The recognition of signs of potential health emergencies and the required response;
- The administration of first aid and cardiopulmonary resuscitation (CPR);
- The facility plan and its required methods of obtaining emergency medical assistance;
- The recognition of signs and symptoms of mental illness (including suicide risk), retardation, and chemical dependency; and
- The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services."

See ICE NDS 2000, Standard, Medical Care, Section (III)(H).

³⁰ "All new arrivals shall receive TB screening by PPD (Mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

ODO reviewed 26 medical records and found that health appraisals were completed by the physician, the nurse practitioner (NP), or an registered nurse (RN); however, ODO found 13 of the 26 appraisals were not completed within 14 days of the detainee's arrival (**Deficiency MC-4**³¹).

ODO's review found that 13 of 26 dental exams were completed by RNs, not the physician or NP; LCDC does not have a waiver for RNs to perform dental exams. Additionally, ODO found that 13 of the 26 dental exams were not completed within 14 days of the detainee's arrival (**Deficiency MC-5**³²).

The HSA did not have evidence of formal multi-disciplinary quality improvement meetings. There has been no ongoing activity regarding patient outcomes, nor data collection and analysis on effectiveness of care or needs of the department (**Deficiency MC-6**³³).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

Three of the five suicide watch cases ODO reviewed showed that the detainee was released from suicide watch by the LPC, with no documentation from the psychiatrist delegating this function to the LPC (**Deficiency SP&I-1**³⁴).

ODO reviewed training files for all medical staff and [REDACTED] randomly selected correctional staff and found no evidence of current suicide prevention training for the physician and [REDACTED] RN (**Deficiency SP&I-2**³⁵).

³¹ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

³² "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, a physician, physician's assistant or nurse practitioner may perform the initial dental screening." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

³³ "Formal, documented meetings will be held at least quarterly between the OIC of each facility and the HSA of the medical facility. Other members of the facility staff and medical staff will be included as appropriate. Minutes of the meeting will be recorded and kept on file. The meeting agenda will include, but not be limited to, the following:

- An account of the effectiveness of the facility health care program;
- Discussions of health environment factors that may need improvement;
- Changes effected since the previous meetings; and
- Recommended corrective actions, as necessary."

See ICE NDS 2000, Standard, Medical Care, Section (III)(P).

³⁴ "A detainee formerly under a suicide watch may be returned to general population, upon written authorization from the CD." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

³⁵ "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with 5 of those standards. ODO found 30 deficiencies in the remaining 12 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were four instances in which staff initiated immediate corrective action.

ODO noted a **Best Practice** related to the Funds and Personal Property Standard and also noted two **Areas of Concern** during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (NDS 2000)	FY 2020 (NDS 2000)
Standards Reviewed	N/A	17
Deficient Standards	N/A	12
Overall Number of Deficiencies	N/A	30
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	N/A	N/A
Corrective Actions	N/A	4