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Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO San Antonio Field Office

La Salle County Regional Detention Center
Encinal, Texas

August 6-8, 2019

COMPLIANCE INSPECTION
of the
LA SALLE COUNTY REGIONAL DETENTION CENTER
Encinal, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000	
MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
Compliance Inspection Findings.....	8
DETAINEE SERVICES	8
Admission and Release	8
Detainee Grievance Procedures	8
Food Service	8
Funds and Personal Property	9
Staff-Detainee Communication	9
Telephone Access	9
Visitation.....	9
SECURITY AND CONTROL	10
Special Management Unit (Disciplinary Segregation)	12
Use of Force.....	12
HEALTH SERVICES	13
Medical Care.....	13
Significant Self-harm and Suicide Prevention and Intervention.....	13
PBND 2011 STANDARD INSPECTED	13
Sexual Abuse and Assault Prevention and Intervention.....	13
CONCLUSION	15

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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 La Salle County Regional Detention Center (LCRDC) in Encinal, Texas, from April 6 to 8, 2019.¹ The facility opened in 2015 and is owned and operated by La Salle County Sheriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCRDC in 2004 under the oversight of ERO's Field Office Director (FOD) in San Antonio, Texas (ERO San Antonio). The facility operates under the National Detention Standards (NDS) 2000.

ERO has not assigned onsite Deportation Officers (DOs) or a Detention Services Manager (DSM) to the facility. The LCRDC warden handles daily facility operations and is supported by [REDACTED] personnel. Five Star Correctional Services provides food services and Dr. [REDACTED], MD provides medical care at the facility. The facility holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	250
Average ICE Detainee Population ³	118
Male Detainee Population (as of 8/6/2019)	120
Female Detainee Population (as of 8/6/2019)	N/A

During its last inspection, in FY 2013, ODO found seven deficiencies in the following areas: Environmental Health and Safety (1); Food Service (2); Funds and Personal Property (1); and Medical Care (3).

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

² Data Source: ERO Facility List Report as of August 6, 2019.

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	3
Detainee Classification System	0
Detainee Grievance Procedures	2
Food Service	3
Funds and Personal Property	1
Recreation	0
Religious Practices	0
Staff-Detainee Communication	3
Telephone Access	3
Visitation	6
Sub-Total	21
Part 2 – Security and Control	
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	4
Sub-Total	5
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	1
Sub-Total	3
Performance-Based National Detention Standards (PBNDS) 2011 Standards Inspected	
Disability Identification, Assessment, and Accommodation	0
Sexual Abuse and Assault Prevention and Intervention	4
Sub-Total	4
Total Deficiencies	33

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

DETAINEE RELATIONS

ODO interviewed nine 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.

Detainee Handbook: One detainee complained that the ICE National Detainee and facility detainee handbooks that he received were not in a language he understood.

- Action Taken: ODO reviewed the detainee's detention file and confirmed that the detainee had signed a receipt for both handbooks. ODO spoke to facility staff concerning the issue and learned that the facility uses a language line to translate information in the handbooks for non-English speaking detainees.

Medical Care: One detainee complained he had not received medical care for his eye and dental issues.

- Action Taken: ODO reviewed the detainee's medical record and determined that the detainee had not submitted a request for medical care. Additionally, ODO informed the detainee of the process to submit a medical request.

Staff-Detainee Communication: One detainee complained that ERO officers do not meet with him during scheduled visits to the housing units.

- Action Taken: ODO accompanied ERO DOs on a scheduled visit to the housing units and ensured that the officers interviewed the detainee. Additionally, ODO observed the DOs addressing other detainee issues, ensuring immigration-related documentation was received, and utilizing the language line for non-English speaking detainees.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed 25 detainee detention files and found that 18 of the files did not contain an Order to Detain (Form I-203) signed by an appropriate ICE/ERO authorizing official (**Deficiency A&R-1⁶**).

ODO found that the facility's orientation procedures had not been reviewed and approved by the local ERO field office (**Deficiency A&R-2⁷**).

Corrective Action: Prior to the completion of the inspection, ERO San Antonio reviewed and approved the facility's orientation procedures (**C-1**).

ODO found that the facility's release procedures had not been reviewed and approved by the local ERO field office (**Deficiency A&R-3⁸**).

Corrective Action: Prior to the completion of the inspection, ERO San Antonio reviewed and approved the facility's release procedures (**C-2**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the detainee handbook and determined that the grievance section does not provide detainees with notice of the procedures for contacting ERO to appeal the decision of the warden (**Deficiency DGP-1⁹**).

Corrective Action: Prior to the completion of the inspection, the facility revised the detainee handbook to include the required information (**C-3**).

Additionally, the grievance section of the detainee handbook does not provide notice of opportunity for the detainee to file a complaint concerning officer misconduct directly with the

⁶ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

⁷ "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

⁸ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms; closing files and fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approve the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

⁹ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: ...

4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE 2000 NDS, Standard, Detainee Grievance Procedures, Section (III)(G)(4).

Department of Justice (**Deficiency DGP-2¹⁰**).

Corrective Action: Prior to the completion of the inspection, the assistant warden revised the detainee handbook to include the required information (**C-4**).

FOOD SERVICE (FS)

ODO inspected the facility kitchen and determined that the hand washing sinks do not maintain a temperature between 105- and 120-degrees Fahrenheit (**Deficiency FS-1¹¹**).

ODO also determined that the dishwasher does not maintain a wash temperature of 150 degrees (**Deficiency FS-2¹²**).

Additionally, ODO observed several rusty air vents in the kitchen ceiling, with excessive condensation that could drip onto food or food preparation surfaces (**Deficiency FS-3¹³**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO found the facility has no written procedures for the audit of detainee funds, valuables, and personal property (**Deficiency F&PP-1¹⁴**).

Corrective Action: Prior to the completion of the inspection, the facility revised the Detainee Personal Property policy to include the required information (**C-5**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO found that, while the facility has policies and procedures pertaining to unannounced visits, the ICE Officer in Charge (OIC), Assistant Officer in Charge, and designated department heads do not conduct regular unannounced visits to the detainee housing and living areas to encourage informal communication between staff and detainees and informally observe living and working conditions (**Deficiency SDC-1¹⁵**).

¹⁰ “The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following:

6. The opportunity to file a complaint about officer misconduct directly with the Justice Department....”

See ICE 2000 NDS, Standard, Detainee Grievance Procedures, Section (III)(G)(6).

¹¹ “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).

¹² “Maintain the following temperatures for hot-water sanitizing: ...

c. Multi-tank, conveyor machine: wash temperature of 150 degrees F; pumped rinse, 160 degrees F; final rinse, 180 degrees F.”

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(g)(5)(c).

¹³ “Food and ice will be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection will be continuous, whether the food is in storage, in preparation/on display, or in transit.” See ICE NDS 2000, Standard, Food Service, Section (III)(D)(5).

¹⁴ “Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property.” See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F). **This is a Repeat Deficiency.**

¹⁵ “Policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant

ODO reviewed Facility Liaison Visit Checklists completed over a six-month period and found that ERO officers did not consistently conduct [REDACTED] visits to the facility (**Deficiency SDC-2¹⁶**).

ODO also found that the facility has no procedures in place for the expedited review of and response to urgent detainee requests (**Deficiency SDC-3¹⁷**).

TELEPHONE ACCESS (TA)

ODO inspected the telephones in the detainee housing units and found one inoperable phone (**Deficiency TA-1¹⁸**).

ODO also found that calls placed to consulates are prohibited and immediately disconnected (**Deficiency TA-2¹⁹**).

ODO found that ERO officers do not regularly conduct weekly serviceability tests of all telephones in the detainee housing units, nor do they document and maintain each serviceability test (**Deficiency TA-3²⁰**).

VISITATION (V)

ODO reviewed the facility's visitation policy and found that the facility has not established a

Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and informally observing living and working conditions. These unannounced visits shall include but not be limited to:

- a. Housing Units;
- b. Food Service, preferably during the lunch meal;
- c. Recreation Area;
- d. Special Management Units (Administrative and Disciplinary Segregation); and Infirmary rooms.

While visiting the Special Management Unit, the detainees shall be interviewed, living conditions will be observed and detainee housing records will be reviewed....Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSA's." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

¹⁶ "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." See Change Notice—Staff/Detainee Communication Model Protocol, June 15, 2007.

¹⁷ "In IGSA facilities without ICE on-site presence, the detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request. If it is apparent that the request is serious in nature, procedures shall be in place for an expedited review and response to the detainee's request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(1)(b).

¹⁸ "The facility shall maintain detainee telephones in proper working order." See ICE NDS 2000, Standard, Telephone Access, Section (III)(D).

¹⁹ "Even if telephone service is generally limited to collect calls, the facility shall permit the detainee to make direct calls: ...

3. to consular officials...."

See ICE NDS 2000, Standard, Telephone Access, Section (III)(E)(3).

²⁰ "ICE staff will verify [sic] serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list....Each serviceability test shall be documented using the attached form. The field office shall maintain forms in a retrievable format, organized by month, for a three-year period." See Change Notice—Detainee Telephone Services, April 4, 2007.

written procedure to allow legal representatives to call ahead to determine whether an individual is detained in that facility (**Deficiency V-1**²¹).

ODO also found that the facility has not established a written procedure to provide for the exchange of documents between a legal representative and a detainee (**Deficiency V-2**²²).

Corrective Action: Prior to the completion of the inspection, the facility revised the legal visitation procedures to include the required information (**C-6**).

ODO found that the facility's visitation policy does not specify the procedures and standards for pre-representational meetings, Notice of Entry of Appearance as Attorney or Accredited Representative (Form G-28) requirements, materials provided to detainees by legal representatives, and confidential group meetings (**Deficiency V-3**²³).

ODO also found that the facility has not developed procedures that liberally allow the opportunity for consultation visitation (**Deficiency V-4**²⁴).

Corrective Action: Prior to the completion of the inspection, the facility revised the legal visitation procedures to include the required information (**C-7**).

Additionally, ODO found that the facility has not developed a procedure to address law enforcement officials requesting interviews with detainees (**Deficiency V-5**²⁵).

ODO interviewed the Assistant Warden and learned that, while service animals are permitted in the facility, LCRDC has not established a policy or procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property (**Deficiency V-6**²⁶).

²¹ "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. The request must be made to the on-site INS staff or, where there is no resident staff, to the INS office with jurisdiction over the facility. If the person seeking the information states that he/she already represents the detainee, INS staff should confirm that the caller's name corresponds with the name on a Form G-28 (Notice of Appearance) on file." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(6).

²² "The facility's written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable. Documents or other written material provided to a detainee during a visit with a legal representative shall be inspected, but not read." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(10).

²³ "The facility's written legal visitation policy shall be available upon request. The site-specific policy shall specify visitation hours, procedures and standards, including, but not limited to, telephone inquiries; dress code; legal assistants working under the supervision of an attorney; pre-representational meetings; Form G-28 requirements; identification and search of legal representatives; identification of visitors; materials provided to detainees by legal representatives; confidential group legal meetings; and detainee sign-up." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

²⁴ "Because expedited removal procedures occur within short time frames, each facility shall develop procedures that liberally allow the opportunity for consultation visitation in accordance with this Standard." See ICE NDS 2000, Standard, Visitation, Section (III)(J)(1).

²⁵ "Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees." See ICE NDS 2000, Standard, Visitation, Section (III)(O)(1).

²⁶ "Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property." See ICE NDS 2000,

Corrective Action: Prior to the completion of the inspection, the facility revised the Visitation policy to include the required information (C-8).

SECURITY AND CONTROL

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO reviewed the detention file of a detainee placed in the SMU on DS in the year preceding the inspection and found that a written order was not completed and signed by the chair of the facility's disciplinary committee (**Deficiency SMU DS-1**²⁷).

USE OF FORCE (UOF)

ODO found that the facility's form to document UOF incidents has not been reviewed and approved by the local ERO field office (**Deficiency UOF-1**²⁸); additionally, ODO found that the facility's after-action review procedures for UOF incidents have not been reviewed and approved by the local ERO field office (**Deficiency UOF-2**²⁹).

Corrective Action: Prior to the completion of the inspection, the ERO OIC reviewed and approved the UOF incident form and after-action review procedures (C-9).

ODO found that the facility does not provide [REDACTED] as part of the protective gear issued to staff participating in a UOF (**Deficiency UOF-3**³⁰).

ODO reviewed the training files of [REDACTED] facility staff members and found that [REDACTED] of the files did not contain documentation of annual training in confrontation avoidance procedures and forced cell-move techniques (**Deficiency UOF-4**³¹).

Standard, Visitation, Section (III)(O)(4).

²⁷ "A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility. See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(B).

²⁸ "All facilities shall have a form to document all uses of force. INS shall approve of all use of force forms." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(1).

²⁹ "Written procedures shall 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." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

³⁰ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply.

a. [REDACTED]

See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a).

³¹ "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).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed training and credential files and found that not all medical staff had a verifiable license and/or certification file available onsite (**Deficiency MC-1**³²).

Corrective Action: Prior to the completion of the inspection, the acting Health Services Administrator (HSA) primary source-verified the licenses and credentials for all healthcare staff (**C-10**).

ODO reviewed the training files of [REDACTED] facility staff members and found that [REDACTED] of those staff members had either not received cardiopulmonary resuscitation (CPR) training or had an expired CPR certification (**Deficiency MC-2**³³).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO observed two suicide watch cells and found that each cell was equipped with a shower that was obstructed by a block wall; additionally, the shower heads and faucet knobs protrude from the wall, posing the potential to facilitate a suicide attempt (**Deficiency SP&I-1**³⁴).

PBNDS 2011 STANDARD INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO found that the facility's SAAPI policy and procedures had not been reviewed and approved by the local ERO field office (**Deficiency SAAPI-1**³⁵).

ODO reviewed the facility's SAAPI policy and found that it does not include procedures for prompt and effective intervention to address the safety and treatment needs of detainee victims (**Deficiency SAAPI-2**³⁶).

³² "The health care staff will have a valid professional licensure and or certification." See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

³³ "Detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following: ...

2. The administration of first aid and cardiopulmonary resuscitation (CPR)."

See ICE NDS 2000, Standard, Medical Care, Section (III)(H)(2).

³⁴ "The isolation room will be free of objects of structural elements that could facilitate a suicide attempt." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

³⁵ "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011, Revised December 2016, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A).

³⁶ "Each facility shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse or assault, outline the facility's approach to preventing, detecting, and responding to such conduct and include, at a minimum:

3. procedures for prompt and effective intervention to address the safety and treatment needs of detainee victims if an alleged assault occurs...."

ODO observed facility staff of the opposite gender not announcing their presence when entering detainee housing units (**Deficiency SA-API-3**³⁷).

ODO found that the facility does not maintain documentation that detainees are instructed on the facility's SA-API program (**Deficiency SA-API-4**³⁸).

See ICE PBNDS 2011, Revised December 2016, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(3).

³⁷ “Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Staff of the opposite gender shall announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.” *See* ICE PBNDS 2011, Revised December 2016, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(D)(1)(f).

³⁸ “Detainee notification, orientation and instruction must be in a language or manner that the detainee understands, including for those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. The facility shall maintain documentation of detainee participation in the instruction session.” *See* ICE PBNDS 2011, Revised December 2016, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F)(7).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 17 of the ICE NDS 2000 standards, as well as 2 standards from the PBNDS 2011. ODO identified 33 deficiencies in 12 of the standards. ODO commends facility staff for their responsiveness during this inspection and notes there were 10 instances in which staff initiated immediate corrective action.

In general, ODO observed several deferred maintenance issues throughout the facility: walls in the kitchen and bathroom areas of several housing units were in need of painting; air vents throughout the facility were rusted and in need of repair; and the walls and windows in the SMU were covered with graffiti etching. The warden advised ODO that he was aware of these issues and had received a repair bid.

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

Compliance Inspection Results Compared	FY 2013 (NDS 2000)	FY 2019 (NDS 2000 and PBNDS 2000)
Standards Reviewed	18	19
Deficient Standards	4	12
Overall Number of Deficiencies	7	33
Deficient Priority Components	0	0
Repeat Deficiencies	N/A	1
Corrective Actions	0	10