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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Philadelphia Field Office**

**South Central Regional Jail
Charleston, West Virginia**

September 13-15, 2022

COMPLIANCE INSPECTION
of the
SOUTH CENTRAL REGIONAL JAIL
Charleston, West Virginia

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
COMPLIANCE INSPECTION FINDINGS	7
SAFETY.....	7
Environmental Health and Safety	7
SECURITY	9
Sexual Abuse and Assault Prevention and Intervention	9
Use of Force and Restraints	10
CARE	10
Food Service	10
Hunger Strikes	11
Medical Care.....	11
Personal Hygiene	12
Significant Self-Harm and Suicide Prevention and Intervention.....	12
ACTIVITIES	12
Recreation	12
JUSTICE.....	13
Detainee Handbook.....	13
ADMINISTRATION AND MANAGEMENT	13
Detention Files	13
CONCLUSION	13

COMPLIANCE INSPECTION TEAM MEMBERS



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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 focused review compliance inspection of the South Central Regional Jail (SCRJ) in Charleston, West Virginia, from September 13 to 15, 2022.¹ The facility opened in 1994 and is owned by the State of West Virginia and operated by the West Virginia Division of Corrections and Rehabilitation (WVDOCR). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCRJ in 2004 under the oversight of ERO’s Field Office Director in Philadelphia (ERO Philadelphia). The facility operates under the National Detention Standards (NDS) 2019.

ERO has no staff assigned to the facility. An SCRJ superintendent handles daily facility operations and manages █ support personnel. Aramark provides food services, Wexford Health Sources provides medical care, and Union Supply provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	█
Average ICE Population ³	█
Adult Male Population (as of September 13, 2022)	█
Adult Female Population (as of September 13, 2022)	█

This was ODO’s first compliance inspection of the South Central Regional Jail.

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

² Data Source: ERO Facility List as of September 14, 2022.

³ *Ibid.* The SCRJ FY 2021 ADP of two ICE detainees justified ODO’s special review (focused) compliance inspection of the facility.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 its 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 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	17
Sub-Total	17
Part 2 - Security	
Use of Force and Restraints	1
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	4
Sub-Total	5
Part 4 - Care	
Food Service	6
Hunger Strikes	1
Medical Care	3
Personal Hygiene ⁸	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	12
Part 5 - Activities	
Recreation	1
Sub-Total	1
Part 6 - Justice	
Detainee Handbook ⁹	1
Sub-Total	1
Part 7 - Administration and Management	
Detention Files	1
Sub-Total	1
Total Deficiencies	37

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁷ Special reviews and unannounced inspections are both focused reviews, and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

⁸ The deficiency cited under Personal Hygiene standard was identified while performing detainee interviews, and the Personal Hygiene standard was not reviewed in its entirety.

⁹ The deficiency cited under the Detainee Handbook standard was identified while performing detainee interviews, and the Detainee Handbook standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed one detainee, who voluntarily agreed to participate. The detainee made no allegations of discrimination, mistreatment, or abuse. The detainee reported satisfaction with facility services except for the concerns listed below.

Detainee Handbook: The detainee stated the facility issued him a facility site-specific handbook in a language he did not speak.

- Action Taken: ODO reviewed the detainee’s detention file, interviewed facility staff, and found the facility did not issue the detainee a facility site-specific handbook as they do not have one. Instead, the facility provided newly arriving detainees the West Virginia Division of Corrections and Rehabilitation Inmate Discipline Book, which outlines state-level disciplinary guidelines and does not provide a facility specific orientation to the detainees. ODO noted the book was provided in English and cited this as a deficiency in the *Detainee Handbook* section of the report.

Personal Hygiene: The detainee stated female staff members did not announce themselves when entering his housing unit.

- Action Taken: ODO toured the facility and observed a female staff member enter a male housing unit without announcing her presence. ODO cited this as a deficiency in the *Personal Hygiene* section of the report.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility, interviewed facility staff, and found the facility did not establish a system for issuing, inventorying, and accounting for hazardous materials. Specifically, the facility did not maintain records for the issuance, inventory, nor accountability of hazardous substances stored in the gymnasium, maintenance area, laundry room, food service department, medical department, nor staff briefing room (**Deficiency EHS-2¹⁰**).

Additionally, ODO found the facility staff did not:

- Maintain a perpetual inventory of hazardous substances used and stored in the facility (**Deficiency EHS-3¹¹**);
- Maintain inventory records for each substance (**Deficiency EHS-4¹²**);

¹⁰ “The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹¹ “Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹² “Inventory records will be maintained for each substance.” See ICE NDS 2019, Standard, Environmental Health

- Maintain a corresponding Safety Data Sheets (SDS) file in each area using hazardous materials. Specifically, ODO found the maintenance department kept substances used for the gymnasium, laundry room, food service department, medical department, and staff briefing room (**Deficiency EHS-5¹³**);
- Provide continuous access to the SDS files or substances utilized in the facility. Specifically, ODO found no available SDS for hazardous substances used in the gymnasium, laundry room, food service department, medical department, nor staff briefing room (**Deficiency EHS-6¹⁴**);
- Maintain an SDS file for staff review. Additionally, ODO found the maintenance supervisor did not review SDS files (**Deficiency EHS-7¹⁵**);
- Have documented reviews of the SDS master file (**Deficiency EHS-9¹⁶**);
- Maintain a comprehensive, up-to-date list of emergency phone numbers (**Deficiency EHS-10¹⁷**); and
- Conduct an inventory of records for hazardous substances before, during, nor after each use (**Deficiency EHS-16¹⁸**).

ODO toured the facility, observed chemical storage areas, interviewed facility staff, and found the facility did not require the use of properly labeled containers for hazardous materials. Specifically, ODO observed in 15 out of 20 spray bottles containing hazardous materials, no proper labeling for their contents (**Deficiency EHS-22¹⁹**).

ODO reviewed ■■■ staff training records, interviewed the SCRJ training officer, and found staff members working with hazardous materials did not have appropriate training. Specifically, ODO found in ■■■ out of ■■■ records, no staff training on the classification code nor safe handling procedures for each substance used (**Deficiency EHS-23²⁰**).

and Safety, Section (II)(A).

¹³ “In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs).” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁴ “The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁵ “Staff must review SDS files and the Maintenance Supervisor will review the records as necessary.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁶ “Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁷ “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁸ “c. Inventory records for a hazardous substance must be kept current before, during, and after each use.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹⁹ “a. The facility will require use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(a).

²⁰ “b. Staff and detainees who work with hazardous materials will have appropriate training, including the classification code and safe handling procedures for each material.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(b).

ODO reviewed SCRJ's emergency plans and found no procedures to ensure the safety and security of detainees with disabilities during a facility response (**Deficiency EHS-25²¹**).

ODO reviewed [REDACTED] staff training records, interviewed the SCRJ training officer, and found in [REDACTED] out of [REDACTED] records, the facility did not provide training to employees in the facility's emergency plans (**Deficiency EHS-26²²**).

ODO reviewed the facility's emergency plans, interviewed facility staff, and found no annual review nor update of emergency plans. Specifically, ODO found the facility most recently updated their emergency plan on October 3, 2019 (**Deficiency EHS-27²³**).

ODO interviewed the facility staff, reviewed West Virginia Division of Corrections and Rehabilitation policy 315.00, Fire Safety, and found the facility did not comply with fire safety standards for the state nor the National Fire Protection Association. Specifically, ODO found the facility did not comply with the fire drill provision in the West Virginia State Code of Rules, Section 95-3-8 (**Deficiency EHS-33²⁴**).

ODO reviewed the facility's sanitation and housekeeping policy, toured facility housing units, and found the facility did not maintain housing units at a level that met the recognized standards of hygiene. Specifically, ODO observed lime buildup, soap scum, and rust on metal surfaces in the shower area of housing unit "B" (**Deficiency EHS-58²⁵**).

ODO reviewed the facility's sanitation and housekeeping policy, toured facility housing units, and found the facility did not maintain housing units' cleanliness and sanitation to standard. Specifically, ODO observed three out of five tabletops with peeled paint and common area vents with noticeable dust buildup and rust (**Deficiency EHS-64²⁶**).

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy, interviewed staff, and found the facility's written SAAPI policy was not reviewed nor approved by ERO Philadelphia as required (**Deficiency**

²¹ "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

²² "All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

²³ "All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis" *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

²⁴ "The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D) and West Virginia Code of State Rules, Agency 95 - Jails And Prisons Standards Commission, Title 95, Series 95-3-8.

²⁵ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

²⁶ "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair" *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

SAAPI-14²⁷).

ODO reviewed the facility's SAAPI protocols and website, interviewed facility staff, and found the facility did not make its protocols available to the public. Specifically, the facility did not post its protocols to its public-facing website (**Deficiency SAAPI-16**²⁸).

ODO toured the facility and found the facility did not post SAAPI awareness notices on any the housing-unit bulletin boards (**Deficiency SAAPI-52**²⁹).

ODO reviewed SCRJ reports, interviewed facility staff, and found the facility did not prepare a negative report after no reports of sexual abuse and assault during the 2021 reporting period (**Deficiency SAAPI-161**³⁰).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility's control/restraint policy, interviewed facility staff, and found the facility administrator does not decide on the appropriate restraint method. Specifically, the chief correction officer or shift commander decides on the appropriate restraint method when use of more restrictive or secure restraints is necessary (**Deficiency UOFR-34**³¹).

CARE

FOOD SERVICE (FS)

ODO reviewed SCRJ's common-fare menu, interviewed the FS director, and found FS did not base the menu on a 14-day cycle, with special menus for federal holidays (**Deficiency FS-60**³²).

ODO reviewed [REDACTED] FS medical records, interviewed FS personnel, and found in [REDACTED] out of [REDACTED] records, no documentation of a preemployment medical examination for the FS workers

²⁷ "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).

²⁸ "Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

²⁹ "ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a 'Sexual Assault Awareness Information' pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available)." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

³⁰ "If the facility has not had any reports of sexual abuse and assault during the annual reporting period, then the facility shall prepare a negative report." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

³¹ "If the detainee's behavior makes use of more restrictive or secure restraints necessary, the facility administrator shall decide on the appropriate restraint method. Such methods might include hard restraints with/without waist chain or belt; four-point soft restraints, with hard restraints securing the detainee to his or her bed; four-point hard restraints; etc." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(E).

³² "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

(Deficiency FS-86³³).

ODO toured the FS area and found the facility did not maintain clean and orderly work areas to prevent grease buildup. Specifically, ODO observed grease buildup on ventilation hoods **(Deficiency FS-91³⁴).**

ODO toured the FS chemical storage area, interviewed facility staff, and found the facility staff did not control nor account for all toxic, flammable, and caustic materials. Specifically, facility staff did not maintain records for Lime-A-Way and bleach **(Deficiency FS-105³⁵).**

ODO reviewed FS inspection reports, interviewed facility staff, and found a qualified contractor did not inspect ventilation hoods every 6 months. Specifically, a qualified contractor last inspected the hood on June 12, 2019 **(Deficiency FS-112³⁶).**

ODO reviewed the facility's FS sanitation and housekeeping policy, toured the FS area, and found the facility did not clean ventilation hoods after each use to prevent grease buildup **(Deficiency FS-114³⁷).**

HUNGER STRIKES (HS)

ODO reviewed ■ non-medical staff training records and found in ■ out of ■ records, no documentation of annual HS training. Specifically, the facility's annual HS training did not include the signs of a hunger strike, procedures for referral for medical assessment, nor management of a detainee on hunger strike **(Deficiency HS-1³⁸).**

MEDICAL CARE (MC)

ODO reviewed two detainee medical records for detainees with stays at the facility over 14 days and found in both records, the facility did not conduct a comprehensive health assessment within 14 days of a detainee's arrival. Specifically, the facility released one detainee after 26 days and the other detainee after 90 days without completing a comprehensive health assessment on either detainee **(Deficiency MC-27³⁹).**

³³ "All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

³⁴ "d. Ventilation hoods, to prevent grease buildup and wall/ceiling condensation that can drip into food or onto food-contact surfaces. Filters or other grease-extracting equipment shall be readily removable for cleaning and replacement." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(d).

³⁵ "All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).

³⁶ "A qualified contractor shall inspect the system every six months." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

³⁷ "Hood systems shall be cleaned after each use to prevent grease buildups, which constitute fire risks." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(d).

³⁸ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

³⁹ "The facility will conduct and document a comprehensive health assessment, including a physical examination and

ODO reviewed two detainee medical records for detainees with stays at the facility over 14 days and found in both records, the facility did not conduct an initial dental screening exam within 14 days of a detainee's arrival. Specifically, the facility released one detainee after 26 days and the other detainee after 90 days without completing a dental screening of either detainee (**Deficiency MC-43**⁴⁰).

ODO reviewed SCRJ policy, interviewed facility staff, and found the facility did not have a policy for detainees to request and receive their medical records nor did they communicate instructions on how to do so to the detainees (**Deficiency MC-102**⁴¹).

PERSONAL HYGIENE (PH)

ODO toured the facility and observed facility staff members did not announce their presence when entering a housing unit of the opposite gender where detainees are likely to be showering, performing bodily functions, or changing clothes (**Deficiency PH-20**⁴²).

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

ODO reviewed █ non-medical staff training records and found in █ out of █ files, no refresher suicide prevention training (**Deficiency SSHSPI-2**⁴³).

ACTIVITIES

RECREATION (R)

ODO toured the facility and observed detainees did not have access to drinking water in outdoor recreation areas (**Deficiency R-12**⁴⁴).

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).

⁴⁰ "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).

⁴¹ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(P).

⁴² "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 NDS 2019, Standard, Personal Hygiene, Section (II)(G).

⁴³ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

⁴⁴ "All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities." *See* ICE NDS 2019, Standard, Recreation, Section (II)(C)(5).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO interviewed facility staff and detainees, reviewed facility orientation materials, and found the facility did not have a site-specific handbook (**Deficiency DH-1**⁴⁵).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed █ detainee detention files and found in █ out of █ files, no acknowledgment form to document receipt of the facility handbook (**Deficiency DF-5**⁴⁶).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 12 standards under NDS 2019 and found the facility in compliance with 1 of those standards. ODO found 37 deficiencies in the remaining 11 standards. ODO recommends ERO Philadelphia work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required for SCRJ as this was ODO's first inspection of SCRJ.

Compliance Inspection Results Compared	FY 2021 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	N/A	12
Deficient Standards	N/A	11
Overall Number of Deficiencies	N/A	37
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable

⁴⁵ "The facility will have a local handbook known as the "facility handbook." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(A).

⁴⁶ "The detention file will generally include the following information unless the information is maintained in a retrievable electronic format: ...

h. Acknowledgment form, documenting receipt of handbook, orientation, etc.;" See ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(h).