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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 Atlanta Field Office

Charleston County Detention Center  
North Charleston, South Carolina

March 3-5, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**CHARLESTON COUNTY DETENTION CENTER**  
North Charleston, South Carolina

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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 Charleston County Detention Center (CCDC) in North Charleston, South Carolina, from March 3 to 5, 2020.<sup>1</sup> The facility opened in 1966 and is owned by the County of Charleston and operated by Charleston County, SC Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCDC in 2003 under the oversight of ERO's Field Office Director in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned Deportation Officers to the facility. The CCDC warden handles daily facility operations and is supported by [REDACTED] personnel. Aramark Food Service provides food services, Carolina Correctional Healthcare Management provides medical care, and McDaniel Supply Company provides commissary services at the facility. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	256
Average ICE Detainee Population <sup>3</sup>	5
Male Detainee Population (as of 3/3/2020)	11
Female Detainee Population (as of 3/3/2020)	1

This is ODO's first inspection of the CCDC.

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<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 3, 2020.

<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. 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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	1
Admission and Release	4
Detainee Classification System	1
Detainee Grievance System	0
Food Service	6
Funds and Personal Property	1
Recreation	0
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	3
Visitation	6
<b>Sub-Total</b>	<b>23</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	4
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 3 – Health Services</b>	
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>PBNS 2011 Standard Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>27</b>

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

## DETAINEE RELATIONS

ODO interviewed six 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.

*Food Service:* Three detainees stated the food was terrible, portions were small, and potatoes were served at every meal.

- Action Taken: ODO reviewed the food service menu, observed meal preparation and taste tested the food. ODO determined detainees were provided a nutritious and balanced diet and properly seasoned meals. Additionally, potatoes are frequently served at breakfast to provide a hot menu item.

*Medical Care:* One detainee stated 20 years ago he sustained a puncture wound to his heart, underwent surgery and was prescribed medication to be taken three times a day. Since his arrival at CCDC, the detainee stated he only receives his medication twice a day and in the past three weeks, has had two seizures.

- Action Taken: ODO reviewed the detainee's medical record with senior medical staff and determined the detainee had sustained a puncture wound to his heart 20 years prior and had been taking Methadone three times a day for pain and Ativan for anxiety; additionally, the detainee suffered from seizures. During his intake, on February 12, 2020, medical staff changed his medications to Klonopin to treat his seizures and panic attacks and Subutex to treat moderate to severe pain. On February 25, 2020 the detainee had a seizure and was admitted to the infirmary for observation and treatment. Additionally, ODO learned the CCDC was awaiting approval from the Regional Field Medical Coordinator to transfer the detainee to a facility better equipped to manage his health issue.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIALS (ALM)

ODO reviewed the facility's detainee handbook and found the handbook did not outline the procedures for requesting legal reference materials not maintained in the law library (**Deficiency ALM-1<sup>6</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by updating the detainee handbook with the additional procedures, sending a memorandum to facility staff concerning the updates, and posting the additional procedures in the housing units (C-1).

### ADMISSION AND RELEASE (A&R)

ODO observed the intake process and interviewed the intake staff and found the facility routinely strip searched all detainees, absent reasonable suspicion. Further, ODO reviewed 25 detainee detention files and found 10 strip searches were not documented (**Deficiency A&R-1<sup>7</sup>**).

ODO also found three out of 25 detainee detention files did not have the Orders to Detain or Release (Forms I-203 or I-203a) signed by the appropriate ERO official (**Deficiency AR-2<sup>8</sup>**).

ODO found the facility's orientation procedures were not approved by the local ERO field office (**Deficiency AR-3<sup>9</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by providing a memorandum, dated March 5, 2020, from the Assistant Field Office Director (AFOD) approving the orientation procedures (C-2).

ODO found the facility's release procedures were not approved by the local ERO field office

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<sup>6</sup> "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following:

5. the procedures for requesting legal reference materials not maintained in the law library." See ICE NDS, Standard, Access to Legal Material, Section (III)(Q)(5).

<sup>7</sup> "Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitoring showering, and other required exposure of the private parts of the detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-ray, and metal detectors. If information developed during admission processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G1025, Record of Search." See Change Notice Admission and Release-National Detention Standard Strip Search Policy, dated October 15, 2007.

<sup>8</sup> "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS, Standard, Admission and Release, Section (III)(H).

<sup>9</sup> "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, Standard, Admission and Release, Section (III)(J).

**(Deficiency AR-4<sup>10</sup>).**

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by providing a memorandum, dated March 5, 2020, from the AFOD approving the release procedures **(C-3)**.

## **DETAINEE CLASSIFICATION SYSTEM (DCS)**

ODO interviewed a Supervisory Intake Officer and learned that classification files are not routinely reviewed accuracy **(Deficiency DCS-1<sup>11</sup>)**.

## **FOOD SERVICE (FS)**

ODO interviewed the food service director and learned, during Lent season, a meatless meal (lunch or dinner) is not served on the main line on Fridays nor on Ash Wednesday **(Deficiency FS-1<sup>12</sup>)**.

ODO inspected the sack meals prepared for detainee transport and found the sack meals did not include a snack food item **(Deficiency FS-2<sup>13</sup>)**.

ODO found the facility did not have documentation to verify food service staff received a pre-employment medical examination **(Deficiency FS-3<sup>14</sup>)**.

ODO inspected the kitchen and found the knife/utensil storage box, mixer, deep fat fryer, convection ovens, baking pans, tilt skillet, food prep tables and floors were dirty and not maintained at an acceptable level **(Deficiency FS-4<sup>15</sup>)**.

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<sup>10</sup> “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, 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).

<sup>11</sup> “In all detention facilities, a supervisor will review the intake/processing officer’s classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit.” *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

<sup>12</sup> “During the Christian season of Lent, a meatless meal (lunch or dinner) shall be served on the main line on Fridays and on Ash Wednesday.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(E)(11)(c).

<sup>13</sup> “In addition, each sack shall include:

3. Such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged “snack foods,” e.g., peanut butter crackers, cheese crackers, individual bags of potato chips. These items enhance the overall acceptance of the lunches.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(G)(6)(c)(3).

<sup>14</sup> “All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a).

<sup>15</sup> “All facilities shall meet the following environmental standards:

a. Clean, well-lit, and orderly work and storage areas.  
c. Routinely cleaned walls, floors, and ceilings in all areas.  
h. To prevent cross-contamination, kitchenware and food-contact surfaces should be washed, rinsed, and sanitized after each use and after any interruption of operations during which contamination could occur.

*See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(a, c, and h).

ODO found food service staff did not maintain an accurate daily inventory of chemical substances (**Deficiency FS-5<sup>16</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by creating inventory sheets for all chemicals stored in the kitchen (**C-4**).

ODO found the facility did not maintain a 15-day minimum food supply (**Deficiency FS-6<sup>17</sup>**).

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO found the facility had not developed a policy to address the loss of or damage to properly receipted detainee property (**Deficiency F&PP-1<sup>18</sup>**).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO interviewed ERO staff and learned the facility had not developed policy nor procedures to document regular unannounced visits by the ICE Officer in Charge, Assistant Officer in Charge, and designated department heads. (**Deficiency SDC-1<sup>19</sup>**).

## **TELEPHONE ACCESS (TA)**

ODO found the facility had not posted the telephone access rules in any of the housing units

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<sup>16</sup> “All staff member shall know where and how much toxic, flammable, or caustic material is on hand, aware that their use must be [REDACTED] Detainee-type combination locks shall not be used to secure such material.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(b).

<sup>17</sup> “Determining inventory levels and properly receiving, storing, and issuing goods are critical to controlling costs and maintaining quality. While the FSA shall base inventory levels needs, each facility will at all times stock a 15-day-minimum food supply.” See ICE NDS 2000, Standard, Food Service, Section (III)(J)(4).

<sup>18</sup> “All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property, as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;
3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. The (sic) will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. The (sic) will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
7. The senior contract officer will immediately notify the designated INS officer of all outcomes.” See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H).

<sup>19</sup> “Policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), Assistant 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 Unit;
- b. Food Service preferably during the lunch meal;
- c. Recreation Areas;
- d. Special Management Units (Administrative and Disciplinary Segregation); and Infirmary rooms.

While visiting the Special Management, the detainees shall be interviewed, living conditions will be observed and the 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).

**(Deficiency TA-1<sup>20</sup>).**

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by posting the telephone rules in all the housing units **(C-5)**.

ODO interviewed the Supervisory Detention and Deportation Officer and learned the facility had not provided him a pin to verify the serviceability of all telephones in the housing units **(Deficiency TA-2<sup>21</sup>)**.

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by contacting the telephone service provider (GTL) to establish a pin for future serviceability tests **(C-6)**.

ODO found the facility had not posted a notice at each monitored telephone stating the procedure for obtaining an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation **(Deficiency TA-3<sup>22</sup>)**.

## **VISITATION (V)**

ODO found the facility did not permit detainees to visit with immediate family members detained at the same facility **(Deficiency V-1<sup>23</sup>)**.

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by obtaining a memorandum, dated March 5, 2020, from AFOD stating the facility would permit family members detained at the same facility to visit with each other **(C-7)**.

ODO found the facility did not forward the completed Notice of Appearance as Attorney or Accredited Representation (Form G-28) to the local ERO field office, once an attorney-client relationship had been established **(Deficiency V-2<sup>24</sup>)**. Additionally, ODO found the facility did not confirm whether individuals seeking information on a detainee and invoking an attorney-client relationship, correspond with a Form G-28 on file **(Deficiency V-3<sup>25</sup>)**.

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<sup>20</sup> “As described in the “General Provisions” standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them.” *See* ICE NDS 2000, Standard, Telephone Access, Section (III)(B).

<sup>21</sup> “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.” *See* Change Notice National Detention Standards-Detainee Telephone Services Standard dated April 4, 2007.

<sup>22</sup> “The facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating:

2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation.” *See* ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(2).

<sup>23</sup> “Immediate family members detained at the same facility may visit with each other during normal visiting hours.” *See* ICE NDS 2000, Standard, Visitation, Section (III)(H)(2)(b).

<sup>24</sup> “Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitor’s reception area. Staff shall collect the completed forms and forward them to INS.” *See* ICE NDS 2000, Standard, Visitation, Section (III) (I)(8).

<sup>25</sup> “If the person seeking the information states that he/she already represents the detainee, INS staff should confirm

ODO reviewed the facility's visitation policy and found the policy did not address consultation visits for detainees subject to expedited removal (**Deficiency V-4<sup>26</sup>**).

ODO found the visitation policy did not prohibit a detainee from actively engaging in a business or professional interests or activities (**Deficiency V-5<sup>27</sup>**)

Additionally, ODO found the policy did not govern whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property (**Deficiency V-6<sup>28</sup>**).

## **SECURITY AND CONTROL**

### **ENVIRONMENTAL HEALTH AND SAFETY (EH&S)**

ODO reviewed [REDACTED] and found the facility did not maintain a running inventory of [REDACTED] not [REDACTED] in the medical unit (**Deficiency EH&S-1<sup>29</sup>**).

ODO reviewed the [REDACTED] and found the [REDACTED] did not include documentation of [REDACTED] and receipt by the local fire department (**Deficiency EH&S-2<sup>30</sup>**).

ODO reviewed the fire and safety inspections conducted in the 12 months preceding the inspection and found the facility had not conducted any inspections since late November 2019 (**Deficiency EH&S-3<sup>31</sup>**).

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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).

<sup>26</sup> "Detainees subject to expedited removal who have been referred to an Asylum Officer are entitled by statute and regulation to consult with any persons of the detainee's choosing, both prior to the interview and while the Asylum Officer's decision is under review. "Consultation visitation" shall not incur Government expense and shall not unduly delay the removal process. Consultation visitation is for the general purpose of discussing immigration matters, not socializing. Purely social visits are covered under III.A., above. 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. This will ensure compliance with statutory and regulatory requirements and prevent delay in the expedited removal process." See ICE NDS 2000, Standard, Visitation, Section (III)(J)(1).

<sup>27</sup> "A detainee shall not actively engage in business or professional interests or activities. A detainee engaged in a business or profession prior to detention should assign authority for its daily operation to a person in the community. However, in the event that a detainee must make a decision that will substantially affect the assets or prospects of a business, the OIC may permit a special visit." See ICE NDS 2000, Standard, Visitation, Section (III)(O)(3).

<sup>28</sup> "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, Standard, Visitation, Section (III)(O)(4).

<sup>29</sup> "Every area will maintain a [REDACTED] used and stored in that area. [REDACTED] records will be [REDACTED] logged on a separate card (or equivalent). That is, the account keeping will not be [REDACTED] but filed [REDACTED] [REDACTED] dates, quantities, etc.)."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

<sup>30</sup> "The Maintenance Supervisor or designate will compile [REDACTED] of all [REDACTED] in the facility, including [REDACTED] He/she will maintain this information [REDACTED] (or equivalent), with a copy to the local fire department. Documentation of the [REDACTED] will be maintained in the [REDACTED] See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>31</sup> "A qualified departmental staff member will conduct [REDACTED] fire and safety inspections; the maintenance (safety)

ODO reviewed all emergency drills conducted in the 12 months preceding the inspection and found the facility did not conduct [REDACTED] drills (Deficiency EH&S-4<sup>32</sup>).

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staff will conduct [REDACTED]. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action [REDACTED].” See ICE NDS 2000, Environmental Health and Safety, Section (III)(L)(2).

<sup>32</sup> [REDACTED] drills will be conducted and documented separately in each department.

- a. [REDACTED]
- b. Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. [REDACTED] will take place instead in the areas where detainees are not evacuated.
- c. [REDACTED] drills will be included in each fire drill, and timed. [REDACTED] will be drawn and used by the appropriate staff to [REDACTED]. NFPA recommends a limit of [REDACTED] emergency doors

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and 1 standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with nine of those standards. ODO found 27 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection and notes there were six instances where staff initiated immediate corrective action during the inspection.

ODO noted six deficiencies in the *Food Service* standard. Of concern, food service staff did not maintain a high level of sanitation in the kitchen. Food preparation areas and equipment were unsanitary, which could lead to foodborne illnesses and other health issues. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding under contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000 and PBNDS 2011 (Revised 2016))</b>
Standards Reviewed	18
Deficient Standards	9
Overall Number of Deficiencies	27
Deficient Priority Components	0
Repeat Deficiencies	N/A
Corrective Actions	6