



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations

ERO San Antonio Field Office

El Valle Detention Facility

Raymondville, Texas

February 26-28, 2019

**COMPLIANCE INSPECTION**  
**of the**  
**EL VALLE DETENTION FACILITY**  
Raymondville, Texas

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## FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the El Valle Detention Facility (EVDF) in Raymondville, Texas (TX) from February 26-28, 2019.<sup>1</sup> The EVDF opened in June 2018 and is owned and operated by the Management and Training Corporation (MTC). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at EVDF in 2018 under the oversight of ERO's Field Office Director (FOD) in San Antonio. The facility currently operates under the Performance-Based National Detention Standards (PBNDS) 2011, as revised in 2016.

ERO Deportation Officers (DOs) are assigned to the facility; however, they are not located on-site. A Detention Services Manager (DSM) is not assigned to the facility. A Warden handles daily facility operations and is supported by [REDACTED] personnel. MTC provides food services and medical care, and US Commissary Solutions provides commissary products at the facility. The facility holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	1000
Average ICE Detainee Population <sup>3</sup>	529
Male Detainee Population (as of 2/26/2019)	719
Female Detainee Population (as of 2/26/2019)	N/A

This is ODO's first compliance inspection of EVDF.

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<sup>1</sup> This facility holds male detainees with low and medium low security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of March 4, 2019.

<sup>3</sup> *Ibid.*

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	5
Custody Classification System	2
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>8</b>
<b>Part 3 – Care</b>	
Food Service	0
Medical Care	5
Personal Hygiene	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>7</b>
<b>Part 4 – Activities</b>	
Recreation	1
Religious Practices	0
Telephone Access	1
Visitation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 – Justice</b>	
Detainee Handbook	1
Grievance Systems	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>18</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## **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 over 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>5</sup> ODO identifies violations outlined in ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also acknowledges instances where the facility resolves deficiencies prior to completion of ODO’s inspection—these corrective actions are annotated with “C” under the Inspection Findings section of this report.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the 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 also 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. Additionally, ODO’s findings inform ICE executive management in order to aid in the decision-making processes to better allocate resources across the agency’s entire detention inventory.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed 18 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.

*Staff-Detainee Communication:* Two detainees stated they had case-related concerns. Both detainees complained they did not know the location of their identification cards for their home countries. One detainee asked if he was eligible for Deferred Action for Childhood Arrivals (DACA) and one detainee stated he lost his seat on a removal flight and wants to know when he will be removed.

- Action Taken: ODO referred these questions to the Assistant Field Office Director (AFOD). The AFOD assigned DOs to research the questions and provide answers to the detainees.

*Religious Practices:* One detainee stated he submitted three grievances in the last 20 days and received no response.

- Action Taken: ODO reviewed the detainee's detention file and determined the detainee had submitted three detainee request forms. The facility answered each request within 24 hours, with one exception: In one request, the detainee requested a rosary and a Spanish Bible but only received a rosary. ODO interviewed the facility chaplain and reviewed the chaplain's tracking spreadsheet for detainee requests and determined the detainee's request for a Spanish Bible was not on the spreadsheet. The chaplain updated his spreadsheet and stated he was waiting for additional donations of Spanish Bibles. While touring the facility, ODO observed that a Spanish Bible was available for detainee use in the leisure and law library. ODO asked facility staff to inform the detainee he could use the Spanish Bible in the leisure and law library.

*Detainee Handbook:* Several detainees stated they were given both the ICE National Detainee Handbook and the facility handbook in English, a language they are unable to read and understand.

- Action Taken: ODO used Language Line Solutions to interview detainees who spoke Gujarati, Mandarin, Arabic, Chinese and Bengali. The detainees all stated the facility gave them English handbooks which they could not read or understand. ODO verified each of the detainees interviewed had signed the English version of the form acknowledging receipt of the handbook. ODO notified the Warden, AFOD, and the Receiving and Discharge Lieutenant, and they agreed that going forward, telephonic interpretation would be used for detainees who speak a language other than English and Spanish. ODO also reminded the staff that the ICE National Detainee Handbook is available in various languages.

*Medical Care:* One detainee stated he did not know when he would receive medication for his psoriasis.

- Action Taken: ODO reviewed the detainee's medical file and discussed the issue with medical staff. ODO confirmed medical staff conducted an initial screening and a physician completed a physical examination on February 22, 2019, which revealed the detainee had a history of diabetes, hypertension, and psoriasis. The physician ordered several diagnostic tests and scheduled the detainee for another visit in 10 days. Medical staff drew and sent out all ordered labs on February 27, 2019. At the time of ODO's

inspection, EVDF had not yet received the lab results needed for the physician to treat the detainee. The detainee's 10-day follow-up was scheduled for March 4, 2019. ODO requested medical staff inform the detainee that his lab results were pending and that he had a follow-up appointment scheduled.

*Telephone Access:* One non-English-speaking detainee stated he is unable to use the telephone because the Talton telephone system instructions are in English. During his first use of the phone system, another detainee helped him to set up his account. However, the voice biometrics recorded were the other detainee's voice and not his own which prevented him from using his telephone account.

- Action Taken: ODO spoke with the Receiving and Discharge Officer, who reset the detainee's voice recording and used the Language Line Solutions translation service to assist the detainee in setting up a new biometric recording. The officer told ODO the facility will establish a plan of action to address future issues.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO inspected EVDF's hazardous chemical controls and found the [REDACTED]

[REDACTED] As EVDF has detainees working in the [REDACTED] ODO notes as an **Area of Concern** that this setup risks detainee access and exposure to corrosive chemicals in an undiluted form. As a result of the ODO finding, the facility Resource Manager submitted a facility work order to correct these deficiencies while ODO was onsite. ODO notes that prior to the completion of the inspection, the facility encased all supply lines in PVC pipe, eliminating the risk of exposure and access.

## SECURITY

### ADMISSION AND RELEASE (A&R)

EVDF department heads provide orientation to detainees via comprehensive presentations in English and Spanish, including the "Prison Rape Elimination Act" and "Know Your Rights" videos; however, ODO found no documentation indicating the ERO field office approved EVDF's orientation procedures (**Deficiency AR-1**<sup>6</sup>).

ODO reviewed EVDF's written release procedures and determined the procedures include all required elements of the standard; however, ODO found no documentation indicating the ERO field office approved EVDF's release procedures (**Deficiency AR-2**<sup>7</sup>).

ODO reviewed the facility's release procedures, observed release practices, and found detainees were not consistently notified of their upcoming release or provided an opportunity to make a free phone call to facilitate release arrangements (**Deficiency AR-3**<sup>8</sup>).

ODO interviewed housing unit officers and learned officers do not consistently rinse and wipe down detainee mattresses with disinfectant during the out-processing procedure (**Deficiency AR-4**<sup>9</sup>). Specifically, one officer stated he sanitizes the mattresses, one officer stated he does not sanitize the mattresses, and a third officer stated he only sanitizes them sporadically and not after every detainee release.

ODO determined detainees released to the community are provided transportation to the local bus station; however, the facility does not provide detainees a list of legal, medical, and social

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<sup>6</sup> "Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission & Release, Section (V)(F).

<sup>7</sup> "ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

<sup>8</sup> "Prior to release, the detainee shall be notified of the upcoming release and provided an opportunity to make a free phone call to facilitate release arrangements." See ICE 2011 PBNDS, Standard, Admission and Release, Section (V)(I).

<sup>9</sup> "The staff shall: set aside the plastic-covered or -sheathed mattress for rinse and wipe-down with disinfectant or other solution prescribed by the medical department." See ICE PBNDS 2011, Admission and Release, Section (V)(H)(10)(d).

services or shelters, and does not have such list available (**Deficiency AR-5**<sup>10</sup>).

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed 47 randomly-selected detainee files and found the facility appropriately completed 37 classification assessments using information provided by ERO prior to housing the detainees; however, the remaining 10 detainees were assigned to general population prior to completion of their classification assessments (**Deficiency CCS-1**<sup>11</sup>). These 10 detainees arrived on February 23, 2019, with only limited classification information provided by ERO, and were placed in general population until they were classified on February 26, 2019.

ODO found that EVDF consistently reassesses and/or reclassifies detainees every 60 to 90 days; however, ODO reviewed the files of eight detainees released from the Special Management Unit (SMU) and determined six were not reclassified prior to returning to general population (**Deficiency CCS-2**<sup>12</sup>).

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

The facility maintains three digital handheld video cameras. One digital camera is stored in the Central Control Room, one digital camera is stored in the Back Central Control Room, and the third is in the SMU. ODO's review of audio-visual recording testing revealed the date and time were incorrect on the camera located in the Central Control Room, and no media file was available for the camera located in Back Central Control Room. However, the camera in the SMU was in good operational order. EVDF's Use of Force Policy dictates the daily check of these cameras is to be completed by the Central Control and SMU officers; however, EVDF has not designated the maintenance and testing of audiovisual equipment in one or more post orders (**Deficiency UOF&R-1**<sup>13</sup>).

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<sup>10</sup> "Detainees will be provided with a list of legal, medical, and social services that are available in the release community, and a list of shelter services available in the immediate area along with directions to each shelter." *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(I).

<sup>11</sup> "The facility shall segregate the detainee from the general population pending receipt and processing of information needed for classification. If the process takes longer, documentation shall be maintained to explain the cause of delay and to indicate that the detainee shall be housed appropriately." *See* ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(D).

<sup>12</sup> "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." *See* ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(3).

<sup>13</sup> "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for: maintaining cameras and other audiovisual equipment; regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (e.g., batteries, tapes or other recording media, lens cleaners)." *See* ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(K).

## CARE

### **FOOD SERVICE (FS)**

ODO's inspection of chemical storage areas revealed the supply lines used to dispense chemical disinfectant/sanitizer labeled as corrosive/caustic to the dish machine and two deep sinks in the main kitchen were not encased in PVC piping or any other secure barrier. This setup risks detainee exposure and access to corrosive chemicals in an undiluted form, which ODO identified as an **Area of Concern**. ODO notes that prior to the completion of the inspection the facility encased the supply lines in PVC pipe, which eliminated detainee access and exposure to the hazardous chemicals.

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

ODO's review of all professional staff credential files found the facility verified all professional licenses; however, documentation reflected verification of licenses for 13 medical staff members was not timely and occurred after the staff members began working at the facility (**Deficiency MC-1<sup>14</sup>**).

ODO reviewed documentation provided by the Health Services Administrator (HSA) and determined the Clinical Medical Authority (CMA) has not approved the health services procedures manual or standing orders for nurses (**Deficiency MC-2<sup>15</sup>**).

ODO's review of 25 detainee medical files confirmed the facility completed their initial physical examinations within 14 days of detainee arrival at EVDF by a Registered Nurse (RN), Nurse Practitioner (NP) or physician. However, the CMA did not review five of the health assessments completed by a RN to assess the priority for treatment (**Deficiency MC-3<sup>16</sup>**).

EVDF keeps detainee medical records organized in two-section folders and maintains them in a secure office in the main medical clinic. ODO reviewed 25 medical records of chronic care patients and found nine records did not have a completed problem list identifying the condition of the detainees (**Deficiency MC-4<sup>17</sup>**). The problem list is used to record significant health

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<sup>14</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(I). **This is a Priority Component.**

<sup>15</sup> "The designated clinical medical authority (CMA) at the facility shall have overall responsibility for medical clinical care pursuant to a written agreement, contract or job description. The CMA shall be a medical doctor (MD) or doctor of osteopathy (DO). The CMA may designate a clinically trained professional to have medical decision making authority in the event that the CMA is unavailable. When the HSA is other than a physician, final clinical judgment shall rest with the facility's designated CMA. In no event shall clinical decisions be made by non-clinicians...The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein... Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders." See ICE 2011 PBNDS, revised 2016, Standard, Medical Care, Section (V)(B). Also see NCCHC: J-E-08 and NCCHC: J-C-09. **This is a Priority Component.**

<sup>16</sup> "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE 2011 PBNDS, Standard, Medical Care, Section (V)(M). Also see NCCHC: J-A-02. **This is a Priority Component.**

<sup>17</sup> "The HSA shall maintain a complete health record on each detainee." See ICE 2011 PBNDS, Standard, Medical

problems a detainee may have, such as diabetes and hypertension, and to draw the attention of the medical staff to the detainee's chronic care issues.

ODO's review of 60 records found detainees referred for mental health treatment are not consistently evaluated by a qualified mental health provider within 72 hours (**Deficiency MC-5<sup>18</sup>**). ODO identified three detainees who were referred to mental health staff for evaluation and were not seen for five days.

### **PERSONAL HYGIENE (PH)**

The intake supervisor informed ODO each detainee receives two sets of facility personal uniforms, including undergarments. ODO observed the laundry exchange schedule posted in the housing units, interviewed the laundry supervisor and determined detainees are only provided undergarments (socks and underwear) on a one-for-one exchange three times per week (**Deficiency PH-1<sup>19</sup>**).

### **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

ODO reviewed both the ICE National Detainee Handbook, dated April 2016, and the facility handbook, dated October 2018. Neither handbook describes the procedure for a detainee to request a reasonable accommodation. Additionally, ODO toured the detainee housing units, medical unit, and other locations where detainees congregate (e.g., barber shop and dining hall) and found the facility did not post information on how a detainee may request a reasonable accommodation (**Deficiency DIA&A-1<sup>20</sup>**).

## **ACTIVITIES**

### **RECREATION (R)**

ODO reviewed the recreation schedules posted in each detainee housing unit and interviewed the facility recreation specialist and senior facility staff. ODO determined detainees are not offered one hour of outdoor recreation daily, weather permitting (**Deficiency R-1<sup>21</sup>**).

*Corrective Action:* The facility revised the recreation schedule prior to the end of the inspection, affording each detainee one hour of outdoor recreation seven days per week (C-3).

### **TELEPHONE ACCESS (TA)**

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Care, Section (V)(BB). Also see NCCHC: J-A-08. **This is a Priority Component.**

<sup>18</sup> "Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(O)(4).

<sup>19</sup> "Detainees shall be provided with a daily change of socks & undergarments." See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(H)(1).

<sup>20</sup> "The facility orientation program required by standard 2.1, 'Admission and Release,' and the detainee handbook required by standard 6.1, 'Detainee Handbook,' shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBDNS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

<sup>21</sup> "If outdoor recreation is available at the facility, each detainee in general population shall have access for at least one hour, seven days a week, at a reasonable time of day, weather permitting." See ICE PBNDS 2011, Standard, Recreation, Section (V)(B).

EVDF's telephone system prompts detainees only in English and Spanish; as a result, one detainee interviewed by ODO who does not speak English or Spanish was unable to setup his telephone account without assistance from another detainee. Additionally, the detainee required assistance from the detainee who helped set up the account each time he used the telephone. ODO determined detainees who speak a language other than English or Spanish do not have equitable access to telephones at EVDF (**Deficiency TA-1**<sup>22</sup>).

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

ODO interviewed several detainees who spoke languages other than English or Spanish, and asked the detainees if they were provided the ICE National Detainee Handbook and the facility handbook. Each detainee informed ODO they received both handbooks in English but could not read or understand the contents. ODO reviewed their detention files and verified the detainees signed for receipt of the English version of both handbooks. ODO determined the facility does not routinely provide the information contained in the handbooks to detainees who cannot read or understand English or Spanish in a language they can understand (**Deficiency DH-1**<sup>23</sup>).

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<sup>22</sup>“Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility ‘waking hours’ (excluding the hours between lights-out and the morning resumption of scheduled activities).” *See* ICE PBNDS 2011, Standard, Telephone Access, Section (V)(D).

<sup>23</sup>“If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall provide the material using audio or video tapes in a language the detainee does understand, arrange for the orientation materials to be read to the detainee, or provide a translator or interpreter within a reasonable amount of time.” *See* ICE PBNDS 2011, Detainee Handbook, Standard, Section, (V)(C).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 and found the facility in compliance with 10 of those standards. ODO found 18 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance in which staff initiated corrective action during the inspection in response to a deficiency finding, and two instances in which staff corrected an issue raised as an area of concern.

ODO was only able to review the EVDF grievance logs for the three months preceding the inspection. EVDF began housing detainees in June 2018, but the facility was unable to produce grievance logs prior to November 2018. In November 2018, EVDF appointed a Sergeant as Grievance Officer and ODO found that since the Sergeant has run the program, grievance-related documentation and records have been meticulous.

ODO reviewed orientation records maintained by the EVDF Classification Department and spoke with classification staff, who informed ODO that detainees who require orientation in languages other than English or Spanish receive their orientation using Language Line Solutions. ODO verified EVDF's orientation sign-in sheet includes a column for Language Line Solutions; however, ODO was unable to determine if all detainees are oriented in a language or manner they understand as the Language Line Solutions column was rarely marked. ODO advised both facility and ERO staff that ICE National Detainee Handbooks are available in several languages beyond English and Spanish and should be provided to detainees in a language they understand, whenever possible. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (PNDS 2011)</b>
Standards Reviewed	19
Deficient Standards	9
Overall Number of Deficiencies	18
Deficient Priority Components	4
Corrective Action	1