



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
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Washington, DC 20536-5501

Office of Detention Oversight National Detention Standards

Enforcement and Removal Operations
ERO Houston Field Office
Polk County Adult Detention Facility
Livingston, Texas

November 28-30, 2017

**COMPLIANCE INSPECTION
for the
POLK COUNTY ADULT DETENTION FACILITY
LIVINGSTON, TEXAS**

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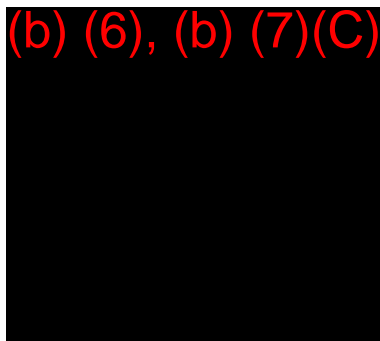
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance and oversight inspection of the Polk County Adult Detention Facility (PCADF) in Livingston, Texas, from November 28-30, 2017.¹ PCADF opened in 2006 and is owned by Polk County and operated by the Management and Training Corporation (MTC). The Office of Enforcement and Removal Operations (ERO) began housing detainees at PCADF in May 2006 pursuant to an Inter-Governmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Houston.

ERO staff members are assigned to the facility, as is a part-time Detention Services Manager. An MTC Warden is responsible for oversight of daily operations and is supported by [REDACTED] personnel. MTC-Corrections Division provides food service, and MTC-Medical Division provides detainee medical care. The facility operates under the National Detention Standard (NDS) 2000 and is contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard. The facility is accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1,054
Average Daily ICE Detainee Population ³	481
Male Detainee Population (as of 11/28/2017)	548
Female Detainee Population (as of 11/28/2017)	N/A

In November 2012, ODO conducted an inspection of the PCADF reviewing a total of 17 standards and found the facility compliant with 15 standards. ODO found 3 deficiencies in the remaining two standards; Disciplinary Policy (1), and Telephone Access (2).

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

² Data Source: ERO Facility List Report as of November 27, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	0
Detainee Grievance Procedures	1
Detainee Handbook	1
Food Service	5
Funds and Personal Property	1
Staff-Detainee Communication	2
Telephone Access	0
Sub-Total	12
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	0
Use of Force	4
Sub-Total	6
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
PBNDS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	2
Sub-Total	2
Total Deficiencies	22

⁴ 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 (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds 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 findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed thirty-two (32) detainees, each of whom volunteered to participate. Although no detainees made allegations of discrimination, mistreatment or abuse, one detainee alleged another detainee attempted to sexually assault him. The detainees made the following complaints during their interviews:

Admission and Release: Twenty-six (26) detainees claimed they did not receive either the ICE National Handbook or the local supplement handbook.

- Action Taken: ODO brought this matter to the attention of ERO and facility staff, and they reissued both handbooks to the detainees during the inspection. As no records were available to indicate detainees signed for either handbook, ODO recommends the ERO field office and facility staff review current intake procedures to avoid similar issues in the future.

Funds and Personal Property: There was one (1) detainee who claimed his family deposited money in his commissary account at the Houston Contract Detention Facility (CDF). However, he was transferred to PCADF before the money was credited to his account.

- Action Taken: ODO brought the matter to the attention of ERO staff; they were able to verify the detainee's claim and have the funds transferred to the detainee's PCADF account while ODO's inspection was still ongoing.

Sexual Assault Awareness and Prevention Intervention: There were fourteen (14) detainees who claimed when officers of the opposite sex enter the housing units they do not consistently announce their presence.

- Action Taken: ODO informed the ERO Supervisory Detention and Deportation Officer (SDDO) that 6 CFR Part 115, *Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities* (Final Rule dated March 7, 2014) requires officers of the opposite sex entering the housing unit to announce themselves.

Sexual Assault Awareness and Prevention Intervention: One (1) detainee alleged another detainee attempted to sexually assault him shortly after his arrival at the facility. The detainee indicated he did not report the incident when it occurred but did request a housing unit change which was granted by the facility.

- Action Taken: ODO reported the allegation to ERO and the facility. Both entities initiated their PREA protocols.

Staff Detainee Communication: Fourteen (14) detainees claimed they have not seen or rarely see their deportation officers. ODO reviewed the facility liaison checklists and found significant gaps in the timing and frequency of ERO staff's visits.

- Action Taken: ODO reminded the on-site SDDO about the frequency of visits required under the Staff-Detainee Communication Standard. See the *Compliance Inspection Findings: Staff Detainee Communication* section of this report for further information.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed PCADF's Policy 2.1.10, *Detainee Admission and Reception*, dated May 1, 2015, and confirmed the policy addressed the requirements of the standard. However, the facility's Form I-387, Report of Detainee's Missing Property did not provide space to record information regarding property that may not have been transferred along with a detainee as required (**Deficiency AR-1⁶**).

- *Corrective Action:* The facility initiated corrective action during the inspection by implementing a new Report of Detainee's Missing Property form containing all required information consistent with the Form I-387 and adding it to the intake procedures (**C-1**).

ODO reviewed the PCADF orientation procedures and video to confirm the facility provides detainees with the required information on facility procedures and services. The orientation video is played in the intake holding rooms upon arrival of the detainees and three times per week in the housing units. However, there was no evidence the orientation procedures have been approved by the local field office (**Deficiency AR-2⁷**).

- *Corrective Action:* Prior to the completion of the inspection, ERO issued a memorandum approving the PCADF orientation procedures and video. The facility also increased the video viewing opportunities from three times weekly to every day of the week. (**C-2**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO's reviewed PCADF's Policy 6.2.1, *Grievance Policy*, dated May 1, 2015, which states detainees may submit their grievance for review if they are dissatisfied with the Warden's decision. It also states the review will consist of the Warden and in "some" cases the Field Office Director (**Deficiency DGP-1⁸**). However, the standard requires all IGSA's to allow "any" detainee dissatisfied with the facility's response to communicate directly with ERO.

DETAINEE HANDBOOK (DH)

ODO reviewed PCADF's Detainee Handbook, dated January 5, 2017, and found the local handbook covers the majority of the topics required by the standard; however, it does not contain information pertaining to the facility's educational opportunities or a detainee's ability to access their personal property (**Deficiency DH-1⁹**).

⁶ "The officer shall complete a Form I-387, "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS." See ICE NDS 2000, Standard, Admission and Release, Section (III)(I).

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 "If the detainee does not accept the grievance committee's decision, he/she may appeal it to the OIC. All facilities shall implement procedures for addressing detainee appeals. CDFs and IGSA facilities must allow any INS detainee dissatisfied with the facility's response to his/her grievance to communicate directly with INS." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(C).

⁹ "The overview will briefly describe individual programs and services and associated rules. Among others, these include recreation, visitation, education, voluntary work, telephone use, correspondence, library use and the commissary/canteen. The overview will also cover medical policy (sick call); facility-issued items, e.g., clothing,

FOOD SERVICE (FS)

ODO inspected the kitchen area with the facility's food service manager (FSM). ODO observed the fire suppression nozzles over the cooking equipment were covered with grease and the area behind the stove was covered with food debris (**Deficiency FS-1¹⁰**).

- *Corrective Action:* The facility initiated corrective action prior to the conclusion of the inspection by cleaning the grease and food debris from the identified areas (**C-3**).

PCADF has a first-in, first-out stock rotation system. ODO observed and confirmed with the FSM that inventory levels of perishable food items are not maintained at a 15-day minimum in accordance with the standard (**Deficiency FS-2¹¹**). While the facility maintains a ten-day food supply, the standard requires a 15-day minimum supply in case an emergency situation restricts the provision of food service supplies.

ODO also observed vanilla extract, Worcestershire sauce, and hot sauce which contain alcohol-based ingredient stored with other food items and are not controlled in accordance with the standard (**Deficiency FS-3¹²**).

ODO found several instances of deferred maintenance in food service areas to include cracked or broken light fixtures and gauges. Overhead light fixtures require protective shielding to prevent the contamination of food items. However, ODO found the fluorescent bulbs located in the dry storage room were not entirely covered and portions of the fluorescent bulbs were exposed at their ends. Additionally, the plastic cover for the overhead light fixture above the cooking kettle was cracked and hanging approximately six inches from the fixture (**Deficiency FS-4¹³**).

When cleaning food service equipment, it is essential the pounds per square inch (psi) for the final rinse cycle is sustained at the required 15 to 25 psi along with proper temperatures to ensure items are appropriately cleaned and sanitized. ODO's inspection of the dishwasher found both the pressure gauge for measuring psi and the temperature gauge for the final rinse cycle inoperable (**Deficiency FS-5¹⁴**).

bedding, etc.; access to personal property; and meal service." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(B).

¹⁰ "All food service employees are responsible for maintaining a high level of sanitation in the food service department. Food service staff shall teach detainee workers personal cleanliness and hygiene; sanitary methods of preparing, storing, and serving food; and the sanitary operation, care and maintenance of equipment, including automatic dishwashers and pot-and-pan washers." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(1).

¹¹ "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 on facility 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).

¹² "Mace, nutmeg, cloves, and alcohol-based flavorings also require special handling and storage. The purchase order for any of these items will specify the special-handling requirements for delivery. Staff shall store and inventory these items in a secure area in the food service department. Staff shall directly supervise use of these items." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(4).

¹³ "Lights in food-production areas, utensil- and equipment-washing areas, and other areas displaying or storing food, equipment, or utensils shall be equipped with protective shielding." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(12)(e).

¹⁴ "Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and liquid sanitizer, shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles. Procedures for cleaning and sanitizing follow: The pressure of the final-rinse water must be between 15 and 25 pounds per square inch (psi) in the water line immediately adjacent to the final-rinse control valve. Install machine- or water line-mounted thermometers to check water temperature in each dishwasher tank, including the final-rinse water." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(g)(1)(2).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO's review of the local handbook found it does not notify detainees they can request certified copies of their identity documents, the procedures for claiming property upon release or transfer, or the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-1**¹⁵).

- *Corrective Action:* The facility initiated corrective action during the inspection by adding the notification and procedure requirements to the local handbook in anticipation of the next printing (**C-4**).

STAFF DETAINEE COMMUNICATION (SDC)

ODO conducted a tour of the facility's 40-detainee housing units and found the deportation officer's schedule for visits is not posted in five of the units. ODO interviewed the SDDO who indicated ERO staff assigned to the PCADF conduct scheduled visits on Thursdays of each week. However, ODO reviewed 44 weeks of the ERO facility liaison checklists and found 17 weeks with no documentation identifying scheduled visits were conducted (**Deficiency SDC-1**¹⁶).

- *Corrective Action:* ERO initiated corrective action by reviewing with the deportation officers (DO) responsible for staff-detainee communication, the logs and forms to be completed during each visit to verify their presence and accomplishments (**C-5**).

During the week of the inspection, there were no detainees housed in the Special Management Unit (SMU). However, ODO's review of 17 SMU records for the last 12 months found two files lacked any documentation to verify whether or not deportation officers interviewed detainees in SMU to determine the validity of their classification and current placement in SMU (**Deficiency SDC-2**¹⁷).

- *Corrective Action:* ERO initiated corrective action by revising their facility liaison checklist to capture and record additional, substantive, SMU information required by the standard and the ERO Change Notice, National Detention Standards Staff/Detainee Communication Model Protocol, dated June 15, 2017 (**C-6**).

¹⁵ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ... That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files; ... The procedure for claiming property upon release, transfer, or removal; and the procedures for filing a claim for lost or damaged property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J).

¹⁶ "The ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access." See ICE NDS 2000, Standard, Staff Detainee Communication Section (III)(A)(2)(b).

¹⁷ "While visiting the Special Management Unit, the detainees shall be interviewed, living conditions will be observed and detainee-housing records will be reviewed....The ICE Officer will also visit the facility's Special Management Units (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainee classification and basis for placement in the SMU, and review all records in this regard." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(A)(1)/(III)(A)(2)(b).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO toured the “B” and “C” detainee housing units with the facility risk manager and found: unsatisfactory sanitary conditions, including peeling paint and graffiti throughout the units; dirty floors with trash and debris strewn about; soap scum, mold/mildew, broken pieces of soap and dirt in the showers; soap scum in the sinks; leaking water around the toilets; broken baseboard tiles in the showers; rusty metal partitions between the toilets; unmade beds; and paper stuck to the overhead lights with toothpaste (**Deficiency EH&S-1¹⁸**).

SPECIAL MANAGEMENT UNITS (SMU)

PCADF staff reported there were no detainees housed in the facility’s SMU at the time of the inspection. Documentation indicated there were 17 placements in the SMU during the year preceding the inspection. ODO found facility staff members do not consistently maintain a permanent log notating acceptance of meals, showers, and recreation by the detainees (**Deficiency SMU-1¹⁹**).

USE OF FORCE (UOF)

PCADF staff identified one calculated and no immediate use of force incidents involving detainees in the year preceding the inspection. ODO’s review of written and video documentation found the calculated use of force incident involved a detainee who was in an isolated location, where there was no immediate threat to the detainee or others. ODO’s review of the video determined the officers failed to attempt to resolve the situation before resorting to force (**Deficiency UOF-1²⁰**).

ODO’s review of the video determined it did not include an introduction of the team by the Team Leader; the Team Leader did not afford the detainee a last chance opportunity to cooperate prior to the team resorting to force; the video had six separate breaks in the footage; there were no close-ups of the detainee’s body during the medical exam focusing on the presence/absence of injuries; and a debriefing was not included (**Deficiency UOF-2²¹**).

¹⁸ “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association’s Life Safety Code, and the National Center for Disease Control and Prevention.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

¹⁹ “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.” See ICE NDS 2000, Standard, Special Management Units (Administrative Segregation), Section (III)(E)(1).

²⁰ “If a detainee is in an isolated location (e.g., a locked cell, a range) where there is no immediate threat to the detainee or others, the officer(s) shall take the time to assess the possibility of resolving the situation without resorting to force... a. Circumstances: the calculated use of force is feasible in most cases. Calculated use of force is appropriate when the detainee is in a cell or other area with a securable door or grill, even if the detainee is verbalizing threats or brandishing a weapon, provided staff sees no immediate danger of the detainee causing harm. The calculated use of force affords staff time to strategize, resolving situations in the least confrontational manner.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(2)(a).

²¹ “Calculated-use-of-force videotape will be edited as follows: Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force; and naming the video-camera operator and other staff present; Team Leader offering detainee last chance to cooperate before team action, outlining use-of-force procedures, engaging in confrontation avoidance, and issuing use-of-force order; Entire tape of Use-of-Force Team operation is unedited, until the detainee is in restraints; close-ups of detainee’s body during medical exam focusing on the presence/absence of injuries; staff injuries, if any, described but not shown; and

The video recording further showed a cell extraction team member using a choke hold while lying on the back of the detainee who was face-down on the floor in a prone position (**Deficiency UOF-3²²**). The supervisor who also directed the operation did not continuously monitor staff compliance with policy and procedures or intervene to stop prohibited tactics (**Deficiency UOF-4²³**).

ODO notes these issues were identified during the after action review conducted by the warden who then took appropriate action to avoid a re-occurrence.

HEALTH SERVICES

MEDICAL CARE (MC)

During ODO's time observing medical care, detainees were seen entering the medical unit through a hallway and walking past the observation cells, the negative pressure room, and the suicide watch cell which has a large observation window. One detainee was housed in the observation cell during the inspection. As detainees enter the medical unit, they can clearly view the observation cell occupant's ID card and they can also look right into the suicide watch cell and shower area. Therefore, ODO determined privacy is not afforded to detainees being housed in the medical observation, negative pressure room, or suicide watch cell (**Deficiency MC-1²⁴**). Additionally, staff directs detainees who are waiting to be seen by medical staff to wait on a bench in the hallway between two examination rooms. ODO found even when the exam room door is closed detainees can overhear the conversations taking place inside.

- *Corrective Action:* The facility initiated corrective action by changing the entrance and waiting room used by detainees to the opposite side of the medical department which eliminates the ability of detainees to observe or hear patient client interactions. Additionally, the facility is no longer using the corner cell as a holding area which resolves the sightline issues into the suicide watch area (**C-7**).

ODO conducted a review of 25 detainee medical records and determined, four health assessments and one dental screening were not conducted within the required 14-days. Additionally, a physician did not review all of the Registered Nurse (RN) completed health assessments (**Deficiency MC-2²⁵**).

Debriefing, including full discussion/analysis/assessment of incident." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(g)(2)(3)(4)(5)(6). **This is a Repeat Deficiency.**

²² "Staff shall use only that amount of force necessary to gain control of the detainee." See ICE NDS 2000, Standard, Use of Force, Section (III)(B)(3).

²³ "The supervisor on duty must be on the scene before any calculated use of force. He/she shall direct the operation, continuously monitoring staff compliance with policy and procedure. The supervisor shall not participate except to prevent impending staff injury. Whenever possible, a health services professional shall be present to observe and immediately treat any injuries." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(d).

²⁴ "Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examination and treatment in private." See ICE NDS 2000, Standard, Medical Care, Section (III)(B).

²⁵ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

PBNDS 2011 FINDINGS

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed PCADF Policy, 2.1.18, *Prison Rape Elimination Act* (PREA), dated May 1, 2015 and interviewed the Warden. ODO determined the Warden ensured the facility's policies and procedures specify how a confirmed or alleged victim's future safety, medical, and mental health needs are addressed; however, the alleged victim's future legal needs are not specifically addressed in the policy and procedures (**Deficiency SAAPI-1**²⁶).

The SAAPI Coordinator, Assistant Warden, and Training Manager develop and conduct SAAPI training at PCADF. ODO reviewed the facility's training curriculum and found the curriculum was thorough, easy to understand, and inclusive of the majority of elements required by the SAAPI standard. However, the curriculum does not contain: pointers on how to prevent, recognize, and appropriately respond to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; the investigation process and how to ensure that evidence is not destroyed; instruction on reporting knowledge or suspicion of sexual abuse and/or assault and making intervention referrals to the facility's program; and instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault (**Deficiency SAAPI-2**²⁷).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 15 standards under the NDS 2000 and one standard under the PBNDS 2011, and found the facility compliant with five (5) standards. ODO found 22 deficiencies in the remaining 11 standards. Finally, ODO identified one repeat deficiency and seven instances where the facility initiated corrective action during the course of the inspection. ODO found a significant increase in deficiencies since its last inspection and recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results	FY 2013 (NDS 2000)	FY 2018 (NDS 2000)	FY 2018 (PBNDS 2011)
Standards Reviewed	28	15	1
Deficient Standards	4	10	1
Overall Number of Deficiencies	7	20	2
Corrective Action	0	7	0

²⁶ "The facility administrator shall review and approve the local policy and procedures and shall ensure that the facility: specifies how a confirmed or alleged victim's future safety, medical, mental health and legal needs shall be addressed." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(10).

²⁷ "Training shall include: the investigation process and how to ensure that evidence is not destroyed; prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; instruction on reporting knowledge or suspicion of sexual abuse and/or assault and making intervention referrals to the facility's program; and instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(E)(7-10). **This is a Priority Component.**