| AMENDME | NT OF SOLICITATION/MODIFICA | ATION OF C | ONTRACT | | 1. CONTRACT ID CODE | PAGE 1 | OF PAGES |
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| 2. AMENDME | NT/MODIFICATION NO. | 3. EFFECTIVE | DATE | 4. REQ | UISITION/PURCHASE REQ. NO, | 5. PROJECT | NO. (If applicable) |
| P00017 | | See Blo | ck 16C | | | | |
| 6, ISSUED BY | CODE | ICE/DCR | | 7. ADN | INISTERED BY (If other than Item 6) | CODE IC | E/DCR |
| Immigra Office 801 I S | ention Compliance & R tion and Customs Enfo of Acquisition Manage treet, NW Suite 930 TON DC 20536 | rcement | | Imm: Off: 801 | Detention Compliance & Egration and Customs Engice of Acquisition Manager I Street NW, suite 930 mington DC 20536 | forceme | |
| 8. NAME AND | ADDRESS OF CONTRACTOR (No., street, | county, State and | I ZIP Code) | (x) 9A. | AMENDMENT OF SOLICITATION NO. | | |
| WILLIAMSON COUNTY OF 710 S MAIN STREET SUITE 301 GEORGETOWN TX 786265703 | | | | | DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER NO. OIGSA-10-0002 B. DATED (SEE ITEM 13) | 0. | |
| CODE 07 | (0200400000 | FACILITY COL |)F | 910000 | 1/28/2010 | | |
| | 69300490000 | | | | ENTS OF SOLICITATIONS | | |
| | A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A. | DDIFICATION OF TURSUANT TO: ET/ORDER IS ME IN ITEM 14, PU | F CONTRACTS/ORDERS (Specify authority) THE (ODIFIED TO REFLECT T JRSUANT TO THE AUTH | CHANG | DDIFIES THE CONTRACT/ORDER NO. AS DES ES SET FORTH IN ITEM 14 ARE MADE IN TH MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b). | HE CONTRAC | т: |
| X | Bilateral Agreement D. OTHER (Specify type of modification | and authority) | | | | | |
| | D. OTHER (Specify type of modification) | and authority) | 12 | | | | |
| E. IMPORTAN | T: Contractor is not, | is required t | to sign this document and | return | 1 copies to the issuing | office. | |
| DUNS Nur The purp 9, 2016 result (Hutto De incorpor | mber: 076930049 cose of this modificate by \$1.46 from \$101.33 of installation of Government on content on content on content on the content of the content on the content | tion is 5 to \$10 vernment ntract n affing p | to increase t 2.86 for the Owned medica umber DROIGSA attern. | he hadd: | policitation/contract subject matter where feasible oed day rate (CLIN 0001 ition of staffed guard parallers at the Williams of the modification o |) effec posts a on Coun | s a |
| Program COR: Joh Continue Except as pro | vided herein, all terms and conditions of th | (210) 2 3-3131 | 83-4479 | | etofore changed, remains unchanged and in f | | |
| 15A. NAME A | ND TITLE OF SIGNER (Type or print) | | | | NAME AND TITLE OF CONTRACTING OFFIC | JER (Type or | onnty |
| 150 00:55 | OTODIOFEEDOS | | ASC DATE OLONED | | gory Anderson | | 16C. DATE SIGNED |
| 15B. CONTRA | CTOR/OFFEROR | | 15C. DATE SIGNED | 168. | JNITED STATES OF AMERICA | | TOO. DATE SIGNED |
| 80 | (Signature of person authorized to sign) | -1-1-2 | | | (Signature of Contracting Officer) | | |

| AMENDMENT OF SOLICITATION/MODIFIC | ATION OF CONTRACT | | 1. CONTRACT ID CODE | F | PAGE OF PAGES |
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| 2 AMENDMENT/MODIFICATION NO | 3. EFFECTIVE DATE | 4 050 | UISITION/PURCHASE REQ. NO | Te ODO |) 2 JECT NO (If applicable) |
| | 100 P | 4. POSC | distrion/PORCHASE REG. NO | 3 PRO | JECT NO (II applicable) |
| P00017 6 ISSUED BY CODE | See Block 16C | 7 00 | AINISTERED BY (If other than Item 6) | CODE | |
| | ICE/DCR | - | 75 = 15 15 15 15 15 15 15 1 | | 1CE/DCR |
| ICE/Detention Compliance & F | | | Detention Compliance & | | |
| Immigration and Customs Enfo | | 120000000 | igration and Customs En | | |
| Office of Acquisition Manage | ment | | ice of Acquisition Mana | - | it |
| 801 I Street, NW Suite 930 WASHINGTON DC 20536 | | 300000000000000000000000000000000000000 | I Street NW, suite 930 | | |
| WASHINGTON DC 20038 | | was: | alngton DC 20536 | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., sines | . county, State and ZIP Code) | (x) 9A | AMENDMENT OF SOLICITATION NO | | (And find the second of the s |
| | | (×) | | | |
| WILLIAMSON COUNTY OF | | | The second secon | | |
| 710 S MAIN STREET SUITE 30! | | 98 | DATED (SEE ITEM 11) | | |
| GEORGETOWN TX 786265703 | | | | | |
| | | X 10/ | MODIFICATION OF CONTRACT/ORDER N | 0 | |
| | | - DE | OIGSA-10-0002 | | |
| | | | | | ************************************** |
| 0.632 | Taran mass - | - | DATED (SEE ITEM 13) | | |
| CODE 0769300490000 | FACILITY CODE | 0 | 1/28/2010 | | |
| | 11. THIS ITEM ONLY APPLIES TO | AMENDM | ENTS OF SOLICITATIONS | | |
| separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF O wirdle of this amendment you desire to change an offer reference to the solicitation and this amendment, and it 12. ACCOUNTING AND APPROPRIATION DATA (If regulated to the solicitation of the solicitation and this amendment, and it 2. ACCOUNTING AND APPROPRIATION DATA (If regulated to the solicitation of the | To the solicitation and amendment num DEFERS PRIOR TO THE HOUR AND IT already submitted, such change may is received prior to the opening hour andired) ODIFICATION OF CONTRACTS/ORDER PURSUANT TO: (Specify authority) THE TORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUTORISE INTERED INTO PURSUANT TO A | chers. FA DATE SPE be mede it d date spe RS. IT MC E CHANG I THE ADM THORITY | CIFIED MAY RESULT IN REJECTION OF YOUNG I desgram or letter, provided each talegram or cified. DIFIES THE CONTRACT/DRDER NO. AS DESERTED AS SET FORTH IN ITEM 14 ARE MADE IN THE MINISTRATIVE CHANGES (such as changes in OFFAR 43 103(b) | BE REC UR OFFE or letter m | EIVED AT ER If by takes DINITEM 14. |
| | | | | | |
| E. IMPORTANT: Contractor is not. | is required to sign this document ar | nd return | | office, | |
| 14 DESCRIPTION OF AMENDMENT/MODIFICATION (| Organized by UCF section headings, in | icluding so | nicitation/contract subject matter where is asib | ie.) | |
| OUNS Number: 076930049 | A ME MADE OF MADE | | NA A 121 MARGANINA MATERIAL MATERIAL SA | | MC 10 S. 000 |
| The purpose of this modificat | | | | | 8 |
| e, 2016 by \$1.46 From \$101.35 | 5 to \$102.86 for the | e addi | tion of staffed guard p | posts | s as a |
| esult of installation of Gov | vernment Owned medic | cal tr | cilers at the Williams | on Co | ouncy/T.Don |
| Mutto Detention Center on cor | ntract number DROIGS | SA-10- | 0002. This modification | n als | 30 |
| incorporates the attached sta | affing pattern. | | | | |
| | | | | | |
| All other terms and condition | is remain the same. | | | | |
| Program POC: Namey Kennamer, | (210) 283-4479 | | | | |
| COR: John Stockley, (512) 218 | | | | | |
| Continued | Contract of the Contract of th | | | | |
| Except as provided herein, all terms and conditions of the | a donument coforenced in them 0.4 and 1 | M on he- | profore changed remains unchanged and in the | ull focos - | and affect |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | - secondin referenced in help a A of 10 | | IAME AND TITLE OF CONTRACTING OFFIC | | |
| b - 311 | - | | | | F V |
| the first | | Gre | gory Anderson | | |
| 15B CENTRACTOR/OFFEROR | 15C. OATE SIGNED | 16B U | NITED STATES OF AMERICA | | 16C, DATE SIGNED |
| | | , | 72-72-73-73-73-73-73-73-73-73-73-73-73-73-73- | | |
| (Signature of person authorized to sign) | 64-21-2-16 | | (Signature of Contracting Officer) | assessed that p | |

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-10-0002/P00017

PAGE 2 OF 2

NAME OF OFFEROR OR CONTRACTOR
WILLIAMSON COUNTY OF

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | r 1 | UNIT PRICE | AMOUNT |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|------------|------------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | Contract Specialist: Rubina Satar, (202) 732-2682 Contracting Officer: Gregory Anderson, | | | | |
| | (202) 732-2559 | | | | |
| | Exempt Action: Y Delivery Location Code: ICE/ERO | | | | |
| | ICE Enforcement & Removal | | Н | | |
| | Immigration and Customs Enforcement | | Н | | |
| | 801 I Street, NW | | | | |
| | Suite 900 | | ΙI | | |
| | Washington DC 20536 | | | | |
| | Period of Performance: 02/01/2010 to 01/31/2020 | | | | |
| | Add Item 0001 as follows: | | | | |
| 0001 | Bed Day Rate for Williamson County increased to \$102.86 as a result of the addition of Guard Posts for staffing of Government Owned Medical | | EA | 102.86 | 0.0 |
| | Trailers added to the site. | | H | | |
| | Obligated Amount: \$0.00 | | 1 1 | | |
| | Product/Service Code: S206 | | 1 1 | | |
| | Product/Service Description: HOUSEKEEPING- GUARD | | | | |
| | Change Item 0004 to read as follows(amount shown is the total amount): | | | | |
| 0004 | INSTALLATION OF GOVERNMENT OWNED MEDICAL TRAILERS AT WILLIAMSON COUNTY/T.DON HUTTO DETENTION CENTER, DROIGSA-10-0002, INSTALLATION COMPLETED AND FUNDED UNDER TASK ORDER HSCEDM-15-F-IG004. POP 10/8/14 TO 12/31/2015 | 1 | EA | 0.00 | 0.0 |
| | Delivery: 30 Days After Award | | | | |
| | belivery. 30 bays Arter Award | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <i>a</i> . |
| | | | H | | |
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| | | | | 9 | |
| | | | | | |
| | | | | | |
| | | 1 | 1 1 | | |

T. DON HUTTO RESIDENTIAL CENTER

Taylor, Texas

512 Beds (ICE Females)

| STAFF DEPLOYMENT B | Y SHIFT & POSITION | |
|---------------------|---------------------|--------|
| MANAGEMENT/SUPPORT | | 13.00 |
| SECURITY OPERATIONS | | 84.00 |
| UNIT MANAGEMENT | | 63.00 |
| MAINTENANCE | | 6.00 |
| SERVICES | | 3.00 |
| PROGRAMS | | 6.00 |
| HEALTH SERVICES | (Contracted to PHS) | 0.00 |
| TOTAL | | 175.00 |

| MANAGEMENT / SUPPORT | 1000 | Job | 1st | 2nd | 3rd | Days | Hrs/ | Relief | Total |
|-----------------------------------|-------------------|------|-------|-------|-------|---------|------|--------|-------|
| MANAGEMENT / SUPPORT | Post / Assignment | Code | Shift | Shift | Shift | Covered | PP | Factor | Staff |
| FACILITY ADMINISTRATOR | | 1006 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| ASST FACILITY ADMINISTRATOR | | 1002 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| MANAGER, LEARNING AND DEVELOPMENT | | 2115 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| BUSINESS MANAGER | | 1004 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| BOOKKEEPER | | 5004 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| ACCOUNTING CLERK | | 5016 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| MANAGER, HUMAN RESOURCES | | 5019 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| HUMAN RESOURCES ASSISTANT | | 5076 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| MANAGER, QUALITY ASSURANCE | | 2009 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| MASTER SCHEDULER | | 5082 | 4 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| SAFETY MANAGER | | 9041 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| MAILROOM CLERK | | 5009 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| SECRETARY | | 5014 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| TOTAL | | | 13 | 0 | 0 | | Ju, | | 13.00 |

| SECURITY OPERATIONS | | Job | 1st | 2nd | 3rd | Days | Hrs/ | Relief | Total |
|------------------------|----------------------------|------|-------|-------|-------|---------|------|--------|-------|
| SECURIT OPERATIONS | Post / Assignment | Code | Shift | Shift | Shift | Covered | PP | Factor | Staff |
| CHIEF OF SECURITY | | 1005 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| SHIFT SUPERVISOR | Administrative | 1014 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| SHIFT SUPERVISOR | | 1014 | 1 | 1 | 1 | 7 | 80 | 1.70 | 5.00 |
| SR RESIDENT SUPERVISOR | Investigations | 9024 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| SR RESIDENT SUPERVISOR | Housing Zone | 9024 | 0 | 0 | 2 | 7 | 80 | 1.70 | 3.00 |
| RESIDENT SUPERVISOR | Intake/Release | 9025 | 2 | 2 | 2 | 7 | 80 | 1.70 | 10.00 |
| RESIDENT SUPERVISOR | Visitation | 9025 | 1 | 1 | 0 | 7 | 80 | 1.70 | 3.00 |
| RESIDENT SUPERVISOR | Court | 9025 | 3 | 0 | 0 | 5 | 80 | 1.00 | 3.00 |
| RESIDENT SUPERVISOR | Library | 9025 | 1 | 1 | 0 | 7 | 80 | 1.70 | 3.00 |
| SR RESIDENT SUPERVISOR | Transportation | 9024 | 2 | 0 | 0 | 5 | 80 | 1.00 | 2.00 |
| RESIDENT SUPERVISOR | Transportation | 9025 | 2 | 0 | 0 | 5 | 80 | 1.21 | 2.00 |
| RESIDENT SUPERVISOR | Central Control | 9025 | 2 | 1 | 1 | 7 | 80 | 1.70 | 7.00 |
| RESIDENT SUPERVISOR | Perimeter Security | 9025 | 1 | 1 | 1 | 7 | 80 | 1.70 | 5.00 |
| RESIDENT SUPERVISOR | Recreation | 9025 | 2 | 2 | 0 | 7 | 80 | 1.70 | 7.00 |
| RESIDENT SUPERVISOR | Utility/Search & Escort | 9025 | 2 | 2 | 1 | 7 | 80 | 1.70 | 9.00 |
| RESIDENT SUPERVISOR | Kitchen | 9025 | 1 | 1 | 1 | 7 | 80 | 1.70 | 5.00 |
| RESIDENT SUPERVISOR | Medical | 9025 | 1 | 1 | 1 | 7 | 80 | 1.70 | 5.00 |
| RESIDENT SUPERVISOR | Mental Health Clinic | 9025 | 1 | 0 | 0 | 5 | 80 | 1.21 | 1.00 |
| RESIDENT SUPERVISOR | Dental - Satellite | 9025 | 1 | 0 | 0 | 5 | 80 | 1.21 | 1.00 |
| RESIDENT SUPERVISOR | Tele Radiology - Satellite | 9025 | 1 | 11 | 1 | 7 | 80 | 1.70 | 5.00 |
| RESIDENT SUPERVISOR | Front Entrance | 9025 | 11 | 1 | 1 | 7 | 80 | 1.70 | 5.00 |
| TOTAL | | | 28 | 15 | 12 | | | 10.00 | 84.00 |

T. DON HUTTO RESIDENTIAL CENTER Taylor, Texas

512 Beds (ICE Females)

| LINUT MANACEMENT | | Job | 1st | 2nd | 3rd | Days | Hrs/ | Relief | Total |
|----------------------------|-------------------|------|-------|-------|-------|---------|------|--------|-------|
| UNIT MANAGEMENT | Post / Assignment | Code | Shift | Shift | Shift | Covered | PP | Factor | Staff |
| CHIEF OF UNIT MANAGEMENT | | 1032 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| ADMINISTRATIVE CLERK | | 5002 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| UNIT A (256-BED CELLBLOCK) | | | | | | | | | |
| UNIT MANAGER | | 1015 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| CASE MANAGER | | 2003 | 1 | 1 | 0 | 5 | 80 | 1.00 | 2.00 |
| RESIDENT COUNSELOR | | 2096 | 1 | 1 | 0 | 5 | 80 | 1.00 | 2.00 |
| RESIDENT SUPERVISOR | Housing | 9025 | 5 | 5 | 4 | 7 | 80 | 1.70 | 24.00 |
| UNIT B (256-BED CELLBLOCK) | | | | | | | | | |
| UNIT MANAGER | | 1015 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| CASE MANAGER | | 2003 | 1 | 1 | 0 | 5 | 80 | 1.00 | 2.00 |
| RESIDENT COUNSELOR | | 2096 | 1 | 1 | 0 | 5 | 80 | 1.00 | 2.00 |
| RESIDENT SUPERVISOR | Housing | 9025 | 6 | 6 | 4 | 7 | 80 | 1.70 | 27.00 |
| TOTAL | | | 19 | 15 | 8 | | | | 63.00 |

| MAINTENANCE | The state of the s | Job | 1st | 2nd | 3rd | Days | Hrs/ | Relief | Total |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|-------|-------|---------|------|--------|-------|
| MAINTENANCE | Post / Assignment | Code | Shift | Shift | Shift | Covered | PP | Factor | Staff |
| MAINTENANCE SUPERVISOR | | 1009 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| MAINTENANCE WORKER | | 6003 | 4 | 0 | 0 | 5 | 80 | 1.00 | 4.00 |
| JANITOR | | 8001 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| TOTAL | | | 6 | 0 | 0 | | | | 6.00 |

| | OFDWOEC | | Job | 1st | 2nd | 3rd | Days | Hrs/ | Relief | Total |
|---|-----------------------------|-------------------|------|-------|-------|-------|---------|------|--------|----------|
| | SERVICES | Post / Assignment | Code | Shift | Shift | Shift | Covered | PP | Factor | Staff |
| | WAREHOUSE/COMMISSARY WORKER | | 9046 | 2 | 0 | 0 | 5 | 80 | 1.00 | 2.00 |
| | LAUNDRY SUPERVISOR | | 9009 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| ĸ | FOOD SERVICE MANAGER | | 1008 | 1 | 0 | 0 | 5 | 80 | 1.00 | Contract |
| ŧ | ASST FOOD SERVICE MANAGER | | 9002 | 1 | 0 | 0 | 5 | 80 | 1.00 | Contract |
| ŧ | FOOD SERVICE WORKER | Supervisor | 9006 | 4 | 4 | 0 | 7 | 80 | 1.00 | Contract |
| | TOTAL | | | 9 | 4 | 0 | | | | 3.00 |

T. DON HUTTO RESIDENTIAL CENTER

Taylor, Texas

512 Beds (ICE Females)

| DDOCDAMC | | Job | 1st | 2nd | 3rd | Days | Hrs/ | Relief | Total |
|-----------------------|-------------------|------|-------|-------|-------|-----------|------|--------|--------------|
| PROGRAMS | Post / Assignment | Code | Shift | Shift | Shift | Covered | PP | Factor | Staff |
| RECREATION SUPERVISOR | | 2028 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| PROGRAM FACILITATOR | | 2083 | 3 | 0 | 0 | 5 | 80 | 1.00 | 3.00 |
| CHAPLAIN | | 2004 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| LIBRARY AIDE | | 5017 | 1 | 0 | 0 | 5 | 80 | 1.00 | 1.00 |
| LIBRARIAN | | | | | CONT | RACT/ PRN | | | with arrains |
| TOTAL | | | 6 | 0 | 0 | | | | 6.00 |

^{*}Positions hired under a contractual or fee basis for services rendered.

HUTTO512-REVISED CONTRACT - 01/21/2016

Shift schedules may be adjusted as necessary to accommodate inmate activity.

| POSITION SUMMARY | | STAFF RATIOS | |
|-----------------------------|-----|--------------------------------|-------|
| SHIFT SUPERVISOR | 6 | CORRECTIONAL OFFICER TO INMATE | 1:4.2 |
| ASST SHIFT SUPERVISOR | 0 | UNIFORMED STAFF TO INMATE | 1:3.8 |
| RESIDENT SUPERVISOR | 122 | ALL STAFF TO INMATE | 1:2.8 |
| CORRECTIONAL OFFICER | 0 | | |
| UNIT MANAGER | 2 |] | |
| CASE MANAGER | 4 | UNIT MANAGEMENT RATIOS | |
| RESIDENT COUNSELOR | 4 | UNIT MANAGER TO INMATE | 1:256 |
| FOOD SERVICE CONTRACT STAFF | 10 | CASE MANAGER TO INMATE | 1:128 |
| ALL OTHER STAFF | 37 | RESIDENT COUNSELOR TO INMATE | 1:128 |