



**U.S. Department of Homeland Security**  
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 Saint Paul Field Office**

**Hall County Department of Corrections  
Grand Island, Nebraska**

**March 22-26, 2021**

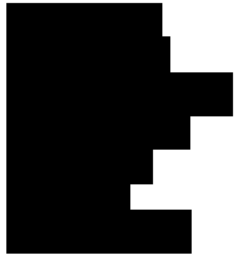
**COMPLIANCE INSPECTION**  
**of the**  
**HALL COUNTY DEPARTMENT OF CORRECTIONS**  
Grand Island, Nebraska

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Hall County Department of Corrections (HCDC) in Grand Island, Nebraska, from March 22 to 26, 2021.<sup>1</sup> The facility opened in 2008 and is owned and operated by the HCDC. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at HCDC in 2009 under the oversight of ERO’s Field Office Director (FOD) in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned any deportation officers nor a detention services manager to the facility. An HCDC warden handles daily facility operations and is supported by █ personnel. Summit Food Service provides food and commissary services, and Advanced Correctional Healthcare provides medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	0
Average ICE Detainee Population <sup>3</sup>	█
Male Detainee Population (as of March 22, 2021)	█
Female Detainee Population (as of March 22, 2021)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO found 29 deficiencies in the following areas: Food Service (3); Funds and Personal Property (4); Grievance System (3); Medical Care (6); Sexual Abuse and Assault Prevention and Intervention (4); Significant Self-Harm and Suicide Prevention and Intervention (1); Special Management Units (2); Use of Force and Restraints (2); and Visitation (4).

<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 March 22, 2021. The facility’s Max Population was “0” at the time of the inspection; however, the Average Detainee Population was 10 or more so ODO proceeded with the compliance inspection.

<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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5&amp;6</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	1
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	1
Use of Force and Restraints	0
Special Management Units	3
Staff-Detainee Communication	2
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>8</b>
<b>Part 4 – Care</b>	
Food Service	2
Hunger Strikes	1
Medical Care	7
Significant Self-Harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	3
<b>Sub-Total</b>	<b>15</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	2
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>25</b>

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

<sup>6</sup> Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. One detainee made an allegation of abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Admission and Release:* One detainee stated he was unable to replenish his hygiene supplies.

- Action Taken: ODO interviewed the sergeant responsible for the hygiene supplies, and he stated the facility did restock hygiene supplies, free of charge, to all detainees in the housing units. Detainees need only request resupply from the staff. ODO asked how the detainees knew they could get free replacements from the staff, and the sergeant stated they knew by word of mouth. No printed information was posted in the housing units. ODO reviewed the facility's detainee handbook and found there was no mention of how to replenish hygiene items. The sergeant did meet with the detainee during the contingency inspection and explained the process for obtaining hygiene supplies in the housing units. ODO cited this lack of documented information regarding the hygiene supplies as an **Area of Concern**.

*Medical Care:* One detainee stated he had been attacked and beaten on as many as 15 separate occasions during the middle of the night. He stated the attacks only happened at night and that he just had informed the facility of the attacks on the morning of March 22, 2021 (the day of the interview). The facility responded by transferring the detainee to a different housing unit and gave him "strong pills" for the pain from his beatings.

- Action Taken: ODO immediately spoke with facility leadership and medical staff. The facility stated that the detainee reported the incident for the first time on the morning of March 22, 2021. The facility acted promptly by moving the detainee to a different housing unit. Camera recordings were not able to show the detainee's bed but did not show anyone entering during the night. ODO found the facility's medical staff most recently evaluated the detainee on Marcy 9, 2021, and prescribed medication for post-traumatic stress disorder and insomnia. Medical staff denied seeing the detainee on March 22, 2021 and had no records of prescribing medication for any such injuries. On March 23, 2021, per ODO's request facility medical staff evaluated the detainee. The facility's medical staff reported the detainee was upset during the assessment, and he voiced complaints about the immigration process, judges, and ICE officials, which required the registered nurse to redirect the detainee back to the medical assessment on several occasions. The detainee stated he was fine but woke up every morning with his neck hurting, saying he "felt like he had been beaten." A registered nurse performed a complete assessment and noted no findings to the integrity and coloring of his skin (showing no bruising), no limitations to the range of motion to his neck, arms, shoulders, lower back, and hips, no impairment to his gait, and no complaints of pain to any other area of his body.

*Medical Care:* One detainee stated he broke his wrist prior to his arrival at this facility. Additionally, he stated while at another facility, that facility’s medical staff told him he needed to see a specialist; however, a specialist has not evaluated his wrist.

- Action Taken: ODO spoke with facility medical staff, reviewed the detainee’s medical record, and found on January 7, 2020, ERO Saint Paul transferred him from another facility to HCDC. His intake-screening form reported a fracture of the right wrist that occurred sometime during the summer of 2019. On January 8, 2020, the medical director (MD) completed the detainee’s physical examination and noted his right wrist was swollen, but the neurological and vascular status was intact. The MD requested his prior medical records, which indicated a community provider examined the detainee on November 29, 2019. ODO found no other documentation indicating the detainee requested follow-up nor evaluation of his wrist by HCDC medical staff. Per ODO’s request, the MD scheduled an appointment to see the detainee on the evening of March 25, 2021, regarding his complaint and planned to evaluate post healing of his previous wrist fracture.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed the facility’s policy, detainee handbook, and orientation video, and found the facility’s orientation did not include the procedures for the detainee to contact the ERO deportation officer handling his/her case nor how to use the telephone system to make telephone calls (**Deficiency AR-24**<sup>7</sup>).

ODO interviewed detainees, reviewed the facility’s detainee handbook, and found the detainee handbook did not inform detainees how to request free replacement hygiene items. ODO interviewed a facility sergeant who stated detainees could receive free replacement hygiene items; however, the facility has not communicated the procedure to obtain replacement hygiene products to detainees via the detainee handbook nor housing unit posting, and detainees learned the process through "word of mouth." ODO cites this as an **Area of Concern**.

#### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's policy and found the facility had not established a system that readily identified a detainee's classification level (**Deficiency CCS-8**<sup>8</sup>).

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<sup>7</sup> “The facility orientation shall also include the following information:

1. Procedures for the detainee to contact the ERO deportation officer handling his/her case; and  
2. How to use the telephone system to make telephone calls.” See ICE NDS 2019, Standard, Admission & Release, Section (II)(H)(1-2).

<sup>8</sup> “Each facility shall establish a system that readily identifies a detainee’s classification level, for example, color-coded uniforms.” See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).



## FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's detainee handbook and found the handbook did not notify detainees of facility policies and procedures concerning personal property, including: upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files; the rules for storing or mailing property not allowed in their possession; the procedures for claiming property upon release, transfer, or removal; and the procedures for filing a claim for lost or damaged property (**Deficiency FPP-34<sup>9</sup>**). **This is a Repeat Deficiency.**

## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 44 daily Special Management Housing Unit records and found in 31 out of 44 records the special housing unit officer did not record whether the detainee ate all meals (**Deficiency SMU-65<sup>10</sup>**). **This is a Repeat Deficiency.**

ODO found 44 out of 44 records did not have the signatures of the officers that conducted the activities (**Deficiency SMU-66<sup>11</sup>**).

ODO found the facility's procedures for medical visits in the SMU were documented on medical flow sheets, which were then uploaded electronically and attached to the individual SMU records. ODO reviewed 15 medical flow sheets for 2 detainees housed in the SMU and found in 15 out of 15 flow sheets, the housing unit officer did not initial the flow sheet after the medical visits were completed (**Deficiency SMU-68<sup>12</sup>**).

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed pictures of postings provided by the facility and determined the official DHS OIG Hotline poster is not displayed. Instead, an unofficial version is posted and does not include all information. Additionally, the facility has not displayed the sexual abuse and assault prevention and intervention "I Speak" and suicide prevention posters in the detainee common areas

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<sup>9</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files;

3. The rules for storing or mailing property not allowed in their possession;

4. The procedures for claiming property upon release, transfer, or removal; and

5. The procedures for filing a claim for lost or damaged property." *See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2-5).*

<sup>10</sup> "The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication." *See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(1).*

<sup>11</sup> "The special housing unit officer shall immediately record: ...

3) The officer that conducts the activity shall print his or her name and sign the record." *See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(3).*

<sup>12</sup> "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." *See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(b).*

**(Deficiency SDC-21<sup>13</sup>).**

ODO reviewed the housing unit postings notifying detainees of the scheduled hours and days that ERO Saint Paul staff is available to be contacted by the detainees and found they do not include contact information for ERO Saint Paul **(Deficiency SDC-22<sup>14</sup>).**

## **CARE**

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

ODO reviewed 5 master common-fare menus and found 5 out of 5 master common-fare menus did not have special menus for the 10 Federal Holidays **(Deficiency FS-60<sup>15</sup>).**

ODO reviewed 95 dishwashing machine final rinse temperature log entries and found the dishwashing machines were not maintained in good repair. Specifically, ODO's review of the 95 log entries found in 95 entries the final rinse temperature did not meet the Food and Drug Administration's sanitation requirement of 180 degrees Fahrenheit **(Deficiency FS-98<sup>16</sup>).**

### **HUNGER STRIKES (HS)**

ODO interviewed staff, reviewed [REDACTED] non-medical staff training files, and found in [REDACTED] non-medical training files, staff were not trained annually to recognize the signs of a hunger strike nor to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike **(Deficiency HS-1<sup>17</sup>).**

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

ODO reviewed 12 detainee medical records and found, although all 12 detainees received tuberculosis (TB) testing by either the TB skin test or a chest x-ray, 6 of the 12 detainees did not receive TB symptom screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines prior to being placed in general population. CDC guidelines required TB symptom screening and either a TB skin test or chest x-ray **(Deficiency MC-18<sup>18</sup>).**  
**This is a Repeat Deficiency.**

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<sup>13</sup> "The facility administrator shall ensure that all ICE/ERO posters or other information are provided in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas)." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(3).

<sup>14</sup> "The facility shall provide contact information for ICE/ERO." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

<sup>15</sup> "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

<sup>16</sup> "Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and liquid sanitizer, shall be maintained in good repair." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6)(b).

<sup>17</sup> "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment, and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

<sup>18</sup> "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

ODO found in 3 out of 12 medical records the facility did not conduct a comprehensive health assessment, including a physical examination within 14 days of the detainee's arrival at the facility (**Deficiency MC-27<sup>19</sup>**).

ODO found in 3 out of 12 medical records the facility did not conduct an initial dental screening exam within 14 days of the detainee's arrival at the facility (**Deficiency MC-43<sup>20</sup>**).

ODO interviewed the administrative sergeant and regional nurse manager, reviewed the facility's detainee handbook, and found the facility did not have a policy nor procedures that allowed detainees and their representatives to request and receive medical records (**Deficiency MC-102<sup>21</sup>**).

ODO interviewed the administrative sergeant and found the facility did not have a procedure in place nor appropriate forms for a detainee to request copies of their medical records (**Deficiency MC-104<sup>22</sup>**).

ODO interviewed the administrative sergeant and found the facility did not have a procedure in place for a detainee to request copies of his/her medical record nor to retain the written authorization in the detainee's health record with a copy placed in their detention file or maintained in a retrievable electronic format (**Deficiency MC-106<sup>23</sup>**).

ODO reviewed two medical files of detainees who were newly prescribed a psychotropic medication and found they were not regularly evaluated by a duly licensed and appropriate medical professional to ensure proper treatment and dosage (**Deficiency MC-130<sup>24</sup>**).

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

ODO reviewed the facility's policy and found staff other than the mental health provider or a physician could remove a detainee from suicide precautions (**Deficiency SSHSPI-10<sup>25</sup>**).

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<sup>19</sup> "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening on each detainee within 14 days of the detainee's arrival at the facility." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>20</sup> "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>21</sup> "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook. *See* ICE NDS 2019, Standard, Medical Care, Section (II)(P).

<sup>22</sup> "Detainees who indicate that they wish to obtain copies of their medical records shall be provided with any appropriate forms." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(P).

<sup>23</sup> "Following the release of health information, the written authorization shall be retained in the health record, and a copy placed in the detainee's detention file or maintained in a retrievable electronic format." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(P).

<sup>24</sup> "Any detainee prescribed psychiatric medications must be regularly evaluated by a duly licensed and appropriate medical professional to ensure proper treatment and dosage." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(S)(2).

<sup>25</sup> "Only a mental health provider or a physician may remove the detainee from suicide precautions." *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section, (II)(C).

ODO reviewed the facility's policy and found staff other than a mental health provider could remove a detainee from constant monitoring (one-to-one) (**Deficiency SSHSPI-23<sup>26</sup>**).

## **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)**

ODO interviewed the program manager and found the facility has not designated a Disability Compliance Coordinator to assist facility personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of detainees with disabilities (**Deficiency DIAA-2<sup>27</sup>**).

ODO interviewed the program manager and found the facility administrator/assistant facility administrator does not approve any denial of a request for accommodation related to a disability (**Deficiency DIAA-32<sup>28</sup>**).

ODO reviewed the facility's orientation program and the facility's detainee handbook. ODO found the facility's orientation program does not 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 in a language and/or manner they can understand (**Deficiency DIAA-50<sup>29</sup>**).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO interviewed medical staff and the assistant administrator, reviewed the medical grievance log, and found the facility does not share medical grievances with the medical department. Instead, jail administrative staff answered medical grievances (**Deficiency GS-16<sup>30</sup>**). **This is a Repeat Deficiency.**

ODO reviewed the facility's detainee handbook and found the grievance section does not provide notice regarding the procedures for resolving an appeal, filing an appeal, nor does it notify detainees they have the opportunity to file a grievance informally (**Deficiency GS-34<sup>31</sup>**).

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<sup>26</sup> “Only a mental health provider may remove a detainee from constant monitoring (one-to-one).” *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section, (II)(F).

<sup>27</sup> “The facility or public entity shall designate a Disability Compliance Coordinator to assist facility personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of detainees with disabilities.” *See* ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(B)(2).

<sup>28</sup> “Any denial of a request for accommodation related to a disability must be approved by the facility administrator or assistant facility administrator.” *See* ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(F)(3)(c).

<sup>29</sup> “The facility orientation program 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 in a language and/or manner they can understand.” *See* ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(I).

<sup>30</sup> “Medical grievances shall be promptly referred to and answered by the medical department.” *See* ICE NDS 2019, Standard, Grievance System, Section, (II)(A)(2)(b).

<sup>31</sup> “The grievance section of the facility handbook will provide notice of the following:

1. The opportunity to file a grievance, both informal and formal.” *See* ICE NDS 2019, Standard, Grievance System, Section, (II)(H)(1).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with seven of those standards. ODO found 25 deficiencies in the remaining 11 standards. 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 2020 (NDS 2019)</b>	<b>FY 2021 (NDS 2019)</b>
Standards Reviewed	18	18
Deficient Standards	9	11
Overall Number of Deficiencies	29	25
Repeat Deficiencies	N/A	4
Areas of Concern	1	2
Corrective Actions	2	0