



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office

Christian County Jail
Ozark, Missouri

April 5-9, 2021

**COMPLIANCE INSPECTION
of the
CHRISTIAN COUNTY JAIL
Ozark, Missouri**

TABLE OF CONTENTS

FACILITY OVERVIEW 4

COMPLIANCE INSPECTION PROCESS 5

**FINDINGS NATIONAL DETENTION STANDARDS 2019
MAJOR CATEGORIES** 6

DETAINEE RELATIONS 7

COMPLIANCE INSPECTION FINDINGS 7

SECURITY 7

 Admission and Release 7

 Custody Classification System 7

 Funds and Personal Property 7

 Sexual Abuse and Assault Prevention and Intervention 7

 Staff-Detainee Communication 8

CARE 8

 Food Service 8

 Medical Care 9

CONCLUSION 9

COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
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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 Christian County Jail (CCJ) in Ozark, Missouri, from April 5 to 9, 2021.¹ The facility opened in May 1997 and is owned and operated by Christian County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in August 1998 under the oversight of ERO's Field Office Director (FOD) in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. A CCJ warden handles daily facility operations and manages ■■■ support personnel. CCJ provides food services, PrimeCare Medical provides medical services, and Keefe Supply Company provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in July 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	166
Average ICE Detainee Population ³	■■■
Male Detainee Population (as of April 5, 2021)	0 ⁴
Female Detainee Population (as of April 5, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 24 deficiencies in the following areas: Visitation (4); Disability Identification, Assessment, and Accommodation (1); Funds and Personal Property (2); Grievance System (3); Medical Care (2); Sexual Abuse and Assault Prevention and Intervention (8); and Custody Classification System (4).

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

² Data Source: ERO Facility List Report as of March 1, 2021.

³ *Ibid.*

⁴ Per the ERO Facility List Report as of March 1, 2021, CCJ has a FY2020 average daily population of 12 detainees, which is why ODO scheduled CCJ for an inspection in FY2021. Although the facility's population count during the inspection was zero, the facility has a current contract to house ICE detainees, which is why ODO continued with the inspection.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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.⁵

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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6&7}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
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	0
Staff-Detainee Communication	3
Sexual Abuse and Assault Prevention and Intervention	3
Sub-Total	9
Part 4 – Care	
Food Service	2
Hunger Strikes	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	4
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Materials	0
Sub-Total	13
Total Deficiencies	13

⁶ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁷ 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

The facility's ICE detainee population count was zero during the entire inspection. As such, ODO did not interview any detainees during this inspection. Although the facility's population count was zero, the facility has an active contract to house detainees and its FY 2020 ADP was 12, which met the ODO inspection criteria of an ADP of 10 or more.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed 12 detainee admission files and found no evidence in 4 out of 12 detainee admission files the facility issued to detainees their ICE National Detainee Handbook nor the facility's detainee handbook (**Deficiency AR-26⁸**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's detainee handbook and found no explanation of the detainee classification levels, with conditions and restrictions applicable to each (**Deficiency CCS-30⁹**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's detainee handbook and found it did not provide notification to detainees that upon request, the facility would provide them a copy of any identity document placed in their noncitizenship files (**Deficiency FPP-34¹⁰**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy and found there was no immediate notification to ERO Chicago for sexual abuse allegations nor for such notification to be sent directly to the FOD (**Deficiency SAAPI-5¹¹**).

⁸ "Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook." *See* ICE NDS 2019, Standard, Admission & Release, Section (II)(I).

⁹ "The facility shall include a classification section in its detainee handbook which will include the following:
1. An explanation of the classification levels, with the conditions and restrictions applicable to each." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(1).

¹⁰ "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." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2).

¹¹ "Procedures for immediate reporting of sexual abuse and assault allegations, including:

a. Procedures for immediate reporting of sexual abuse and assault allegations through the facility's chain of command, from the reporting official to the highest facility official, also including procedures for notifying ICE/ERO (this notification must be sent directly to the FOD) and a method by which staff can report outside the chain of command." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(2)(a).

ODO reviewed the facility's SAAPI program and found the facility did not post the name of the prevention of sexual assault (PSA) compliance manager in designated areas of the facility (**Deficiency SAAPI-52¹²**).

ODO reviewed the facility's SAAPI program and found the facility did not maintain a listing of the names of each sexual abuse and assault victim, nor assailants, along with the date and locations of all sexual and abuse incidents occurring within the facility on its computerized incident reporting system (**Deficiency SAAPI-182¹³**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's SDC program and found the facility did not have written procedures to route detainee requests to ERO Chicago officials (**Deficiency SDC-11¹⁴**).

ODO reviewed the facility's SDC policy and procedures and found detainee requests and ERO responses were read by the facility staff (**Deficiency SDC-12¹⁵**).

ODO reviewed 25 detainee request files and found that 9 out of 25 detainee requests were not forwarded to ERO Chicago for handling (**Deficiency SDC-17¹⁶**).

CARE

FOOD SERVICE (FS)

ODO reviewed the facility's FS program and found the facility did not make available a common-fare menu to accommodate the religious diets of various faiths (**Deficiency FS-57¹⁷**).

¹² "The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available)." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

¹³ "The facility administrator shall maintain these files chronologically in a secure location. In addition, the facility administrator shall maintain a listing of the names of sexual abuse and assault victims and assailants, along with the dates and locations of all sexual abuse and assault incidents occurring within the facility, on his or her computerized incident reporting system." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(O).

¹⁴ "The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s)." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

¹⁵ "The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s). Detainee request forms shall be delivered to ICE/ERO staff without reading, altering, or delaying such requests. The detainee may, if he or she chooses, seal the request in an envelope and clearly mark the envelope with the name, title or office to which the request is to be forwarded." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

¹⁶ "Detainee requests shall be forwarded to ICE/ERO within 72 hours. The facility will provide ICE/ERO's returned response to the detainee within 24 hours." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(1).

¹⁷ "Facilities must make available a "common-fare" menu, which serves as the foundation to which modifications may be made to accommodate the religious diets of various faiths (e.g., for the inclusion of halal flesh-food options)." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

ODO reviewed the facility’s FS program and found the facility did not have a common-fare menu to accommodate the 10 Federal holidays (**Deficiency FS-60¹⁸**).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical staff files and found in [REDACTED] medical staff files, the facility’s contract radiology technicians’ licenses were expired (**Deficiency MC-11¹⁹**).

ODO reviewed [REDACTED] correctional officer (CO) training files and found in [REDACTED] CO training files did not have evidence of current cardiopulmonary resuscitation training (**Deficiency MC-59²⁰**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found 13 deficiencies in the remaining 7 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2019)
Standards Reviewed	19	19
Deficient Standards	13	7
Overall Number of Deficiencies	31	13
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	0

¹⁸ “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).

¹⁹ “Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license.” See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

²⁰ “This training will be provided by a responsible medical authority in cooperation with the facility and will include the following: ...

b. The administration of first aid and cardiopulmonary resuscitation (CPR).” See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(B).