



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

September 21-24, 2020

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	4
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
Use of Force and Restraints	7
Special Management Units	8
Sexual Abuse and Assault Prevention and Intervention	9
CARE	9
Food Service	9
Medical Care	10
Significant Self-harm and Suicide Prevention and Intervention.....	11
Disability Identification, Assessment, and Accommodation	12
ACTIVITIES	12
Religious Practices.....	12
Telephone Access	12
Visitation.....	13
JUSTICE.....	13
Law Libraries and Legal Material.....	13
CONCLUSION	13

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor

ODO
ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections

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 September 21-24, 2020.¹ CCJ is owned and operated by Christian County, MO. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 2004 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 and a part-time detention services manager to the facility. The CCJ warden handles daily facility operations and is supported by [REDACTED] personnel. Tiger Correctional Services provides food service and Keefe Commissary Network provides commissary. The facility held no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	20
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 9/15/2020)	[REDACTED]
Female Detainee Population (as of 9/15/2020)	[REDACTED]

This is CCJs’ first ODO Inspection.

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

² Data Source: ERO Facility List Report as of September 21, 2020.

³ *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.⁴

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 Chicago 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ⁵	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	3
Use of Force and Restraints	1
Special Management Units	8
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	15
Part 4 – Care	
Food Service	2
Medical Care	8
Significant Self-harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	2
Sub-Total	14
Part 5 – Activities	
Recreation	0
Religious Practices	1
Telephone Access	0
Visitation	0
Sub-Total	1
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	1
Sub-Total	1
Total Deficiencies	31

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Detainees reported satisfaction with facility service. ODO conducted detainee interviews via video teleconference.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed CCJ's policies and procedures and found the facility did not have procedures for newly arrived detainees to claim personal property that may have been lost or left behind at a previous location (**Deficiency AR-1⁶**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed five files of detainees which required reclassification and found none contained documentation of reclassifications (**Deficiency CCS-1⁷**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed CCJ's Quarterly Property Audit Log and found no quarterly audits were conducted between April 29, 2020 and September 10, 2020 (**Deficiency F&PP-1⁸**). ODO also found several completed audits were not signed by the staff conducting the audit.

ODO reviewed five detainee release files and found two out of five files did not contain signed receipts documenting the return of the detainee's personal property and funds (**Deficiency F&PP-2⁹**).

ODO reviewed CCJ's policies and procedures and found the facility did not have written procedures for detainee property reported missing or damaged (**Deficiency F&PP-3¹⁰**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed CCJ's Custody Manual (CM), dated November 15, 2018, and interviewed the

⁶ "The facility shall complete a Form I-387, "Report of Detainee's Missing Property," or equivalent, when any newly arrived detainee claims his or her property has been lost or left behind at a previous location. Facilities shall forward the completed forms to ICE/ERO." See ICE NDS 2019, Standard, Admission and Release, Section (II)(G).

⁷ "F. Reclassification: All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events..." See ICE NDS 2019, Custody Classification System, Section (II)(F).

⁸ "An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

⁹ "After a property check, the detainee will then sign a receipt for the property, indicating his or her receipt of all funds and personal property due him or her..." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(E).

¹⁰ "Each facility shall have a written policy and procedure for detainee property reported missing or damaged." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F).

lieutenant and found the after-action-review team was not directed to review UOF incidents (**Deficiency UOF&R-1¹¹**). Specifically, facility policy directed that after-action reviews were conducted within 30-days. ODO confirmed with the lieutenant there were no UOF incidents reported in the year preceding the inspection.

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed three detainee files and found no evidence in one out of three files an administrative segregation (AS) order was completed prior to the detainee's placement in AS (**Deficiency SMU-1¹²**).

ODO reviewed policy, CCJ CM, dated November 15, 2018, and found the policy directed staff to conduct AS reviews within 72-hours, then monthly thereafter, as opposed to within 72-hours, then weekly for the first 30-days for all detainees held in AS (**Deficiency SMU-2¹³**).

ODO reviewed three detainee disciplinary segregation (DS) files and found one out of three files did not contain a written DS order signed by the chair of the Institutional Disciplinary Panel (or its equivalent), or disciplinary hearing officer before the detainee's placement in DS (**Deficiency SMU-3¹⁴**).

ODO reviewed policy, CCJ CM, dated November 15, 2018, and interviewed the lieutenant and found the facility did not have written procedures for regular review of detainees held in DS status (**Deficiency SMU-4¹⁵**). Additionally, one out of three detainee DS files reviewed by ODO found a weekly review was not conducted.

ODO reviewed three detainee SMU files and found no evidence in all three files detainees were offered showers (**Deficiency SMU-5¹⁶**). ODO reviewed three detainee SMU files and found no

¹¹ "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints. The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate. The review team shall determine whether the incident requires further investigation or referral to law enforcement. The facility shall forward a copy of the After-Action Report to the local ICE/ERO Field Office Director within seven days of completion." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

¹² "2. Administrative Segregation Order: A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable. In such cases, an order shall be prepared as soon as possible." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2).

¹³ "a. A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted...b. A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter, at a minimum." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(3)(a) and (b).

¹⁴ "2. Disciplinary Segregation Order: A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed in disciplinary segregation..." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2).

¹⁵ "3. Review of Detainee Status in Disciplinary Segregation: All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures..." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(3).

¹⁶ "... a. 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).

evidence in all three files daily medical visits were conducted (**Deficiency SMU-6¹⁷**). Additionally, ODO interviewed a nurse and learned daily medical rounds were not conducted in SMU unless a detainee was on medication or submitted a request.

ODO reviewed three detainee SMU files and found no evidence in all three files SMU staff observed and logged [REDACTED] observations of detainees (**Deficiency SMU-7¹⁸**).

ODO reviewed three detainee SMU files and found no evidence in three of three files detainees were evaluated by health care professionals prior to placement, or within 24 hours of placement in SMU (**Deficiency SMU-8¹⁹**).

ODO interviewed the lieutenant and found detainees in SMU were required to utilize their one hour designated for recreation to shower instead (**Deficiency SMU-9²⁰**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO verified CCJ's general files do not include the demographic background of the victim and perpetrator to include citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (**Deficiency SAPPI-1²¹**).

CARE

FOOD SERVICE (FS)

ODO interviewed the contract food service director (FSD) and the food service manager (FSM) for Tiger Corrections who confirmed CCJ maintained leftover food items for three-days (**Deficiency FS-1²²**).

¹⁷ "...b. 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).

¹⁸ "K. Close Supervision: SMU staff shall observe and log observations at least every [REDACTED] on an [REDACTED] schedule. For cases that warrant increased observation, the SMU staff shall observe detainees accordingly." See ICE NDS 2019, Standard, Special Management Units, Section (II)(K).

¹⁹ "**M. Health Care:** Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement). The assessment should include a review of whether the detainee has a suspected or diagnosed mental illness, prior suicide attempts or self-harm, or any other special needs. Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU. Where reason for concern exists, assessments shall be followed up with a complete evaluation by a qualified health care or mental health provider, and a treatment plan developed. Health care visits shall be recorded on the SMU housing record or comparable form. The facility shall provide out-of-cell, confidential assessments and visits for detainees whenever possible, to ensure patient privacy and to eliminate barriers to treatment..." See ICE NDS 2019, Standard, Special Management Units, Section (II)(M).

²⁰ "Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week." See ICE NDS 2019, Standard, Special Management Units, Section (II)(V).

²¹ "The demographic background of the victim and perpetrator (including citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming)." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(O)(1)(c).

²² "4. Leftovers: Prepared and properly maintained food items which have not been placed on the serving line may be retained for no more than 24 hours..." See ICE NDS 2019, Standard, Food Service, Section (II)(E)(4).

ODO reviewed food service documentation and interviewed the FSD and FSM for Tiger Corrections and found the facility was unable to provide documentation of pre-employment medical examinations for food service staff (**Deficiency FS-2**²³).

MEDICAL CARE (MC)

ODO reviewed the credential files for [REDACTED] medical staff and found there was no credential file for the mental health counselor (**Deficiency MC-1**²⁴).

ODO interviewed the HSA and found initial chronic care clinics for detainees who arrived at the facility with chronic medical conditions were not medically screened within two working days as required by the standard (**Deficiency MC-2**²⁵). Specifically, the HSA stated all chronic care visits were conducted every 90-days and medications for new detainees were approved until seen by the physician.

ODO reviewed 13 detainee medical charts and found all 13 comprehensive health assessments and dental screening exams were not completed by trained nurses or nurses who met the criteria of a provider permitted to perform those duties (**Deficiency MC-3**²⁶). ODO reviewed the training record for the registered nurse (RN) and found no evidence of training nor authorization from the physician or dentist to conduct physical examinations and dental screening exams. ODO also found eight out of the 13 exams were completed by licensed practical nurse, whose education did not meet the criteria of a practitioner permitted to perform these duties.

ODO reviewed 13 detainee medical charts and found one out of 13 charts did not contain documentation of the use of translation services when there was a clear need for translation services documented (**Deficiency MC-4**²⁷). Specifically, the nurse made an entry in the medial

²³ “a. All food service personnel (both staff and detainee) shall receive a documented pre-employment medical examination...” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

²⁴ “C. Health Care Staff: 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).

²⁵ “D. Medical Screening (New Arrivals) As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities. Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care practitioner as quickly as possible but, no later than two working days...” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

²⁶ “...Health assessments shall be performed by a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented initial and annual training provided by a physician), or other health care practitioner, as permitted by law.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

AND

“...If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, or registered nurse. Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist.” See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

²⁷ “G. Translation, Interpretation, and Language Access for Detainees with Limited English Proficiency: Facilities shall provide appropriate interpretation and language services for LEP detainees related to medical and mental health care...” See ICE NDS 2019, Standard, Medical Care, Section (II)(G).

chart stating she had translated the sick-call request to the best of her ability and ODO found there was no evidence the language line was used.

ODO reviewed the facility's handbook and interviewed the HSA and found CCJ did not have procedures for detainees to privately request health care services (**Deficiency MC-5²⁸**). Specifically, facility procedures directed detainees to return completed medical request forms to the unit officer.

ODO reviewed training records for [REDACTED] correctional officers and found [REDACTED] out of [REDACTED] officers did not have evidence of cardiopulmonary resuscitation training (**Deficiency MC-6²⁹**).

ODO reviewed 13 detainee medical charts and found all 13 charts did not have evidence of a signed informed consent form for medical care (**Deficiency MC-7³⁰**).

ODO reviewed the detainee medical chart for the only female housed at CCJ and found no evidence of a completed pregnancy test (**Deficiency MC-8³¹**).

ODO found the intake medical questionnaires completed by correctional officers were not signed documenting review by medical staff. ODO also found the COVID-19 screening forms completed by correctional officers at intake were not maintained in detainee medical charts. ODO reviewed the facility handbook and found it addressed the cost of medical care for inmates; however, it did not address services provided to detainees are free of charge. In addition, ODO found there was no documentation detainees received patient education regarding general health issues, infectious diseases, and signs and symptoms of depression. ODO reviewed the medical staff work schedule and found the HSA, who is the only RN at the facility, was on the schedule 20 days to cover RN shifts in September; five of which were back to back (double) shifts. ODO noted all the aforementioned as **Areas of Concerns**.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH SP&I)

ODO reviewed the training files of [REDACTED] medical staff and found all [REDACTED] training records did not contain evidence of suicide prevention training (**Deficiency SSH SP&I -9³²**). Specifically, ODO

²⁸ "...The facility will have a mechanism that allows detainees the opportunity to privately request health care services (including mental health and dental services) provided by a physician or other health care practitioner in a clinical setting..." See ICE NDS 2019, Standard, Medical Care, Section (II)(I).

²⁹ "...Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the facility and will include the following..." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

³⁰ "O. Informed Consent: The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances..." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

³¹ "1. Initial Assessment: All initial health assessments of female detainees shall be conducted by a qualified health care practitioner. In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following: a. Pregnancy test for detainees aged 18-56 and deliver to the detainee and document the results." See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(1)(a).

³² "B. Training: All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter..." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

interviewed the HSA who stated management at the corporate office was unable to locate and provide the training records.

ODO interviewed the HSA and reviewed staff rosters and work schedules and found the mental health counselor was a part-time employee and therefore, would not be consistently available to conduct the initial risk assessment within 24 hours of placement of a detainee on suicide watch or conduct wellness checks every eight hours (**Deficiency SSH SP&I-10**³³).

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

ODO reviewed the facility orientation program and found it does not notify nor 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-1**³⁴).

ODO reviewed facility provided photos of the housing units, medical area, and common spaces, and found no postings or other documents for detainee awareness regarding the facility's disability accommodations policy in the detainee living areas and in the medical unit as requested by ICE/ERO Chicago (**Deficiency DIAA-1**³⁵).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed facility provided photos and documentation and found the facility does not post religious services schedules in the housing units (**Deficiency RP-1**³⁶).

TELEPHONE ACCESS (TA)

ODO reviewed the facility's Detainee Handbook and interviewed staff, and it was determined the CCJ Detainee Handbook does not list the hours telephones are available. ODO notes this as an **Area of Concern**.

ODO reviewed documentation and interviewed staff and it was determined CCJ does not document

³³ "D. Referral and Evaluation: Detainees identified as at risk for suicide or self-harm shall be immediately referred to a mental health provider. An evaluation shall take place within 24 hours..." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(D).

AND

"...A mental health provider will perform welfare checks every 8 hours." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, (II)(F).

³⁴ "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, Disability Identification, Assessment and Accommodation, Section (II)(I).

³⁵ "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, Disability Identification, Assessment and Accommodation, Section (II)(I).

³⁶ Current program schedules shall be posted in living units, or otherwise made available to detainees (II)(E).

daily telephone checks. ODO also notes this as an **Area of Concern**.

VISITATION (V)

ODO reviewed CCJ's Detainee Handbook and determined the facility's written rules do not specify the time limits for visits providing a minimum of 30-minutes for each visit. ODO notes this as an **Area of Concern**.

JUSTICE

LAW LIBRARY AND LEGAL MATERIALS (LL&LM)

ODO confirmed the facility does have a designated staff member to replenish materials and check equipment; however, it is not done weekly (**Deficiency LLLM-1³⁷**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with six of those standards. ODO found 31 deficiencies in the remaining 13 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)
Standards Reviewed	19
Deficient Standards	13
Overall Number of Deficiencies	31
Repeat Deficiencies	0
Corrective Actions	0

³⁷ "The facility shall designate an employee with responsibility to inspect the equipment at least weekly and ensure that it is in good working order, and to stock sufficient supplies". See ICE NDS 2019, Standard, Law Libraries and Legal Materials, Section (II)(B).