



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

**Office of Detention Oversight
Compliance Inspection
2024-001-315**

**Enforcement and Removal Operations
ERO Detroit Field Office**

**Calhoun County Correctional Center
Battle Creek, Michigan**

April 9-11, 2024

COMPLIANCE INSPECTION
of the
CALHOUN COUNTY CORRECTIONAL CENTER
Battle Creek, Michigan

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
COMPLIANCE INSPECTION FINDINGS	7
SECURITY	7
ADMISSION AND RELEASE	7
SPECIAL MANAGEMENT UNIT	8
CARE	8
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	8
CONCLUSION	8

COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	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 Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan, from April 9 to 11, 2024.¹ The facility opened in 1994 and is owned and operated by the Calhoun County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCCC in 1999 under the oversight of ERO’s Field Office Director in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A chief deputy handles daily facility operations and manages [REDACTED] support personnel. Tiggs Canteen Food Services provides food services, YesCare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in February 2020.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of April 9, 2024)	[REDACTED]
Adult Female Population (as of April 9, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 6 deficiencies in the following areas: Medical Care (1); Sexual Abuse and Assault Prevention and Intervention (2); and Visitation (3).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of April 8, 2024.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

ODO identifies violations of 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. 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.

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 ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	1
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	2
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	3

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 36 detainees who voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated he has yet to see a dentist for tooth pain after submitting three sick call requests.

- Action Taken: ODO interviewed the facility's health services administrator and confirmed the detainee submitted a sick call request for dental pain on November 19, 2023. On the same day, a registered nurse (RN) evaluated the detainee and found a fractured lower left molar. A facility doctor prescribed ibuprofen (600 mg) tablets, twice daily, as needed for pain for 30 days. The RN emphasized the importance of oral hygiene to the detainee and recommended using warm water rinses as needed and contacting medical if new symptoms developed. On April 1, 2024, the detainee submitted a sick call request for tooth pain, and the RN evaluated the detainee, finding evidence of tooth decay and a fractured lower left molar. The RN prescribed ibuprofen (600 mg) tablets, twice daily, as needed for 7 days, and scheduled a dental appointment for the following day. On April 2, 2024, the dentist evaluated the detainee, recommended extraction of the molar that day; however, due to equipment issues, the dentist could not complete the extraction. The RN advised the detainee to contact medical if his condition worsened, provided the detainee medication education for his previously prescribed medication, and preventative oral hygiene instruction. The detainee acknowledged understanding the self-care instructions, symptoms to report, and follow-up care. On April 24, 2024, ERO Detroit released the detainee from custody prior to the completion of the detainee's dental treatment.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed five released detainee detention files and found in five out of five files, facility staff did not fingerprint detainees prior to their release (**Deficiency AR-28⁷**).

⁷ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed 3 detainee segregation files and found in 3 out of 3 files, SMU staff documented 487 observations between 31 and 124 minutes (**Deficiency SMU-84⁸**). **This is a priority component.**

CARE

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed suicide watch logs for 8 detainees placed on suicide watch during the inspection period and found in 6 out of 8 logs, facility staff documented 15 observations between 17 and 91 minutes (**Deficiency SSHPI-21⁹**). **This is a repeat deficiency and a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2019 and found the facility in compliance with 18 of those standards. ODO found three deficiencies in the remaining three standards. Since CCCC's last full inspection in April 2023, the facility's compliance trend has remained consistent with 3 deficient standards; however, their total number of deficiencies has improved. ERO Detroit provided ODO with a uniform corrective action plan (UCAP) for ODO's last full inspection of CCCC in August 2023, which likely resolved some of the previous deficiencies. However, ODO did not receive a completed a UCAP for the follow-up inspection in August 2023 which likely contributed to the one repeat deficiency in SSHPI. ODO recommends ERO Detroit continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	19	21
Deficient Standards	3	3
Overall Number of Deficiencies	6	3
Priority Component Deficiencies	1	2
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good ¹⁰

⁸ "SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(K).

⁹ "The monitoring must be documented every 15 minutes or more frequently if necessary." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

¹⁰ ODO revised their rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as "Superior" will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.