

Office of Professional Responsibility

Calhoun County Correctional Center Inspection 2024-002-390

August 20–22, 2024



U.S. Immigration
and Customs
Enforcement



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
Follow-Up Compliance Inspection
2024-002-390**

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

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

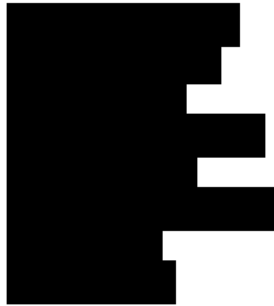
August 20-22, 2024

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
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Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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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 follow-up compliance inspection of the Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan, from August 20 to 22, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CCCC from April 9 to 11, 2024. The facility opened in 1994 and is owned and operated by the Calhoun County Sheriff. 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 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 August 20, 2024)	[REDACTED]
Adult Female Population (as of August 20, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 3 deficiencies in the following areas: Admission and Release (1); Special Management Units (1); and Significant Self-Harm and Suicide Prevention and Intervention (1).

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 August 19, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found noncompliant during both the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

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
Searches of Detainees. ⁷	1
Use of Force and Restraints	1
Special Management Units	0
Staff Detainee Communications	0
Sub-Total	3
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	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	4

⁵ For greater detail on ODO's findings, see the *Follow-up 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.

⁷ The deficiency cited under Searches of Detainees standard was identified while observing detainee intakes; the Searches of Detainees standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed █ files of released detainees and found in █ out of █ files, the facility did not fingerprint detainees prior to their release (**Deficiency AR-28⁸**). **This is a repeat deficiency.**

SEARCHES OF DETAINEES (SD)

ODO observed intake operations, interviewed the facility compliance sergeant, and found facility staff routinely required detainees to remove clothing during contraband searches (**Deficiency SD-9⁹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed █ detainee SMU files and found between all █ files, SMU staff logged 1694 observations between 31 and 66 minutes (**Deficiency SMU-84¹⁰**). **This is a repeat deficiency and a priority component.**

CARE

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

ODO reviewed the suicide watch logs for █ detainees placed on suicide watch and found in █ out of █ logs, medical staff did not log observations at least every 15 minutes. Specifically, ODO found 46 observations between 16 and 37 minutes (**Deficiency SSHPI-21¹¹**). **This is a repeat deficiency and a priority component.**

⁸ “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).

⁹ “Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband.” *See* ICE NDS 2019, Standard, Searches of Detainees, Section (II)(C)(2)(a).

¹⁰ “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).

¹¹ “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).

CONCLUSION

During this follow-up inspection, ODO assessed the facility’s compliance with 17 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found four deficiencies in the remaining four standards. Since CCCC’s last full compliance inspection in April 2024, the facility’s overall compliance trended slightly downward. CCCC went from 3 deficient standards and 3 deficiencies in April 2024 to 4 deficient standards and 4 deficiencies during this follow-up compliance inspection, which included 2 priority component deficiencies in the SMU and SSHSPI standards and 3 repeat deficiencies in the AR, SMU, and SSHSPI standards. ODO received the completed UCAP for its last inspection of CCCC in April 2024 on September 18, 2024. Although the facility completed the UCAP, it was not completed prior to this follow-up inspection, which likely resulted in the repeat deficiencies. 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 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	21	17
Deficient Standards	3	4
Overall Number of Deficiencies	3	4
Priority Component Deficiencies	2	2
Repeat Deficiencies	1	3
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A



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