March 3, 2022

TO: [Redacted]
Acting Assistant Director Custody Management

FROM: [Redacted]
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: Annual Inspection of the Calhoun County Jail

The Nakamoto Group, Inc. performed an annual inspection for compliance with the National Detention Standards (NDS) 2019 of the Calhoun County Jail in Battle Creek, Michigan during the period of March 1-3, 2022. This is an IGSA facility.

The annual inspection was performed under the guidance of [Redacted] Lead Compliance Inspector. Team members were:

<table>
<thead>
<tr>
<th>Subject Matter Field</th>
<th>Team Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Medical Care</td>
<td></td>
</tr>
<tr>
<td>Detainee Rights</td>
<td></td>
</tr>
<tr>
<td>Medical Care</td>
<td></td>
</tr>
</tbody>
</table>

Type of Inspection

This is a scheduled annual inspection to determine overall compliance with the NDS 2019 for Over 72-hour facilities. The facility received a rating of Meets Standards during the March 2021 annual inspection.

Inspection Summary

The Calhoun County Jail is currently accredited by:

- The American Correctional Association (ACA) - No
- The National Commission on Correctional Health Care (NCCHC) - Yes
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2021 and 2022 NDS annual compliance inspections:
### 2021 Annual Inspection

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Standards</td>
<td>32</td>
</tr>
<tr>
<td>Does Not Meet Standards</td>
<td>0</td>
</tr>
<tr>
<td>Repeat Finding</td>
<td>0</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>1</td>
</tr>
</tbody>
</table>

### 2022 Annual Inspection

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Standards</td>
<td>32</td>
</tr>
<tr>
<td>Does Not Meet Standards</td>
<td>0</td>
</tr>
<tr>
<td>Repeat Finding</td>
<td>0</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>1</td>
</tr>
</tbody>
</table>

The inspection team identified twenty-five (25) deficient components in the following twelve (12) standards:

- Environmental Health and Safety – 3
- Use of Force and Restraints – 4
- Special Management Unit - 1
- Staff-Detainee Communication – 1, a repeat deficiency
- Sexual Abuse and Assault Prevention – 6
- Hunger Strikes – 1
- Medical Care – 4
- Suicide Prevention and Intervention – 1
- Disability Identification, Assessment and Accommodation – 1
- Correspondence and Other Mail – 1
- Recreation – 1, a repeat deficiency
- Visitation – 1, a repeat deficiency

**Facility Snapshot/Description**

The Calhoun County Jail is owned by Calhoun County and is operated under the jurisdiction of the Calhoun County Sheriff’s Department. It is located in downtown Battle Creek, Michigan, in the Calhoun County Justice Complex. During the first day of the inspection the facility housed [redacted] adult male and female detainees, which included [redacted] ICE detainees of all classification levels. The remaining detainees are from Calhoun County and surrounding jurisdictions. The facility has a rated capacity of [redacted] beds. [redacted] ICE detainees are housed and co-mingling with non-ICE detainees.

The facility was built in [redacted]. It occupies a space inside the Calhoun County Justice Complex which includes the Sheriff’s Office, county courtrooms, and various other county services. The complex perimeter is comprised of exterior building walls and partial fencing runs that are supplemented with razor ribbon on top and bottom. There is a perimeter road that encircles the complex; it is patrolled by an armed officer in a vehicle at least once each shift. Surveillance cameras offer visibility around the entire perimeter, into the housing units, the common areas, and interior movement corridors. All exterior building doors are under constant camera surveillance and are controlled by master control staff. The building is equipped with a site-wide duress/panic alarm system and a 104-surveillance camera network that is monitored 24 hours a day.

The facility has fifteen individual general population housing units. The housing units are a combination of dormitory settings ranging in size from [redacted] to [redacted] beds, and one and two-tier units with [redacted] to [redacted]-bed cells. There are two special management units (SMU); the male unit is a two-tier design with ten one-bed cells up and [redacted]-bed cells down, the female unit is [redacted]-bed cells on the top tier of [redacted] housing unit. There were [redacted] ICE detainees in the SMU during the inspection. Detainees are housed in either direct supervision housing units or in indirect supervision units with roving officers providing supervision.
The facility has dedicated sections of its housing units to serve as COVID-19 wings; there were no positive COVID-19 cases on-site during this inspection. The health care unit is not a licensed infirmary, but does have [redacted] bed rooms used for patient observations; all of these rooms have negative air pressure. All officers and medical staff carry a radio.

All general population and SMU detainees have access to out-of-cell recreation for at least sixty minutes daily. Special management unit detainees; however, have to choose between taking a shower or going to the yard during that time. Each of the general population housing units has a recreation area that abuts to the unit. Each general population housing unit has a dayroom accessible daily from 7:30 a.m. to 9:30 p.m. Tablets, televisions, kiosks and telephones are available for use in the dayrooms during these hours. Tablets provide detainees the ability to: submit ICE/facility requests; file grievances; submit sick-call requests; read books; play games; send/receive text messages; and listen to music. Each housing unit has a kiosk solely dedicated to ordering weekly commissary and checking account balances.

All general/family visits are non-contact in a video-visit format. Legal visits may be contact or non-contact. All detainees are permitted one on-site video-visit each week at no charge, and two off-site video-visits each week at no charge. On-site video-visitations conducted from the front entrance lobby is available daily from 8:00 a.m. to 5:00 p.m. Off-site video-visitations is also available daily from 7:30 a.m. to 9:30 p.m. All detainees are provided daily indoor and outdoor recreation.

The inspectors conducted eight confidential detainee interviews during the inspection; none required the use of a language line. Detainees were interviewed in a private office setting. Sixteen informal interviews were conducted throughout the inspection in the housing units and health care unit. The detainees ranged from one month to seven months of detention in the facility. All of the detainees stated they felt safe at the facility and had not been threatened or mistreated by staff or other detainees. None of the detainees had used the law library and were unaware of the OIG and its purpose. All were informed of the OIG role and were provided contact instructions. There were no registered concerns regarding visitation, recreation or cleanliness of their living areas. All of the detainees stated they received and signed a receipt for the facility handbook and the National Detainee Handbook during intake. One detainee registered a substantive medical concern. His concern was brought to the attention of the health services administrator by the medical SME. His medication requires it be taken in the morning on an empty stomach. Trays arrive at 5:30 a.m. and the deputies will not let him take the tray back to his cell so he can eat it after he takes his medication, which does not arrive until 8:00 a.m. The detainee will now be provided his medication at 5:00 a.m. when the diabetics receive their medication. Most of the detainees stated they did not like the food because of the starchy entrees and no variety. These concerns were discussed with the kitchen manager by the safety SME. All cycle menus have been approved by a registered dietician as meeting or exceeding the nutritional requirements set by the Recommended Dietary Allowances. There is ample entrée variety in the 28-day menu. No further action was necessary. All of the detainees were asking about the status of their case. These questions were passed on the detention services manager for handling. ICE maintains an on-site presence in the facility five days per week. None of the detainees had filed a grievance.

Overall, the detainees were content with their detention in the facility and the sanitation levels of their living environment. Access to programs was not an expressed concern.

There were no ICE detainee deaths, serious suicide attempts or escapes reported during this inspection period. The facility is maintaining an above average level of cleanliness.

Medical services are provided by Corizon Health. Food service operations are contracted with Canteen Service. Detainee telephone, tablet and video visitation services are provided by IC Solutions. ICE detainees are not charged medical co-pays.
Areas of Concern/Significant Observations

This was a hybrid inspection in which some inspectors worked remotely. The remote inspector was unable to personally observe practices and procedures within the facility and relied upon photographs and/or videos to validate the observation of many standards. There were no major areas of concern or significant observations.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility complies with the National Detention Standards (NDS) 2019 for Over 72-hour facilities. No (0) standards were rated as Does Not Meet Standard and one (1) standard was Not Applicable (N/A). All remaining thirty-two (32) standards were found to Meet Standards.

LCI Assurance Statement

The findings are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility. In addition to the entire Nakamoto Group, Inc. Inspection Team (one SME via conference call) the following were present:

- ICE Officials –
- Facility Staff –

Lead Compliance Inspector March 3, 2022
Printed Name of LCI Date