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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Detroit Field Office

Calhoun County Correctional Center
Battle Creek, Michigan

April 12-16, 2021

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

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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 Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan, from April 12 to 16, 2021.¹ 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 (FOD) in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers and a detention services manager to the facility. A CCCC captain handles daily facility operations and manages █████ personnel. Tiggs Canteen Food Service provides food services, Corizon Health Incorporated provides medical care, and Keefe Commissary Network provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health in February 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity (as of April 12, 2021) ²	125
Average ICE Detainee Population (as of April 12, 2021) ³	████
Male Detainee Population (as of April 12, 2021)	████
Female Detainee Population (as of April 12, 2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 23 deficiencies in the following areas: Custody Classification System (2); Funds and Personal Property (2); Use of Force and Restraints (1); Special Management Units (2); Food Service (1); Medical Care (7); Significant Self-Harm and Suicide Prevention and Intervention (3); Disability Identification, Assessment and Accommodation (1); Recreation (1); Telephone Access (1); Visitation (1); and Grievance System (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 Facility List Report as of April 12, 2021.

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 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&6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	3
Facility Security and Control	0
Funds and Personal Property	4
Use of Force and Restraints	0
Special Management Units	12
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	19
Part 4 – Care	
Food Service	0
Hunger Strikes	1
Medical Care	8
Significant Self-Harm and Suicide Prevention and Intervention	4
Disability Identification, Assessment, and Accommodation	1
Sub-Total	14
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	1
Law Libraries and Legal Materials	0
Sub-Total	1
Total Deficiencies	34

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

⁶ 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

ODO interviewed 12 detainees, who each 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 concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated he requested medical services for tooth pain; however, he has not been seen by anyone for his tooth pain. He also requested to see an eye doctor for vision problems but has not seen an eye doctor.

- Action Taken: ODO interviewed the physician's assistant (PA) and acting health services administrator (HSA). The HSA's medical record review of the detainee confirmed his arrival at the facility on November 24, 2020, and a painful dental/problem noted on his custody medical intake form as "possible cavities." On January 11, 2021, staff completed the detainee's initial 14-day dental exam and diagnosed his dental problem as sensitive teeth. The detainee expressed no concerns and needed no medication. The detainee made one sick call request for dental pain on December 6, 2020, and the medical staff examined him that day. The detainee complained of sensitive teeth and stated it had been going on for the past 6 months, but his arrest prevented him from scheduling an appointment with a dentist. The medical staff did not consider this an emergency nor a need for medication but did issue a dentist referral for the detainee. A dentist has not been available on site at the facility since July 31, 2020; however, per the HSA, the facility had just hired a new dentist and expected him to begin work shortly. On March 29, 2021, the detainee made a sick call request for vision problems and the medical staff examined him on the same day. The detainee stated he had noticed a change in his vision before his arrest. The medical staff referred the detainee to an optometrist and advised him of the referral. The appointment date was still pending the week of the compliance inspection.

Medical Care: One detainee stated during the interview that his teeth hurt and requested to see a dentist when he arrived at the facility (October 1, 2020), but has not been seen yet.

- Action Taken: ODO interviewed the physician's assistant (PA) and acting health services administrator (HSA). The HSA's medical record review confirmed his arrival to the facility on October 1, 2020, and his painful dental condition/problem noted on his custody intake screening as "holes somewhere in mouth, possible cavities." On October 20, 2020, medical staff completed the detainee's initial 14-day dental exam and found a broken tooth and decay that was not acute and did not require emergency service and issued him pain medication (Ibuprofen). The detainee requested sick call for intermittent dental pain, especially after eating sweets, on the following six dates: October 18, 2020; October 23, 2020; December 22, 2020; January 23, 2021; February 4, 2021; and March 4, 2021. The staff examined him within 24 hours of each sick call request and noted his broken teeth but no signs of infection. The detainee stated he was in the process of getting his teeth fixed before his arrest. The medical staff issued him Ibuprofen, Tylenol, and Naproxen for pain medication and advised him to do water rinses and to avoid certain foods. The facility has not had a dentist since July 31, 2020;

however, per the HSA, the facility had just hired a new dentist and expected him to begin work shortly.

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 16 detainee detention files and found in 16 out of 16 files no documentation of a supervisory review of the detainee classification (**Deficiency CCS-6⁷**).

ODO reviewed 16 detainee detention files and found in 8 out of 16 files no documentation of a supervisory review of intake files for accuracy and completeness (**Deficiency CCS-10⁸**). **This is a repeat deficiency.**

ODO reviewed 16 detainee detention files and found in 8 out of 16 files no documentation by the reviewing officer to ensure a detainee's assignment to the appropriate housing unit (**Deficiency CCS-11⁹**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed 17 detainee detention files in which the detainee had personal property and found in 7 out of 17 files the staff did not obtain a forwarding address (**Deficiency FPP-15¹⁰**). **This is a repeat deficiency.**

ODO interviewed the property officer and the intake deputy and found the facility did not give the detainees a receipt for property held (**Deficiency FPP-17¹¹**).

ODO reviewed the facility's FPP policy, interviewed the property officer, and found the facility did not have written procedures for the inventory and audit of detainee funds, valuables, and personal property (**Deficiency FPP-18¹²**).

⁷ "Each facility administrator shall require that the facility's classification system ensures the following:

1. All detainees shall be classified upon arrival and before being admitted into the general population of the facility. ICE/ERO staff shall provide to the facility the data needed from each detainee's file to complete the classification process; ...
3. Any detainee who cannot be classified because of missing information at the time of processing (e.g., the results of a criminal record check) shall be kept separate from the general population." See ICE NDS 2019, Standard, Custody Classification System, Section (V)(A)(1) and (3).

⁸ "A supervisor will review the intake/processing officer's classification file for each detainee for accuracy and completeness." See ICE NDS 2019, Standard Custody Classification System, Section (II)(B).

⁹ "Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit." See ICE NDS 2019, Standard Custody Classification System, Section (II)(B).

¹⁰ "Standard operating procedures will include obtaining a forwarding address from every detainee who has personal property." See ICE NDS 2019, Standard Funds and Personal Property, Section (II)(C)(1).

¹¹ "Each detainee shall be given a receipt for all property held until release." See ICE NDS 2019, Standard Funds and Personal Property, Section (II)(C)(2).

¹² "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." See ICE NDS 2019, Standard Funds and Personal Property, Section (II)(D).

ODO reviewed the facility's property documentation, interviewed the property officer, and found the facility did not surrender to ERO Detroit the abandoned property of 24 detainees. The property officer stated the facility destroyed the abandoned property (**Deficiency FPP-33¹³**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee administrative segregation (AS) files and found in 2 out of 12 files an incomplete written order with no approval by the facility administrator or designee before placing the detainee in AS and no exigent circumstances to make this documentation impracticable (**Deficiency SMU-15¹⁴**).

ODO reviewed 12 detainees' AS orders (ASO) and found in 9 out of the 12 ASOs the releasing officer did not indicate the date nor time of release (**Deficiency SMU-19¹⁵**).

ODO reviewed 12 detainees' AS files and found in 4 out of 12 files a supervisor did not conduct a review within 72 hours of the detainee's placement in AS to determine justification of the segregation action (**Deficiency SMU-22¹⁶**).

ODO reviewed 12 detainee disciplinary files and found in 4 out of 12 files an incomplete written order without the signature of the chair of the IDP (or disciplinary hearing officer) before placing the detainee into disciplinary segregation (DS) (**Deficiency SMU-38¹⁷**). **This is a repeat deficiency.**

ODO reviewed 12 detainees' DS files and found in 4 out of 12 files, the IDP did not complete the DS order detailing the reasons for placing the detainee in disciplinary segregation (**Deficiency SMU-39¹⁸**).

ODO reviewed 12 detainees' DS orders (DSO) and found in 7 out of the 12 DSOs, the releasing officer did not indicate the date nor time of release (**Deficiency SMU-42¹⁹**).

¹³ "Facilities shall report and surrender to ICE/ERO all detainee property that is abandoned or unclaimed." *See ICE NDS 2019, Standard Funds and Personal Property, Section (II)(G).*

¹⁴ "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." *See ICE NDS 2019, Standard Special Management Unit, Section (II)(A)(2).*

¹⁵ "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order." *See ICE NDS 2019, Standard Special Management Unit, Section (II)(A)(2)(c).*

¹⁶ "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted." *See ICE NDS 2019, Standard Special Management Unit, Section (II)(A)(3)(a).*

¹⁷ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation." *See ICE NDS 2019, Standard Special Management Unit, Section (II)(B)(2).*

¹⁸ "Prior to a detainee's actual placement in disciplinary segregation, the IDP shall complete the disciplinary segregation order detailing the reasons for placing the detainee in disciplinary segregation." *See ICE NDS 2019, Standard Special Management Unit, Section (II)(B)(2)(a).*

¹⁹ "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order." *See ICE NDS 2019, Standard Special Management Unit, Section (II)(B)(2)(c).*

ODO reviewed 12 detainee administrative detention files and found 1 out of the 12 files did not contain a Special Management Housing Unit Record or comparable form (**Deficiency SMU-64²⁰**).

ODO reviewed 12 detainee administrative detention files that contained 23 Special Management Unit Records and found staff did not record the following activities: whether the detainees participated in recreation over 4 days; whether the detainees ate over 21 days; and whether the facility made showers available to the detainees (**Deficiency SMU-65²¹**).

ODO reviewed 12 detainee administrative detention files that contained 23 Special Management Unit Records and found in 76 out of 339 shifts the officer who conducted the activity did not sign the record (**Deficiency SMU-66²²**).

ODO reviewed 12 detainee administrative detention files that contained 23 Special Management Unit Records and found 4 days out of 113 days in which facility medical staff did not sign each individual record when the medical staff member visited the detainee in SMU (**Deficiency SMU-67²³**).

ODO reviewed 12 detainee administrative detention files that contained 23 Special Management Unit Records and found in 28 out of 109 instances, the housing officer did not initial the special management housing unit record after completion of a medical visit (**Deficiency SMU-68²⁴**).

ODO reviewed 12 detainee administrative detention files that contained 23 Special Management Unit Records and found 4 days out 113 days without any documentation of health care personnel conducting face-to-face medical assessments at least once daily for detainees in SMU (**Deficiency SMU-89²⁵**).

CARE

MEDICAL CARE (MC)

ODO reviewed the credential files of [REDACTED] medical staff and found [REDACTED] files did not have a primary source verification to confirm valid professional licensure to include: a physician, [REDACTED] registered nurses, a nurse practitioner, a psychologist, and a licensed master social worker (**Deficiency MC-11²⁶**). **This is a repeat deficiency.**

²⁰ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(D)(2).

²¹ "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 Unit, Section (II)(D)(2)(a)(1).

²² " The special housing unit officer shall immediately record: ...

3) The officer that conducts the activity shall print his or her name and sign the record." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(D)(2)(a)(3).

²³ "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(D)(2)(b).

²⁴ "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 Unit, Section (II)(D)(2)(b).

²⁵ "Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU." *See* ICE NDS 2019, Standard Special Management Unit, Section (II)(M).

²⁶ "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they

ODO reviewed 12 detainee comprehensive health assessments and found 12 out of 12 health assessments in which the staff did not complete it within 14 days of the detainees' arrival at the facility and, instead, took 19 to 49 days to complete (**Deficiency MC-27²⁷**). **This is a repeat deficiency.**

ODO reviewed 12 detainee health assessments and found 1 completed health assessment by a registered nurse (RN) who had not received annual training by a physician. The RN last received annual, physician-provided training on February 23, 2018 (**Deficiency MC-28²⁸**). **This is a repeat deficiency.**

ODO reviewed 12 detainee initial, dental screening exams and found that the medical staff did not complete 12 out of 12 exams within 14 days of the detainees' arrival and, instead, took 19 to 49 days after a detainee's arrival to complete the screening (**Deficiency MC-43²⁹**). **This is a repeat deficiency.**

ODO reviewed the training files of [REDACTED] non-dental clinicians who conducted initial dental screenings, and found [REDACTED] files did not have documentation of annual training on how to conduct the exam by a dentist (**Deficiency MC-45³⁰**). **This is a repeat deficiency.**

ODO reviewed the medical record of one detainee who arrived with psychotropic medications and the staff provider continued the prescription for the detainee. However, ODO found no separate and documented informed consent, describing the side effects of those medications (**Deficiency MC-93³¹**).

ODO reviewed the facility's detainee handbook and found the handbook did not include instructions on how to request and receive medical records by the detainee or detainee's representative (**Deficiency MC-102³²**).

ODO reviewed one health assessment of a female detainee and found no inquiries about nursing (breastfeeding), use of contraception, history of breast and gynecological problems or family

practice and will perform duties within the scope of their clinical license." *See* ICE NDS 2019, Standard Medical Care, Section (II)(C).

²⁷ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." *See* ICE NDS 2019, Standard Medical Care, Section (II)(E).

²⁸ "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).

²⁹ "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." *See* ICE NDS 2019, Standard Medical Care, Section (II)(H).

³⁰ "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).

³¹ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." *See* ICE NDS 2019, Standard Medical Care, Section (II)(O).

³² "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." *See* ICE NDS 2019, Standard Medical Care, Section (II)(P).

history of breast and gynecological problems (**Deficiency MC-138**³³).

HUNGER STRIKES (HS)

ODO reviewed ■ training files, ■ medical staff and ■ custody staff, and found ■ medical staff and ■ custody staff files lacked documentation of annual training to recognize the signs of a hunger strike, to implement the procedures for a medical assessment referral, and to manage a detainee on a hunger strike (**Deficiency HS-1**³⁴).

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

ODO reviewed ■ training files, ■ medical staff and ■ custody staff, and ■■■■■ medical staff and ■ custody staff files lacked documentation of annual comprehensive suicide prevention training (**Deficiency SSHSPI-2**³⁵). **This is a repeat deficiency.**

ODO reviewed ■ training files, ■ medical staff and ■ custody staff, and found ■ medical staff and ■ custody staff files lacked current cardiopulmonary resuscitation (CPR) training. The staff last received CPR certification in March 2019 (**Deficiency SSHSPI-3**³⁶).

ODO interviewed the PA and HSA, reviewed the medical records of the three detainees placed on suicide watch during the inspection period, and found mental health providers did not perform welfare checks every eight hours. The mental health providers performed welfare checks once daily (**Deficiency SSHSPI-22**³⁷).

ODO interviewed the PA and HSA, reviewed the medical records of the three detainees placed on suicide watch during the inspection period, and found mental health providers did not perform welfare checks every eight hours. The mental health providers performed welfare checks once daily (**Deficiency SSHSPI-28**³⁸).

³³ "In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following: ...

b. If the detainee is currently nursing (breastfeeding);

c. Use of contraception ...

f. History of breast and gynecological problems;

g. Family history of breast and gynecological problems; and ... *See* ICE NDS 2019, Standard Medical Care, Section (II)(U)(1)(b)(c)(f) and (g).

³⁴ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." *See* ICE NDS 2019, Standard Hunger Strike, Section (II)(A).

³⁵ "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).

³⁶ "All of the following topics shall be covered: ...

2. Standard first aid training, cardiopulmonary resuscitation (CPR) training, and training in the use of emergency equipment (that may be located in each housing area of the detention facility)." *See* ICE NDS 2019, Standard Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B)(2).

³⁷ "A mental health provider will perform welfare checks every 8 hours." *See* ICE NDS 2019, Standard Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

³⁸ "A mental health provider will perform welfare checks every 8 hours." *See* ICE NDS 2019, Standard Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO reviewed the facility's 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 or manner they can understand (**Deficiency DIAA-50³⁹**). **This is a repeat deficiency.**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed all ICE detainee grievances and found the facility did not address three kitchen grievances in the required 5 business days. On April 4, 2021, ODO interviewed the kitchen manager who stated he did not have direct access to the kiosk system to review grievances. He stated the facility forwards kitchen grievances to the kitchen email, and the kitchen department responds in turn (**Deficiency GS-15⁴⁰**). **This is a repeat deficiency.**

Corrective Action: On April 4, 2021, the facility informed ODO they added the kitchen manager to the inmate/detainee request system and now the kitchen manager has direct access to review all detainee requests and grievances (**C-1**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 34 deficiencies in the remaining 8 standards, which includes 12 repeat deficiencies. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the 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	18	18
Deficient Standards	12	8
Overall Number of Deficiencies	23	34
Repeat Deficiencies	N/A	12
Areas of Concern	0	0
Corrective Actions	0	1

³⁹ "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, Standard Disability Identification, Assessment, and Accommodation, Section (II)(I).

⁴⁰ "Barring extraordinary circumstances, grievances shall be addressed within five business days". See ICE NDS 2019, Standard Grievance System, Section (II)(A)(2)(a).