



**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

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Office of Detention Oversight  
Follow-Up Compliance Inspection

Enforcement and Removal Operations  
ERO Detroit Field Office

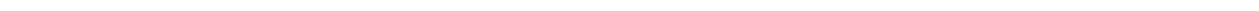
Calhoun County Correctional Center  
Battle Creek, Michigan

August 30 - September 2, 2021

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

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## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	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 August 30 to September 2, 2021.<sup>1</sup> 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.

ERO has assigned deportation officers and a detention services manager to the facility. A CCCC captain handles daily facility operations and manages █████ support personnel. Tiggs Canteen Food Service provides food services, Corizon Health Inc. 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 <sup>2</sup>	████
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of August 30, 2021)	████
Female Detainee Population (as of August 30, 2021)	████

During its last inspection, in April 2021, ODO found 34 deficiencies in the following areas: Custody Classification System (3); Funds and Personal Property (4); Special Management Units (12); Hunger Strikes (1); Medical Care (8); Significant Self-Harm and Suicide Prevention and Intervention (4); Disability Identification, Assessment, and Accommodation (1); and Grievance System (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of August 30, 2021.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

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 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 non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>4&amp;5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	1
Use of Force and Restraints	0
Special Management Units	1
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</b>

<sup>4</sup> For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

<sup>5</sup> 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 10 detainees, who each voluntarily agreed to participate. ODO made several attempts to interview additional detainees; however, none of the remaining detainees volunteered for an interview with ODO. 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 a facility doctor evaluated his eye and the facility's medical staff prescribed him pills to help him sleep because his eye bothered him, but the prescription did not help.

- Action Taken: ODO spoke with the facility's medical staff and learned they have evaluated the detainee on multiple occasions, with the most recent visit occurring on August 31, 2021, for an unrelated problem. During the August 31, 2021 visit, the detainee informed medical staff his vision continues to be a problem, but he was not having eye pain. The facility's medical staff had previously submitted a consult request for the eye complaint and scheduled him for an appointment with ophthalmology to occur on September 2, 2021. The ophthalmologist evaluated the detainee and determined the detainee was suffering from a macular pucker (scar tissue) on his eye. The ophthalmologist also stated the scar tissue will heal on its own. However, because this condition can cause blurred vision, the ophthalmologist provided the detainee with a prescription for eyeglasses. ODO confirmed the detainee did receive his prescribed eyeglasses.

*Religious Practices:* One detainee stated Christian pastors visit the facility, but he has not been able to meet with an Imam.

- Action Taken: ODO spoke with the facility's religious services coordinator (RSC) who stated he assists the facility's Muslim population by providing Qur'ans and towels to be used as prayer rugs. He also intercedes on a detainee's behalf when they believe their religious rights are not being honored or when they have a religious based request. The RSC met with the detainee and explained these facts to him in which the detainee acknowledged he understood them. Additionally, the RSC stated he has made several attempts to recruit non-Christian religious leaders to provide services to the facility's non-Christian population but has been unsuccessful in his attempts. The closest mosque to the facility is in Kalamazoo, Michigan, and the Imam indicated he would only conduct services in the Kalamazoo Mosque. He did get a Muslim group from Detroit agree to come to the facility; however, after the first visit, the group informed the RSC the drive was too far and would not return.

# FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## SECURITY

### FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's detainee handbook and found it did not notify detainees of the rules for mailing property not allowed in their possession (**Deficiency FPP-34**<sup>6</sup>).

### SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] detainee segregation files and found in [REDACTED] files, observation checks of detainees in the facility's special management unit exceeded 30 minutes on multiple occasions (**Deficiency SMU-84**<sup>7</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 12 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found two deficiencies in the remaining two 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. ODO has not received the uniform corrective action plan for ODO's last inspection of CCCC in April 2021.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	12
Deficient Standards	8	2
Overall Number of Deficiencies	34	2
Repeat Deficiencies	12	0
Areas of Concern	0	0
Corrective Actions	1	0

<sup>6</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: 3. The rules for storing or mailing property not allowed in their possession". See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(3).

<sup>7</sup> "SMU staff shall observe and log observations at least every 30 minutes on an irregular 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).