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ICE Inspections  
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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**

**September 13-15, 2022**

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

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
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 follow-up compliance inspection of the Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan, from September 13 to 15, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of CCCC from March 15 to 17, 2022. 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.

ERO has assigned deportation officers and a detention services manager to the facility. A CCCC chief deputy handles daily operations and manages █████ support personnel. Tiggs Canteen Food Services provides food services, YesCare Corp. 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 <sup>2</sup>	████
Average ICE Population <sup>3</sup>	████
Adult Male Population (as of September 13, 2022)	████
Adult Female Population (as of September 13, 2022)	████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 33 deficiencies in the following areas: Hunger Strikes (4); Medical Care (11); Sexual Abuse and Assault Prevention and Intervention (10); Significant Self-harm and Suicide Prevention and Intervention (4); Special Management Unit (1); Use of Force and Restraints (3).

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<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 as of September 14, 2022.

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

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

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>4,5</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 2 - Security</b>	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	3
Funds and Personal Property	1
Use of Force and Restraints	2
Special Management Units	1
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>8</b>
<b>Part 4 - Care</b>	
Food Service	1
Hunger Strikes	0
Medical Care	5
Significant Self-Harm and Suicide Prevention and Intervention	4
<b>Sub-Total</b>	<b>10</b>
<b>Part 5 - Activities</b>	
Recreation	1
Telephone Access	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Detainee Handbook <sup>6</sup>	1
Grievance System	4
<b>Sub-Total</b>	<b>5</b>
<b>Total Deficiencies</b>	<b>27</b>

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

<sup>5</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

<sup>6</sup> The deficiency ODO cited was found as a result of detainee interviews, ODO did not review the Detainee Handbook standard in its entirety.

## DETAINEE RELATIONS

ODO interviewed 23 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.

*Admission and Release:* One detainee stated he did not receive an ICE National Detainee Handbook upon admission.

- Action Taken: On September 16, 2022, ODO reviewed the detainee's file and found no signed acknowledgement form confirming the detainee's receipt of the ICE National Detainee Handbook, which ODO cited as a deficiency in the *Detainee Handbook* section of this report. On September 16, 2022, ODO provided the detainee a copy of the handbook in his preferred language of Arabic.

*Custody Classification System:* One detainee stated the facility did not respond to his request for transfer to another housing unit. The detainee also stated his mental health is declining because he only receives 2 to 3 hours of recreation a day, unlike other detainees housed in different units.

- Action Taken: ODO first asked the detainee if he needed to speak with medical staff regarding his mental health, and he declined the offer. On September 15, 2022, ODO interviewed the clinic coordinator (CC), reviewed the detainee's detention file and electronic requests submitted to the facility, and found the facility admitted the detainee on April 27, 2022, and noted his self-disclosure as a schizophrenic. On May 9, 2022, the facility assigned the detainee to housing unit F. On May 23, 2022, the facility psychiatrist completed an initial evaluation of the detainee, diagnosed schizophrenia, and prescribed Olanzapine (15 mg) and Trazodone (100 mg). On June 4, 2022, the detainee submitted a request for a pod transfer from housing unit F due to a decline in his mental health. On June 5, 2022, the facility explained to the detainee his classification status determined his current housing assignment, but they would submit a mental health referral for him. The facility did not provide documentation confirming staff submitted a mental health referral. On June 6, 2022, facility staff moved the detainee to segregated housing for refusing to lock down in his cell. On June 12, 2022, the facility staff returned the detainee to housing unit F. On June 22, 2022, the facility mental clinician (MC) assessed the detainee during a scheduled sick call visit and noted the detainee's calm and respectful disposition in requesting not to return to housing unit F due to the noise. The detainee also claimed substantial mental health improvement and denied having suicidal and/or homicidal feelings or hearing voices in his head. The detainee admitted his need to socialize with others, instead of isolation in a locked cell all day except for the 3-hour release allowed by the facility. The MC recommended using coping strategies such as reading, exercising, and focusing on positive self-talk. On July 28, 2022, the facility psychiatrist examined the detainee for a follow-up visit, observed the detainee's calm and cooperative behavior and no apparent distress. On September 26, 2022, the CC confirmed the detainee's current housing unit as unit F, which was determined following the facility psychiatrist's most recent examination and facility classification procedures.

*Environmental Health and Safety:* One detainee stated his concern about the mold in his housing unit shower area and dirty bathroom vents.

- Action Taken: On September 15, 2022, ODO toured all seven detainee housing units and observed evidence of what appeared to be mildew on all walls, grout, and ceilings of the shower area, and dark stains on the shower ceilings. ODO cited this as a deficiency in the *Environmental Health and Safety* section of the report.

*Medical Care:* One detainee stated his need for a medical diet because of his borderline diabetes.

- Action Taken: ODO interviewed the facility health services administrator (HSA), reviewed the detainee's medical records, and found medical staff performed a routine diagnostic test on September 2, 2022. On September 6, 2022, a facility physician assistant (PA) informed the detainee the test results confirmed Type II diabetes mellitus and prescribed Metformin HCL (500 mg), twice daily. On September 9, 2022, medical staff placed the detainee on a diabetic diet. ODO confirmed medical staff scheduled the detainee to receive routine follow-up testing on October 10, 2022.

*Medical Care:* One detainee stated 2 months have passed since medical staff said he would see a doctor to discuss the low iron content in his blood and the discoloration of his fingernails.

- Action Taken: ODO interviewed the facility CC, reviewed the detainee's medical record, and did not find a sick call request for his discolored fingernails. On March 20, 2022, medical staff received lab test results, confirming a below-normal level for iron. On April 22, 2022, the detainee submitted a request to the medical staff for a copy of the results. On May 10, 2022, medical staff informed the detainee to complete and submit a release of information form (ROIF) for his results. The CC confirmed medical staff submitted an ROIF to the detainee on May 10, 2022. On May 27, 2022, the detainee submitted another request to medical staff, stating he did not receive his results and requested his results again. On May 27, 2022, medical staff informed the detainee a clinic nurse would respond to his request. On June 6, 2022, the detainee submitted another request to medical for his blood results and stated he did not receive the ROIF. On June 6, 2022, the detainee received and signed the ROIF, and medical staff placed copies of it in the detainee's property. On June 19, 2022, the detainee submitted a request to medical, noting his need for medication to overcome his iron deficiency. On June 20, 2022, a facility registered nurse (RN) met with the detainee during sick call to discuss his fatigue and need for an iron supplement. The RN referred the detainee to the facility provider and advised him to submit a sick call request if new symptoms developed or current symptoms worsened. The detainee verbalized understanding. At the request of ODO, the facility RN met with the detainee on October 15, 2022, and ordered routine blood testing. The detainee made no mention of his discolored fingernails during the visit. On October 3, 2022, the PA informed the detainee the results of the blood test confirmed normal levels for iron, ferritin, and total iron-binding capacity and hence no need to prescribe an iron supplement.

*Medical Care:* One detainee stated the facility denied his request for eyeglasses.



- Action Taken: ODO interviewed the CC, reviewed the detainee’s medical file, and found the detainee submitted a request to medical staff for blurred vision on July 13, 2022, and the facility regional medical director (RMD) evaluated the detainee on the same day. On July 14, 2022, the RMD referred the detainee to an external ophthalmologist for blurry vision and an evaluation for diabetic retinopathy. Additionally, the RMD informed the detainee on sleep hygiene, diabetic care, and relaxation methods. On August 25, 2022, the facility sent the detainee to an external ophthalmology clinic for the previous referred appointment. An ophthalmologist confirmed the detainee’s diabetes without retinopathy, prescribed progressive glasses for daily use, and informed the detainee of the impact of diabetes on his ocular vision and health. On August 25, 2022, the RMD submitted an electronic claims request to ICE Health Service Corps (IHSC) for prescription eyeglass. At ODO’s request, medical staff informed the detainee of the pending approval by IHSC, and the detainee received his eyeglasses on September 21, 2022.

*Recreation:* One detainee stated his dissatisfaction with the lack variety of in exercise equipment at the facility.

- Action Taken: ODO observed detainee exercise areas and found detainees have access to basketballs and soccer balls. ODO also noted stationary basketball hoops as the only available fixed equipment. ODO cited this as a deficiency in the *Recreation* section of this report.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed the maintenance supervisor, observed the fire-suppression system installed on the fixed range hood in the kitchen, and found the facility did not comply with the standards and regulations of the National Fire Protection Association (NFPA). Specifically, the facility did not comply with NFPA 96, “Standard Fire Code for Vent Hood Cleaning,” which requires properly trained and qualified personnel to service the facility system at least every 6 months. The facility’s last service date for the fire-suppression system occurred in January 2022 (**Deficiency EHS-33**<sup>7</sup>).

ODO observed all seven detainee housing units and found the facility did not maintain environmental health conditions at a level meeting recognized standard of hygiene. Specifically, ODO found what appeared to be mildew on the walls, grout, and ceiling of the showers, and noted

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<sup>7</sup> “The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters’ Laboratories or Factory Mutual Engineering Corporation.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

dark stains on the shower ceilings (**Deficiency EHS-58<sup>8</sup>**).

ODO observed all seven detainee housing units and found the facility did not keep all housing unit surfaces and fixtures clean. Specifically, in housing units B, C, E, F, and G, ODO found what appeared to be mildew on the walls, grout, and ceilings of the showers and also noted dark stains on the shower ceilings (**Deficiency EHS-64<sup>9</sup>**).

## **SECURITY**

### **ADMISSION AND RELEASE (AR)**

ODO interviewed the post officer, reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, the facility did not copy identity documents, such as passports, birth certificates, etc., for the files, nor forward the originals to ERO Detroit. Specifically, facility staff inventoried the documents on the detainees' property forms and placed the original documents in the detainees' stored personal property (**Deficiency AR-12<sup>10</sup>**).

### **FACILITY SECURITY AND CONTROL (FSC)**

ODO interviewed a facility lieutenant, reviewed the facility staffing analysis and staffing plan, and found the facility does not review and update these documents annually. Specifically, the facility last reviewed and updated its staffing plan in 2018 (**Deficiency FSC-5<sup>11</sup>**).

ODO reviewed 116 visitor logbook entries and found in 90 out of 116 entries, the facility did not identify the time of departure for every person visiting the facility, and in 10 out of 116 entries, the facility did not identify the purpose of the visit (**Deficiency FSC-17<sup>12</sup>**).

ODO interviewed a facility lieutenant, reviewed the facility FSC program, and found no written policy and procedures to secure the Special Management Unit from contraband (**Deficiency FSC-29<sup>13</sup>**).

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<sup>8</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

<sup>9</sup> "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

<sup>10</sup> "Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO." *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

<sup>11</sup> "The facility shall develop and document comprehensive detainee supervision guidelines, as well as a comprehensive staffing analysis and staffing plan, to determine and meet the facility's detainee supervision needs; these shall be reviewed and updated at least annually." *See* ICE NDS 2019, Standard, Facility Security and Control, Section (II)(A).

<sup>12</sup> "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." *See* ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

<sup>13</sup> "Every facility will establish written policy and procedures to secure the SMU from contraband." *See* ICE NDS 2019, Standard, Facility Security and Control, Section (II)(H)(2).

## FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the post officer, reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, the facility did not copy identity documents, such as passports, birth certificates, etc., for the files, nor forward the originals to ERO Detroit. Specifically, facility staff inventoried the documents on the detainees' property forms and placed the original documents in the detainees' stored personal property (**Deficiency FPP-10**<sup>14</sup>).

## USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed a facility lieutenant, reviewed the facility UOFR program, video footage, and six immediate use-of-force (UOF) files, and found in one out of six files, the facility did not refrain from striking a detainee for failing to obey an order when using nondeadly force. Specifically, ODO's review of video footage found a facility officer using his knee to strike the right leg area of a detainee approximately 10 times (**Deficiency UOFR-24**<sup>15</sup>).

ODO interviewed a facility lieutenant, reviewed the facility UOFR program, video footage, and six immediate UOF files, and found in one out of six files, the facility did not refrain from striking a detainee, when grasping or pushing the detainee would have achieved the desired result. Specifically, ODO's review of video footage found a facility officer using his knee to strike the right leg area of a detainee approximately 10 times (**Deficiency UOFR-25**<sup>16</sup>).

## SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed 8 days of 30-minute check logs for 1 detainee the facility housed in their SMU during the inspection period and found SMU staff did not observe and log observations at least every 30 minutes on an irregular schedule. Specifically, SMU staff regularly documented its observations between 40 minutes and 42 minutes (**Deficiency SMU-84**<sup>17</sup>). **This is a repeat deficiency.**

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<sup>14</sup> "Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(B)(2).

<sup>15</sup> "Facility staff shall only use force, restraints, and non-lethal weapons that are approved by facility policy in a manner consistent with policy, procedure, and training requirements. The following acts and techniques are prohibited when using non-deadly force: ...

4. Striking a detainee for failing to obey an order."

See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(C)(4).

<sup>16</sup> "Facility staff shall only use force, restraints, and non-lethal weapons that are approved by facility policy in a manner consistent with policy, procedure, and training requirements. The following acts and techniques are prohibited when using non-deadly force: ...

5. Striking a detainee, when grasping or pushing him or her would achieve the desired result."

See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(C)(5).

<sup>17</sup> "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).

## CARE

### FOOD SERVICE (FS)

ODO interviewed the maintenance supervisor, observed the fire-suppression system installed on the fixed range hood in the kitchen, and found a qualified inspector does not inspect the system every 6 months. Specifically, the facility's last inspection date for the fire-suppression system occurred in January 2022 (**Deficiency FS-112**<sup>18</sup>).

### MEDICAL CARE (MC)

ODO reviewed two medical records for detainees diagnosed with HIV and found in one out of two records, the facility did not evaluate the detainee for tuberculosis nor did the facility take a chest X-ray of the detainee (**Deficiency MC-23**<sup>19</sup>).

ODO reviewed 18 RN conducted detainee physical examinations and found in 12 out of 18 examinations, no review by the facility provider (**Deficiency MC-29**<sup>20</sup>). **This is a repeat deficiency.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility health care practitioner did not obtain a specific signed and dated consent form from the detainee prior to administering a medical examination or treatment (**Deficiency MC-92**<sup>21</sup>).

ODO reviewed █ detainee medical records with psychotropic medication histories and found in █ out of █ records, no documented informed consent form prior to the administration of those psychotropic medications, to include a description of the medications' side effects (**Deficiency MC-93**<sup>22</sup>). **This is a repeat deficiency.**

ODO reviewed the medical records and initial assessments of two female detainees, aged 29 and 44 years, and found in one out of two initial assessments, staff did not inquire about or perform a pregnancy test (**Deficiency MC-138**<sup>23</sup>). **This is a repeat deficiency.**

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<sup>18</sup> "Machines shall be guarded in compliance with OSHA standards. ...

c. An approved, fixed, fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers, and open flame devices. A qualified contractor shall inspect the system every six months."

*See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).*

<sup>19</sup> "All detainees with HIV shall be evaluated for TB disease, which includes a chest X-ray." *See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).*

<sup>20</sup> "When a physical examination is not conducted by a provider, it must be reviewed by a provider." *See ICE NDS 2019, Standard, Medical Care, Section (II)(E).*

<sup>21</sup> "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." *See ICE NDS 2019, Standard, Medical Care, Section (II)(O).*

<sup>22</sup> "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).*

<sup>23</sup> "In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform pregnancy test for detainees aged 18-56 and deliver to the detainee and document the results." *See ICE NDS 2019,*

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

ODO reviewed eight medical records for detainees placed on suicide watch during the inspection period and found:

- In one out of eight records, the facility mental health provider (MHP) did not evaluate the detainee daily to assess any changes dictating a need for change in the level of supervision or removal from suicide precautions. Specifically, medical staff placed the detainee on suicide watch from June 25 to July 4, 2022, but the MHP did not assess the detainee on June 29, 2022, and from July 1 to 3, 2022 (**Deficiency SSHSPI-15**<sup>24</sup>);
- In one out of eight records, the MHP did not document the detainee’s reevaluation in the detainee’s medical record (**Deficiency SSHSPI-16**<sup>25</sup>);
- In eight out of eight suicide watch logs, facility staff monitoring did not consist of staggered checks at intervals not to exceed 15 minutes. Specifically, their documented monitoring of detainees occurred between 16 and 55 minutes in 308 instances (**Deficiency SSHSPI-27**<sup>26</sup>);
- In one out of eight records, the MHP did not perform welfare checks every 8 hours for detainees placed on close observation during the inspection period. Specifically, on one occasion, the MHP conducted a welfare check once in 24 hours (**Deficiency SSHSPI-28**<sup>27</sup>). **This is a repeat deficiency**; and
- While medical staff completed the required follow-up evaluations in line with the SSHSPI standard, in six out of eight files, the MHP did not conduct follow-up evaluations of detainees released from suicide watch on the dates scheduled by the medical staff. Additionally, the MHP saw four out of six detainees between 5 and 42 days after the dates specified in their treatment plans. Furthermore, the MHP has not seen two out of six detainees for additional follow-up evaluations as of September 15, 2022. ODO cited this as an **Area of Concern**.

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Standard, Medical Care, Section (II)(U)(1)(a).

<sup>24</sup> “Detainees placed on suicide precautions shall be reevaluated by a mental health provider (or a health care practitioner) on a daily basis to assess any changes that indicate a need for change in the level of supervision (i.e., constant watch, close observation, or removal from suicide precautions).” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(D).

<sup>25</sup> “Each re-evaluation must be documented in the detainee’s medical record.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(D).

<sup>26</sup> “The monitoring shall consist of staggered checks at intervals not to exceed 15 minutes (e.g., every 5, 10, 7 minutes) and be documented.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>27</sup> “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).

## **ACTIVITIES**

### **RECREATION (R)**

ODO observed detainee exercise areas and found the facility does not offer a variety of fixed and movable equipment. Specifically, detainees have access to basketballs and soccer balls, and stationary basketball hoops serve as the only available fixed equipment (**Deficiency R-8<sup>28</sup>**).

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

ODO interviewed a detainee, reviewed his detention file, and found the facility did not maintain a documented acknowledgement for the detainee's receipt of the ICE National Detainee Handbook (**Deficiency DH-9<sup>29</sup>**).

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility-specific detainee handbook and found the facility does not allow detainees to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage. Specifically, the handbook states detainees must follow each step of the grievance process before proceeding to the next step (**Deficiency GS-8<sup>30</sup>**).

ODO reviewed 25 detainee grievances and found in 2 out of 25 grievances, the facility did not address the grievances within 5 business days. Specifically, two detainees filed grievances on August 23, 2022, and one detainee received a response on September 6, 2022, and the other on September 7, 2022 (**Deficiency GS-15<sup>31</sup>**).

ODO interviewed the facility's lieutenant and supervisory detention and deportation officer, reviewed six detainee grievances related to allegations of staff misconduct and found the facility did not forward three out of six grievances to ICE/ERO (**Deficiency GS-29<sup>32</sup>**).

ODO reviewed the facility's site-specific detainee handbook and found no notification to detainees of the procedures for resolving a grievance or appeal, including the right to elevate the grievance to higher levels if a detainee does not believe facility staff resolved the issue (**Deficiency GS-34<sup>33</sup>**).

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<sup>28</sup> "Exercise areas shall offer a variety of fixed and movable equipment." See ICE NDS 2019, Standard, Recreation, Section (II)(C)(1).

<sup>29</sup> "The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(F).

<sup>30</sup> "The detainee is always free to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage." See ICE NDS 2019, Standard, Grievance System, Section (II)(A)(1).

<sup>31</sup> "Barring extraordinary circumstances, grievances shall be addressed within five business days." See ICE NDS 2019, Standard, Grievance System, Section (II)(A)(2)(a).

<sup>32</sup> "The facility must forward all detainee grievances containing allegations of staff misconduct to ICE/ERO." See ICE NDS 2019, Standard, Grievance System, Section (II)(F).

<sup>33</sup> "The grievance section of the facility handbook will provide notice of the following: ..."

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2019 and found the facility in compliance with 5 of those standards. ODO found 28 deficiencies in the remaining 12 standards. ODO recommends ERO Detroit work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of CCCC which occurred in March 2022.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (NDS 2019)</b>	<b>Second FY 2022 (NDS 2019)</b>
Standards Reviewed	19	17
Deficient Standards	6	12
Overall Number of Deficiencies	33	27
Repeat Deficiencies	0	5
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Good	N/A

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4. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved.”

*See ICE NDS 2019, Standard, Grievance System, Section (II)(H)(4).*