



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

Enforcement and Removal Operations

ERO Detroit Field Office

Calhoun County Correctional Facility

Battle Creek, Michigan

September 19-21, 2017

COMPLIANCE INSPECTION
for the
CALHOUN COUNTY CORRECTIONAL FACILITY
BATTLE CREEK, MICHIGAN

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INSPECTION TEAM MEMBERS

Lead Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Section Chief	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Calhoun County Correctional Facility (CCCF) in Battle Creek, Michigan from September 19-21, 2017.¹ The CCCF opened in June 1994 and is owned and operated by the Calhoun County Sheriff's Office. The Office of Enforcement and Removal Operations (ERO) started housing ICE detainees at CCCF in 1999, pursuant to a (non-dedicated) Intergovernmental Service Agreement (IGSA), under the oversight of ERO Field Office Director (FOD) Detroit. The facility is contractually obligated to operate under the ICE National Detention Standards (NDS) 2000.

The facility is assigned a Detention Services Manager, and one ERO officer is on-site full time. A Chief Deputy is responsible for oversight of daily operations and is supported by [REDACTED] personnel. Corizon Health Incorporated provides detainee medical services, and Canteen Services provides food services. The facility is accredited by the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
Average ICE Detainee Population ²	[REDACTED]
Male Detainee Population (as of 9/19/2017)	[REDACTED]
Female Detainee Population (as of 9/19/2017)	[REDACTED]

In FY 2014, ODO conducted a compliance inspection of CCCF under the National Detention Standards (NDS) 2000. ODO reviewed the facility's compliance with 16 standards and found eleven (11) deficiencies in the following six (6) standards: Access to Legal Material (1 deficiency), Admission and Release (1), Food Service (3), Funds and Personal Property (1), Special Management Unit (Administrative Segregation) (3), and Telephone Access (2).

¹ This facility holds male and female detainees with low, medium, and high classification levels for periods greater than 72 hours.

² *Ibid.*

FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ³	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	1
Admission and Release	0
Detainee Classification System	1
Detainee Grievance Procedures	1
Detainee Handbook	0
Food Service	2
Funds and Personal Property	1
Staff-Detainee Communication	3
Telephone Access	0
Sub-Total	9
Part 2 – Security and Control	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	1
Use of Force	3
Sub-Total	7
Part 3 – Health Services	
Medical Care	5
Suicide Prevention and Intervention	0
Sub-Total	5
PBND 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	21

³ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

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 over 72 hours to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. 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 linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection -- these corrective actions are annotated with "C" under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO hosts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO develop and initiate corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency's entire detention inventory.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed sixteen (16) detainees, eleven (11) male and five (5) female, to assess the conditions of confinement at CCCF. All of the individuals interviewed volunteered to participate, and none made allegations of abuse, discrimination or mistreatment. The detainees reported being satisfied with facility services, with the exception of the complaints below:

Medical Care: One detainee claimed he has an infection in his mouth, submitted a sick call request, and has not been seen by a dentist.

- Action Taken: ODO reviewed the detainee's medical record and spoke with medical staff. The detainee initially submitted a sick call request for a dental infection on July 12, 2017. He was evaluated the next day by a Registered Nurse (RN) and placed on the list to see a dentist. The RN engaged the physician and the detainee was prescribed antibiotics and pain medication. The detainee submitted a second sick call request for dental care on September 7, 2017 and was evaluated the following day by a RN who found the infection had resolved. While the immediate infection had resolved, ODO notes the detainee was not seen by a dentist in July or August as the previous contracted provider had resigned. The RN proceeded with scheduling a dental exam with a new provider, which is to occur before the end of September 2017. At ODO's request, facility staff advised the detainee of the upcoming appointment but did not provide the date for security reasons, and ODO advised the Assistant Field Office Director (AFOD) accordingly.

Medical Care: One detainee claimed he was not checked for tuberculosis (TB) since arriving at the facility.

- Action Taken: ODO reviewed the detainee's medical record and spoke with medical staff. The detainee arrived at CCCF on September 5, 2017 and was medically screened by the booking deputy. The detainee received no nursing assessment following intake, as he indicated no medical concerns at that time. The detainee's physical examination took place on September 19, 2017. ODO found no evidence of PPD testing in the medical record and brought this matter to the attention of the Health Services Administrator (HSA) and AFOD. The detainee was given a PPD test on September 19, 2017. *See the Inspection Findings: Medical Care Section of this report for further information.*

Medical Care: One detainee claimed she had problems with her heart but did not get medication for several days after her arrival at the facility.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee arrived at CCCF on September 4, 2017 and indicated a history of hypertension necessitating medication, which was noted on the medical intake screening form completed by the booking deputy. The booking deputy referred the matter to an RN who then evaluated and assessed the detainee. The detainee arrived at the facility without medication but provided the name of the medication and her pharmacy. Staff attempted to verify the detainee's medication with the pharmacy but was unsuccessful. At intake, the detainee's blood pressure was recorded by the RN to be 158/100. Following this assessment, no follow-up was attempted to monitor the detainee's blood pressure. On September 11, 2017, seven days after arrival, the detainee submitted a sick call request asking for hypertension medication. The detainee was seen by an RN the next day and her blood pressure reading was 152/96--staff ordered medication at that time. ODO notes the detainee did not undergo an initial physical exam until 16 days after arrival. This issue was brought to the attention of the Assistant Field Office Director (AFOD). *See the Inspection Findings: Medical Care Section of this report for further information.*

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

CCCF's detainee handbook does not include the procedure for notifying a designated employee that the library material is missing or damaged (**Deficiency ALM-1⁵**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO observed [REDACTED] detainees moving throughout the facility unescorted. Facility staff indicated only detainees assigned to disciplinary or administrative segregation are escorted (**Deficiency DCS-1⁶**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

The grievance section of the CCCF detainee handbook does not inform detainees of the policy prohibiting staff from retaliating against any detainee for filing a grievance or the opportunity to directly file a complaint about officer misconduct with the Department of Justice (**Deficiency DGP-1⁷**).

FOOD SERVICE (FS)

ODO observed the sanitation program and found clean-as-you-go procedures posted throughout all kitchen areas. However, ODO observed a significant build-up of lime deposits and food particles throughout the entire dishwasher and a buildup of baked food items under the lip of the oven pans. The thermal trays used for satellite meal service also contained lime deposits, making them appear unsanitary (**Deficiency FS-1⁸**).

ODO verified documentation that Canteen Services staff members conduct daily and weekly inspections; however, written food service inspection reports with noted problems are not forwarded to the Officer in Charge (**Deficiency FS-2⁹**). Additionally, CCCF policy directs the jail compliance officer to conduct monthly inspections of all food service areas and equipment. ODO found no documentation indicating these inspections are completed.

⁵ "The detainee handbook or equivalent shall provide detainees with the rules and procedures governing access to legal materials, including the following information: the procedure for notifying a designated employee that library material is missing or damaged." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(6). This is a repeat deficiency.

[REDACTED] detainees are considered a high-risk category requiring medium to maximum security. [REDACTED] detainees are always monitored and escorted." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(3).

⁷ "The grievance section of the detainee handbook will provide notice of the following: 5. The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance. 6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling...." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(5)(6).

⁸ "All food service employees are responsible for maintaining a high level of sanitation in the food service department. Food service staff shall teach detainee workers personal cleanliness and hygiene; sanitary methods of preparing, storing, and serving food; and the sanitary operation, care and maintenance of equipment, including automatic dishwashers and pot-and-pan washers." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(1).

⁹ "Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the OIC. The OIC shall establish the date(s) by which identified problems shall be corrected." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(b).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed documentation and confirmed monthly audits of property and valuables are completed by the property officer. According to the accounting clerk, Calhoun County finance staff members audit detainee funds twice a year; however, there are no written procedures in place governing the audits of property/funds in accordance with the standard (**Deficiency F&PP-1¹⁰**).

Corrective Action: The facility initiated corrective action prior to the end of the inspection by writing new procedures governing the inventories and audits of inmate funds and property; however, it had not been signed and approved by the CCCF Sheriff prior to the completion of the inspection (**C-1**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed six months of Facility Liaison Visit Checklists verifying ERO visits the facility living and activity areas weekly. However, the documentation also indicated when ERO staff performed Staff-Detainee Communication visits they did not always visit ICE detainees in Special Management Units (SMUs) (**Deficiency SDC-1¹¹**).

The facility's detainee handbook does not inform detainees of the opportunity to submit written requests directly to ICE, nor does it tell them how to do so (**Deficiency SDC-2¹²**).

Telephone Serviceability Worksheets were not included with the Facility Liaison Visit packets reviewed and could not be located by ERO staff during the course of the inspection (**Deficiency SDC-3¹³**).

¹⁰ "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F). **This is a repeat deficiency.**

¹¹ "The ICE officer will also visit the facility's Special Management Units (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU, and review all records in this regard." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2)(b).

¹² "The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(3).

¹³ "Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the bro bono/consulate list. ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access. The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis. Each serviceability test shall be documented using the attached form. The field office shall maintain forms in a retrievable format, organized by month, for a three-year period." See ICE Memorandum: Detainee Telephone Services, dated April 4, 2007.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The facility has a newly designated Fire Safety Sergeant who is responsible for the fire safety and sanitation programs. ODO's review of documentation found [REDACTED] fire and safety inspections are not being conducted consistently and there was no documentation available to support monthly inspections are being conducted (**Deficiency EH&S-1¹⁴**).

ODO confirmed [REDACTED] fire drills are conducted and [REDACTED] however, ODO's review of documentation found the [REDACTED] (**Deficiency EH&S-2¹⁵**).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed documentation and confirmed the facility maintains permanent records (Form I-888) and documents when medical rounds are made; however, the Form I-888s are missing information such as acceptance or refusal of meals, showers, and recreation for detainees on AS. This information was also lacking for the detainee housed in SMU at the time of the inspection (**Deficiency SMU AS-1¹⁶**).

Area of Concern:

ODO found appropriate mental health intervention protocols were not followed in the case of the one male detainee placed on AS at the time of inspection. ODO found the detainee was placed on AS on September 6, 2017. An AS order was completed as required and reflected the detainee was placed on AS due to mental health concerns pending a mental health evaluation. An initial mental health evaluation was completed on September 7, 2017. The resulting treatment plan indicated mental health staff members were to see the detainee three times per week. While required segregation reviews were completed on September 7 and September 14, 2017, ODO's review of records found mental health staff did not see the detainee until September 19, 2017, which was twelve days after his initial evaluation.

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO reviewed documentation and confirmed the facility maintains permanent records (Form I-888) and documents when medical rounds are made; however, the Form I-888s are missing information such as acceptance or refusal of meals, showers, and recreation for detainees on DS, including the detainee housed in SMU at the time of the inspection (**Deficiency SMU DS-1¹⁷**).

¹⁴ "A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

¹⁵ [REDACTED] See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹⁶ "A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(E)(1).

¹⁷ "A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(E)(1).

USE OF FORCE (UOF)

The facility reported ten immediate and [REDACTED] calculated use of force incidents involving detainees in the year preceding the inspection. Detainees were placed in the safety restraint chair during eight immediate use-of-force incidents. ODO reviewed the documentation for all ten incidents and found in two cases there was no documentation of a medical assessment of the detainee having been completed (**Deficiency UOF-1¹⁸**).

CCCF policy requires an after-action be completed for each use of force incident; however, ERO has not approved the after-action procedures, and there was no documentation of after-action reviews for the ten use-of-force incidents reviewed by ODO (**Deficiency UOF-2¹⁹**).

ODO's review of [REDACTED] staff training files found training required by the standard is completed annually; however, training is not conducted for confrontation avoidance techniques (**Deficiency UOF-3²⁰**).

Area of Concern:

As indicated above, though the facility reported no calculated use of force incidents in the year preceding ODO's inspection, ODO found while CCCF policy references use of force team safeguards and states staff members are to wear protective gear when participating in a cell extraction or other calculated use of force, the only protective gear available at the facility are [REDACTED]. Staff members do not have access to other required protective equipment including [REDACTED] and [REDACTED] for calculated use of force consistent with the standard. Additionally, the lieutenant stated the [REDACTED] is not used at CCCF during a calculated use of force incident which is required by the standard²¹.

¹⁸ "After any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented." See ICE NDS 2000, Standard, Use of Force, Section (III)(G)(2).

¹⁹ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

²⁰ "All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

²¹ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, [REDACTED] shall apply." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed the dental services available to detainees at CCCF and was informed by the Health Services Administrator (HSA) that services of a local dental surgeon are no longer available due to ongoing reimbursement issues with the ICE Health Services Corps (**Deficiency MC-1²²**).

Detainees are screened for tuberculosis (TB) by way of purified protein derivative (PPD) skin testing by nursing staff; however, ODO found one detainee who arrived on September 5, 2017 was not tested for TB (**Deficiency MC-2²³**).

Corrective Action: The facility initiated corrective action prior to the end of the inspection by placing the PPD on the detainee on September 20, 2017 (**C-2**).

Detainees receive hands-on physical examinations by RNs; however, as confirmed by the HSA, there was no documentation to verify the RNs have been trained by a physician to perform these examinations (**Deficiency MC-3²⁴**).

Of the 25 medical records reviewed, ODO found the initial physical of one detainee was not conducted within 14 days of arrival. In this case, the detainee provided a 5-year history of hypertension treated with medication which was noted on the intake screening form. The detainee arrived at the facility without medication but provided the name of the medication and her pharmacy. Staff attempted to verify the detainee's medication with the pharmacy but was unsuccessful. At intake, the detainee's blood pressure was recorded by the RN to be 158/100. Following this assessment, no follow-up was attempted to monitor the detainee's blood pressure. On September 11, 2017, seven days after the detainee's arrival at the facility the detainee submitted a sick call request asking for hypertension medication. The detainee was seen by an RN the next day and her blood pressure reading was 152/96—staff then ordered medication (**Deficiency MC-4²⁵**).

Medical records indicate a registered nurse (RN) routinely completes a nursing assessment on each detainee at the time of their physical examination which includes a mental health screening as well as an intake dental screening, contrary to the requirements of the standard. ODO found RNs performed intake dental screening in all 25 cases reviewed (**Deficiency MC-5²⁶**).

²² "The OIC, with the cooperation of the Clinical Director, will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility." See ICE NDS 2000, Standard, Medical Care, Section (III)(A).

²³ "All new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁴ "Health appraisals will be performed according to NCCHC and JCAHO standards." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁵ "The health care provider will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. ...Health appraisals will be performed according to NCCHC and JCAHO standards." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁶ "An initial dental screening exam should occur within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(A).

CONCLUSION

ODO reviewed the facility's compliance with sixteen (16) standards and found the facility compliant with five (5) standards. ODO found twenty-one (21) deficiencies in the remaining eleven (11) standards. ODO found considerably more deficiencies during this inspection than in FY 2014 and notes with concern the lapses in medical and mental health care in the two cases addressed in this report. ODO recommends ERO work with the facility to remedy these kinds of omissions, as well as any other deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Inspection Results Compared	FY 2014 (NDS 2000)	FY 2017 (NDS 2000)
Standards Reviewed ²⁷	16	16
Deficient Standards	6	11
Overall Number of Deficiencies	11	21
Corrective Actions	0	2
Repeat Deficiencies	0	2

²⁷ ODO reviewed the same standards in FY14 and FY17.