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 Center
Battle Creek, Michigan

March 15-17, 2022

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

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COMPLIANCE INSPECTION TEAM MEMBERS

Name	Title	Organization
	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 compliance inspection of the Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan, from March 15 to 17, 2022.[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 in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned a deportation officer and a detention services manager to the facility. A facility captain handles daily facility operations and manages [redacted] support personnel. Tiggs Canteen Food Services provides food services, Corizon Correctional Healthcare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity[2]	[redacted]
Average ICE Population[3]	[redacted]
Adult Male Population (as of March 15, 2022)	[redacted]
Adult Female Population (as of March 15, 2022)	[redacted]

During its last inspection, in Fiscal Year (FY) 2021, ODO found two deficiencies in the following areas: Funds and Personal Property (1) and Special Management Units (1).

[1] This facility holds male and female detainees with security classification levels for periods greater than 72 hours.
[2] Data Source: ERO Facility List as of March 14, 2022.
[3] *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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 highlights instances when 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 its decision-making to better allocate resources across the agency's entire detention inventory.

[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	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	3
Special Management Unit	1
Sexual Abuse and Assault Prevention and Intervention	10
Sub-Total	**14**
Part 4 - Care	
Food Service	0
Hunger Strikes	4
Medical Care	11
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	4
Sub-Total	**19**
Part 5 - Activities	
Correspondence and Other Mail	0
Voluntary Work Program	0
Sub-Total	**0**
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	**0**
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	**0**
Total Deficiencies	**33**

[5] For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.
[6] 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.

DETAINEE RELATIONS

ODO interviewed 22 detainees, who each voluntarily agreed to participate. One detainee made a statement of having suicidal thoughts, and ODO immediately referred him to ERO Detroit and CCCC medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted face-to-face interviews with the detainees.

Food Service: One detainee stated his concern over his medical diet to help with his constipation, asthma, heart issues and other related medical conditions. The detainee said he discussed his dietary requirements with a facility physician assistant (PA), but the PA did not intervene with facility food service and make clear the detainee's need for his meals to be free of eggs, peanut butter, and spicy foods. The detainee stated he still had not received any medical meals at the time of the interview.

- Action Taken: ODO interviewed the health services administrator (HSA) and confirmed the medical staff examined the detainee for irritable bowel syndrome, constipation, anal fissure, and asthma on December 29, 2021. The staff prescribed several medications and ordered a medical diet with no eggs. On February 22, 2022, the detainee submitted a medical request for a regular diet with no eggs and received approval from the staff. Based on the detainee's remarks from the ODO interview, the medical staff examined the detainee on March 16, 2022, determined he did not need a medical diet, and informed the detainee. The facility kitchen manager also informed ODO the detainee had been on a regular diet with no eggs since February 22, 2022, and confirmed no use of any spice for meal preparation. On April 8, 2022, medical staff met with the detainee to address his previous request for no eggs and peanut butter, and the detainee remained on a regular diet with no eggs.

Medical Care: One detainee stated his thoughts of self-harm due to anxiety over his immigration case.

- Action Taken: ODO immediately notified ERO Detroit and the facility administrator. ODO interviewed the HSA and the behavioral health professional (BHP) and confirmed the BHP examined the detainee on the same day of his interview with ODO, March 15, 2022. ODO's review of the detainee's mental health evaluation confirmed his demonstrated coping skills and low risk for suicidal behavior. The facility medical staff enrolled the detainee into the mental health clinic upon his arrival on December 3, 2021, and kept him compliant with his psychotropic medication (Divalproex) as per the medication administration report.

Medical Care: One detainee stated he had a large knot on his left shoulder, causing pain and a popping sound whenever he moved his shoulder in certain directions. He also stated that he had been to sick call, but staff did not diagnose his condition nor prescribe the correct medication.

- Action Taken: ODO received the requested medical record review after close-out of the inspection on March 17, 2022. The HSA confirmed from a medical record review, a registered nurse (RN) conducted the detainee's admission intake on November 11,

2021, and documented the detainee's history of asthma, diabetes, and epilepsy but no medications. On November 22, 2021, an RN completed the detainee's physical and noted no lump on the left shoulder. A PA examined the detainee for his first chronic care clinic appointment on November 24, 2021, ordered lab tests for his diabetes, and determined he did not have asthma nor epilepsy. Mental health staff documented the detainee's complaint of a lump on the left shoulder during a scheduled visit on November 30, 2021. An RN examined the detainee on December 1, 2021, and referred him to a medical provider. On January 6, 2022, a provider examined the detainee, prescribed ibuprofen for 10 days, and scheduled him for a drainage of the mass on the next day. The drainage of the mass produced no fluid, and the medical staff referred the detainee to the facility clinical medical authority (CMA). On January 19, 2022, the CMA examined the detainee and ordered magnetic resource imaging (MRI). The MRI taken on February 23, 2022, indicated a benign lipoma. On March 17, 2022, a PA met with the detainee, and the detainee said the lump had not changed in size but asked when the facility would schedule to have it removed. He also complained of open skin between the toes, and the PA prescribed an anti-fungal cream for the symptom. The PA also informed the detainee of a pending surgeon's appointment to discuss removal of the lump.

Medical Care: One detainee stated his concern over his continued vomiting and defecating of blood, which started about 7 months prior to his arrival at the facility. He stated he submitted a sick call request and received rectum lube and "red pills" from the medical staff, but his symptoms continued. The detainee stated he recently vomited blood into the sink at his housing unit and a housing officer gave him gauze.

- Action Taken: ODO received the requested medical record review after the close-out of the inspection on March 17, 2022. The HSA confirmed the detainee arrived at the facility and medical staff completed his intake on December 30, 2021. On January 30, 2022, an RN completed the detainee's physical and noted only a broken wisdom tooth. On February 7, 2022, an RN examined the detainee during sick call and prescribed a hemorrhoidal cream as approved by a PA. On February 12, 2022, an RN examined the detainee for an unscheduled sick call and prescribed a stool softener for 3 days and a hemorrhoidal cream for 14 days. After reviewing the medication administration record, ODO noted the detainee's poor compliance with his treatments. The detainee submitted three subsequent medical requests for dental issues and an RN examined him and prescribed Motrin on February 4, 2022. The medical staff referred the detainee to a dentist on February 8, 2022. An RN examined the detainee for dental pain on March 11, 2022, and recommended warm water mouth rinses and to continue taking the Motrin. The dentist did not examine the detainee for his scheduled appointment on March 15, 2022, and the HSA offered no reason for the cancellation. A PA met with the detainee on March 18, 2022, to discuss treatment of his bleeding symptoms. The detainee acknowledged his options and asked to have his broken wisdom tooth removed. A dentist examined the detainee and extracted the tooth on March 22, 2022.

Medical Care: One detainee reported suicidal thoughts during the ODO interview.

- Action Taken: ODO interviewed the HSA and the BHP on the same day as the detainee interview on March 15, 2022. ODO's review of the detainee's mental health evaluation confirmed his demonstrated coping skills, low risk of suicidal behavior, and anxiety over deportation. The detainee has not voiced any medical nor mental health complaints since his arrival on December 23, 2022. BHP placed him on suicide observation as a precaution on March 16, 2022, and informed him on how to access medical and mental health services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the video of the one calculated use of force that occurred during the inspection period and found:

- The team leader did not complete an introduction stating facility name, location, time, date, etc.;
- The team leader did not describe the incident that led to the calculated use of force;
- The team leader did not name each team member;
- The team leader did not show his face briefly and did not name the video camera operator and other staff present; and
- The video did not show the faces of all team members (helmets removed, heads uncovered) **(Deficiency UOFR-17[7])**.

ODO reviewed the video of the one calculated use of force that occurred during the inspection period and found the video did not contain close-ups of the detainee's body during the medical exam, focusing on possible physical injuries **(Deficiency UOFR-18[8])**.

ODO reviewed the video of the one calculated use of force that occurred during the inspection period and found the participating staff did wear protective gear **(Deficiency UOFR-27[9])**.

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[7] "1) Calculated-use-of-force video recording will include the following:

a) Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force; naming each team member and showing his or her face briefly, as well as naming the video camera operator, and other staff present.

b) Faces of all team members briefly appear (helmets removed, heads uncovered)."

See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2)(b)(1)(a-b).

[8] "Calculated-use-of-force video recording will include the following: …

e) Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown."

See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2)(b)(1)(e).

[9] "Use-of-Force Team members and others participating in a calculated use of force shall wear appropriate protective gear." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(D)(2).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed 7 days of 30-minute check logs for █ detainees in SMU during the inspection period and found SMU staff did not observe and log observations at least once every 30 minutes on an irregular schedule. Specifically, SMU staff members documented their observations between 32 and 132 minutes in 45 instances **(Deficiency SMU-84[10])**.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's policy and found no requirements for cooperating with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards **(Deficiency SAAPI-13[11])**.

The facility did not provide employees biannual refresher training on its sexual abuse and assault prevention and intervention program **(Deficiency SAAPI-26[12])**.

ODO reviewed policy for administrative investigations and found no provision requiring review of prior complaints and reports of sexual abuse and assault involving the suspected perpetrator **(Deficiency SAAPI-136[13])**.

ODO reviewed facility policy of administrative investigation and found no provisions for the assessment of the credibility of an alleged victim, suspect, or witness and no required polygraph test for any detainee alleging sexual abuse and assault **(Deficiency SAAPI-137[14])**.

Additionally, ODO found no provision for administrative investigations requiring retention of such reports for as long as the facility detains or employs the alleged, plus 5 years **(Deficiency SAAPI-138[15])**.

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[10] "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).

[11] "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: …

> 7. the facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7).

[12] "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

[13] "The facility shall develop written procedures for administrative investigations, including provisions requiring: …

> c. Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(c).

[14] "The facility shall develop written procedures for administrative investigations, including provisions requiring: …

> d. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(d).

[15] "The facility shall develop written procedures for administrative investigations, including provisions requiring: …

> f. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings;
> g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility,

ODO found the facility conducted sexual abuse and assault incident reviews at the conclusion of two investigations for two verifiable allegations, but the reports did not include recommendations indicating a change in policy or practice that could better prevent, detect, or respond to sexual abuse and assault **(Deficiency SAAPI-155[16])**.

ODO found the facility created its own annual summary report of investigations but did not review and assess sexual abuse and assault intervention, prevention, and response efforts **(Deficiency SAAPI-160[17])**.

ODO found that the facility administrator maintained general files but no listing of names of victims and assailants, dates, and locations of such incidents within the facility on a computerized incident reporting system **(Deficiency SAAPI-177[18])**.

ODO found no listing of age, gender, self-identified sexual orientation for victim demographic background in the general files **(Deficiency SAAPI-178[19])**.

ODO found that the facility administrator did not maintain a listing of the names of sexual abuse and assault victims and assailants, along with the dates and locations of all sexual abuse and assault incidents occurring within the facility on a computerized incident reporting system **(Deficiency SAAPI-182[20])**.

plus five years."
See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(f-g).

[16] "The facility shall conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse and assault and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

[17] "The facility shall conduct an annual review of all sexual abuse and assault investigations and resulting incident reviews to assess and improve sexual abuse and assault intervention, prevention, and response efforts." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

[18] "Monitoring and evaluation are essential for assessing both the rate of occurrence of sexual abuse and assault and agency effectiveness in reducing sexually abusive behavior. Accordingly, the facility administrator must maintain two types of files of sexual abuse and assault incidents which include the following minimum information:

1. General files include:
a. The victim(s) and assailant(s) of a sexual abuse and assault;
b. The date, time, location, and nature of the incident."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(O).

[19] "Monitoring and evaluation are essential for assessing both the rate of occurrence of sexual abuse and assault and agency effectiveness in reducing sexually abusive behavior. Accordingly, the facility administrator must maintain two types of files of sexual abuse and assault incidents which include the following minimum information:

1. General files include: …
c. The demographic background of the victim and perpetrator (including citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming)."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(O)(1)(c).

[20] "In addition, the facility administrator shall maintain a listing of the names of sexual abuse and assault victims and assailants, along with the dates and locations of all sexual abuse and assault incidents occurring within the facility, on his or her computerized incident reporting system." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(O).

CARE

HUNGER STRIKES (HS)

ODO reviewed ██ medical and ██ custody staff training records and found in ██ out of ██ medical staff training records, no documentation of annual training to recognize the signs of a hunger strike, to implement the procedures for medical assessment referral, and management of a detainee on a hunger strike **(Deficiency HS-1**[21]**)**.

ODO reviewed the medical records of two detainees placed on hunger strike protocol and found in two out of two records, the physician did not terminate the hunger strike treatment. ODO interviewed the HSA and found no electronic medical record entry for termination of either hunger strike **(Deficiency HS-32**[22]**)**.

ODO reviewed the medical records of two detainees placed on hunger strike protocol and found in two out of two records, no documentation for terminating the hunger strike treatment **(Deficiency HS-33**[23]**)**.

ODO reviewed the medical detention files of two detainees placed on hunger strike protocol during the inspection period, interviewed the HSA, and found in two out of two files, staff did not note when the detainee ended the hunger strike in the detention file nor the electronic medical record **(Deficiency HS-34**[24]**)**.

MEDICAL CARE (MC)

ODO reviewed the credential files of ██ health care staff and found no valid licensure nor certification in █ out of ██ files. Specifically, the files of three registered nurses, one licensed practical nurse, and one X-ray technician had no licensure nor certification **(Deficiency MC-11**[25]**)**.

ODO reviewed the intake screening forms of ██ detainees and found in █ out of ██ forms, facility staff did not ask the detainee about homicidal ideation or intent **(Deficiency MC-13**[26]**)**.

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[21] "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 Strikes, Section (II)(A).

[22] "Only a physician may order the termination of hunger strike treatment." *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(F).

[23] "The order shall be documented in the detainee's medical record." *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(F).

[24] "A notation shall be made in the detention file or retrievable electronic record when the detainee has ended the hunger strike." *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(F).

[25] "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(C).

[26] "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(D).

ODO reviewed the medical records of five detainees who responded affirmatively during the screening for further evaluation and found in five out of five records, a qualified health care practitioner did not evaluate the detainees in less than 2 working days. Specifically, dental staff did not examine a detainee for a dental evaluation, and a mental health provider examined the other four detainees after 3, 8, 11, and 12 days from receiving the referrals **(Deficiency MC-14[27])**.

ODO reviewed ██ detainee medical records and found in █ out of ██ records, the facility did not complete a comprehensive health assessment, including a physical and mental health screening, within 14 days of the detainees' arrival. Specifically, five assessments arrived 1 day late, one assessment arrived 4 days late, one assessment arrived 3 months late, and medical staff did not complete an assessment at all during a detainee's entire length of stay, which was 16 days at the facility **(Deficiency MC-27[28])**.

ODO reviewed ██ health assessments and found in ██ out of ██ assessments, an RN performed the health assessments without any prior annual training provided by a physician **(Deficiency MC-28[29])**.

ODO reviewed ██ detainee physical examinations conducted by RNs and found █ out of ██ records lacked a provider's review (**Deficiency MC-29[30]**).

ODO reviewed ██ detainee medical records and found in █ out of ██ records, staff did not perform an initial dental screening within 14 days of the detainees' arrival. Specifically, staff completed five exams 1 day late, one exam, 4 days late, and one exam, 3 months late **(Deficiency MC-43[31])**.

ODO reviewed ██ training records of non-dental clinicians who conducted dental exams during the inspection period and found █ out of ██ records did not have documentation of annual training on how to conduct the exam by a dentist. Specifically, the training records of ████ RNs and ██ medical doctor did not have documentation of annual training **(Deficiency MC-45[32])**.

ODO reviewed the medical records of ████ detainees on psychotropic medications and found ███ out of ████ records did not have a signed informed consent that includes a description of the medications' side effects **(Deficiency MC-93[33])**.

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[27] "Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care practitioner as quickly as possible, but no later than two working days." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(D).

[28] "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).

[29] "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).

[30] "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).

[31] "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).

[32] "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).

[33] "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

ODO reviewed the medical records of [redacted] detainees referred for mental health treatment and found in [redacted] out of [redacted] records, the detainees did not receive an evaluation by a qualified health provider no later than 7 days after the referral. Specifically, the [redacted] evaluations exceeded the mandated deadline by 35 days, 12 days, 5 days, and 1 day. The [redacted] detainees arrived with histories of psychotropic medications, and the staff continued their medications upon admission to the facility (**Deficiency MC-127**[34]).

ODO reviewed the medical records and initial assessments of [redacted] female detainees and found in [redacted] out of [redacted] initial assessments, staff did not inquire about or perform a pregnancy test (**Deficiency MC-138**[35]).

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

ODO reviewed [redacted] medical staff and [redacted] custody staff training records and found [redacted] out of [redacted] medical staff did not have documentation of current annual refresher suicide prevention training (**Deficiency SSHSPI-2**[36]).

ODO interviewed the training deputy, reviewed the training topics covered annually, and found no record of any facility staff completing annual cardiopulmonary resuscitation training (**Deficiency SSHSPI-3**[37]).

ODO reviewed the medical records of [redacted] detainees placed on suicide precaution during the inspection period and found the mental health provider did not remove one detainee from precaution. ODO interviewed the BHP and found the facility removed the detainee without any evaluation for removal by the BHP (**Deficiency SSHSPI-10**[38]).

(II)(O).

[34] "Any detainee referred for mental health treatment shall be triaged for any emergency needs and receive an evaluation by a qualified mental health provider no later than seven days after the referral." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(S)(2).

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

a. Pregnancy test for detainees aged 18-56 and deliver to the detainee and document the results."

See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(1)(a).

[36] "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).

[37] "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)(1-5).

[38] "Only a mental health provider or a physician may remove the detainee from suicide precautions." *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

ODO reviewed the medical records of the [redacted] detainees placed on suicide close observation during this inspection period and found a mental health provider/clinical staff did not perform welfare checks every 8 hours in each case. The mental health provider conducted welfare checks daily only during the day shift **(Deficiency SSHSPI-28**[39]**)**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found 33 deficiencies in the remaining 6 standards. ODO has not received the uniform corrective action plan for ODO's last inspection of CCCC in August 2021.

Compliance Inspection Results Compared	**FY 2021 (NDS 2019)**	**FY 2022 (NDS 2019)**
Standards Reviewed	12	19
Deficient Standards	2	6
Overall Number of Deficiencies	2	33
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Good

[39] "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).