



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Unannounced Compliance Inspection  
2023-004-132**

**Enforcement and Removal Operations  
ERO Detroit Field Office**

**Calhoun County Correctional Center  
Battle Creek, Michigan**


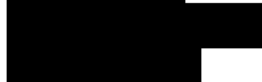
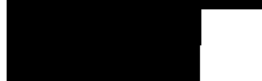


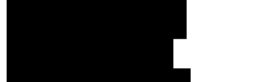
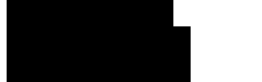
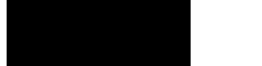

**April 11-13, 2023**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Senior 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 an unannounced compliance inspection of the Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan, from April 11 to 13, 2023.<sup>1</sup> The facility opened in 1994 and is owned and operated by the Calhoun County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCCC in 1999 under the oversight of ERO's Field Office Director (FOD) in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned both a supervisory detention and deportation officer and a deportation officer, full-time to the facility, Monday through Friday, from 6 a.m. to 2 p.m., and a detention service manager (DSM) who visits the facility monthly. The DSM splits time with several other facilities in the Philadelphia area of operation. A facility administrator handles daily operations and manages █ personnel. Tiggs Canteen Food Services provides food services, YesCare Corporation 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 April 11, 2023)	█
Adult Female Population (as of April 11, 2023)	█

During its last full 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); and Use of Force and Restraints (3).

<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 April 11, 2023.

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

## UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, 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.<sup>4</sup>

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 *Unannounced Compliance Inspection Findings* section of this report.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Facility List Report for facilities that are not contractually obligated to an ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures and Restraints, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
Transportation by Land	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Unannounced Compliance Inspection Findings* section of this report.

<sup>6</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>7</sup> Special reviews and unannounced inspections are both focused reviews, and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

## DETAINEE RELATIONS

ODO interviewed 30 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination or mistreatment, but one detainee alleged verbal abuse by a facility officer, which is described below. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Disciplinary System:* One detainee stated the facility placed him in a high classification unit without cause.

- Action Taken: ODO met with a facility lieutenant and reviewed an incident report and disciplinary hearing, dated March 31, 2023. The incident report revealed an inmate (non-ICE-detainee) initiated a conflict with the detainee on March 28, 2023, while in his cell, but within the same incident the detainee became the aggressor and chased and assaulted the inmate. Immediately following the altercation, the facility placed the detainee in administrative segregation and then released him on April 3, 2023. Also on April 3, 2023, the facility reclassified the detainee to a higher classification because of the incident involving assaultive behavior and reassigned him to a high classification housing unit. At the request of ODO, the facility's classification officer met with the detainee on April 12, 2023, to explain the reason for his new classification.

*Medical Care:* One detainee stated the facility has not provided her with diabetic meals since she informed medical staff of her health condition.

- Action Taken: ODO interviewed the health service administrator (HSA), observed the detainee's lunch meal, reviewed the detainee's medical records, and found the facility has been serving the detainee approved diabetic meals. On March 9, 2023, the provider diagnosed the detainee as diabetic during the intake health evaluation and approved her for diabetic meals. Additionally, the provider monitors the detainee's blood sugar four times a day and provides insulin as needed. On April 11, 2023, ODO observed the facility food service staff prepare and label the detainee's diabetic lunch meal plate in accordance with the facility's diabetic diet menu for the day. Facility staff also provided ODO with the facility's dietician-approved, diabetic calorie menu, used to prepare diabetic meals with fewer portions totaling 2200 calories. On May 11, 2023, ODO conducted a follow-up call with the HSA and an on-site registered nurse and confirmed the detainee receives a diabetic tray to include a nightly snack bag. The provider noted fluctuations in the detainee's blood sugar and medical staff checks it during visits.

*Medical Care:* One detainee stated he has yet to see the medical provider after submitting a sick call request for ongoing back pain and approval for an additional mattress.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the HSA, and found the detainee submitted a sick call request on April 7, 2023. On April 8, 2023,

medical staff evaluated the detainee concerning back pain, prescribed ibuprofen, ordered an X-ray, and scheduled a follow-up visit. On April 13, 2023, radiology completed the detainee's X-ray, and the provider found no acute or chronic damage after reviewing the X-ray results on the following day. The facility medical staff disapproved the detainee's request for an additional mattress due to verification of no damage to the detainee's back and informed him the reason for the denial. Additionally, the medical staff advised the detainee to contact medical if new symptoms develop or his current condition worsens.

*Medical Care:* One detainee stated he has ongoing kidney issues and passes blood in his urine.

- **Action Taken:** ODO reviewed the detainee's medical file, interviewed the HSA, and found medical staff evaluated the detainee on April 13, 2023, and scheduled an X-ray appointment. On March 23, 2023, the medical staff found no abnormalities from X-rays taken of the detainee's kidneys, urethra, and bladder on the same day. On April 12, 2023, medical staff informed the detainee of finding no issues with his urinary tract. The HSA demonstrated stretching exercises to help relieve stress and pain and prescribed Naproxen (500 mg).

*Religious Practices:* One detainee stated the facility offers no Halal diet menu.

- **Action Taken:** ODO interviewed a facility lieutenant and reviewed the detainee's history of meal requests. The facility staff placed the detainee on a kosher diet in lieu of a Halal diet on January 11, 2023. On January 17, 2023, the facility chaplain informed the detainee he would investigate the food service (FS) staff's preparation of such meals and seek guidance from ERO Detroit. On January 26, 2023, the chaplain informed the detainee on the facility's food menu and its procedures, noting the facility menu used a plant-based (soy) diet with no servings of pork meat products and FS staff's compliance with the Islamic requirement of rinsing with clean water after washing with soap between meal preparations. ODO interviewed the facility FS supervisor and confirmed a registered dietitian verified all meals meet the Halal religious requirements despite their kosher designation. At the request of ODO, the facility DSM informed the detainee on April 13, 2023, the facility's food preparation process and non-pork menu meet Halal requirements.

*Staff-Detainee Communication:* One detainee stated facility staff provided her the ICE National Detainee Handbook and site-specific detainee handbook in Arabic, but her native language is Somali.

- **Action Taken:** ODO reviewed the detainee's file and found the facility admitted her on November 18, 2022, and issued both handbooks to her on February 2, 2023. On April 13, 2023, at ODO's request, facility staff used Lionbridge to translate both handbooks in the detainee's native language.



*Staff-Detainee Communication:* One detainee stated a facility female night-shift officer assigned to Pod B yells at detainees and locks them down without reason.

- Action Taken: ODO interviewed facility leadership regarding the officer and her alleged actions. The facility administrator informed ODO the officer received a reprimand, counseling, and retraining on proper staff-detainee interaction and appropriate dialogue with detainees. On April 12, 2023, the facility informed the DSM of the detainee’s complaint and the facility’s disciplinary measures taken to prevent future occurrences.

## UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility’s SAAPI policy and found it did not specifically indicate disciplinary sanctions for staff, up to and including termination, in cases of substantiated allegations of sexual abuse and assault, or for violations of agency sexual abuse and assault policies (**Deficiency SAAPI-12<sup>8</sup>**).

ODO reviewed the facility’s SAAPI policy and procedures and found ERO Detroit had not reviewed nor approved the facility’s written policies or procedures (**Deficiency SAAPI-14<sup>9</sup>**).

### CARE

#### MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no tuberculosis (TB) screening for new arrivals in accordance with Center for Disease Control guidelines prior to placement in the general population. Specifically, two detainees received TB screenings, 5 and 9 days respectively after their arrival to the facility and after the facility housed them in general population (**Deficiency MC-18<sup>10</sup>**). **This is a priority component.**

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<sup>8</sup> “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: ...

d. Disciplinary sanctions for staff, up to and including termination, when there is a substantiated allegation of sexual abuse and assault, or when staff has violated agency sexual abuse and assault policies.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(d).

<sup>9</sup> “The facility’s written policy and procedures must be reviewed and approved by ICE/ERO.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>10</sup> “All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

## **ACTIVITIES**

### **VISITATION (V)**

ODO reviewed the facility's visitation program and legal procedures and found the procedures did not include provisions for the exchange of documents between the detainee and legal representative (**Deficiency V-58<sup>11</sup>**).

ODO found ERO Detroit did not provide the facility with the official list of pro bono legal service providers on a regular basis. The most recent list posted in the facility was dated January 2020 (**Deficiency V-68<sup>12</sup>**).

ODO observed eight housing units designated for ICE detainees and found in eight out of eight units, the facility did not post a current official list of pro bono legal service providers. The most recent list posted in the housing units was dated January 2020 (**Deficiency V-69<sup>13</sup>**).

## **CONCLUSION**

During this unannounced compliance inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found six deficiencies in the remaining three standards. Since CCCC's last full inspection in March 2022, the facility has trended upward. CCCC went from 6 deficient standards and 33 deficiencies in March 2022 to 3 deficient standards and 6 deficiencies during this most recent full inspection, which includes a priority component deficiency for not completing detainee comprehensive health assessment within 14 days of a detainee's arrival. ODO did not review Visitation during the March 2022 inspection as it was not an FY2022 core standard, and this standard accounted for three out of the six deficiencies ODO found during this most recent inspection. The facility's improved performance was a result of completing a uniform corrective action plan for ODO's last inspection of CCCC in September 2022. ODO recommends ERO Detroit continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>11</sup> "The facility's written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable." *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(9).

<sup>12</sup> "ICE/ERO shall provide the facility with the official list of pro bono legal services providers on a regular basis." *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(13).

<sup>13</sup> "The facility shall post the current list in detainee housing units and other appropriate areas." *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(13).

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection (NDS 2019)</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>
Standards Reviewed	19	19
Deficient Standards	6	3
Overall Number of Deficiencies	33	6
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Superior