



**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  
Follow-Up Compliance Inspection  
2023-002-193**

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

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

**August 29-31, 2023**

**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 August 29 to 31, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of CCCC from April 11 to 13, 2023. 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.

[REDACTED] chief deputy/captain handles daily facility operations and manages [REDACTED] support 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>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of August 29, 2023)	[REDACTED]
Adult Female Population (as of August 29, 2023)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2023, ODO found six deficiencies in the following areas: Medical Care (1); Sexual Abuse and Assault Prevention and Intervention (2); and Visitation (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 August 28, 2023.

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

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

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.<sup>4</sup>

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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.

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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</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	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	2
Terminal Illness and Death	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Follow-up 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.

## DETAINEE RELATIONS

ODO interviewed 29 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.

*Environmental Health and Safety:* One detainee reported insects in the second shower of housing unit D.

- Action Taken: ODO visited the shower facility located in housing unit D, spoke to the housing unit officer and a group of detainees, and the detainees mentioned sometimes seeing insects in the shower, but also noted staff's prompt cleaning of the shower after reporting the issue to the housing unit officer. While observing housing unit D's second shower stall, ODO observed no insects, and the facility lieutenant confirmed the next pest control visit, scheduled for September 6, 2023, will include housing unit D showers.

*Grievance System:* One detainee stated a staff member placed him in a 96-hour lockdown after receiving the grievance the detainee filed against him.

- Action Taken: On August 31, 2023, ODO visited the detainee in housing unit D, and the detainee showed the grievance he submitted on November 18, 2022, via the KITE system. After reviewing the grievance and discussing the grievance with the detainee, ODO found the detainee never mentioned an officer in the grievance and only facility supervisors respond to grievances. With the detainee's permission, ODO invited the facility sergeant to further explain the lieutenant's response, and the sergeant informed the detainee that replying to an open grievance is not the same as submitting multiple new grievances about the same issue. The detainee confirmed his understanding.

*Medical Care:* One detainee stated dissatisfaction with the medical care she received 2 weeks ago for stomach pains.

- Action Taken: On August 30, 2023, ODO reviewed the detainee's medical requests and medical records and found the detainee submitted a medical request for "an emergency" on August 5, 2023. On August 6, 2023, a facility registered nurse (RN) evaluated the detainee, found no issues, and scheduled a follow-up appointment. On August 21, 2023, a facility physician assistant (PA) evaluated the detainee, found no physical problems or conditions, and ordered lab work. As of August 31, 2023, the lab results remain pending, and the PA explained the status to the detainee. The detainee confirmed understanding.

*Medical Care:* One detainee stated medical staff did not treat the stye in his eye properly.

- Action Taken: On August 30, 2023, ODO spoke to the health services administrator (HSA), reviewed the detainee's medical record, and found the detainee submitted a request to medical for a swollen eyelid on August 22, 2023. On August 23, 2023, a

facility RN evaluated and confirmed the lower lid on the detainee's right eye was red and swollen. The RN prescribed the detainee an artificial tears eye wash, 2 times a day, for 14 days. On September 1, 2023, a facility doctor evaluated the detainee, found improvement in his eye, and extended a previous prescription for Tylenol (650 mg), 2 times a day until his next follow-up appointment September 18, 2023. On, September 1, 2023, a facility RN explained the course of treatment to the detainee.

*Medical Care:* One detainee stated medical staff took several days to respond to his sick call request for dizziness caused by facility-issued eyeglasses.

- Action Taken: ODO interviewed the facility HSA and found the detainee submitted a sick call request for eye irritation on May 17, 2023. Over the following weeks, medical staff examined the detainee multiple times, prescribing him several medications to treat a sty in his eye. On June 29, 2023, an off-site ophthalmologist evaluated the detainee's eyesight and determined he required prescription eyeglasses. On July 14, 2023, medical staff ordered the eyeglasses for the detainee, and the detainee has submitted no subsequent sick call requests. ODO advised the detainee to submit a sick call request for his claim of dizziness due to the eyeglasses.

*Medical Care:* One detainee stated his dissatisfaction with medical staff's response time in providing care and issuing medication at different times.

- Action Taken: ODO interviewed the HSA and found the facility medical staff responded to all but one of the detainee's requests within one day. On July 21, 2023, the detainee submitted a sick call request to discuss his history of gout and justification for a diet change. The facility's medical staff did not meet with the detainee until July 31, 2023, due to staff availability and the nonemergent nature of the request to discuss his history of gout. Medical staff explained the delay to the detainee. On August 30, 2023, a facility RN evaluated the detainee and initiated a bologna sandwich diet for one week to decrease symptoms of gout. ODO met with the HSA to discuss the irregular delivery of medication and found the facility has one nurse to distribute medication to all pods. The facility explained the irregularity to the detainee.

*Medical Care:* One detainee stated the facility did not properly treat his knee injury.

- Action Taken: On August 30, 2023, ODO reviewed the detainee's medical file and found he submitted a medical request for a left knee injury on July 8, 2023. On July 9, 2023, a facility RN evaluated him, took an X-ray of the left knee, and diagnosed inflammation of the knee. On July 10, 2023, the RN evaluated the detainee and observed slight swelling with no visible bruising. On July 16, 2023, a facility RN evaluated the detainee and observed a normal gait and referred the detainee to a facility PA. On July 17, 2023, the detainee reported increased pain and a limp, but walked around without difficulty. On the same day, a PA evaluated the detainee, noted decreased swelling, and took an X-ray, confirming no apparent adverse issues. On August 30, 2023, a facility doctor evaluated the detainee, renewed the detainee's prescriptions for ibuprofen (400 mg) and Tylenol, scheduled an X-ray for September



6, 2023, and ordered an orthopedic consultation. On August 30, 2023, the facility informed the detainee of the status of his medical request.

*Medical Care:* One detainee stated he has been waiting for a month for an eye exam.

- Action Taken: ODO spoke with the HSA and confirmed the detainee submitted a medical request for eye discomfort on July 11, 2023. On July 12, 2023, a facility RN evaluated the detainee and prescribed saline eyewash. A facility PA verbally told the RN he would submit a consultation request for an ophthalmologist to evaluate the detainee. During the review of the detainee’s medical records, the HSA found the facility PA did not submit the request and a facility doctor submitted the request on August 30, 2023. A facility RN notified the detainee.

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

### **CARE**

#### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPi)**

ODO reviewed suicide watch logs of 3 detainees placed on suicide watch during the inspection period and found in 2 out of 3 records, 24 documented monitoring entries between 16 and 46 minutes for one detainee and 20 documented monitoring entries between 16 and 47 minutes for the other detainee (**Deficiency SSHSPi-21<sup>7</sup>**). **This is a priority component.**

ODO reviewed suicide watch logs of 3 detainees placed on suicide watch during the inspection period and found the facility’s clinical staff did not include staggered checks at intervals not to exceed 15 minutes (**Deficiency SSHSPi-27<sup>8</sup>**).

### **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found two deficiencies in the remaining standard. Since CCCC’s last full inspection in April 2023, the facility has trended upward. CCCC went from 3 deficient standards and 6 deficiencies in April 2023 to 1 deficient standard and 2 deficiencies during this most recent inspection, which includes a priority component deficiency for the facility not documenting the monitoring of suicide watches every 15 minutes or frequently as required by the standard. The facility’s improved performance was likely a result of completing a UCAP for ODO’s last inspection of CCCC in April 2023. ODO recommends ERO Detroit continue to work with the facility to resolve any deficiencies that remain

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<sup>7</sup> “The monitoring must be documented every 15 minutes or more frequently if necessary.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>8</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).

outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>	<b>FY 2023 Follow-up Inspection (NDS 2019)</b>
Standards Reviewed	19	16
Deficient Standards	3	1
Overall Number of Deficiencies	6	2
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A