Office of Professional Responsibility

Calhoun County Correctional Center

Inspection 2026-001-163

July 28-30, 2026

U.S. Immigration and Customs Enforcement

INSPECTION
of the
CALHOUN COUNTY CORRECTIONAL CENTER
Battle Creek, Michigan

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an inspection of the Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan, from July 28 to 30, 2026..[1] The facility opened in 1994 and is owned and operated by 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 is a non-dedicated ICE detention facility and operates under National Detention Standards (NDS) 2025.

ERO has assistant field office directors, supervisory deportation and detention officers, and deportation officers assigned full-time to the facility. They are on-site daily, 24 hours per day, 7 days per week. A chief deputy handles daily facility operations and manages (b)(7)(e) support personnel. Tiggs Canteen Food Services provides food services, VitalCore Health Strategies 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. In February 2024, CCCC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity.[2]	(b)(7)(e)
Average ICE Population.[3]	(b)(7)(e)
Adult Male Population (as of July 28, 2026)	(b)(7)(e)
Adult Female Population (as of July 28, 2026)	(b)(7

During its last inspection, in Fiscal Year (FY) 2025, ODO found 3 deficiencies in the following areas: Admission and Release (1), Significant Self-harm and Suicide Prevention and Intervention (1), and Special Management Unit (1).

[1] This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.
[2] Data Source: ERO Custody Management Division Authorized Facility List as of July 23, 2026.
[3] *Ibid.*

INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility's compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.

- Non-dedicated IGSA facility:
  - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
  - For facilities with an ADP of 50 or less,
    - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
    - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).

- U.S. Marshal Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility's reported findings.[4]

ODO defines a "deficiency" as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a "C" in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings with ERO management officials. Thereafter, ODO provides ICE leadership with a final report to: (i) assist ERO in developing and initiating uniform corrective action plans (UCAPs); 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.

[4] When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

FINDINGS BY NATIONAL DETENTION STANDARDS 2025 MAJOR CATEGORIES

NDS 2025 Standards Inspected[5]	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	7
Transportation by Land	0
Sub-Total	**7**
Part 2 - Security	
Admission and Release	0
Custody Classification System	2
Facility Security and Control	1
Funds and Personal Property	1
Hold Rooms in Detention Facilities	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	**4**
Part 3 - Order	
Disciplinary System	0
Sub-Total	**0**
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	**4**
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Voluntary Work Program	0

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

Sub-Total	**0**
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Law Libraries and Legal Materials	0
Legal Rights Group Presentations	0
Sub-Total	**0**
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	**0**
Total Deficiencies	**15**

DETAINEE RELATIONS

ODO interviewed 15 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a CCCC lieutenant, reviewed the CCCC Control/Storage of Flammable, Toxic and Caustic Materials policy, observed 18 hazardous materials in 4 chemical storage areas, and found 15 out of 18 hazardous substances:

- Stored in the Intake Garage Stateroom, A Pod Storage Room, and Intake Kitchen had no documentation of issuing, inventory, or accountability **(Deficiency EHS-2.[6]);**
- Stored in the Intake Garage Stateroom, A Pod Storage Room, and Intake Kitchen had no documentation of a perpetual inventory **(Deficiency EHS-3.[7])**;
- Stored in the Intake Garage Stateroom, A Pod Storage Room, and Intake Kitchen had no documentation of any inventory records **(Deficiency EHS-4.[8])**;

[6] "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A).
[7] "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A).
[8] "Inventory records will be maintained for each substance." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A).

- Stored and used in the Intake Garage Storeroom area, A Pod Housing Unit, and Intake Kitchen Area, had no documented file of corresponding Safety Data Sheets (SDS) available in the work area for staff review **(Deficiency EHS-5[9])**;
- Used by staff and detainees in the Intake Garage Storeroom area, A Pod Housing Unit, and Intake Kitchen Area, had no documentation of any corresponding SDS ready and available for staff and detainees in the work area **(Deficiency EHS-6[10])**;
- Had no documented SDS available in the work areas or at the facility for review by staff or a maintenance supervisor **(Deficiency EHS-7[11])**; and
- Stored in the Intake Garage Storeroom, A Pod Storage Room, and Intake Kitchen Area had no documentation of any inventories **(Deficiency EHS-16[12])**.

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 25 detainee files and found in 25 out of 25 detainees were not classified upon arrival, before being admitted into the general population. Specifically, 21 of 25 detainee files documented initial housing in the male classification unit, and 4 of 25 detainee files documented initial housing in the female classification unit, prior to initial classification **(Deficiency CCS-2[13])**.

ODO interviewed the facility's classification officer, reviewed 25 detainee files and the facility's Initial Inmate/Detainee Classification policy, and found in 23 out of 25 detainee files, documented initial housing in the classification units within 12 hours of admission but classification was completed between 14-87 hours after admission to the facility **(Deficiency CCS-4[14])**.

FACILITY SECURITY AND CONTROL (FSC)

ODO toured four housing units and reviewed shakedown logs and found in pod A, facility staff did not record a shakedown from March 2026 through April 2026 on the day nor night shift **(Deficiency FSC-9[15])**.

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[9] "In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs)." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A)(1).

[10] "The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A)(1).

[11] "Staff must review SDS files, and the Maintenance Supervisor will review the records as necessary." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A)(1).

[12] " Inventory records for a hazardous substance must be kept current before, during, and after each use." *See* ICE NDS 2025, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

[13] "The classification system shall ensure all detainees are classified upon arrival, before being admitted into the general population." *See* ICE NDS 2025, Standard, Custody Classification System, Section (II)(A)(1).

[14] "The classification system shall ensure the initial classification process and initial housing assignment should be completed within 12 hours of admission to the facility." *See* ICE NDS 2025, Standard, Custody Classification System, Section (II)(A)(2).

[15] "Frequent unannounced security inspections shall be conducted on both day and night shifts to control contraband; identify and deter sexual abuse of detainees; ensure facility safety, security and good order; prevent escapes; maintain

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed a facility's deputy; reviewed the facility's Inmate Personal Property policy, four corresponding property inventories, and detainee property container contents, observed detainee property in the property storage room; and found in four out of four file inventories, four detainee property inventories dated between April 10, 2026, and July 16, 2026, list "bag with property" or "suitcase with contents", and a review of contents of the four corresponding containers revealed between 19-47 personal property items inside the containers not included on the inventory **(Deficiency FPP-5[16])**.

CARE

MEDICAL CARE (MC)

ODO interviewed the facility's health services administrator (HSA), reviewed the facility's Receiving Screening and Admission Screening policy and 25 detainee medical records, and found in 2 out of 25 detainees did not receive tuberculosis screening in accordance with the most current Centers for Disease Control and Prevention guidelines prior to being placed in general population. The most current CDC guidelines require symptom screening during intake and tuberculin skin test or chest radiograph within 72 hours of arrival. Specifically, both detainees arrived April 27, 2026, with no documented chest radiograph and no documented tuberculin skin test. Both detainees received their screenings 5 days after admission on May 2, 2026 **(Deficiency MC-18[17])**. **This is a priority component**.

ODO interviewed the facility's HSA, reviewed the facility's Informed Consent and the Right to Refuse Treatment policy and the medical records of two detainees prescribed psychotropic medications during the inspection period, and found; in 2 out of 25 medical records a separate informed consent, including a description of the medications side effects, was not obtained prior to the administration of the psychotropic medications. Specifically, one detainee received psychotropic medication on January 1, 2026, and the other detainee received psychotropic medication on April 21, 2026, with no documented signed and dated consent forms **(Deficiency MC-92[18])**. **This is a priority component**.

sanitary standards; and eliminate fire and safety hazards." *See* ICE NDS 2025, Standard, Facility Security and Control, Section (II)(B).

[16] "Any unauthorized personal property is contraband and will be surrendered to staff for securing and inventorying." *See* ICE NDS 2025, Standard, Funds and Personal Property, Section (II)(A).

[17] "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 2025, Standard, Medical Care, Section (II)(D)(1).

[18] "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 2025, Standard, Medical Care, Section (II)(O).

PERSONAL HYGIENE (PH)

ODO interviewed the intake officer, observed clothing issue, and found; the facility did not issue brassieres to female detainees **(Deficiency PH-5.[19])**.

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

ODO interviewed the facility's HSA, reviewed the facility's Suicide Prevention and Intervention policy and the medical records of two detainees placed on suicide watch during the inspection period, and found; in two out of two medical records, the monitoring was not documented at least every 15 minutes or more frequently when necessary. Specifically, suicide watch logs for one detainee on watch between March 02, 2026, and March 10, 2026, documented 39 minutes between monitoring in one entry on March 4, 2026, and suicide watch logs for the other detainee on watch between February 26, 2026, and February 28, 2026, documented 60 minutes between monitoring in one entry on February 26, 2026 **(Deficiency SSHSPI-21.[20])**. **This is a priority component**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 33 standards under NDS 2025 and found the facility in compliance with 24 of those standards. ODO found 15 deficiencies in 9 standards. Although ODO conducted a prior inspection of facility CCCC, ODO cannot perform an analysis due to the change in standard from NDS 2019 to NDS 2025. ODO recommends ERO Detroit continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Inspection Results Compared	FY 2025 (NDS 2019)	FY 2026 (NDS 2025)
Standards Reviewed	21	33
Deficient Standards	3	9
Overall Number of Deficiencies	3	15
Priority Component Deficiencies	2	3
Repeat Deficiencies	1	0
Areas of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Acceptable/Adequate

[19] "Is the standard issue of clothing for detainees consistent with facility policy but include not less than...two brassieres, as appropriate." *See* ICE NDS 2025, Standard, Personal Hygiene, Section (II)(B).

[20] "The monitoring must be documented every 15 minutes or more frequently if necessary." *See* ICE NDS 2025, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

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