



U.S. Department of Homeland Security
U.S. 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

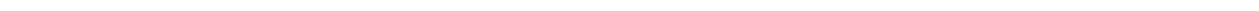
Monroe County Detention-Dorm
Monroe, Michigan

March 22-26, 2021

COMPLIANCE INSPECTION
of the
MONROE COUNTY DETENTION-DORM
Monroe, Michigan

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	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 Monroe County Detention-Dorm (MCDD) in Monroe, Michigan, from March 22 to 26, 2021.¹ The facility opened in January 2000 and is owned and operated by Monroe County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCDD in January 2000, 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 deportation officers and a detention services manager to the facility. An MCDD jail administrator handles daily facility operations and is supported by █ personnel. Continental Café, LLC provides food services, Advanced Correctional Healthcare provides medical care, and Keefe Group provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	180
Average ICE Detainee Population ³	█
Male Detainee Population (as of March 22, 2021)	█
Female Detainee Population (as of March 22, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 18 deficiencies in the following areas: Admission and Release (4); Custody Classification System (3); Disability Identification, Assessment, and Accommodation (1); Environmental Health and Safety (1); Funds and Personal Property (3); Religious Practices (1); Sexual Abuse and Assault Prevention and Intervention (3); Significant Self-harm and Suicide Prevention and Intervention (1); and Visitation (1).

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

² Data Source: ERO Facility List Report as of March 8, 2021.

³ *Ibid.*

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 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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 their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, because of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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
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
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	3
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	3

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

⁶ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed three out of four detainees, who each voluntarily agreed to participate. There were only four detainees in ICE custody at the facility, and one detainee refused to participate in the interview because ODO could not provide information regarding his immigration status. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with the facility services except for the concern listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated he submitted a sick call request 3 weeks ago and has not received his sinus medication refill as requested.

- Action Taken: On March 22, 2021, ODO interviewed the health services administrator and reviewed the detainee's medical record. The detainee's medical records indicated the detainee placed a sick call request on March 12, 2021; however, based on the prescription, it was not due for renewal. At the time of the renewal, the Claritin was not in stock at the facility's pharmacy. On March 23, 2021, the facility provided the detainee with a 90-day refill.

COMPLIANCE INSPECTION FINDINGS

CARE

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

ODO reviewed the facility's SSHSPI program and found the facility's training presentation does not include liability issues associated with detainee suicide (**Deficiency SSHSPI-3⁷**).

ODO reviewed the facility's SSHSPI policy and procedures and found training did not include a discussion on effective communication between correctional and health care personnel nor follow-up monitoring of detainees who have already attempted suicide (**Deficiency SSHSPI-4⁸**).

ODO reviewed the facility's SSHSPI policy and procedures on suicide and found no evidence or requirement for facility staff to keep deprivations and restrictions placed on suicidal detainees to

⁷ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention and intervention training during orientation and refresher training at least annually thereafter.

All of the following topics shall be covered:

3. Liability issues associated with detainee suicide."

See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B)(3).

⁸ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention and intervention training during orientation and refresher training at least annually thereafter.

All of the following topics shall be covered: ...

7. Effective communication between correctional and health care personnel; ...

10. Follow-up monitoring of detainees who have already attempted suicide." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B)(7) and (10).

a minimum (**Deficiency SSHSPI-33⁹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found three deficiencies in the remaining one standard. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2019)
Standards Reviewed	18	18
Deficient Standards	9	1
Overall Number of Deficiencies	18	3
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	1	0

⁹ "Deprivations and restrictions placed on suicidal detainees must be kept at a minimum. Suicidal detainees may be discouraged from expressing their intentions if the consequences of reporting those intentions result in punitive treatment." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(H).