



**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  
Compliance Inspection  
2023-001-076**

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

**Saint Clair County Jail  
Port Huron, Michigan**

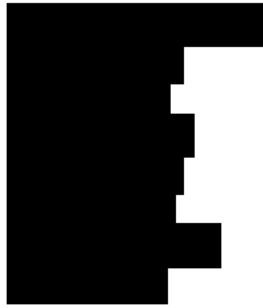
**March 28-30, 2023**

**COMPLIANCE INSPECTION**  
**of the**  
**SAINT CLAIR COUNTY JAIL**  
Port Huron, Michigan

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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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 Saint Clair County Jail (SCCJ) in Port Huron, Michigan, from March 28 to 30, 2023.<sup>1</sup> The facility opened in 2005 and is owned and operated by the Saint Clair County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCCJ in 2007 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 deportation officers assigned full-time to the facility and they are on-site daily, Monday through Friday, from 8 a.m. to 4:30 p.m. An SCCJ jail administrator handles daily facility operations and manages █████ support personnel. Aramark provides food services and commissary services, and YesCare Health provides medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of March 28, 2023)	█████
Adult Female Population (as of March 28, 2023)	█████

During its last full inspection, in Fiscal Year (FY) 2022, ODO found two deficiencies in the following areas: Environmental Health and Safety (1) and Sexual Abuse and Assault Prevention and Intervention (1).

<sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: Facility contract which states, “Approximately 75 detainees, depending on space availability.”

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, 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.<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 *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.

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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	2
Transportation by Land	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 2 - Security</b>	
Admission and Release	1
Custody Classification System	1
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	8
<b>Sub-Total</b>	<b>10</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	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	1
Visitation	2
<b>Sub-Total</b>	<b>3</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>19</b>

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

## DETAINEE RELATIONS

ODO interviewed 25 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 concern listed below.

*Medical Care:* One detainee stated he had difficulty eating due to a recent dental cleaning by medical staff.

- Action Taken: ODO interviewed the health services administrator (HSA) and confirmed the detainee did not submit any medical requests regarding his teeth. On January 6, 2022, an offsite dentist examined the detainee and noted negligible tooth decay and no need for a follow-up appointment. On January 11, 2022, a nurse practitioner (NP) examined the detainee for follow-up exam and noted no issues with the detainee's teeth. On February 23, 2022, the detainee filed a medical grievance against medical staff for not treating his cavity right after he informed the staff of his discomfort. On February 24, 2022, the detainee received a response from the medical administrative assistant indicating the NP found no issues with his teeth during the exam on January 11, 2022. On October 5, 2022, an offsite dentist examined the detainee and completed a routine cleaning and a tooth extraction. On the same day, the detainee refused examination upon returning to the facility. At ODO's request, the NP examined the detainee on April 4, 2023, and noted the detainee complained of a cavity but experienced no pain. The NP instructed the detainee to report to medical if any pain or swelling occurs and scheduled a follow up visit for May 4, 2023.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed five housing units and ODO observed substandard conditions in all five housing units. Specifically, ODO observed discarded hygiene items on counters and floors and broken soap bars in the showers of housing units E and F. Additionally, ODO found dirt and film on the shower floors in the intake screening area and a black residue on the base of the sliding doors leading into housing units A, B, and D (**Deficiency EHS-58<sup>7</sup>**). **This is a repeat deficiency.**

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<sup>7</sup> "Environmental health conditions were not maintained at a level that meets recognized standards of hygiene." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (ID)(I).

ODO observed five housing units and found in five out of five units, no upkeep of facility cleanliness and sanitation to include all surfaces, fixtures, and equipment (**Deficiency EHS-64<sup>8</sup>**). **This is a repeat deficiency.**

## **TRANSPORTATION BY LAND (TL)**

ODO reviewed the facility's transportation by land policy and found no guidance for handling natural disasters in the facility's written procedures (**Deficiency TL-68<sup>9</sup>**).

## **SECURITY**

### **ADMISSION AND RELEASE (AR)**

ODO reviewed [REDACTED] detainee release files and found in [REDACTED] out of [REDACTED] files, no completion of fingerprinting by staff prior to the detainee's release, removal, or transfer from the facility (**Deficiency AR-28<sup>10</sup>**). **This is a repeat deficiency.**

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed two disciplinary files and found in one out of two files, no reassessment nor reclassification of the detainee following the detainee's release from the special management unit (**Deficiency CCS-23<sup>11</sup>**).

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

ODO reviewed the facility's SAAPI policy and found no established method by which staff can report outside the chain of command (**Deficiency SAAPI-5<sup>12</sup>**).

ODO reviewed the facility's SAAPI policy and found no mention of coordination with the ICE Office of Professional Responsibility (**Deficiency SAAPI-11<sup>13</sup>**).

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<sup>8</sup> "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

<sup>9</sup> "The written procedures shall cover scenarios including attacks, escapes, hostages, illness, death, fire, traffic accidents, vehicle failures, and natural disasters." See ICE NDS 2019, Standard, Transportation by Land, Section (II)(V).

<sup>10</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include fingerprinting." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

<sup>11</sup> "All facility classification systems shall ensure that a detainee is reassessed upon the occurrence of relevant events." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

<sup>12</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: ...  
e. A method by which staff can report outside the chain of command."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(2)(e).

<sup>13</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: ...

c. Procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with



ODO reviewed the facility's SAAPI training curriculum and found no mention of the right of staff to be free from sexual abuse and assault (**Deficiency SAAPI-27**<sup>14</sup>).

ODO reviewed the facility's SAAPI training curriculum and found no guidance on prevention, recognition, and the appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities (**Deficiency SAAPI-29**<sup>15</sup>).

ODO reviewed the facility's SAAPI training curriculum and found no training for effective and professional communications with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees (**Deficiency SAAPI-30**<sup>16</sup>).

ODO observed five detainee housing units and found in five out of five units, no instruction posted on how to contact the designated staff member handling SAAPI reports (**Deficiency SAAPI-48**<sup>17</sup>).

ODO observed five housing units and found in five out of five units, no contact information posted of local organizations dedicated to assisting sexual abuse and assault victims nor any posted ERO Detroit notice for sexual abuse and assault awareness (**Deficiency SAAPI-52**<sup>18</sup>). **This is a repeat deficiency.**

ODO reviewed the facility's written procedures for administrative investigations and found no provisions requiring retention of reports for as long as the alleged abuser is detained or employed

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the ICE Office of Professional Responsibility.”

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

<sup>14</sup> “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: ...

3. The right of detainees and staff to be free from sexual abuse and assault, and from retaliation for reporting sexual abuse and assault.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(1-3).

<sup>15</sup> “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: ...

11. Prevention, recognition and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(8-11).

<sup>16</sup> “Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: ...

12. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(12-14).

<sup>17</sup> “The facility shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

<sup>18</sup> “ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a ‘Sexual Assault Awareness Information’ pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available).” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

by the agency, plus 5 years (**Deficiency SA-API-138<sup>19</sup>**).

## **USE OF FORCE AND RESTRAINTS (UOFR)**

ODO interviewed a facility lieutenant and found the facility did not possess industry-standard, protective equipment, such as helmet with a face shield, jumpsuit, stab resistant vest, nor forearm protectors, for calculated UOFs. ODO confirmed that contrary to the requirements of the standard, the facility would conduct a calculated UOF without wearing protective equipment, if the detainee did not display signs of aggression nor a weapon. If the detainee displayed signs of aggression or a weapon, the facility would contact the St. Clair County Sheriff's Department's special response team, equipped with protective gear, to conduct a calculated UOF. ODO noted this as an **Area of Concern**.

## **ORDER**

### **DISCIPLINARY SYSTEM (DS)**

ODO reviewed the facility's disciplinary policy and found staff are permitted to sanction detainees for 40 to 60 days for serious and major violations, per incident, but the facility did not have any detainees in segregation past 30 days during the review period. ODO noted this as an **Area of Concern**.

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed three detainee medical records in which detainees responded affirmatively for medical conditions or issues requiring additional medical evaluation and found in three out of three records, no urgency in evaluating the detainees within 2 working days. Specifically, the medical doctor evaluated the detainees 4 days, 21 days, and 28 days after they responded affirmatively to needing additional care (**Deficiency MC-14<sup>20</sup>**). **This is a priority component.**

ODO reviewed three detainee medical records in which the facility prescribed detainees with psychotropic medications and found in three out of three records, no separate documented informed consent, including a description of the medications' side effects prior to administration. (**Deficiency MC-93<sup>21</sup>**). **This is a priority component.**

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<sup>19</sup> "The facility shall develop written procedures for administrative investigations, including provisions requiring: ...  
g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years."

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

<sup>20</sup> "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).

<sup>21</sup> "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

## ACTIVITIES

### RECREATION (R)

ODO observed the facility's exercise areas and found no fixed nor movable equipment (**Deficiency R-8<sup>22</sup>**). **This is a repeat deficiency.**

### VISITATION (V)

ODO observed five housing units and found in five out of five units, no current list of pro bono legal service providers posted (**Deficiency V-68<sup>23</sup>**).

ODO observed five housing units and found housing units A and B had outdated pro bono legal services posted and nothing posted in housing units D, E and F (**Deficiency V-69<sup>24</sup>**).

## JUSTICE

### DETAINEE HANDBOOK (DH)

ODO reviewed ■ detainee files and found in ■ out of ■ files, no documentation for the receipt of a facility handbook to the detainees upon admission (**Deficiency DH-9<sup>25</sup>**). **This is a priority component.**

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 19 deficiencies in the remaining 9 standards. Since SCCJ's last full inspection in March 2022, which ODO conducted virtually due to the COVID-19 pandemic, the facility's overall compliance with ICE NDS 2019 has trended down. SCCJ went from 2 deficient standards and 2 deficiencies in March 2022 to 9 deficient standards and 19 deficiencies during this most recent full inspection. ODO did not review the Detainee Handbook, Disability Identification, Assessment, and Accommodation, Disciplinary System, Hold Rooms, Recreation, Terminal Illness and Death, Transportation by Land, and Visitation standards during the March 2022 inspection as they were not FY 2022 core standards, and these standards accounted for 5 out of 19 deficiencies found during this most recent inspection. Of the remaining 14 deficiencies, 5 were repeat deficiencies and 3 were priority components. ODO has not received a completed uniform corrective action plan (UCAP) for the full inspection in

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(II)(O).

<sup>22</sup> "Exercise areas shall offer a variety of fixed and movable equipment." See ICE NDS 2019, Standard, Recreation, Section (II)(C)(1).

<sup>23</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>24</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).

<sup>25</sup> "The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(F).

March 2022 nor the UCAP for the follow-up inspection conducted in August 2022. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<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	2	9
Overall Number of Deficiencies	2	19
Priority Component Deficiencies	0	3
Repeat Deficiencies	0	5
Areas Of Concern	2	2
Corrective Actions	0	0
Facility Rating	Superior	Acceptable