



U.S. Department of Homeland Security

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

Chippewa County Correctional Facility

Sault Ste. Marie, MI

February 28 – March 2, 2017

**COMPLIANCE INSPECTION
for the
CHIPPEWA COUNTY CORRECTIONAL FACILITY
Sault Ste. Marie, Michigan**

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COMPLIANCE INSPECTION TEAM MEMBERS

| | | |
|------------|--|----------------------|
| | Management and Program Analyst (Team Lead) | ODO |
| | Inspections and Compliance Specialist (Assistant Lead) | ODO |
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within the U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Chippewa County Correctional Facility (CCCF), in Sault Ste. Marie, Michigan, from February 28 to March 2, 2017¹. The CCCF is owned by Chippewa County and operated by the Chippewa County Sheriff's Office. The Office of Enforcement and Removal Operations (ERO) started housing ICE detainees at CCCF in 2003, pursuant to an Intergovernmental Service Agreement (IGSA) (non-dedicated), under the oversight of ERO's Field Office Director (FOD) in Detroit.

Neither ERO staff members nor a Detention Services Manager are assigned to the facility. A jail administrator is responsible for oversight of daily facility operations and is supported by █ personnel. Chippewa County Sheriff's Office provides food service, and Correct Care Solutions provides detainee medical care. The facility has no accreditations.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Detainee Bed Capacity ² | 50 |
| Average ICE Detainee Population ³ | █ |
| Male Detainee Population (as of 1/24/2017) | █ |
| Female Detainee Population (as of 1/24/2017) | █ |

In FY 2013, ODO conducted a compliance inspection of CCCF under the National Detention Standards (NDS) 2000. ODO found 37 deficiencies in the following areas: Access to Legal Material (3 deficiencies), Admission and Release (4), Detainee Grievance Procedures (1), Detainee Handbook (3), Disciplinary Policy (1), Environmental Health and Safety (5), Food Service (3), Medical Care (3), Recreation (1), Sexual Abuse and Assault Prevention and Intervention (9)⁴, Suicide Prevention and Intervention (2), and Use of Force (2).

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 Facility List Report as of February 27, 2017.

³ *Ibid.*

⁴ CCCF is contractually obligated to comply with the Sexual Abuse and Assault Prevention and Intervention (SAAPI) under the ICE Performance-Based National Detention Standards 2011.

FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

| NDS 2000 STANDARDS INSPECTED ⁵ | DEFICIENCIES |
|--|--------------|
| Part 1 – Detainee Services | |
| Access to Legal Material | 1 |
| Admission and Release | 3 |
| Detainee Classification System | 0 |
| Detainee Grievance Procedures | 0 |
| Detainee Handbook | 0 |
| Food Service | 3 |
| Funds and Personal Property | 1 |
| Staff-Detainee Communication | 1 |
| Telephone Access | 0 |
| Sub-Total | 9 |
| Part 2 – Security and Control | |
| Environmental Health and Safety | 4 |
| Special Management Unit (Administrative Segregation) | 2 |
| Special Management Unit (Disciplinary Segregation) | 1 |
| Use of Force | 0 |
| Sub-Total | 7 |
| Part 3 – Health Services | |
| Medical Care | 7 |
| Suicide Prevention and Intervention | 0 |
| Sub-Total | 7 |
| PBND 2011 STANDARD INSPECTED | |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 23 |

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

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 over 72-hours to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁶ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 29 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Medical Care: One detainee complained she submitted a medical request to see a dentist for a broken front tooth, but has not yet seen a dentist.

- Action Taken: ODO reviewed the detainee's medical record with facility medical staff and determined the detainee submitted a medical request. The request was triaged and responded to within the requirements of the Medical Care detention standard; however, the facility had not informed the detainee she was scheduled for an off-site dental appointment. At ODO's request, medical staff informed the detainee of the scheduled appointment.

Religious Practices: One detainee complained she is Limited English Proficient (LEP) and would like a bible in her native language.

- Action Taken: ODO reviewed the detainee's detention file and interviewed facility senior staff. ODO determined the detainee had not submitted a request to the facility or to ERO requesting a bible in her preferred language (Tigrinya). Facility staff spoke with the detainee and asked her to draft a request for a bible in her preferred language to be submitted to the chaplain.

Detainee Handbook: The latter detainee also complained that she could not understand the detainee handbook she was issued.

- Action Taken: ODO reviewed the detainee's detention file and interviewed facility senior staff. ODO determined the detainee was issued an English version of the detainee handbook. However, ODO also found the facility used an appropriate language interpretation service to orient the detainee to the facility. The facility also began converting the English handbook to Tigrinya and was providing the detainee with sections as they were completed.

Telephone Access: One detainee complained she has not been able to talk to her husband, who is detained at another facility.

- Action Taken: The supervisory detention and deportation officer informed ODO that the husband's facility already attempted to schedule a call; however, due to events at the other facility, the phone call had to be rescheduled. The rescheduled call was also delayed, due to unforeseen circumstances at the husband's location. ERO assured ODO they would continue their efforts to arrange a phone call in the near future, though this did not occur prior to completion of ODO's inspection.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO inspected the facility's law library, tested the computers to ensure they were loaded with the current LexisNexis© software, and confirmed detainees had access to a photocopier and all necessary supplies. However, ODO determined the printer was not functional (**Deficiency ALM-1**⁷).

Corrective Action: The facility initiated corrective action by submitting a repair request to the local ERO field office (**C-1**).

ADMISSION AND RELEASE (AR)

ODO found CCCF does not have an orientation video; only the Know Your Rights video is shown to detainees (**Deficiency AR-1**⁸).

ODO reviewed the orientation process at CCCF. Although the orientation process, as observed, meets the requirements of the standard, there was no documentation to show that the orientation process was officially approved by ICE (**Deficiency AR-2**⁹).

Corrective Action: The facility initiated corrective action during the inspection by submitting the orientation procedures to ERO for approval. ERO reviewed the facility orientation procedures and issued a memorandum approving the procedures (**C-2**).

ODO reviewed the release process policy at CCCF and interviewed senior facility staff. ODO determined that the release process meets the requirements of the standard; however, there was no documentation to show the release procedures were approved by ICE (**Deficiency AR-3**¹⁰).

Corrective Action: The facility initiated corrective action during the inspection by submitting the release procedures to ERO for approval. ERO reviewed the facility release procedures and issued a memorandum approving the procedures (**C-3**).

⁷ "Field Office Directors shall verify that the detention facilities in their Areas of Responsibility (AOR) that intend to replace hard-copy material with the Lexis Nexis CD-ROM have operating computers that are capable of printing, with a photocopier and all necessary supplies." See Change Notice-NDS-Access to Legal Reference Materials and Lexis Nexis CD-ROMs (June 14, 2007).

⁸ "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable [behavior] and the associated sanctions (see the "Disciplinary Policy" Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

⁹ "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's, the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). **This is a repeat deficiency.**

¹⁰ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc. INS will approve the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

FOOD SERVICE (FS)

ODO reviewed the common fare menu and special diets information provided by the food services administrator (FSA). ODO determined, at the time of the inspection, there was one detainee participating in the common fare program, and no detainees receiving medical diets. ODO notes the facility common fare diet is on a 21-day cycle, exceeding the NDS requirement for a 14-day cycle. The facility maintains an inventory of four kosher/halal entrees which are served three times per week as required. ODO observed the meals are precooked and heated in their containers; however, after heating, the food items are removed from their original containers and placed on the same trays used for other meals. Additionally, the trays are not cleaned and stored separately (**Deficiency FS -1¹¹**).

ODO interviewed the FSA and determined the FSA does not determine the cost and budget for meals served on the common fare program; nor does the FSA maintain a record of actual costs of both edible and non-edible items (**Deficiency FS -2¹²**).

ODO reviewed facility inspection records provided by the FSA and found there was no documentation of weekly inspections of the food service area (**Deficiency FS -3¹³**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and interviewed senior facility staff. ODO determined the handbook does not inform detainees of which items they may retain in their possession, the rules for storing or mailing non-allowable property, the procedures for claiming property upon release, or the procedures for filing a claim for lost or damaged property (**Deficiency F&PP -1¹⁴**).

Corrective Action: The facility initiated corrective action by amending the handbook to include these requirements. The CCCF sergeant stated the revised handbook will be distributed to detainees within one week (**C-4**).

¹¹ "Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(8).

¹² "The FSA shall estimate quarterly costs for the common-fare program, including this figure in the quarterly budget. The FSA shall maintain a record of the actual costs of both edible and non-edible items." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(12).

¹³ "The FSA or CS of food service shall inspect food service areas weekly." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹⁴ "The detainee handbook or equivalent shall notify the detainees of the facility policies and procedures concerning personal property, including which items they may retain in their possession.... the rules for storing or mailing property not allowed in their possession; the procedures for claiming property upon release, transfer or removal; [and] the procedures for filing a claim for lost or damaged property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1-5).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed policy and procedures, and interviewed on-site ERO staff. The field office does not have a procedure in place for ERO supervisory staff to conduct and document regular unannounced (not scheduled) visits (**Deficiency SDC-1**¹⁵).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the documents provided by the facility maintenance supervisor and confirmed the facility has a system for storing, issuing, and maintaining inventories of hazardous substances, and the facility maintains a [REDACTED] and an [REDACTED]. The facility was unable to provide documentation of [REDACTED] (s) of either the [REDACTED] (**Deficiency EH&S -1**¹⁶).

ODO reviewed CCCF's fire and evacuation plan and interviewed the facility Fire Safety Officer. The Fire Safety Officer reported monthly inspections of all areas and equipment are conducted; however, completion of the monthly inspections were not documented (**Deficiency EH&S -2**¹⁷).

ODO's review of documentation found [REDACTED] fire drills were not conducted in all housing areas during the year preceding the inspection, and [REDACTED] were not drawn and tested during drills (**Deficiency EH&S-3**¹⁸).

ODO reviewed the Health Services Administrator's (HSA) inventories of sharps and found the count for 3cc syringes was recorded as 88 when 91 were on hand (**Deficiency EH&S -4**¹⁹).

¹⁵ "Policy and procedures shall be in place to ensure and document that the INS Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and informally observing living and working conditions." See ICE NDS 2000, Staff-Detainee Communication, Section (III)(A)(1).

¹⁶ "The Maintenance Supervisor or designate compiles a [REDACTED] in the facility, including locations, along with a master file of [REDACTED]. He/she will maintain this information [REDACTED] (or equivalent), with a copy to the local fire department. Documentation of the [REDACTED] will be maintained in the [REDACTED] also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C). **This is a repeat deficiency.**

¹⁷ "A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct [REDACTED] inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports of corrective action in the safety office." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

¹⁸ [REDACTED] fire drills will be conducted and documented separately in each department...(c) [REDACTED] and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of [REDACTED] for [REDACTED]." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹⁹ "An inventory will be kept of those items that pose a security risk, such as [REDACTED]. [REDACTED]." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU-AS)

ODO reviewed the segregation files for the thirteen male detainees who were in administrative segregation over the twelve month period preceding the inspection. No detainees were in segregation at the time of the inspection, and no female detainees had been in administrative segregation in the previous twelve months. ODO also interviewed senior facility staff. ODO determined that segregation orders were completed for all 13 detainees assigned to administrative segregation; however, the detainees were not provided with copies of the orders (**Deficiency SMU-AS-1²⁰**).

ODO reviewed CCCF's practice of conducting status reviews. ODO determined status reviews were completed, with the exception of one instance where a seven day review was not completed. ODO interviewed senior facility staff and determined status reviews do not include an interview with the detainee, nor are copies of the reviewing officer's decision and basis for the finding being provided to the detainee (**Deficiency SMU-AS-2²¹**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU-DS)

ODO reviewed the disciplinary segregation files for ten male detainees who had been in disciplinary segregation during the twelve months preceding the inspection. There were no male or female detainees in disciplinary segregation during the inspection. ODO also interviewed senior facility staff. ODO determined that, as part of the disciplinary process, written orders stating the purpose and term of sanctions were issued in all ten cases, and status reviews are completed. However, the status reviews did not include an interview with the detainee, and the detainees were not provided with copies of the reviewing officer's decision and basis for the finding (**Deficiency SMU-DS-1²²**).

²⁰ "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

²¹ "All facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified below. A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. A copy of the decision and justification for each review shall be given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee shall be given an opportunity to appeal a review decision to a higher authority within the facility." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

²² "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the procedures specified below. 1. The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary segregation every seven days to determine whether the detainee: a. abides by all rules and regulations; and, b. is provided showers, meals, recreation, and other basic living standards, in accordance with section III.D., below. The weekly review(s) will include an interview with the detainee. The SDEO shall document his/her findings after every review, by completing a Disciplinary Segregation Review Form (I-887). 6. Provided institutional security is not compromised, the detainee shall receive at each formal review, a written copy of the reviewing officer's decision and the basis for this finding." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C)(1,6).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed CCCF's medical and mental health intake screening process and interviewed the facility's sergeant. Facility officers receive only informal on-the-job training in performing intake screening; no documented, formal training curriculum exists (**Deficiency MC-1²³**).

ODO's review of the intake screening form found it does not address signs and symptoms of tuberculosis (TB), to include questions relating to cough, blood in sputum, unintentional weight loss, loss of appetite, fevers, night sweats, and lethargy. In addition, detainees are not tested for TB upon intake, either by a purified protein derivative (PPD) skin test or chest x-ray (**Deficiency MC-2²⁴**).

ODO's review of 25 detainee medical records found interpretation assistance was not used during physical assessment of two detainees who, according to the record, spoke no English (**Deficiency MC-3²⁵**).

ODO reviewed the initial health appraisal practice at CCCF and interviewed the HSA. The initial health appraisal is conducted by the HSA within seven days of a detainee's arrival, and the physician documents review within three weeks. Although the health appraisal forms were consistently and thoroughly completed, the HSA was unable to produce documentation showing she received training in the function (**Deficiency MC-4²⁶**).

The HSA also completed the initial dental screening. Per the standard, dental screening must be completed by a physician or mid-level provider if no dentist is on site (**Deficiency MC-5²⁷**).

ODO's review found that in nine of 25 records inspected, there was no signed consent for general medical treatment. In addition, a detainee who was prescribed a psychotropic medication did not sign a specific consent form (**Deficiency MC-6²⁸**).

²³ "All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁴ "All new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁵ "If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer shall obtain translation assistance. Such assistance may be provided by another officer or by a professional service, such as a telephone translation service." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁶ "Health appraisals will be performed according to NCCHC and JCAHO standards." In accordance with National Commission on Correctional Health Care standard J-E-04, section (2)(d)(ii), "The hands-on portion of the health assessment may be performed by an RN only when the nurse completes appropriate training that is approved or provided by the responsible physician." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁷ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

²⁸ "As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L).

ODO observed two practices which violate patient confidentiality. First, correctional supervisors have access to medical records. Second, intake screening (to include medical related questions) is conducted within earshot of all persons in the area, including other arriving detainees or inmates (**Deficiency MC-7²⁹**).

CONCLUSION

ODO reviewed the facility’s compliance with 15 standards under NDS and one standard under PBNDS 2011 and found the facility compliant with seven standards. ODO found 23 deficiencies in the remaining nine standards. Finally, ODO identified four instances where the facility initiated corrective action during the course of the inspection. ODO saw a significant decrease in deficiencies since its last inspection and notes CCCF resolved all previously identified deficiencies related to SAAPL. However, numerous significant findings remain and ODO recommends ERO work with the facility to remedy any outstanding deficiencies, as applicable and in accordance with contractual obligations.

| Compliance Inspection Results | FY 2013 (NDS 2000) | FY 2017 (NDS 2000) |
|--------------------------------------|-------------------------------|-------------------------------|
| Standards Reviewed | 18 | 16 |
| Deficient Standards | 12 | 9 |
| Overall Number of Deficiencies | 37 | 23 |
| Deficient Priority Components | 8 ³⁰ | 0 |
| Corrective Action | 0 | 4 |

²⁹ “All medical providers shall protect the privacy of detainee’s medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees.” See ICE NDS 2000, Standard, Medical Care, Section (III)(M). **This is a repeat deficiency.**

³⁰ The SAAPL standard in PBNDS 2011 contains eight priority components (PCs). In FY 2013, ODO found CCJ deficient in all of these PCs.