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Office of Professional Responsibility
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Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Detroit Field Office

Saint Clair County Jail
Port Huron, Michigan

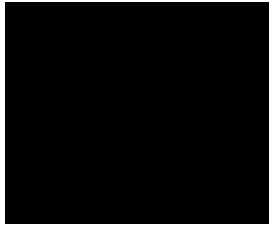
July 6-9, 2020

**COMPLIANCE INSPECTION
of the
SAINT CLAIR COUNTY JAIL
Port Huron, 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 a compliance inspection of the Saint Clair County Jail (SCCJ) in Port Huron, Michigan, from July 6 to 9, 2020.¹ The facility opened in 1991 and is owned and operated by the county of Saint Clair. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCCJ in 2010 under the oversight of ERO's Field Office Director (FOD) in Detroit (ERO Detroit). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers (DOs) to the facility. An SCCJ facility administrator handles daily facility operations and is supported by ██████ personnel. Aramark provides food and commissary services at the facility, and Corizon Health provides medical care. The facility did not hold any national accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	71
Average ICE Detainee Population ³	52
Male Detainee Population (as of 7/6/2020)	19
Female Detainee Population (as of 7/6/2020)	N/A

During its last inspection, in FY 2018, ODO found 32 deficiencies in the following areas: Admission and Release (4); Classification System (2); Detainee Handbook (1); Environmental Health and Safety (2); Funds and Personal Property (4); Law Libraries and Legal Material (2); Medical Care (2); Sexual Abuse and Assault Prevention and Intervention (2); Special Management Units (2); Staff-Detainee Communication (5); Telephone Access (4); and Use of Force (2).

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 July 6, 2020.

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, as a result 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Classification System	2
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	6
Sub-Total	11
Part 4 – Care	
Food Service	0
Medical Care	5
Suicide Prevention and Intervention	1
Sub-Total	6
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	1
Sub-Total	1
Total Deficiencies	18

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

DETAINEE RELATIONS

ODO interviewed 12 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Food Service: Eight detainees stated for the last month, the facility served them a cold dinner, which consisted of a bologna sandwich and one fruit.

- Action Taken: ODO interviewed the food service director (FSD) and reviewed the previous and current weekly food menus. The facility changed their menu to include a cold meal, which was the last meal of each day. The COVID-19 pandemic prohibited the food service department from being fully staffed. The cold meal consisted of two sandwiches, not one, with a mix of different meats including white turkey and chicken. The facility did not serve pork products. The menu with the cold meal was nutritionally adequate and in accordance with the PBNDS.

Food Service: One detainee stated he was Muslim, on a religious diet, and the facility provided him kosher meals instead of halal meals.

- Action Taken: ODO spoke with the FSD and learned the detainee was on an approved religious diet. The facility did not have a specific halal menu; however, the kosher menu met the religious requirements for halal.

Medical Care: Three detainees stated their feet swelled after they ate dinner.

- Action Taken: ODO reviewed the detainees' medical records and spoke with facility medical staff. The facility medical staff had evaluated each detainee in response to their feet swelling. Facility medical staff cleared two of the detainees following their medical examinations, which produced no remarkable findings. However, the third detainee had a history of diabetes, and on March 19, 2020, facility medical staff placed him on a medical diet to help regulate his condition. Facility medical staff counseled him on his condition and monitored his commissary habits. Facility medical staff informed ODO the detainee continued to eat food items from the commissary, which affected his blood glucose readings.

Visitation: Six detainees stated the facility prohibited general visitation due to the COVID-19 pandemic. Specifically, they were allowed only one video visitation per week, and they had gone two or three weeks without video visitation.

- Action Taken: ODO reviewed the facility's visitation policy, spoke with facility staff and an ERO Detroit DO. Facility staff and the DO confirmed in-person visitation with friends and family was suspended due to the COVID-19 pandemic. The warden had not approved, any in-person emergency visits, since implementing the additional COVID-19 protocols. The facility allowed detainees upon request, to have a one-hour

video visit each week. ODO reviewed the facility's visitation records and confirmed only video visitation was allowed. Facility staff confirmed detainees were not charged a fee for the video visitation. There was no indication the facility denied video visitation to any detainee.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found one Order to Detain or Release (Form I-203), was not signed by an ICE/ERO authorizing official, which was a repeat deficiency (**Deficiency A&R-1⁶**).

CLASSIFICATION SYSTEM (CS)

ODO interviewed a supervisory classification staff member and found the facility did not conduct special reassessments within [REDACTED] before detainees were released from disciplinary segregation (**Deficiency CS-1⁷**).

ODO reviewed 12 detainee detention files and found a repeat deficiency. A classification supervisor, or first-line supervisor, did not review the intake processing officer's files for accuracy and completeness, in all 12 files reviewed (**Deficiency CS-2⁸**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO interviewed supervisory staff, reviewed photos of the housing units, and found housing units did not have lockers, or other securable space, for storing detainees' personal property (**Deficiency F&PP-1⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's SDC policy and found the facility did not have a written procedure to promptly route and deliver detainee requests to ERO Detroit (**Deficiency SDC-1¹⁰**).

⁶ "An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorized Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(E). **This is a Repeat Deficiency.**

⁷ "... A special reassessment is to be completed within [REDACTED] s before a detainee leaves disciplinary segregation and at any other time when additional, relevant information become known." See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).

⁸ "The designated classification supervisor (if the facility has one) or first-line supervisor shall review the intake processing officer's classification files for accuracy and completeness. Among other things, the supervisor shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE PBNDS 2008, Standard, Classification System, Section (V)(D). **This is a Repeat Deficiency.**

⁹ "... Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E).

¹⁰ "...Each facility administrator shall: ...

- Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying." See ICE

PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed SCCJ's UOF policy, interviewed a shift lieutenant, and found the facility did not address the UOF continuum in their UOF policy, which ODO noted as an **Area of Concern**.

ODO reviewed SCCJ's UOF policy, [REDACTED] staff training records, and found the facility did not ensure all detention staff received annual training in how to effectively handle situations involving aggressive detainees (**Deficiency UOF-1¹¹**).

The facility's UOF policy authorized [REDACTED] and [REDACTED] which were prohibited by the UOF standard (**Deficiency UOF-2¹²**).

SCCJ's UOF policy and their UOF training curriculum did not address using confrontation avoidance procedures before a supervisor authorized a calculated UOF (**Deficiency UOF-3¹³**).

The facility's UOF policy and procedure did not address the UOF team technique nor the requirement to audio-visually record calculated UOF incidents (**Deficiency UOF-4¹⁴**).

¹¹ "All new officers shall be sufficiently trained during their first year of employment. Through ongoing (at least annual) training, all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees.

At a minimum, training shall include:

1. The requirements of this Detention Standard;
2. The Use-of-Force Continuum to include use of deadly force;
3. Communication techniques;
4. Cultural diversity;
5. Dealing with detainees with mental health conditions;
6. Confrontation-avoidance techniques;
7. Approved methods of self-defense, defensive tactics;
8. Forced cell move techniques;
9. Communicable diseases, particularly precautions to be taken when using force;
10. Application of restraints (progressive and hard);
11. Reporting procedures; and
12. Forced medication procedures." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section

(V)(D)(1)(1) thru (12).

¹² "The following acts and techniques are specifically prohibited:

[REDACTED] area." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(E)(1) and (2).

¹³ "1. Confrontation Avoidance

Before authorizing the calculated use of force, the ranking detention official, a designated health professional, and others as appropriate shall assess the situation. Taking into account the detainee's history and the circumstances of the immediate situation, they shall determine the appropriateness of using force...." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(1).

¹⁴ "2. Documentation and Audiovisual Recording

While ICE/DRO requires that **all** use-of-force incidents be documented and forwarded to ICE/DRO for review, **for calculated use of force**, it is required that the **entire incident be audio visually recorded**. ...

Calculated use-of-force incidents shall be audio visually-recorded in the following order:

1. Introduction by Team Leader...
2. Faces of all team members...
3. Team Leader offers the detainee a last chance to cooperate...
4. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
5. Take close-ups of the detainee's body during a medical exam...

ODO reviewed the facility's UOF policy, interviewed a shift lieutenant, and found UOF team members who participated in a calculated UOF, were not clothed in protective gear. Specifically, they did not wear [REDACTED] (Deficiency UOF-5¹⁵).

ODO found members of the [REDACTED] were the only staff sufficiently trained in the UOF team technique. The PBNDS required "sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility." ODO noted the facility not training detention staff in the UOF team technique as an **Area of Concern**.

ODO reviewed SCCJ's UOF policy and procedures, post orders, and found the facility administrator had not designated an individual with the responsibility for maintaining audio-visual equipment, nor incorporated this responsibility into one or more post orders (**Deficiency UOF-6¹⁶**).

CARE

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical records and found a repeat deficiency. The clinical medical authority had not reviewed, nor signed, the detainee intake screening forms, assessing priority for treatment (**Deficiency MC-1¹⁷**).

ODO found 6 out of 12 detainees did not receive a physical examination within 14-days of their arrival as required (**Deficiency MC-2¹⁸**).

ODO reviewed [REDACTED] correctional officer training files and found the medical emergency training did not include specific training to the SCCJ's Emergency Medical Response Plan. Additionally, the

6. Debrief the incident with a full discussion/analysis/assessment of the incident." *See* ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(2)(1) thru (6).

¹⁵ 3. Use-of-Force Team Technique

When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force team technique to prevent or diminish injury to staff and detainees and exposure to communicable disease. The technique usually involves [REDACTED]

[REDACTED] *See* ICE NDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(3). **This is a Repeat Deficiency.**

¹⁶ "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for..." *See* ICE NDS 2008, Standard, Use of Force and Restraints, Section (V)(K). **This is a Repeat Deficiency.**

¹⁷ "... The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, Routine)." *See* ICE PBNDS 2008 Medical Care, Section (V)(I)(1). **This is a Repeat Deficiency.**

¹⁸ "Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals." *See* ICE PBNDS 2008 Medical Care, Section (V)(J)

curriculum did not address how to obtain emergency medical assistance through the facility plan, nor the safe transfer of detainees through the facility to the ambulance (**Deficiency MC-3¹⁹**).

ODO reviewed medical department records, spoke with the health service provider's regional director of operations, and found the facility's health services department had not held quarterly administrative meetings for the last 12-months (**Deficiency MC-4²⁰**).

Additionally, the facility's health services department had not established a formal quality assurance program to identify standard discrepancies, monitor program improvements, and develop any needed corrective actions. There were no audits or internal review of activities conducted for the last 12-months (**Deficiency MC-5²¹**).

ODO's review of 12 detainee medical records indicated a nurse conducted all 12 detainee dental screenings during intake. The National Commission on Correctional Health Care required nurses to receive specialized training prior to conducting dental screenings. The health service provider's policy, Corizon Policy Number J-E-06.00, Oral Care, also required health care staff, who perform oral screenings, to have documented training, approved by a dentist. The nurses' training files did not contain documentation of completed training. ODO cited the lack of dental training as an **Area of Concern**.

During the intake of three detainees, the facility noted chronic conditions, which required medication. Intake staff submitted referrals for all three detainees; however, their first time being seen in the chronic care clinic occurred between [REDACTED] after referral. In two cases, the detainees' blood pressure was significantly elevated by the time the medical provider saw them. ODO cited the delay in evaluation as an **Area of Concern**. ODO noted the health service provider hired an additional nurse practitioner (NP) to address the delay in care. ODO found no additional delays in care after the additional NP was onboarded.

¹⁹ "Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.

A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health Authority. The plan will include the following: ...

- All detention staff shall receive cardiopulmonary resuscitation (CPR, AED), and emergency first aid training annually...

The training shall be provided by a responsible medical authority in cooperation with the facility administrator and shall include: ...

3. Obtaining emergency medical assistance through the facility plan and its required procedures...
5. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated and is the provided for expedited entrance to and exit from the facility. *See ICE PBNDS 2008 Medical Care, Section (V)(O)(3) and (5).*

²⁰ "The administrative health authority shall convene a meeting at least quarterly and include other facility and medical staff as appropriate." *See ICE PBNDS 2008 Medical Care, Section (V)(X)(1).*

²¹ "The administrative health authority shall implement a system of internal review and quality assurance. Elements of the system shall include:

- Participating in a multidisciplinary quality improvement committee.
- Collecting, trending, and analysis of data along with planning, interventions, and reassessments.
- Evaluating defined data.
- Analyze the need for ongoing education and training.
- On-site monitoring for health service outcomes on a regular basis..." *See ICE PBNDS 2008 Medical*

Care, Section (V)(X)(2).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the training files for [REDACTED] correctional officers and found [REDACTED] correctional officers had not completed annual suicide prevention and intervention training (**Deficiency SP&I-1**²²).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed SCCJ's policy and procedure, interviewed law library staff, and found the facility did not have an established process to accommodate indigent detainees' requests to send international mail (**Deficiency LL&LM-1**²³).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2008 and found the facility in compliance with nine of those standards. ODO found 18 deficiencies in the remaining eight standards, which included five repeat deficiencies. Additionally, ODO cited four **Areas of Concern**, two in UOF&R and two in MC. ODO commends facility staff for their responsiveness during this inspection and recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (PBNDS 2008)	FY 2020 (PBNDS 2008)
Standards Reviewed	15	17
Deficient Standards	12	8
Overall Number of Deficiencies	32	18
Repeat Deficiencies	N/A	5
Corrective Actions	5	0

²² "All facility staff who interact with and/or are responsible for detainees shall be trained, during orientation and at least annually..." *See* ICE PBNDS 2008 Suicide Prevention and Intervention, Section (V)(A).

²³ The facility shall provide indigent detainees with free envelopes and stamps for mail related to a legal matter, including correspondence to a legal representative, a potential legal representative or any court. Requests to send international mail shall be honored as is reasonable. *See* ICE PBNDS 2008, Standard, Law Libraries and Legal Material, Section, (V)(M).