



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection**

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

**Chippewa County SSM
Sault Sainte Marie, Michigan**

July 12-14, 2022

**COMPLIANCE INSPECTION
of the
CHIPPEWA COUNTY SSM
Sault Sainte Marie, 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 focused-review compliance inspection of the Chippewa County SSM (CCSSM) in Sault Sainte Marie, Michigan, from July 12 to 14, 2022.¹ The facility opened in 1954 and is owned by Chippewa County and operated by the Chippewa County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCSSM in 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 to the facility. A facility administrator manages daily facility operations and support personnel. CCSSM provides food services, medical care, and 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	
Average ICE Detainee Population ³	
Male Detainee Population (as of July 12, 2022)	
Female Detainee Population (as of July 12, 2022)	

During its last inspection, in August 2021, ODO found the facility in compliance with the standards inspected.

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 5, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an average daily population (ADP) of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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	
Sexual Abuse and Assault Prevention and Intervention	3
Special Management Units	0
Staff Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	3
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 7 – Administration and Management	
Detention Files	2
Sub-Total	2
Total Deficiencies	5

⁵ For greater detail on ODO’s findings, see the *Follow-Up 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 all three detainees housed at the facility, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All three detainees reported satisfaction with facility services and had no complaints.

COMPLIANCE INSPECTION FINDINGS

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the facility administrator, reviewed the facility website, local SAAPI policy, and the facility detainee handbook, and found the following deficiencies:

- The facility did not post its protocols on its website or make them otherwise available to the public. Specifically, the facility website only included a statement of the facility zero-tolerance policy regarding sexual abuse or assault (**Deficiency SAAPI-16**⁷);
- The facility did not make available to the public information on how to report sexual abuse and assault on behalf of a detainee (**Deficiency SAAPI-5**⁸); and
- The facility did not make available to the public the procedure for reporting sexual abuse and/or assault on behalf of a detainee (**Deficiency SAAPI-110**⁹).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, no receipt for items issued to the detainee (**Deficiency DF-1**¹⁰).

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, no acknowledgment form documenting receipt of the facility handbook. Specifically, the file did not contain the property issuance form which includes the detainee signature field for receipt of the

⁷ “Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocols available to the public.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

⁸ “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: ...

2. Procedures for immediate reporting of sexual abuse and assault allegations, including: ...

e. A method to receive third-party reports of sexual abuse and assault in its facility, with information made available to the public regarding how to report sexual abuse and assault on behalf of a detainee.”

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

⁹ “The facility shall establish a method to receive third-party reports of sexual abuse and assault in its facility and shall make available to the public information on how to report sexual abuse and assault on behalf of a detainee. See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(L).

¹⁰ “The creation of a detention file is essential to maintaining a complete record of a detainee’s time in facility custody. The file will contain the classification level and any copies of receipts for items issued to/surrendered by the detainee.” See ICE NDS 2019, Standard, Detention Files, Section (II)(A).

facility handbook (**Deficiency DF-5¹¹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found five deficiencies in the remaining two standards. ODO commends facility staff members 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. A uniform corrective action plan was not required for ODO's last inspection of CCSSM which occurred in August 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	11	10
Deficient Standards	0	2
Overall Number of Deficiencies	0	5
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

¹¹ "The detention file will generally include the following information unless the information is maintained in a retrievable electronic format: ...

h. Acknowledgment form, documenting receipt of handbook." *See* ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(h).