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**Office of Detention Oversight
Special Review
2023-003-128**

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

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

May 9-11, 2023

**SPECIAL REVIEW
of the
CHIPPEWA COUNTY SSM
Sault Sainte Marie, Michigan**

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SPECIAL REVIEW INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Contractor
Contractor

ODO
ODO
Creative Corrections
Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a special review of the Chippewa County SSM (CCSSM) in Sault Sainte Marie, Michigan, from May 9 to 11, 2023.¹ 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 deportation officers are not assigned full-time to the facility but conduct weekly scheduled visits on Tuesdays and Thursdays, from 12:00 p.m. to 6:00 p.m., and unscheduled weekly visits. A facility administrator handles daily operations and manages [REDACTED] support personnel. TIGGS Canteen provides food services, Advanced Correctional Healthcare provides medical care, and Trinity Services provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of May 9, 2023)	[REDACTED]
Adult Female Population (as of May 9, 2023)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found five deficiencies in the following areas: Detention Files (2) and Sexual Abuse and Assault Prevention and Intervention (3).

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 as of May 8, 2023.

³ *Ibid.*

SPECIAL REVIEW INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for over 72 hours, to assess compliance with ICE NDS. These inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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 *Special Review Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Facility List Report for facilities that are not contractually obligated to an ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms if the facility does not have an SMU, Use of Force and Restraints/Use of Physical Control Measures and Restraints, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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	
Use of Force	1
Special Management Unit	2
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	3
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	1
Sub-Total	1
Total Deficiencies	6

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

⁶ 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 two out of four detainees, who each voluntarily agreed to participate. The remaining two detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Despite a four-detainee population count, the facility has an active contract to house ICE detainees and an ADP of four for FY 2022, meeting ODO's inspection criteria to conduct special reviews of over 72-hour ICE detention facilities with an ADP of 1-to-9 detainees.

Searches of Detainees: One detainee stated facility staff strip searched him upon arrival.

- Action Taken: ODO interviewed the facility intake officer and the facility lieutenant, reviewed the detainee's detention file and the facility's policy, and found the detainee arrived at CCSSM on February 8, 2023, but no documented record of a strip search by facility staff. On May 11, 2023, the facility sergeant and ODO viewed all available video recordings from the intake area and found the facility archive stores video recordings for no more than the previous 45 days. The sergeant explained intake process procedures include a pat down and an electronic body scan. ODO reviewed the facility's policy, dated September 30, 2020, requiring the facility to document all ICE detainee strip searches. On May 17, 2023, ERO Detroit informed ODO the facility had all detention staff review the facility's strip search policy and confirm completion of review by signature.

SPECIAL REVIEW INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOF)

ODO reviewed the facility's one immediate UOF incident and found no documentation of actions taken by a staff member involved in the incident before the end of their shift (**Deficiency UOF-78⁷**).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed the permanent log of the only detainee in the SMU and found no documented recording of activities such as meals served, recreational time, nor visitors, from October 25 to November 1, 2022 (**Deficiency SMU-61⁸**).

⁷ "All personnel who either use force or observe the use of force shall document their actions and observations in a written report before leaving shift." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J).

⁸ "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(1).

ODO reviewed the housing record of the only detainee in SMU and found the facility had no record of daily activities such as meals served, showering, recreation, or medication administration, from October 25 to November 1, 2022 (**Deficiency SMU-65**⁹).

CARE

MEDICAL CARE (MC)

ODO interviewed the health service administrator (HSA), reviewed four detainee files, and found one detainee arrived at the facility on May 5, 2023, and facility medical staff conducted a purified protein derivative (PPD) test on the detainee. On May 9, 2023, facility medical staff read his PPD test, which indicated positive. On the same day, the facility staff transported the detainee to the local hospital for a chest X-ray and then returned the detainee to the facility and placed him in an isolation room without negative pressure ventilation until facility medical staff received the X-ray results (**Deficiency MC-20**¹⁰).

ODO interviewed the health service administrator (HSA), reviewed four detainee files, and found the facility placed a detainee with suspected tuberculosis (TB) in an isolation room without negative pressure ventilation until facility medical staff received X-ray results, which indicated the detainee did not have active TB (**Deficiency MC-21**¹¹).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed four detention files and found in one out of four files, no receipt from the detainee to confirm issue of the ICE National Detainee Handbook (**Deficiency DF-5**¹²). **This is a repeat deficiency.**

⁹ “The special housing unit officer shall immediately record:

- 1) Whether the detainee ate, showered, recreated and took any medication; and
- 2) Any additional information, such as whether the detainee has a medical condition, or has expressed or exhibited suicidal/assaultive ideation, intent, or behavior.”

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1-2).

¹⁰ “Detainees with symptoms suggestive of pulmonary TB disease and/or with suspected or confirmed TB disease based on historical, clinical and/or laboratory findings will be housed in an airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹¹ “Detainees with suspected pulmonary TB disease will remain in airborne infection isolation until determined by a health care practitioner to be noncontagious in accordance with CDC guidelines.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹² “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, orientation, etc.;

See ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(h).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 10 standards under NDS 2019 and found the facility in compliance with 6 of those standards. ODO found six deficiencies in the remaining four standards. Since CCSSM’s last special review in July 2022, the facility’s overall compliance with NDS 2019 has trended down. CCSSM went from two deficient standards and five deficiencies in July 2022 to four deficient standards and six deficiencies during the most recent special review, which included a repeat deficiency for not documenting a detainee’s receipt of the ICE National Detainee Handbook. ERO provided ODO with a completed uniform corrective action plan for the special review in July 2022; however, the facility’s corrective action in the Detention Files standard appears to be insufficient to prevent future occurrences of this deficiency. ODO recommends ERO Detroit continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Special Review NDS 2019	FY 2023 Special Review NDS 2019
Standards Reviewed	10	10
Deficient Standards	2	4
Overall Number of Deficiencies	5	6
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good